

# 10-Year Update

## Public Safety Realignment and Reentry Services

Local initiatives to reduce recidivism, increase self-sufficiency, and maintain public safety

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*The title artwork for this report is taken from a mural created by justice-involved men and fathers who participated in Carry the Vision's Emotion Through Art Module. The module was coordinated by Sam Brown, who gathered the men and guided them through the process. The concept they created and envisioned was painted by Rolando Barrón. Thank you to Carry the Vision Executive Director Shelley Swan, and Special Projects Manager Olivia-Soza-Mendiola for creating this module, and for the joy and hope this artwork brings to all who enter the Reentry Resource Center lobby.*

## LETTER FROM COUNTY EXECUTIVE AND CHIEF OF PROBATION

In 2011, when the County of Santa Clara first established the Adult Reentry Network, the Office of the County Executive, Sheriff's Office, Behavioral Health Services Department, Custody Health Services, and Probation Department led the initial effort to establish the Reentry Resource Center, which built the foundation for the development of a streamlined system of support for individuals leaving custody. Today, the Reentry Resource Center serves as a one-stop shop for social safety net services to help clients successfully reintegrate into their home communities through the reentry process, which is statistically one of the most vulnerable times in a justice-involved individual's life due to the high likelihood of recidivism.

Today, the core group of Adult Reentry Network stakeholders has grown into a vast network of more than 75 County departments and community-based organizations, which includes partnerships among law enforcement agencies and court system entities in collaboration with the Office of Diversion and Reentry Services. More than 20,000 clients have passed through the doors of the Reentry Resource Centers in San José and Gilroy, effectively slowing the rate of recidivism among formerly incarcerated individuals and helping individuals from disadvantaged backgrounds reach their potential. Together, we are addressing some of the barriers that prevent individuals from successfully transitioning to their home communities. The Reentry Resource Center provides clients with access to immediate needs such as healthcare, nutrition, and public assistance as well as opportunities for job training, employment support, and education. These services not only help clients meet their basic needs, but also help them to thrive by helping them regain a sense of self-worth and belonging in their home communities. These efforts benefit our community by strengthening familial relationships, improving individuals' and families' economic prosperity, and by reducing involvement with public safety.

Santa Clara County has become a national model for making investments in services and programs that help prevent or reduce individuals' involvement in the justice system. Over the last decade, the County has developed more than 100 process, policy or program initiatives to reduce incarceration rates. The Mission Street Recovery Station, located at the Reentry Resource Center in San José, is one example of an effective program that provides an alternative to jail for people who are experiencing a drug, alcohol, or mental health crisis.

The Reentry Network has evolved into a program that centers and is molded by consumer voice. Looking ahead, we will continue to critically assess existing programs and policies and invest in new and evolving strategies to promote rehabilitation. We will also be expanding on our capacity to integrate community, family, and client voice in every aspect of program development and implementation. Santa Clara County provides a vast array of social safety net services related to food, shelter, and clothing for members of our most vulnerable communities. However, we believe that further committing and centering our services and programs on promoting a sense of trust, mutual support, racial equity, spiritual connection, and healing is just as important.

In the next five years, the Office of Diversion and Reentry Services will focus its efforts on:

- Increased County employment of and support for hiring individuals who have experience with incarceration and the criminal justice system.
- Growing a small business incubator initiative with several successful employment social enterprises that provide jobs, training and support to people breaking through barriers to employment.
- Addressing the gross overrepresentation of people of color involved in the justice system.
- Supporting efforts to expand formal diversion and alternatives to incarceration programs in collaboration with health and human service agencies, law enforcement agencies, and the Superior Court, District Attorney and Public Defender.
- Increasing treatment, shelter, and housing options for individuals and families affected by justice system involvement.

Most importantly, we will continue striving toward providing the best service possible for some of the County's most vulnerable residents by remaining in close dialogue with the diverse members and families of our communities.



**Jeffrey V. Smith**  
County Executive

A handwritten signature in black ink, appearing to read "Jeffrey V. Smith", written over a light blue background.



**Laura Garnette**  
Chief of Probation

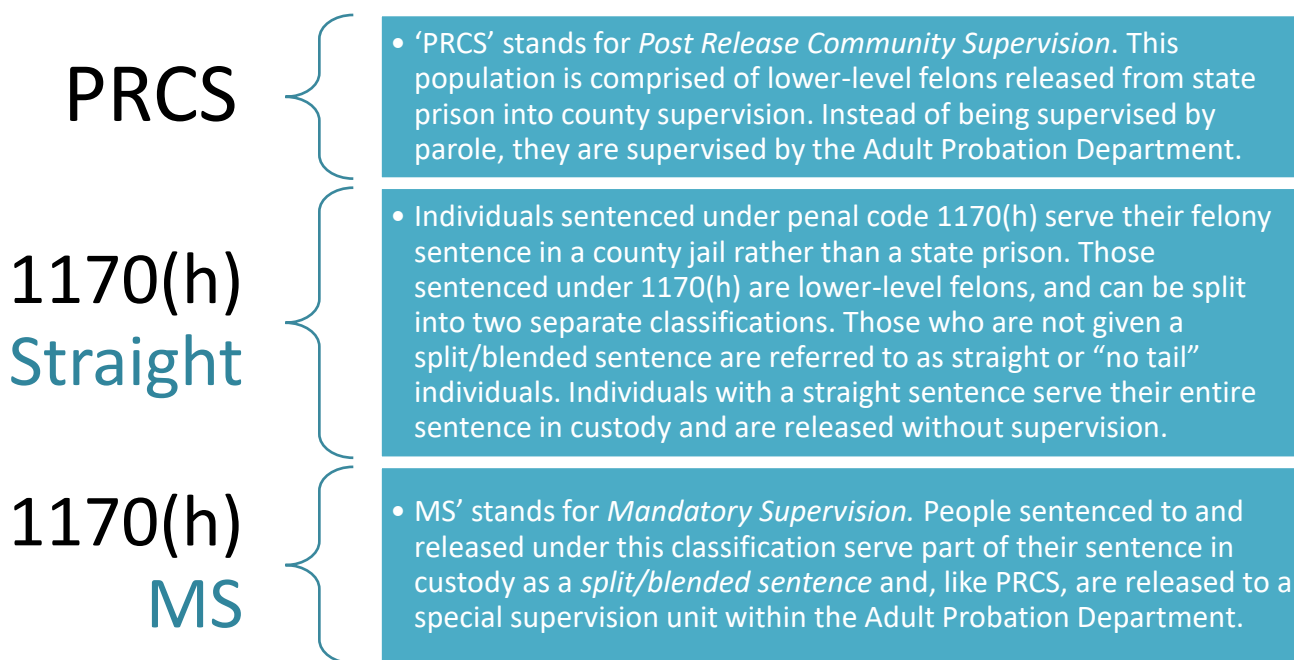
A handwritten signature in blue ink, appearing to read "Laura Garnette", written over a light blue background.

## REALIGNMENT (AB 109) OVERVIEW

In October 2011, California’s Public Safety Realignment Act (Assembly Bill 109) was passed into law. This legislation, commonly referred to as Realignment or AB 109, was executed to alleviate prison overcrowding by mandating that lower-level felons become the responsibility of local jurisdictions. In other words, after Realignment took effect, nonviolent and non-serious felons began serving their sentences in jail instead of prison. In addition, supervision of this population is carried out locally, by probation instead of parole. To facilitate this effort, the state provided additional funding to counties. Each county formed a committee to determine how these funds would be utilized and as a result, each county utilizes Realignment funding differently.

### Realignment Populations

There are three sub-populations, or “classifications” of people released under Realignment/AB 109.



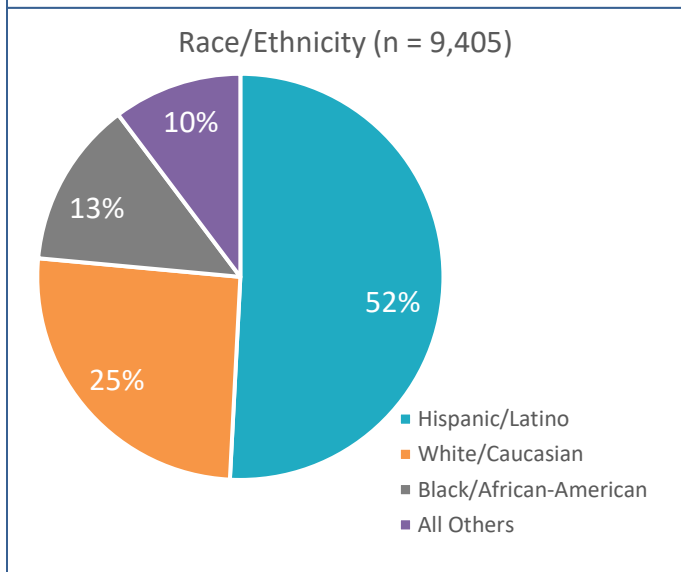
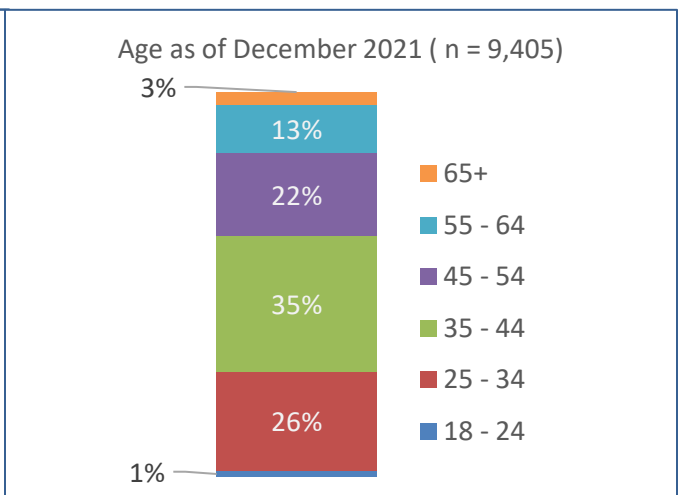
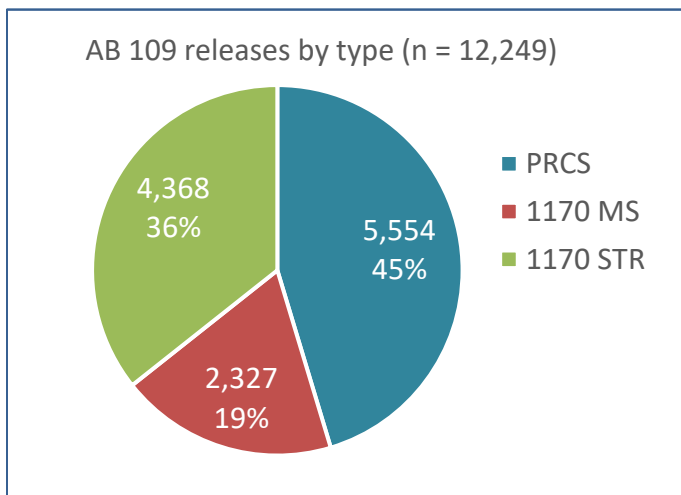
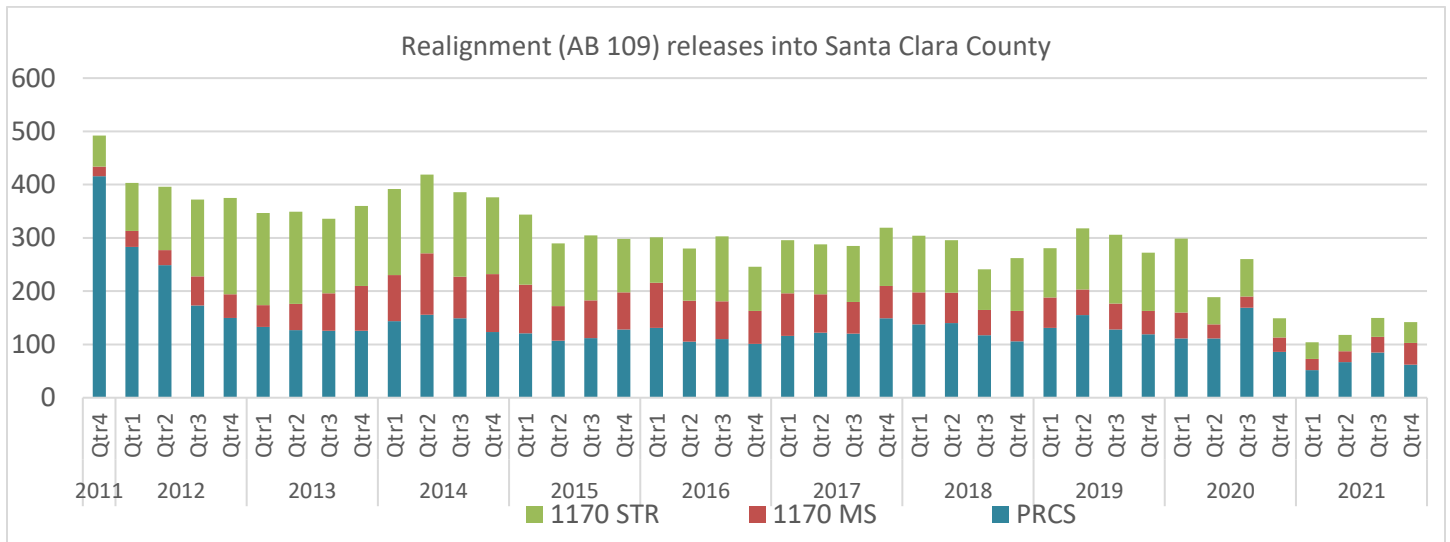
### Realignment in Santa Clara County

The establishment of Santa Clara County’s Reentry Resource Center (RRC) in 2012, along with the Community Corrections Partnership (CCP) Plan and the Adult Reentry Strategic Plan, paved a new path for addressing the revolving door of incarceration by directing Realignment funding towards:

- ❖ Reducing recidivism by using evidence-based approaches and expanding capacity resources/services
- ❖ Streamlined processes that link clients to effective programming pre and post release from custody
- ❖ Alternative methods for holding people accountable that focus on reentry, cost savings, and public safety
- ❖ Supportive and targeted interventions at each intercept on the justice system continuum
- ❖ A multi-disciplinary entry point to the wide array of services available in the community

# 10 Years of Realignment (AB 109) in Santa Clara County

Between October 2011 and December 2021, there were 12,249 AB 109 releases into Santa Clara County. AB 109 releases were highest when the legislation was first implemented as policy, as the lowest risk offenders were released at the state level into local supervision (PRCS). Overall, there were 9,405 unique individuals released, 15% of individuals released were female.



**City of Residence (Top 10)**

SAN JOSE	55%
UNKNOWN	7%
GILROY	4%
SANTA CLARA	3%
SUNNYVALE	2%
MILPITAS	2%
MORGAN HILL	2%
CAMPBELL	2%
SAN FRANCISCO	1%
MOUNTAIN VIEW	1%
OAKLAND	1%

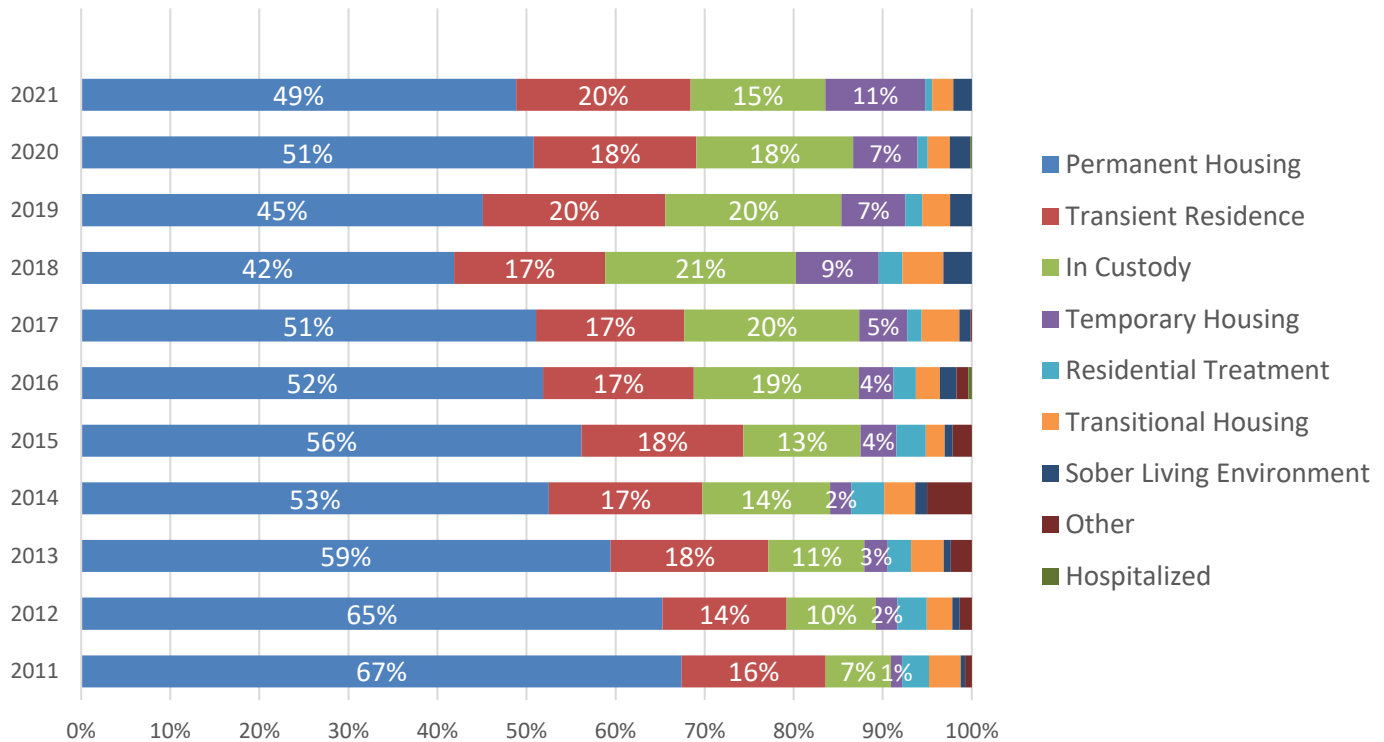
# REALIGNMENT CASELOAD

The Adult Probation Division (APD) has specialized units which oversee Post-Release Community Supervision (PRCS) and 1170(h) Mandatory Supervision (MS) clients. Information in this section is based on data extracted from Probation’s SHARKS database. From SHARKS, 2,384 (30%) of AB 109 releases to APD were 1170hMS and 5,552 (70%) were PRCS. This includes duplicated counts for the same client released in different years but excludes the same client released multiple times within one year. Similar to the information extracted from Criminal Justice Information Control (CJIC) for the previous sections, in terms of 1170h MS clients, the number of released clients increased from 2011 to 2014 and gradually decreased from 2014 onwards. The number of PRCS clients released from custody stabilized after the initial wave of releases in 2011 and 2012, which flattened until 2020 when the COVID-19 pandemic began. The number of 1170h MS clients remained lower than PRCS clients throughout.

## Realignment Probation Caseload Residency

The distribution of clients from different residence types across 2011 to 2021 is shown below. Overall, slightly over half of the clients (53.7%) resided in permanent housing. The percentage of clients who had permanent housing has decreased over time, from 67% in 2011 to just 49% of clients in 2021. In total, 15.4% were listed as being in custody and a further 17.3% were listed as having a transient residence (i.e., currently homeless, homeless - shelter, and homeless - streets/vehicles). In terms of the residence city, most reside in the city of San Jose (n = 4,834) followed by Gilroy (n = 394) and Santa Clara (n = 235).

Realignment caseload: housing status at initial assessment



# Realignment Caseload Assessment Results

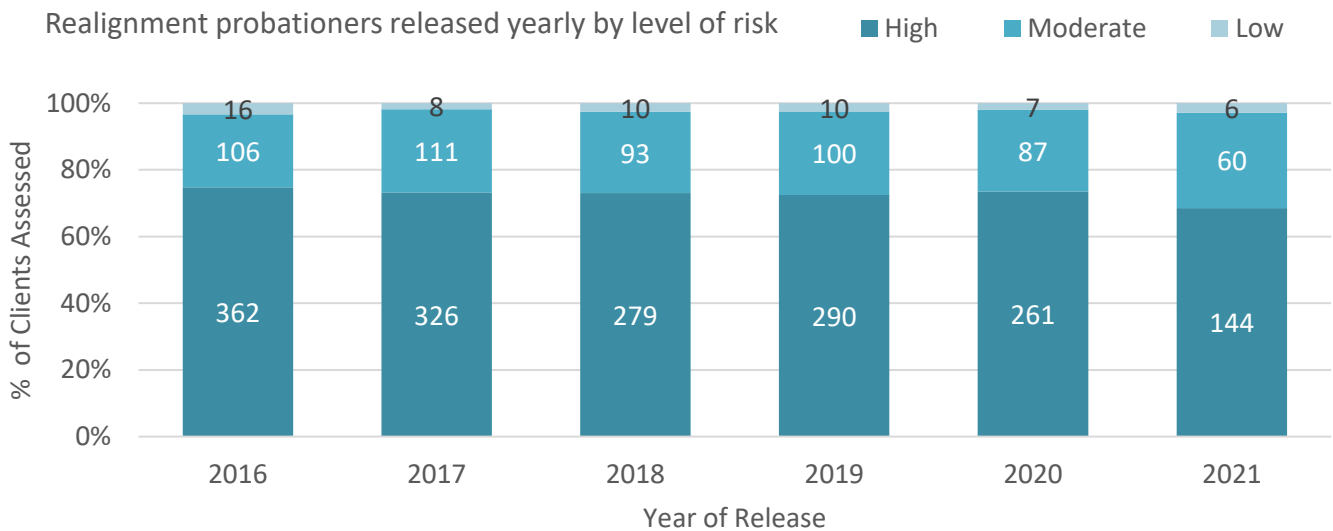
APD utilizes the Correctional Assessment and Intervention System (CAIS), a multidimensional assessment and supervision system which includes an actuarial risk assessment and a comprehensive assessment of needs. This assessment is administered as part of the risk-need-responsivity model which is an evidence-based correctional rehabilitation model<sup>1</sup> that provides research driven recommendations for how to work with individuals in the criminal justice system, in order to provide them with the most appropriate level of supervision and interventions, with the goal of reducing future anti-social behaviors and ultimately reducing recidivism. Along with recommended supervision strategies, the CAIS helps Probation Officers to identify client specific programs that reflect the attitudes, capacities, and learning style of the individual client. The CAIS has two versions, one for clients who identify as male and another for clients who identify as female. The CAIS assessments include:

- ❖ The initial pre-screener (Risk Assessment) to determine the general risk level of the client. The CAIS risk tool consists of 12 items which, depending on the score, will determine the need for a full CAIS assessment. If the client scores at a moderate- or high-risk level, the full CAIS assessment will be administered. A full CAIS is not administered to low-risk clients.
- ❖ The full CAIS assessment that includes four main sections: General Information, Objective History, Behavioral Observations, and Interviewer Impressions.

CAIS re-assessments take place every six months after the initial full CAIS assessment. The analysis below reflects the most recent CAIS results generated after the clients were granted PRCS or MS from 2011-2021. Note that CAIS data were not available for all the AB 109 clients.

## Risk Level

Among the released AB 109 clients, 5,230 cases (including duplicated clients who were released in multiple years) were assessed with CAIS risk assessment. In terms of risk level, the majority of the assessed (after they were granted PRCS and MS) clients were high-risk (75%) followed by moderate (23%) and low risk level clients (3%) across the ten-year time range. This trend remains consistent across years and reflects expected risk profiles of this population. The figure below shows the distribution of clients at different risk levels released from 2016 to 2021. A breakdown of the supervision type and risk level can be found in the following table.



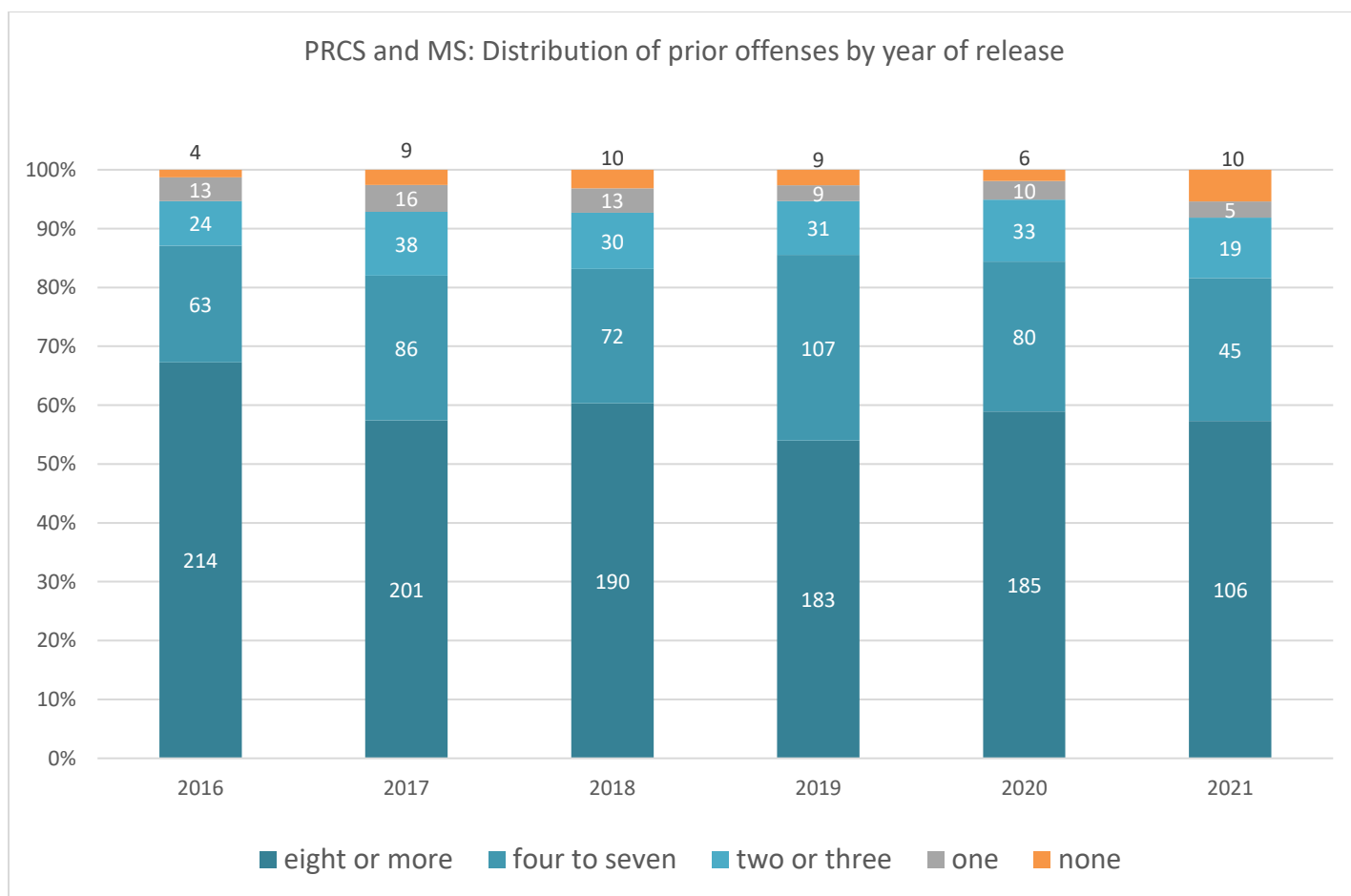
<sup>1</sup> Polaschek, Devon L. L. (2012). "An appraisal of the risk-need-responsivity (RNR) model of offender rehabilitation and its application in correctional treatment". *Legal and Criminological Psychology*. 17(1): 1–17.



Supervision Type	High Risk	Moderate Risk	Low Risk	Total
PRCS	2,692 (75%)	832 (23%)	82 (2%)	3,606
1170h MS	1,211 (75%)	345 (21%)	68 (4%)	1,624
<b>Total</b>	<b>3,903 (75%)</b>	<b>1,177 (23%)</b>	<b>150 (3%)</b>	<b>5,230</b>

### Number of Prior Offenses

According to the results of the CAIS assessment item on “number of prior offenses,” it appears that a large percentage of AB 109 clients had eight or more prior offenses regardless of gender and release year. This may also validate the results from the figure above that the majority of AB 109 clients are high-risk clients who have a high likelihood of re-offending. Below is the distribution of different numbers of prior offenses reported by each client by release year.



Over half of people assigned to AB 109 caseloads had eight or more prior offenses. Combined with the fact that drug/alcohol use is a primary need and risk factor, and that drug-related recidivism is the most common category for this population, local efforts must focus on how interventions identify and respond to addiction.

## Principal Needs

Compared to the number of clients assessed with risk level, a smaller number of clients were assessed using the full CAIS assessment with results on interviewer impressions that indicate clients' principal needs. In total, CAIS results of 2,036 clients who identified as male and 256 clients who identified as female are presented (including duplicated clients who were released in multiple years). The percentages of those who were identified as having needs for each area in the assessment are shown below.

Principal Need	Male	Female	1170h MS	PRCS
<b>Alcohol and/or drugs</b>	78%	85%	84%	76%
<b>Behavioral Health Needs</b>	55%	80%	59%	58%
<b>Relationships</b>	53%	69%	54%	56%
<b>Family History Problems</b>	33%	63%	36%	36%
<b>Criminal Thinking</b>	65%	62%	62%	67%
<b>Vocational Needs</b>	43%	51%	45%	43%
<b>Social Inadequacy</b>	36%	40%	36%	36%
<b>Abuse/Neglect and Trauma</b>	12%	39%	18%	14%
<b>Manipulative Behavior</b>	42%	36%	36%	44%
<b>Basic Living Needs</b>	30%	34%	29%	31%
<b>Physical Safety</b>	14%	20%	12%	16%
<b>Isolated/Situational</b>	9%	10%	9%	9%

Considering the overall results from 2011-2021, for those who identified themselves as male, the top needs that have over 50% “highly significant” or “significant” responses are **Alcohol and/or Drugs, Criminal Thinking, Behavioral Health Needs, and Relationships**. Among the above top needs, Alcohol and/or Drugs consistently remained the highest need and gradually decreased over time, followed by Criminal Thinking, which refers to beliefs and attitudes that support and maintain illegal behavior. Behavioral Health Needs and Relationships remained at consistent levels across time between 50% to 60%.

For those who identified themselves as female, the top needs that have over 50% “highly significant” or “significant” responses are **Alcohol and/or Drugs, Behavioral Health Needs, Relationships, Family History Problems, Criminal Thinking, and Vocational Needs**. Due to the smaller sample size in females, top needs fluctuated more over time. However, Alcohol and/or Drugs remained the highest overall.

From these results, drug use (including alcohol) is the most common driver in this population's criminal behavior. However, criminal thinking, behavioral health needs, and relationships are also common across men and women meaning that this population is commonly linked to criminal social networks, driven by monetary gain and often come from relationships that are abusive or negative in other ways. It is also worth noting that men and women have different needs. Specifically, clients who identified themselves as female had higher incidence of **Family History Problems** and more **Vocational Needs**. As a result, strategies for addressing these needs must be gender responsive and holistic.

## Supervision Strategy

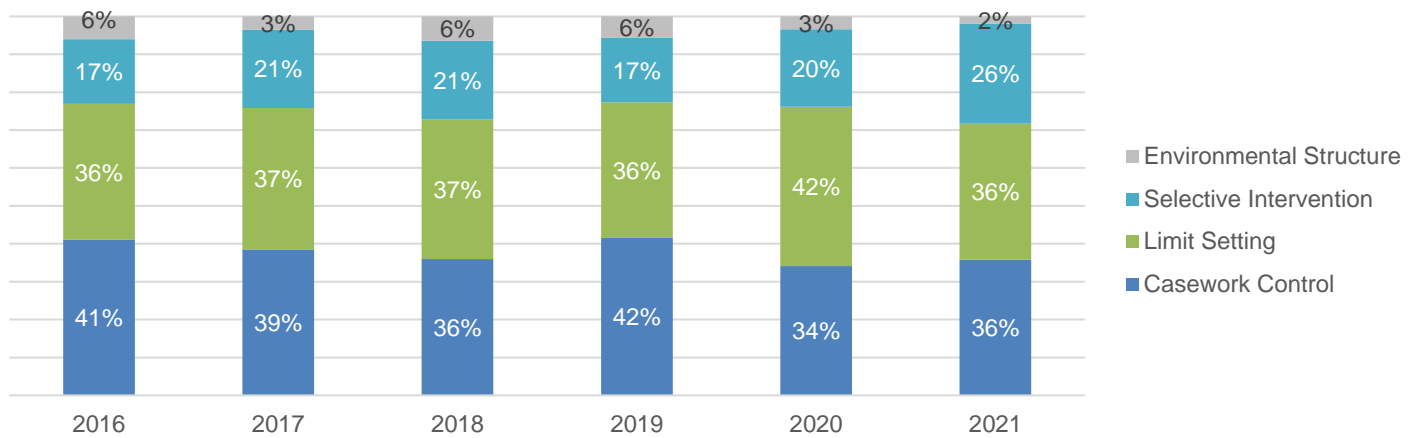
In addition to analyzing risks and needs, CAIS incorporates a supervision strategy model and determines the best approach for each individual. The CAIS assessment is administered as a one-on-one interview with the client, focusing on the underlying motivation for their behavior and includes one of the four types of supervision strategies: Selective Intervention-Situation/Treatment, Environmental Structure, Limit Setting, and Casework Control.

Strategy Group	General Characteristics	Why Individuals Get in Trouble	Intervention Goals
<b>Selective Intervention (SI-S)</b>	<ul style="list-style-type: none"> <li>Pro-social values</li> <li>Positive adjustment</li> <li>Positive achievements</li> <li>Good social skills</li> </ul>	<ul style="list-style-type: none"> <li>External stressors</li> </ul>	<ul style="list-style-type: none"> <li>Resolve external stressor</li> <li>Return to school or work as applicable</li> <li>Return to appropriate peers and activities</li> </ul>
<b>Selective Intervention (SI-T)</b>	<ul style="list-style-type: none"> <li>Pro-social values</li> <li>Positive adjustment</li> <li>Positive achievements</li> <li>Good social skills</li> </ul>	<ul style="list-style-type: none"> <li>External stressors</li> <li>Internal, neurotic need</li> </ul>	<ul style="list-style-type: none"> <li>Resolve external stressor</li> <li>Resolve internal problems</li> <li>Return to school or work as applicable</li> <li>Return to appropriate peers and activities</li> </ul>
<b>Casework/Control (CC)</b>	<ul style="list-style-type: none"> <li>Broad range instability</li> <li>Chaotic lifestyle</li> <li>Emotional instability</li> <li>Multi-drug abuse/addiction</li> <li>Negative attitudes towards authority</li> </ul>	<ul style="list-style-type: none"> <li>Positive effort blocked by: <ul style="list-style-type: none"> <li>Chaotic lifestyle</li> <li>Drug/alcohol use</li> <li>Emotional instability</li> </ul> </li> <li>Unable to commit to long-term change</li> </ul>	<ul style="list-style-type: none"> <li>Increase stability</li> <li>Control drug/alcohol abuse</li> <li>Overcome attitude problems</li> <li>Foster ability to recognize and correct self-defeating behavior</li> </ul>
<b>Environmental Structure (ES)</b>	<ul style="list-style-type: none"> <li>Lack of social and survival skills</li> <li>Poor impulse control</li> <li>Gullible</li> <li>Naïve</li> <li>Poor judgment</li> </ul>	<ul style="list-style-type: none"> <li>Used by more sophisticated criminals</li> <li>Difficulty generalizing from past experience</li> </ul>	<ul style="list-style-type: none"> <li>Improve social and survival skills</li> <li>Increase impulse control</li> <li>Develop realistic education program</li> <li>Limit contact with negative peers</li> </ul>
<b>Limit Setting (LS)</b>	<ul style="list-style-type: none"> <li>Antisocial values</li> <li>Prefers to succeed outside the rules/law</li> <li>Role models operate outside the rules/law</li> <li>Manipulative, exploitive</li> </ul>	<ul style="list-style-type: none"> <li>Motivated by power, excitement</li> <li>Straight life is dull</li> </ul>	<ul style="list-style-type: none"> <li>Substitute pro-social means to achieve power, money, excitement</li> <li>Change attitudes and values</li> <li>Use skills in pro-social ways</li> <li>Protect the community, especially school environments</li> </ul>

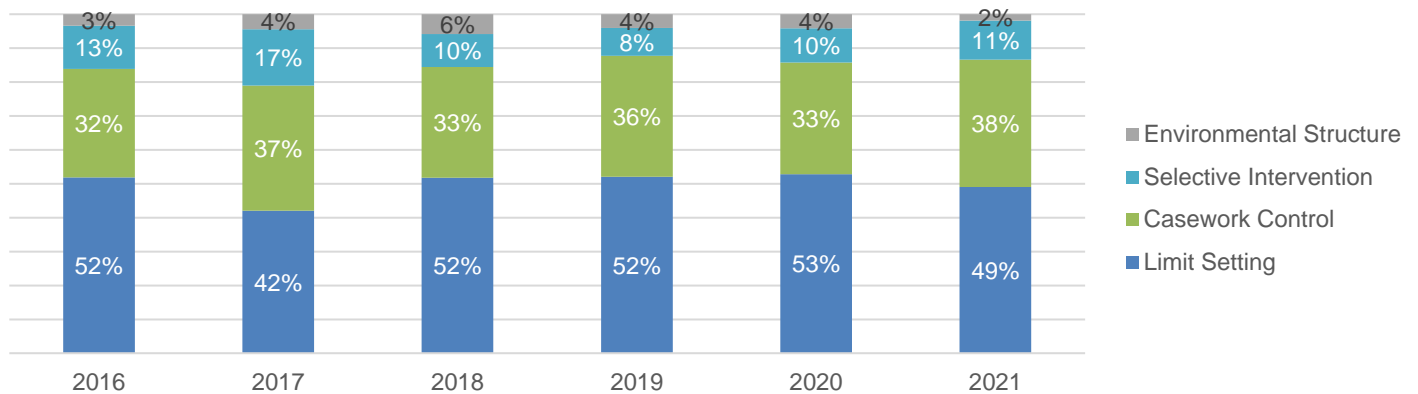
*Source: CAIS Total Quality Management Manual (National Council on Crime & Delinquency, 2018, p. 9).*

The top three supervision strategies for this population between 2011 and 2021 were Limit Setting (44.1%), Casework Control (37.6%), and Selective Intervention (14.3%). While PRCS clients tended to need more “Limit Setting” (47%), MS clients needed more “Casework Control” (40%). Below are figures that demonstrate the percentages of different supervision strategies by supervision type from 2016 to 2021.

PRCS: Supervision Strategy Assessments



MS: Supervision Strategy Assessments



The limit setting and casework control supervision strategies, which describe the clients that need the most support and supervision, are a further indication that these clients face some of the greatest challenges when reentering the community. Intervention goals for these clients include changing attitudes and values, increasing stability and addressing drug and alcohol use.

### Suggestions for Future Work

As shown in the assessment data above, the needs of Realignment clients released to the community and under probation supervision are complex and varied but are strongly linked to substance use. Data also indicate that strategies should also focus on peer/family networks and behavioral programming. Research in the field of community corrections has shown that adhering to the risk, need, responsivity model (RNR) where the level of services provided should be based on the level of risk of reoffending, and interventions should target principal needs and be delivered in a responsive way. Even when applying this framework however, there is a need for sufficient quality services to meet the need. This not only requires adequate capacity for service, but also for service providers to utilize evidence-based programming, ensure fidelity to the designed service, and low barriers to entry where clients can begin services soon after their release from custody.

Alcohol and drug use are by far the most common and significant needs, further demonstrating behavioral health as a key area to reevaluate and build upon locally. Additionally, in 2021, only about half of this population had permanent housing. An unstably housed population has a higher risk for reoffending and is more difficult to supervise; strategies for addressing this need are a crucial component to an effective reentry network.

# CUSTODY HEALTH SERVICES

For over 10 years, Santa Clara County Custody Health Services (CHS) has been a strategic partner with the Adult Reentry Network to link AB 109 patients to effective in-custody and community-based healthcare services, from the point of entry into the jails (booking/intake) through to release back into the community. CHS provides real-time healthcare services to AB 109 patients at the earliest possible point of contact with the Santa Clara County Jails System and continues until the patient’s successful release and reintegration back into the community. Discharge-release plans include appropriate and seamless hand-offs to the Reentry Resource Center and other community partners for continuity of care; linking patients’ continual healthcare needs through referrals for housing needs, behavioral health, medical and dental needs, and referrals made to the Medical Mobile Unit at the Reentry Resource Center.

All eligible AB 109 patients receive evidenced-based integrated medical, mental health and dental care services while in-custody that are individualized up to and including off-site specialty services and/or community hospitalization when indicated through the Santa Clara Health and Hospital System.

CHS is committed to the partnership with reentry stakeholders and serving AB 109 patients in the carceral setting, especially knowing that the integrated healthcare that the patients receive from CHS while in the carceral setting, and the linkages made by CHS to community services upon release, will likely reduce the rate at which carceral patients recidivate, particularly those patients with serious mental illness and/or substance use disorders that are at a greater risk of recidivating when services are not intact or continued.

## Custody Health AB 109 Totals, July 2021 – June 2022



**245** avg patients receiving care monthly



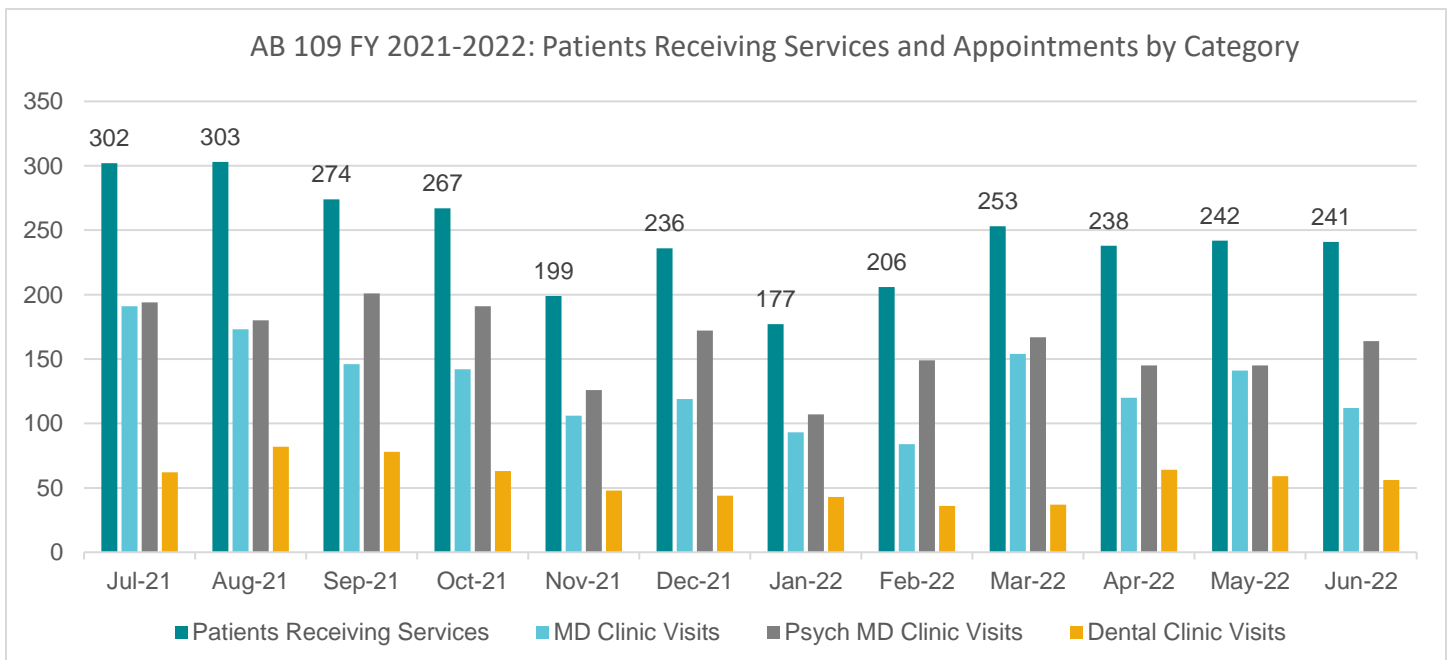
**1,581** custody medical visits



**1,941** psychiatry visits



**672** dental visits



## Medical Services

For medical care, CHS has doctors, nurses, and medical assistants available to provide round the clock care for individuals. This level of care includes treatment services, urgent care, on-site specialty services [e.g., OB/GYN, PACE (HIV)], rehabilitation, Medication Assisted Treatment (MAT) program for substance use, and an infirmary that provides care for frail or acutely ill patients who require 24/7 services.

In Fiscal Year 2022-2023, AB 109 funding was utilized to increase medical services with added positions including six recreational therapist positions for rehabilitative care and two additional medical physician positions to enhance outpatient care.

## Mental Health Services

Custody mental health services are divided into three types of services including intake and crisis, outpatient, and acute psychiatric services. For intake and crisis, mental health services begin at booking where intake clinicians and crisis clinicians triage the incoming individuals accordingly providing the necessary level of care from the outset. Crisis care is provided at all times throughout the jail facilities as a patient's mental health status may fluctuate. These services include welfare checks, consults, and other levels of care. Additionally, intake and crisis include disability verification/accommodation and LGBTQI+ services among others.

Outpatient mental health services are provided primarily by clinicians assigned to patients that have serious mental illness (SMI). Services provided include psychiatric evaluation, treatment, and stabilization through medication assessment and management, and follow-up care. This includes continuing mental health care services that were provided prior to entering the jail facilities, providing new or additional mental health care while housed in the jail facilities, and proper hand-off during discharge to the community and community resources, treatment programs, or other correctional facilities for continued care. Lastly, outpatient mental health services also include trauma informed care for patients suffering from traumatic stress that is impactful to their health, mental health and/or behavior.

CHS also provides acute psychiatric services to those patients who, due to a mental health disorder, require a frequency and intensity of mental health services that exceed the level of care provided in other housing units. This level of care is provided 24/7 by psychiatrists, psychologists, nurses, and case managers who provide assessment, treatment, and stabilization services.

For enhanced mental health care via AB 109 funding, CHS was able to expand staffing to include four new medical assistants for expanded telepsychiatry services and the creation of a new medical director forensic psychiatry position to augment operational oversight of psychiatric services.

## Dental Services

Regarding dental care, an area that was also supported over the years by AB 109 funding, patients are afforded a broad range of services, that, similar to medical and mental health, begin at booking when they are screened for any dental issues needing immediate attention. As well, dental services are available for patients in custody including annual routine examinations, pain management, treatment of cavities and dentures, and oral surgery.

For Fiscal Year 2022-2023, AB 109 funding was utilized for the purchase of a specialized Dental Panorex Cone Beam CT Camera to allow equipment placement at both jails to improve dental services and reduce transportation from one facility to the other for treatment.

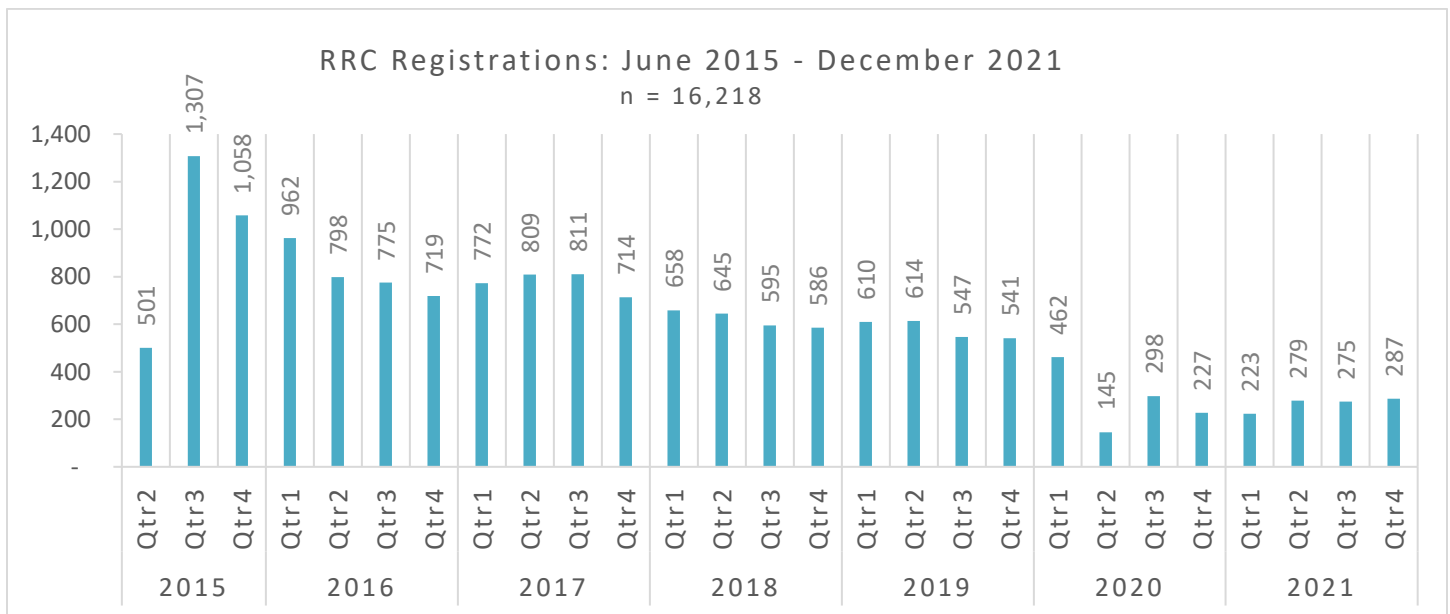
Overall, CHS continues to grow its healthcare services in custody and AB 109 funding remains critical. For Fiscal Year 2022-2023, the Board of Supervisors added telepsychiatry, Crisis Intervention Team positions including recreational therapists, medical social workers, clinical nurses, and mental health clinicians, as well as additional services and funding to design and implement a wholistic behavioral change model to ensure that all staff receive training and tools for common language, to enhance and improve collaboration for care.

# REENTRY RESOURCE CENTERS

After the Office of Reentry Services (ORS) was established in 2012, collaboration with County partners led to the creation of the Reentry Resource Center (RRC). The RRC opened its doors in February 2012, with only five staff working for three different offices. In 2015, a second satellite RRC was opened in South County, San Martin, and then relocated to Gilroy in 2018. Since 2012, the ways in which partners collaborate and the services and programs available to reentry clients have grown and improved year to year. By December 2021, the RRCs had housed or closely involved over 100 permanent staff working together to link clients to services.

While ORS coordinates intake, operations, and initiatives, each partner housed at the RRCs works autonomously to serve clients within their own internal systems. Together the partners collaborate to support a one-stop-shop model, where justice-involved people can walk in and be linked to several different systems and community partners at one location, on the same day. While at the RRCs, clients receive a variety of in-house services such as food, clothing, and hygiene kits. Based on individual need, they can be linked directly to in-person County services such as social services, behavioral health teams, record clearance specialists, and supportive housing staff. Clients can also meet with probation officers and report for mandated programming. Through these processes, RRC clients are also linked to dozens of community providers and resources, many of which work directly with the County.

Between February 2012 and December 2021, the RRCs served approximately 20,000 unique clients and had received well over 100,000 visits. The RRC did not have a system to track clients and services until June 2015, when an interim system was launched. This system captured basic information and can be combined with more recent data to count unique visitors. Between June 2015 and December 2021, about 16,218 unique clients had been registered/served.



\* Registrations were low in Q2 2015 and high in Q3 2015 due to the new launch of the system and needing to formally input returning clients into the database. Client walk-ins decreased during the pandemic but have continued to increase since 2021.

In 2019, a fully built system, named the Referral Tracking System (RTS) was launched. Since then, ORS has been able to collect comprehensive data on RRC clients. In addition to demographics, RTS tracks which services clients receive onsite, and many core deliverables each partner onsite provides. The information below is derived from RTS data and provides an overview of the RRC population over the past three years.

# Reentry Centers, January 2019 – December 2021



There were **49,141** visits and **8,425** unique clients registered at the RRCs



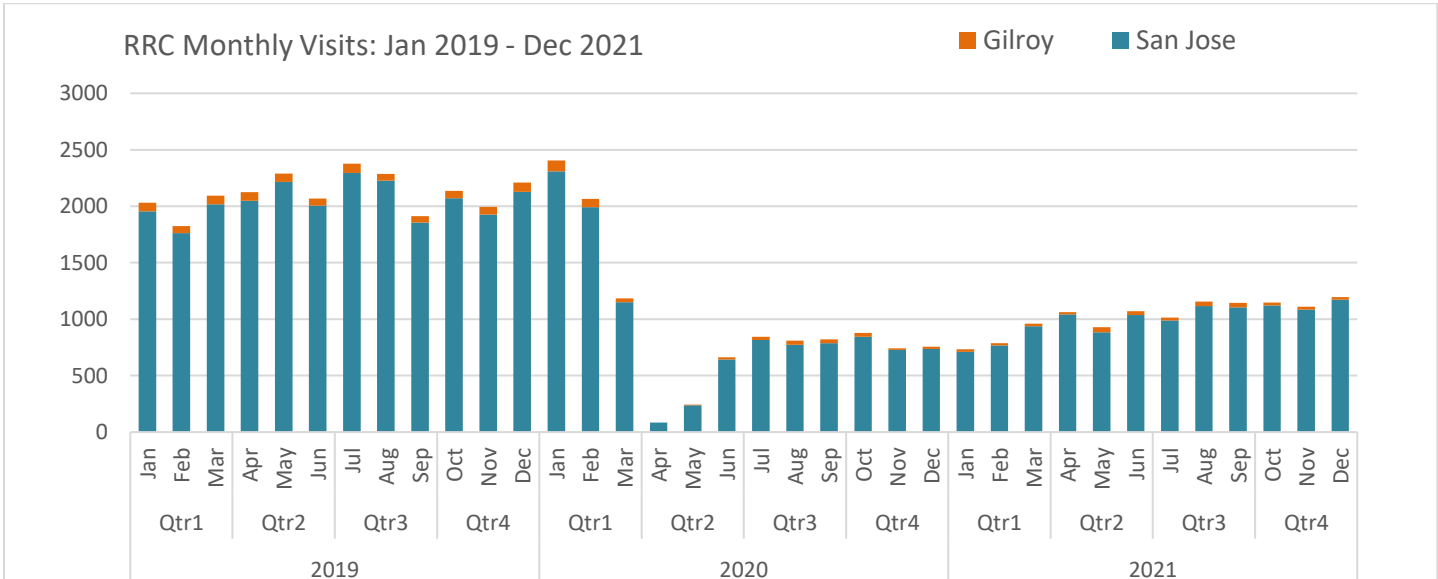
**25%** of all RRC clients served during this period were AB 109 clients



**37%** of RRC clients served were of Mexican descent and **52%** identified as Latino

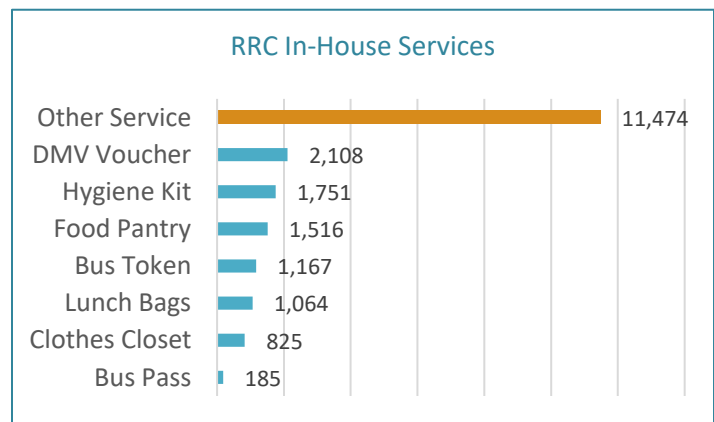


**20,090** in-house services were provided in addition to referrals/linkages to resources



## RRC: Top Service Requests

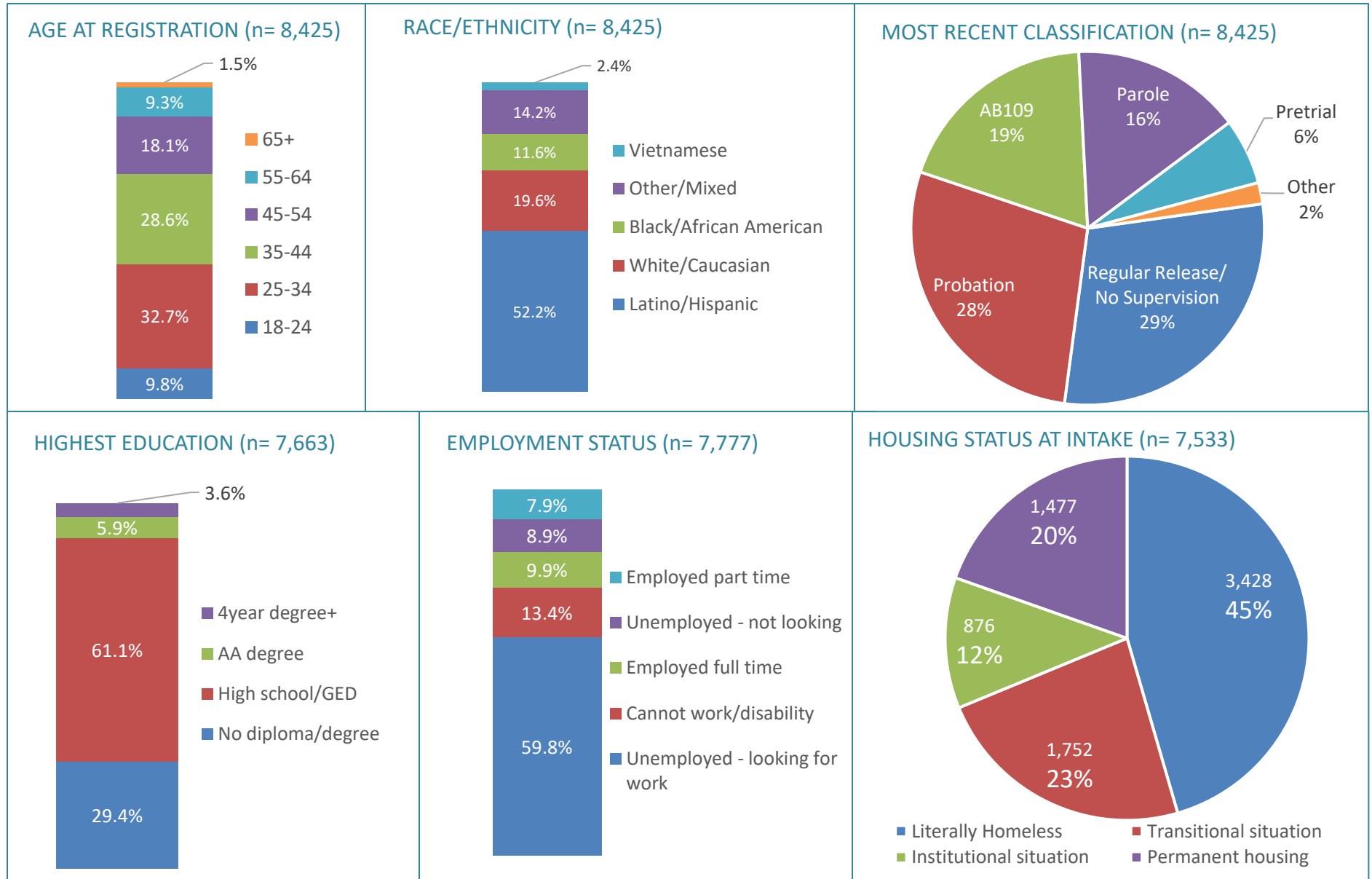
Category	Clients	Requests
General Assistance	5,369	17,894
Food Stamps	5,338	16,101
Housing Assistance	4,289	7,051
Food	3,411	4,597
Healthcare Coverage	3,382	4,824
Identification	3,247	4,910
Clothing	3,090	4,200
Employment Assistance	2,984	3,842
Substance Abuse Treatment	2,688	9,778
Hygiene Kit	2,679	3,393
Medical Mobile Unit	2,662	8,756
Faith-Based Reentry	2,461	3,842
Mental Health Services	2,000	2,988
Service Navigation	1,921	3,397
Shelter/Bed	1,604	1,727
Education Programs	1,153	1,308
Probation Check-in	1,114	1,846
Expungement	1,032	1,325
Legal Assistance	912	1,022



In-House Services represents services RRC staff provide that are not specific to any organization. The ‘Other’ category represents how diverse these services can be. Overall, over 20,000 services had been logged in the three-year period. However, these numbers are undercounted as not every service is logged into the database.



## RRC Client Profile



\* Of the 8,425 RTS client profiles created, **20%** self-identified as female. About 2% identified as non-binary or preferred not to answer.

The population that visits the RRC seeking services has low educational attainment, and because they often come to the RRCs after a release from incarceration, very high rates of unemployment and homelessness at registration. While the lower need groups of justice-involved clients will often be able to find employment and housing, there are also higher need groups that will need individualized support. As shown in the charts above, RRC client traffic fell dramatically after the initial Covid health orders. However, by the end of 2021 client traffic was back on the rise, a trend that has continued into 2022.

## ORS and RRCs Moving Forward

While it is unclear if numbers will ever return to their pre-pandemic numbers, one thing remains clear, there is no shortage of people in need of these services. With the population more dispersed and the County making use of legislation and alternatives to incarceration, ORS is seeking to expand its reach and capacity to serve outside the established jail to RRC pathways. In late 2022 and early 2023 ORS will expand from 18 staff to 31 and change its name to Office of Diversion and Reentry Services (DRS), a change that reflects the expanded role of the office. For the past decade DRS has slowly worked to address service gaps, often taking on more direct services and filling these roles itself.

- ❖ **Diversion:** DRS seeks to support initiatives that reduce reliance on incarceration as the default response to lower-level nonviolent crime. As the courts in partnership with the district attorney and public defenders explore diversion, DRS is committed to ensuring options like anger management, domestic violence classes, and behavioral programming are available so that diversion can become more fully realized locally. DRS bringing on new staff will not only ensure the office is better equipped to do what it already does, but will also allow the office to lead new initiatives, create new collaborations and referral pathways, and oversee new programs.
- ❖ **Outreach:** As alternatives to incarceration become more commonplace, the justice-involved population will become more dispersed. A key strategy of or in DRS' expansion is to bring on a full team of outreach staff and additional community workers. These staff will be located in the jails, courts, and other community locations to help educate the population about the resources available to them and motivate people to seek and accept support. Outreach has always been a gap in the Adult Reentry Network, and it is needed now more than ever.
- ❖ **Transportation:** Despite the vast network of services that has been built over the last decade, transportation from the jails and other locations like the Reentry Centers is still limited. DRS will work towards piloting transportation services to explore how these services can be most effectively provided.
- ❖ **Entrepreneurship/Enterprises:** DRS and RRC partners have developed a robust system of vocational supports over the years. While still growing and improving, these programs have employed and/or placed hundreds of people in jobs. To build upon these foundations, part of expansion will involve working with local organizations to create social enterprises and to support individual clients in creating small businesses. The goal is that not only will justice-involved people own and manage these businesses, but that they will then also employ justice-involved people to work for them. DRS is also planning similar ventures, such as a culinary program that would operate the County cafeteria and also use these operations to train justice-involved people and help them find local culinary/food-services jobs.

# SOCIAL SERVICES REENTRY UNIT

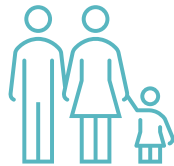
Social Services Agency (SSA) was one of the original partners starting at the Reentry Resource Center (RRC) when it opened in 2012. This team, funded by AB 109, is referred to as the SSA Reentry Unit. When people are released from custody, income and food assistance are often their priority. If they had benefits prior to arrest, these have often been terminated or suspended, and if they were employed, they have often lost their income, residence, and other supports such as healthcare. For these reasons, the SSA office at the RRC has always been the top requested service as the office provides vital support that the majority of people who have been separated from society need as they reenter from custody or make their first steps toward lifestyle change. SSA provides a valuable service to our community by addressing what they need most: cash, food, and healthcare.

The SSA Reentry Unit offers walk-in appointments, so that benefits can be processed/reinstated as quickly as possible, and provides supplementary services such as Electronic Benefit Transfer (EBT) card replacement, ensuring clients can access their assistance. The clients SSA serves are often released from jail the same day they arrive for an appointment. The transition is often difficult emotionally and psychologically as many do not know where they will stay or what they will eat. For these reasons, SSA staffs its reentry office with people who strive to be sensitive and empathetic to every client they encounter. Because they are often the first service portal the client works with, the experience they have with SSA staff can impact the trajectory of their reentry, the way they feel about government assistance programs, and their overall willingness to engage in general. In recent years, SSA staff have taken various trainings including mental health awareness, which has broadened the skills they can utilize to connect with clients.

## Social Services Reentry Unit, February 2012 – December 2021



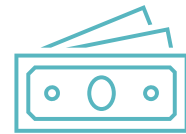
**21,829** applications processed for **11,416** unique households



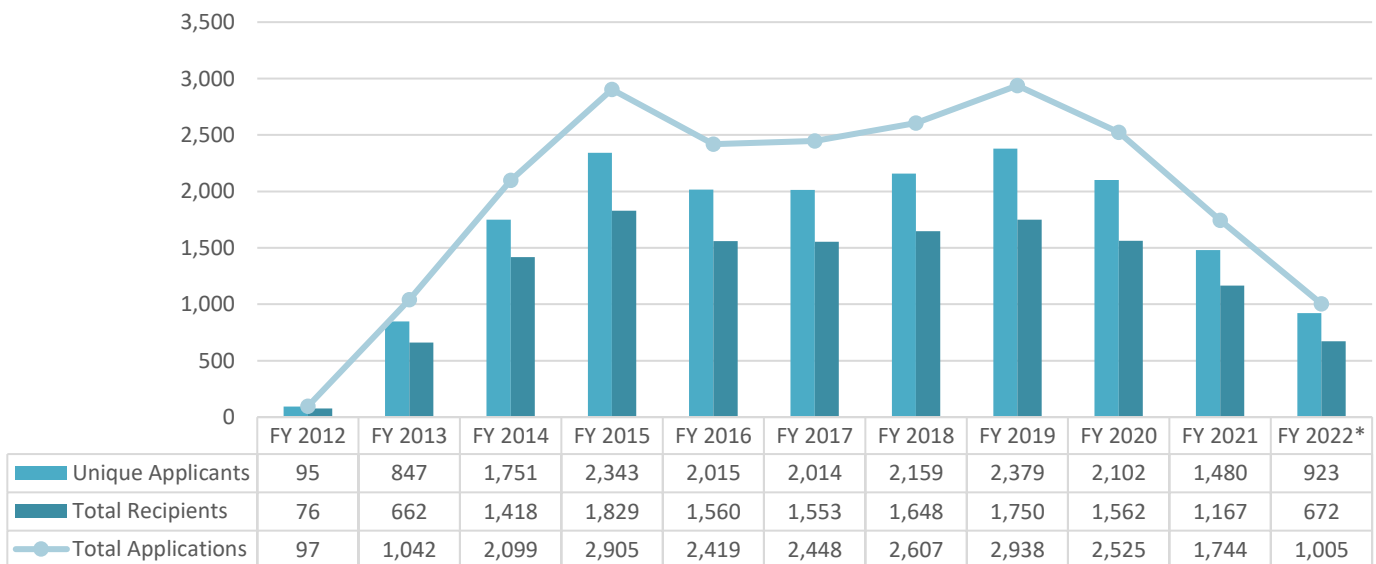
**9,264** households received benefits through the reentry office.



**7,800** households received CalFresh food assistance



Over **\$21 million** in general assistance and over **\$48 million** in CalFresh assistance allocated

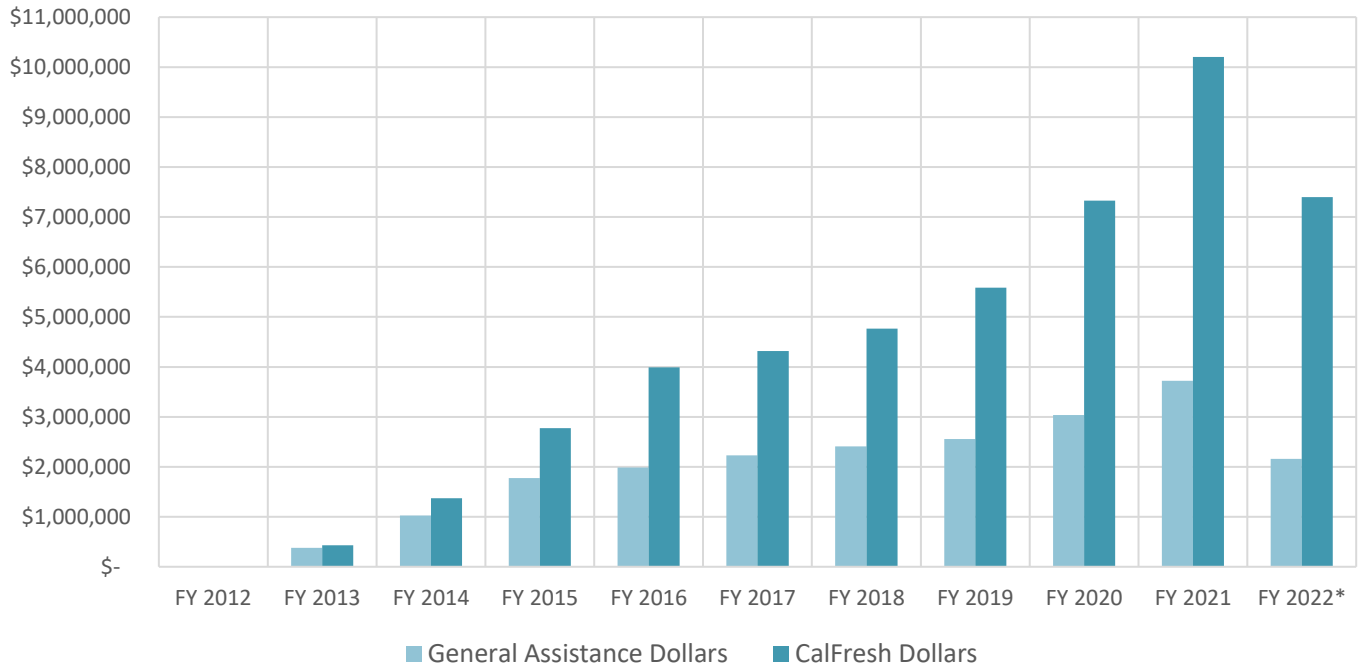


\*Data broken down by Fiscal Year, FY22 only includes six months (up to Dec 2021)

The Reentry Unit provides the same core services as the larger offices with extra care and attention to be responsive to reentry clients' unique needs. Over the 10 years on site at the RRC, SSA:

- ❖ Enrolled 7,800 households in Cal-Fresh (food assistance)
- ❖ Enrolled 7,439 households in General Assistance (income assistance)
- ❖ Enrolled 3,794 households in Medi-Cal (healthcare)
- ❖ Replaced 8,756 EBT cards, which clients use to purchase food

SSA Reentry Unit: Assistance Dollars Issued



*\*Data broken down by Fiscal Year, FY22 only includes six months (up to Dec 2021)*

## Social Services Moving Forward

Because the reentry unit is part of the larger SSA institution, its operations have long been stable and largely unchanged. SSA, like many other departments was affected by the global COVID-19 pandemic. The team quickly adapted by putting into place a telephone interview process so that reentry clients would not experience any lapse in services. The frontline staff continued to come to the office to make sure clients received in-person services such as EBT cards, verification of benefits, ID vouchers, and other services. SSA remains committed to providing the same level of service to clients despite the challenges they encounter and has created phone banks for clients to use when they do not have the means of acquiring their own phone.

Looking forward, the Reentry Unit continues to strive to provide excellent customer service along with accurate benefit entitlement. Their goal is to ensure that anyone who is eligible to receive public benefits receives them in a timely and efficient manner.

# REENTRY SUPPORTIVE HOUSING

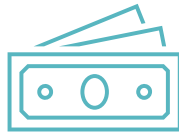
Since 2012, the Office of Supportive Housing (OSH) has overseen an array of supportive housing initiatives, with specific AB 109 funded programs serving the justice-involved populations. Through these programs, reentry clients have been linked to housing support in a variety of ways such as Emergency Shelter Beds, Emergency Financial Assistance, Permanent Supportive Housing, Rapid Rehousing and Transitional Housing Programs.

The format of these programs has changed over time and now focuses on a more centralized model. As a result, the data below are undercounted as there were many smaller programs earlier in the office’s history. In addition, many reentry clients access other housing programs funded by other sources. The Reentry Rapid Rehousing (RRRH) programs follow an evidence-based model and provide a time-limited rental subsidy with supportive services to homeless households for a period of six months to two years. While reentry clients can access other programs, the RRRH has been the primary reentry-specific program since programs were consolidated in 2017. The goal of the RRRH programs is to support households until they become self-sufficient. The Reentry Emergency Assistance Program, which provides immediate assistance such as motel/sober living environment stays, deposit/utility assistance, back-rent assistance, and temporary subsidies is also utilized often for this population.

## Supportive Housing for Reentry Clients: 2012 - 2021



**1,268** reentry households provided housing support



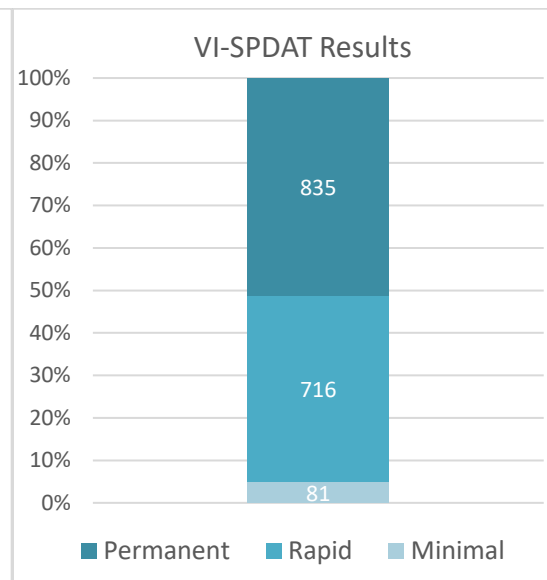
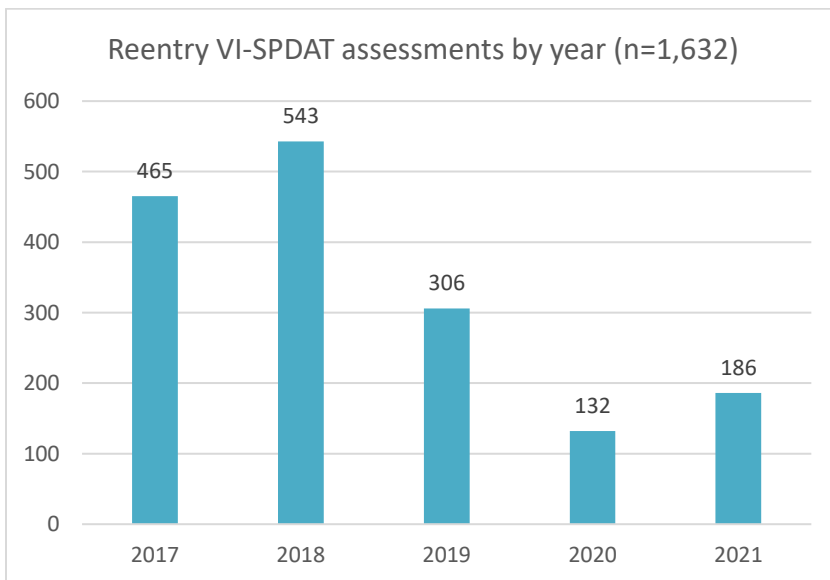
**950** reentry emergency assistance requests processed



Out of 1,233 program exits, **68%** placed in temporary or permanent housing



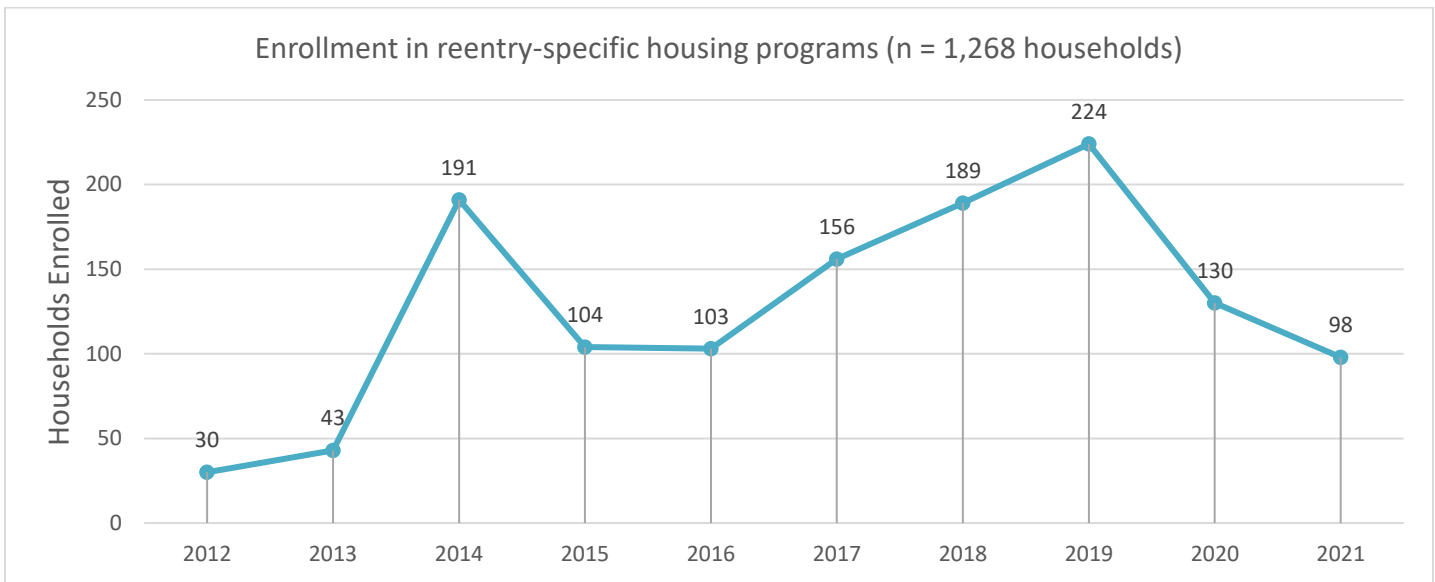
**1,632** housing assessments provided at reentry locations (2017 -2021)



Since 2017, the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) has been the primary entry point into the coordinated entry system, a model that OSH utilizes to enroll people in programs and place them into housing from a variety of physical entry points. When a client receives an assessment at any location, they are entered into a queue through a larger database. Since 2017 there have been 1,632 VI-SPDAT assessments provided at reentry center locations. Scoring determines initial placement and can return three results:

- ❖ **Minimal:** Client is not in immediate need and is given information and resources.
- ❖ **Rapid Rehousing:** The client is at risk but indicates ability to attain self-sufficiency, temporary/transitional support is provided for up to two years.
- ❖ **Permanent Supportive Housing:** Client is at high risk and will not likely be able to maintain housing on their own, permanent subsidized housing is provided.

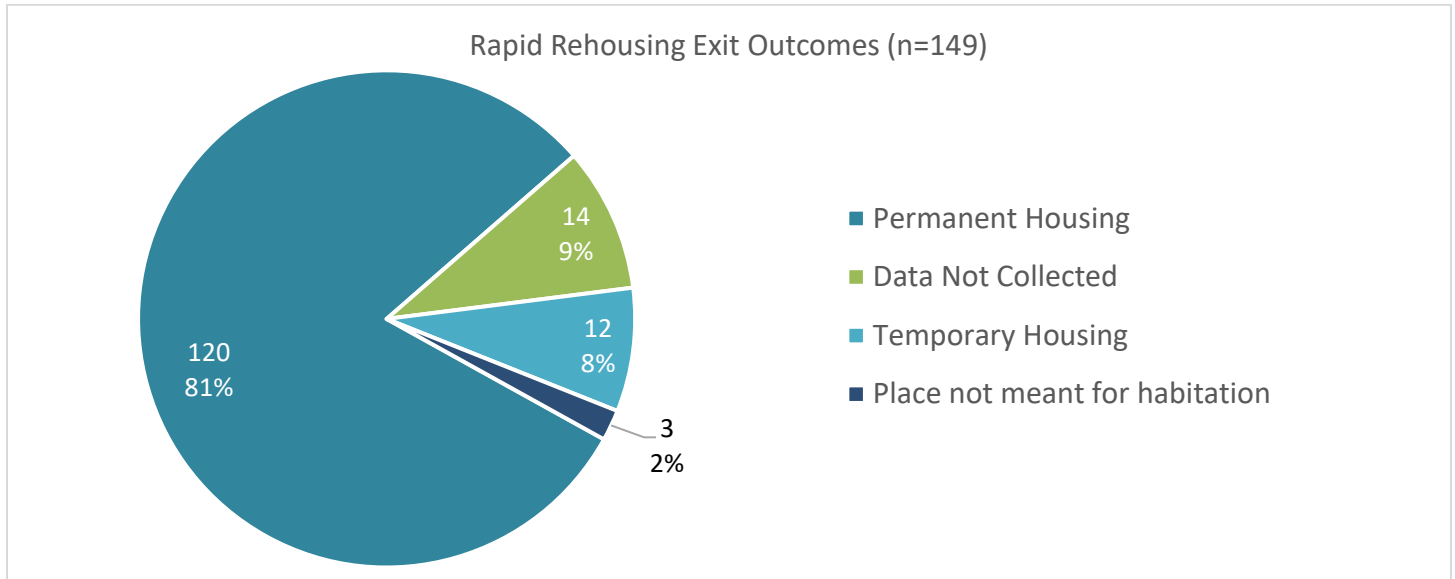
Of the 1,632 assessments provided at the Reentry Resource Centers over half (51%) indicated need for permanent supportive housing. About 44% of reentry clients needed rapid rehousing, while only about 5% indicated a minimal risk. Assessments are provided to any client indicated homelessness and requesting housing support. This indicates that justice-involved people seeking housing assistance at the Reentry Centers are most often at high risk to experience harm and chronic homelessness and will often need permanent support due to mental illness or other special needs. As a result, many homeless Reentry Center clients are referred to larger programs not funded by AB 109.



Reentry Housing Program	Unique Households
Abode Services - AB 109 RAP	17
Abode Services - Reentry Rapid Rehousing Program	108
County: Reentry Resource Center - SCC MHD - AB 109	109
County: Reentry Resource Center - SCC MHD - EAP CM	808
HomeFirst - BRC - Reentry AB 109 ES	37
HomeFirst - HomeFirst - Re-Entry RRH	1
HomeFirst - HomeFirst - Re-Entry RRH Exceptions	116
LifeMoves - [INACTIVE] LifeMoves-JSI-DADS/AB 109 THU	19
LifeMoves - [INACTIVE] LifeMoves-MSI-THU AB 109	45
UPLIFT - [UPLIFT] County of Santa Clara: MHD AB 109	8
<b>Grand Total</b>	<b>1,268</b>

For clients referred to the transitional, reentry-specific supportive housing programs, the Emergency Assistance Program was the most common housing service provided. Of the 1,268 enrollments there were 1,233 known exits from which one third of (411) households were exited into permanent housing and 34% (424) of households were exited to temporary housing. Due to the many different programs, many households did not have outcomes recorded, so the number exited into housing may be undercounted.

There have been 242 households enrolled in rapid rehousing programs overall, 163 had moved in to subsidized housing as of December 2021. There were 149 exits from these programs.



According to the exit outcome data, 80% of households that were provided rapid rehousing assistance exited the program into permanent housing. About 9% of recipients did not maintain contact to provide exit information and may have been homeless at program exit. Only 2% of exited households were confirmed to be homeless at exit.

## Supportive Housing Moving Forward

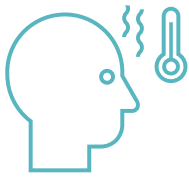
OSH is committed to working with the services partners at the Reentry Resource Centers to ensure housing support is provided to the reentry population. OSH is able to provide drop-in housing support services to approximately 100 clients per month with a dedicated OSH Community Worker onsite Monday through Friday. OSH is also increasing its capacity to place clients in transitional housing placements including transitional housing and motel placements while permanent housing placement is being processed. OSH also plans to identify opportunities to expand involvement with programs dedicated to serving those in the mental health and drug treatments courts as these populations represent the highest rates of chronic homelessness and overall need for support.

# MEDICAL MOBILE UNIT

Starting in 2013, the Valley Homeless Healthcare Program under the County’s Health and Hospital System began offering mobile health services on site at the Reentry Resource Center in San Jose and later expanded services to the South County Reentry Center in Gilroy. The Medical Mobile Unit (MMU) is a fully equipped bus that travels to various locations throughout the County. The MMU provides a vital service to reentry clients. The justice-involved population, especially after being released from correctional facilities, often have medical and/or psychiatric conditions that need to be addressed. The MMU is a central part of the one-stop shop as clients can access care while they address other needs and set up healthcare appointments in the community.

The MMU allows quick walk-in access to care and hosts physicians, nurse practitioners, psychiatrists and psychologists, registered nurses and therapists along with other support staff. As patients, reentry clients can receive a wide variety of healthcare services onsite and are linked to more intensive care the MMU is not equipped to provide. The MMU also provides prescriptions and other forms of medication such as injections to help clients maintain sobriety. To support client care, the Community Health Workers and Social Workers assist clients in accessing services and planning their care. These staff also participate in the Transitions Clinic Network which is an in-custody clinic where staff meet with clients prior to release and set up appointments at the MMU or other community locations.

## Mobile Medical Unit, January 2017 – December 2021



**5,771** unique patients served at RRCs (2017-2021)



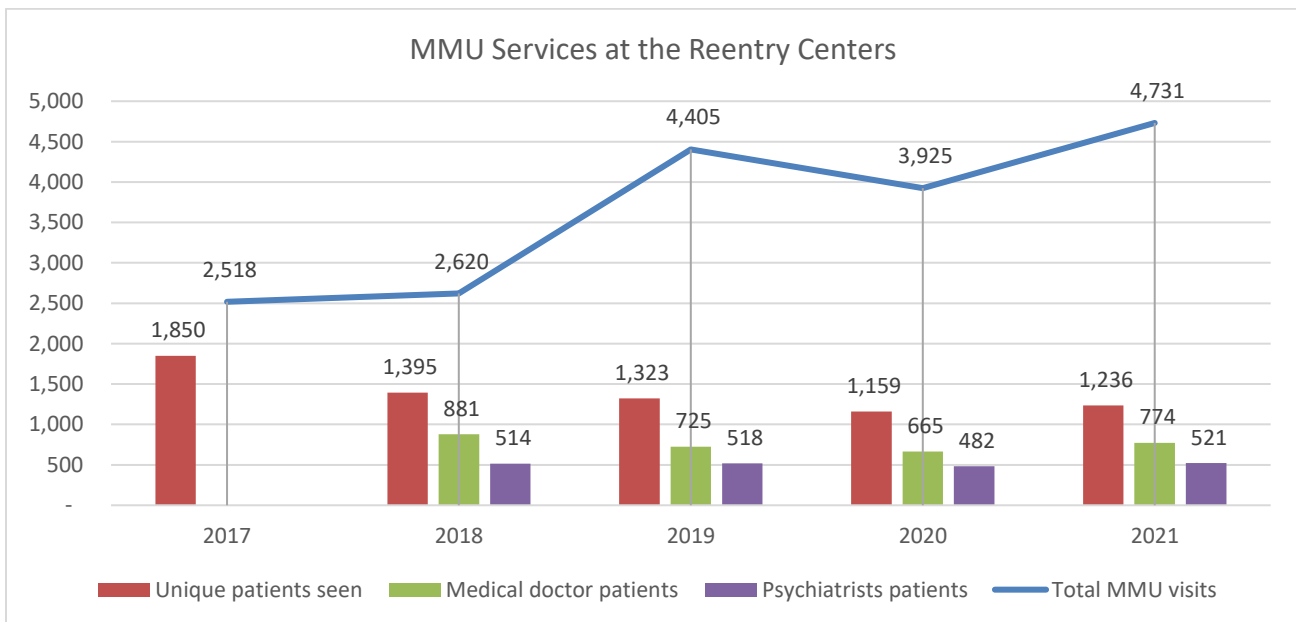
**15,681** visits at reentry locations (2018-2021)



**2,540** unique medical patients (2018 – 2021)



**1,609** unique psychiatry patients (2018 – 2021)



\* VHHP changed data processes multiple times since the MMU started providing services at the Reentry Centers, as a result only data from 2017–2021 is available in consistent format. Specific data for medical and psychiatry were not available until 2018



## Expanding care

The MMU remains an invaluable service to clients who need care and has expanded over the years. When first established in 2013, the MMU mainly provided medical care and linkage to other care in the community. Starting in 2018, behavioral health staff became a part of the team who could assist with psychiatric/counseling needs and staff were provided office space at the San Jose Reentry Resource Center. Recently, the MMU expanded further when a new bus was purchased with larger interiors and newer equipment. While two buses were on site for several months, the MMU staff eventually expanded further into the Reentry Resource Center itself, increasing office space to allow for clients to use the indoor area as a waiting area.

Over the years the team has continued to expand and refine their work. For example, MMU staff can screen walk-in clients who are actively seeking or who are unknowingly eligible for the Mission Street Recovery Station. If the client is eligible, the MMU staff can make a referral and walk the client over to the Recovery Station where they can stabilize and later be linked to other services. The MMU team is also hoping to expand further in the near future with permanent clinic space onsite and expanded capacity to provide medication.

# REENTRY BEHAVIORAL HEALTH TEAM

Since 2012 and the establishment of the Reentry Resource Center (RRC), Behavioral Health Services Department (BHSD) has operated a Behavioral Health Team (BHT) out of the Reentry Resource Center. This team started out as the main entry point for the RRC and in later years took on a more focused role, assisting any client in need of substance use treatment and/or mental health treatment. During intake, BHT assesses clients for clinical needs and general needs. Based on the clinical assessment results the team identifies and links the client to the appropriate treatment in the community, and also offers outpatient substance use counseling on site. When clients have more general needs, BHT works closely with RRC partners to link them to the array of services provided by the County and community-based organizations. In addition to counselors, peer mentors with lived experience are on site to engage with and advocate for clients, helping them navigate the various support systems and resources.

## Behavioral Health Team: January 2016 – December 2021



Served **11,624** unique individuals over **30,567** visits



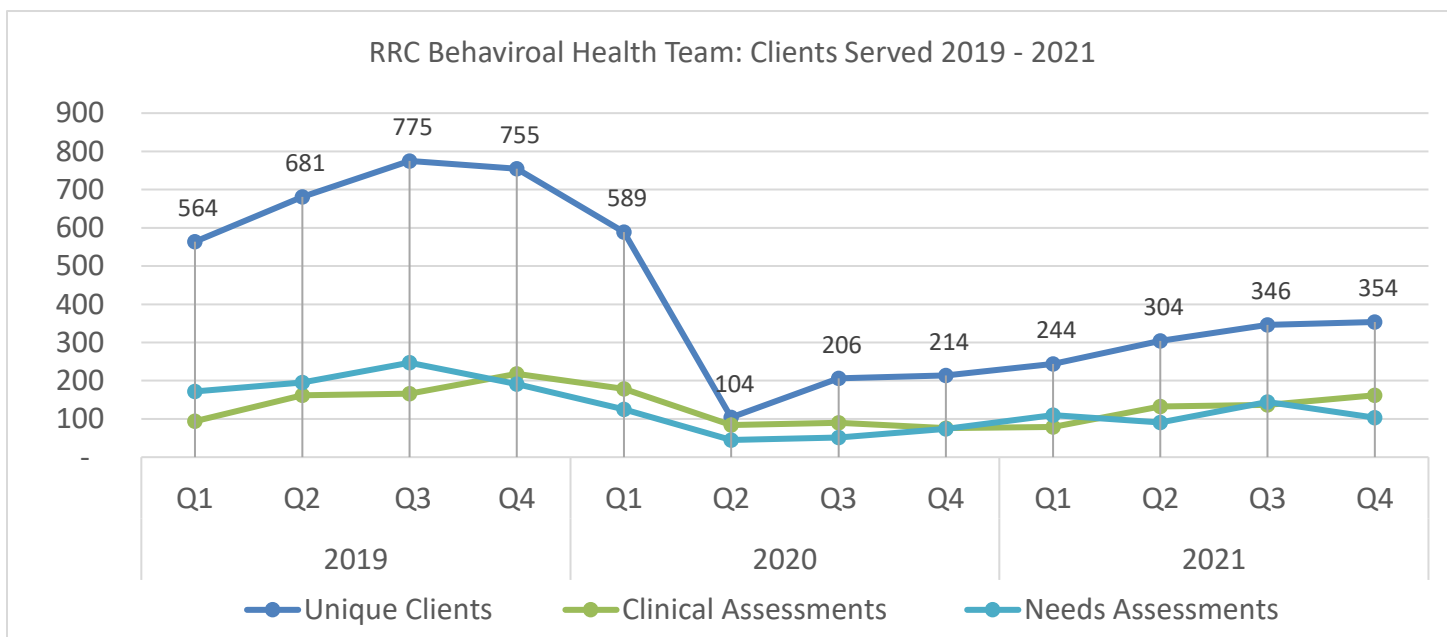
Conducted **5,407** needs screenings and **2,220** clinical screenings



Made **4,255** referrals to clinical services (3,119 to SUTS and 1,136 to mental health)



Made **1,256** referrals to CBOs for non-clinical services



\* Due to changes in databases consistent datasets were only available from 2019 - 2021

While BHT is the primary entry point for clients seeking behavioral health services at the Reentry Resource Center, it is only one of many access points where clients can get an assessment and linkage to treatment. BHT also offers case management, care coordination, and medication management services to clients. Since 2017, BHT has been offering outpatient substance use counseling on-site and is focused on continually improving and streamlining these services.

# SUBSTANCE USE TREATMENT SERVICES

In 2011, the Reentry Center and partners began collaborating with the Behavioral Health Services Department’s Substance Use Treatment Services (SUTS) team to provide services to eligible AB 109 clients as part of the broader mission to socially integrate lower-level felons recently released from prisons and jails. The release of non-violent offenders from state prisons coincided with growing evidence for widespread prevalence of mental illness and substance use in the incarcerated population. Linking newly released people to substance use treatment is an essential step in integrating them with the community and providing them the tools to reach self-sufficiency.

In the past decade, the County substance use treatment system has provided services to thousands of justice-involved people, using realignment funds to enhance services. In 2011, when Realignment legislation was first passed adults between 18 and 64 years of age were not generally eligible for Drug Medi-Cal unless they fell into specific categories such as pregnant women or opioid users. Prior to the passage of the Affordable Care Act (ACA), Realignment funds supported substance use services for those released under AB 109 who were not eligible. In 2014, after ACA expanded Medicaid eligibility to the entire adult population, many offenders became eligible for both substance use and other health services, and there was less reliance on AB 109 to fund treatment for this population.

## Substance Use Treatment Services: January 2015 – December 2021



About **20,000** admissions for **5,972** unique reentry clients



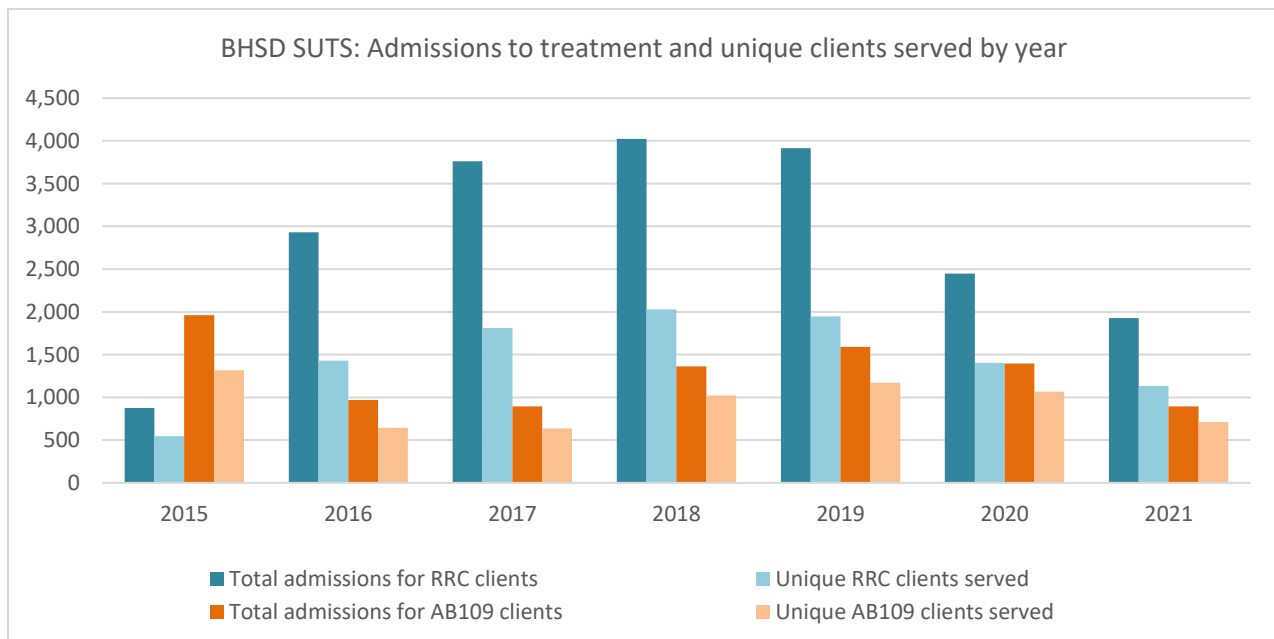
**80%** successful discharge rate in 2021 for AB 109 clients



Methamphetamine use is the primary drug for over **60%** of AB 109 SUTS clients



Despite an increase in employment rates, this population has high need for housing/employment



*\*This chart does not indicate trends in SUTS admissions overall, only for clients matched to the AB 109 master list*

## SUTS Admissions for Reentry Center and AB 109 Clients

SUTS does not have AB 109 or reentry-specific programs. As a result, data and outcomes below are derived from either matching Reentry and AB 109 client lists to SUTS databases or from pulling information by category. For this reason, these numbers represent an undercount because these matching methods will miss individuals with faulty name or date of birth information in one of the databases.

### SUTS admissions matched to RRC Master List (2015 – 2021)

	2015	2016	2017	2018	2019	2020	2021	Total
Unique clients served	548	1,431	1,810	2,029	1,946	1,402	1,134	5,979
Total admissions	876	2,932	3,763	4,024	3,914	2,447	1,926	19,882
Outpatient	422	1,104	1,303	1,545	1,473	1,069	860	7,776
Residential	134	441	497	439	397	276	238	2,422
Recovery Residential	142	453	712	783	765	373	232	3,460
Withdrawal Management	59	167	220	257	267	173	135	1,278
Other	38	198	288	241	169	83	79	1,096

*\*When matching RRC master list to SUTS databases by name and date of birth, consistent data are only available from 2015 – 2021 from when the database went live. This method will miss some admissions.*

### SUTS admissions marked as 'AB 109' in behavioral health database (2011 -2021)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Unique clients served	16	381	962	1,350	1,316	642	636	1,023	1,172	1,067	712	6,611
Total Admissions	17	597	1,451	1,990	1,961	968	894	1,361	1,591	1,396	896	13,122
Outpatient	15	321	782	1,171	1,049	493	568	913	831	830	521	7,494
Recovery Residential	1	89	205	236	294	229	191	241	307	103	34	1,930
Residential	1	118	276	344	340	118	35	6	148	187	187	1,760
Withdrawal Mgmt.	-	-	2	2	-	-	-	-	99	70	54	227
Other	-	-	-	6	10	1	-	1	8	10	3	39

*\*When pulling data from the behavioral health database who are marked 'AB 109' the trends reflect referral pathways such as the Reentry Resource Centers, not specifically people released under AB 109 legislation.*

### SUTS admissions matched to AB 109 Master List (2011 -2021)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Total Unique clients	16	358	563	716	656	640	658	708	678	538	442	N/A
Total Admissions	21	603	1,054	1,280	1,299	1,297	1,289	1,291	1,236	861	705	10,936
Outpatient	15	316	487	593	524	499	493	564	542	435	344	4,812
Recovery Residential	2	61	123	177	193	192	232	244	261	114	78	1,677
Residential	1	86	148	201	216	241	192	145	117	80	74	1,501
Withdrawal Mgmt.	1	17	37	63	65	56	76	68	65	39	37	524
Other	1	41	52	40	44	53	47	50	40	39	41	448

*\*This match was also done with name and date of birth, as a result it is likely these numbers are higher. These data represent admissions for people specifically released under AB 109 legislation.*

When using the matching method, data indicate that SUTS provided at least 19,882 admissions for Reentry Resource Center clients, serving at least 5,972 unique reentry clients from 2015 to 2021. Many of these clients would have been linked to treatment by the RRC Behavioral Health Team. When pulling data by those marked as AB 109, data were available over a longer period of time but with less consistency. Staff also matched a list of all AB 109 clients released to the SUTS database and found just under 11,000 admissions since 2011. In all three methods, Outpatient was the most provided service type. Those who are provided outpatient are also provided with transitional housing.

## Profile of Realignment Clients

To create a profile of AB 109 clients in the substance use treatment system, SUTS staff pulled data on clients marked AB 109 from the California Outcome Measurement System (CalOMS), a mandatory state reporting tool. The analysis covers FY 2013 through FY 2020 (July 1 2012 to June 30 2020) as these data were reliably gathered in the substance use treatment system's electronic record UniCare. These data are gathered at admission to a treatment program and refer to client status in the 30 days preceding admission.

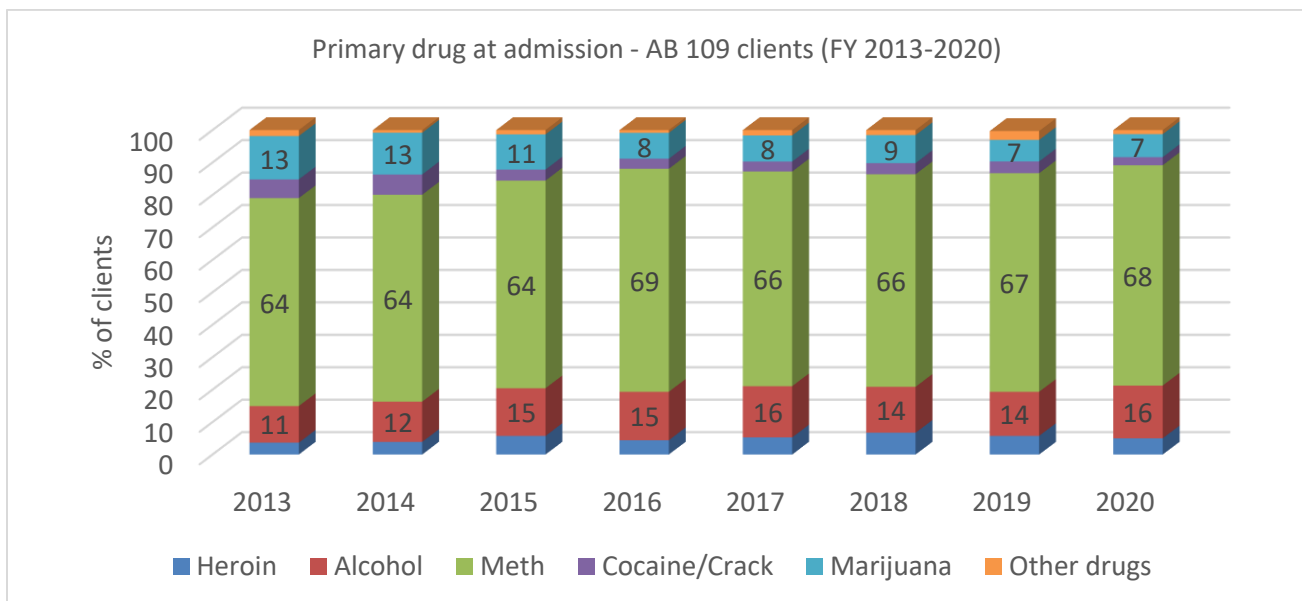
This brief profile shows that the AB 109 clients who received county substance use treatment were mostly male, Hispanic/Latino individuals in their late thirties who were either homeless or in a dependent living situation. The majority reported methamphetamine (stimulant) or alcohol use at admission to treatment. The AB 109 client profile suggests that the AB 109 population requires a multitude of services for recovery to be established: extended substance use treatment, housing, job training and education.

### Primary Substances

A primary substance is defined in CalOMS (California Outcome Measurement System) as the substance that is responsible for the greatest dysfunction in a client. As shown the figure below, methamphetamine has been reported as the primary substance for over 64% of Realignment clients during the entire period. However, this figure was even higher in FY 2020, increasing to 68 percent. The prevalence of methamphetamine is significantly higher than the more general population of people seeking substance abuse treatment, where about 40 to 55% of beneficiaries report methamphetamine as their primary drug of choice.

The second most used primary substance reported since July 2012 is alcohol. The percentage of clients reporting alcohol as their primary substance increased between FY 2013 and FY 2020 from 11% of admissions to 16% of admissions.

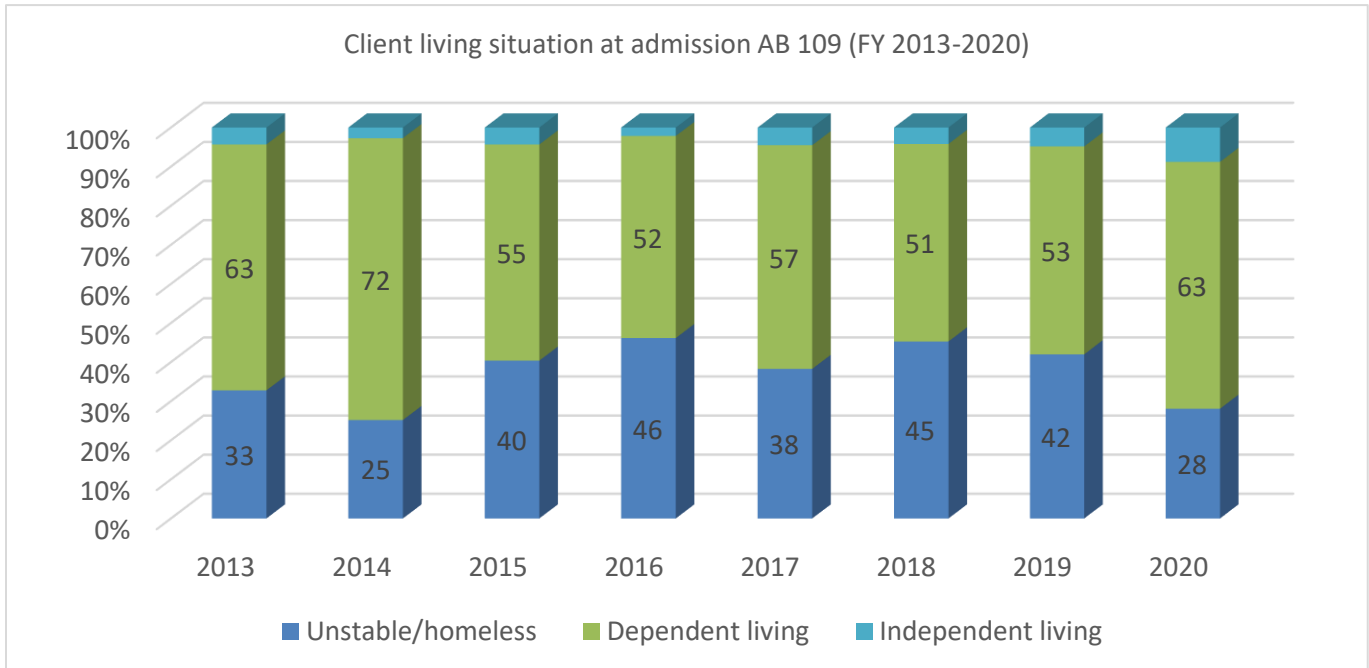
The percentage of AB 109 clients reporting marijuana as the primary substance decreased from 13% to 7% over this period. Other substances were not as commonly reported as methamphetamine, alcohol, and marijuana. In the AB 109 client population, methamphetamine and alcohol are the most preferred substances.



Secondary substances are also recorded for clients entering substance use treatment. Between July 2012 and June 2020, the percentage of AB 109 clients reporting a secondary substance declined from 45% to 52%. In other words, slightly over half the clients reported not using a secondary substance by 2020.

## Living Situation

Most AB 109 clients reported ‘a dependent living situation’ at admission for the entire period, indicating that they were either incarcerated, in-custody, in recovery residence/group living facility or residential treatment facility in the 30 days prior to admission. Overall AB 109 clients admitted to substance use treatment were not self-sufficient in the month before admission.

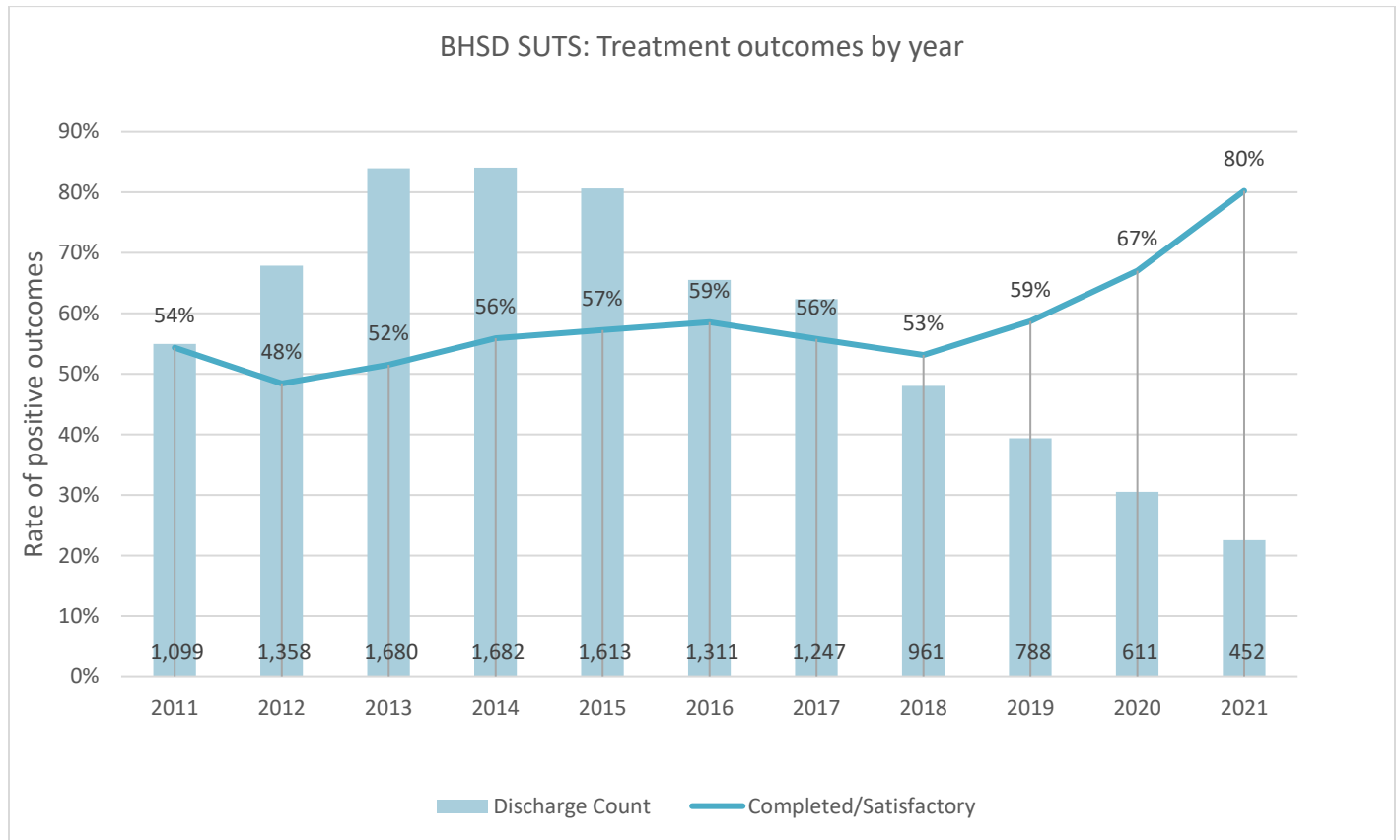


In Fiscal Year 2013, 63% of clients reported a dependent living situation at admission and 33% reported being unstably housed/homeless. The percentage of clients reporting unstable housing/homelessness peaked in 2016 (46%). The percentage in a dependent living situation increased in FY 2020, possibly because of the county policy of housing homeless persons in motels and other shelters. The percentage of individuals reporting independent living (renting, sub-leasing, for instance) remained low throughout the seven-year period.

However, the percentage of admissions in which clients stated that they were participating in the labor force increased through the seven-year period. The percentage of admissions in which clients indicated that they were not employed and not looking (not in the labor force) dipped from 31% to 20% after peaking in 2015, when it reached 45%. During the same period, the percentage who reported working full-time increased from 7% to 23% and part-time, from 8% to 14% (FY 2013 vs. FY 2020). Despite the increase, employment overall is low and most SUTS clients are not employed at admission.

## Substance Use Treatment Outcomes

SUTS also tracks outcomes in CalOMS. When looking at outcomes for reentry clients, SUTS staff were able to identify 26,457 discharges from treatment. The chart below compares discharge outcomes (left axis) to discharge count (right axis). Overall, about 57% of discharges were successful or the client left before completion but had satisfactory progress prior to exiting.



Looking at 2011 – 2021, treatment outcomes improved in recent years. However, this increase also coincides with a decrease in overall admissions/discharges. There are potential implications for better outcomes with a smaller staff to client ratio that should be explored. It is not clear if those admitted/discharged in recent years had different characteristics that also affected outcomes, or if there were specific operational changes contributing to these results. The table below breaks down outcomes in greater detail.

SUTS AB 109 treatment outcomes by year (n = 26,457 discharges)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Rate
<b>Unsatisfactory, not referred</b>	552	537	643	1,017	1,090	915	1,052	801	572	331	132	7,642	28.9%
<b>Completed, referred</b>	315	379	518	642	633	583	582	428	367	317	277	5,041	19.1%
<b>Satisfactory, referred</b>	233	384	524	517	661	573	493	378	441	290	210	4,704	17.8%
<b>Completed, not referred</b>	253	199	336	451	498	310	332	252	223	185	238	3,277	12.4%
<b>Unsatisfactory progress</b>	145	459	678	302	283	181	189	224	222	122	64	2,869	10.8%
<b>Satisfactory, not referred</b>	147	64	156	209	224	222	266	218	171	178	120	1,975	7.5%
<b>Incarceration</b>	99	96	122	115	132	100	86	100	53	24	12	939	3.5%
<b>Death</b>			2	1	1	1	2		2	1		10	0.0%
<b>Total</b>	1,744	2,118	2,979	3,254	3,522	2,885	3,002	2,401	2,051	1,448	1,053	26,457	

\* 'Referred' indicates clients were linked to another type of treatment



# MENTAL HEALTH JUSTICE SERVICES

Behavioral Health Services Department (BHSD) established a justice division of mental health services. This team, now referred to as the Forensic, Diversion and Reintegration Division (FDRD), focuses on creating and streamlining referral pathways from jails to treatment. FDRD provides specialized evidence-based, forensic behavioral health services that include mental health and/or substance use treatment; case management; medication support; crisis intervention; pre- and post-custody outreach and engagement services; as well as community reintegration services to adults and older adults involved in the justice system. These services support the overall mission of the FDRD, which seeks to spearhead and support treatment strategies that reduce the number of justice-involved individuals with behavioral health conditions, including mental health, co-occurring (mental health and substance use), substance use disorders, and intellectual/developmental disabilities, from the justice system. FDRD, in partnership with other BHSD staff also works closely with the population in the community at locations like the Reentry Resource Center to ensure justice-involved people who have been released can still access quick linkage to care designed around their specific needs. The ability for the FDR Division to achieve these efforts is through the established diversion, treatment, and supportive services that facilitate a more seamless process of reintegration, from a custodial setting into a community setting, for a population faced with ongoing barriers.

Over the years the justice mental health team has provided six levels of treatment funded by realignment. Clients are screened by FDRD clinicians stationed at the four Collaborative Courts and the Reentry Centers and are referred to the appropriate levels of care within the FDR Divisions. The information below is specific to AB 109 funded activities.

## Mental Health Justice Programs

Crisis Residential Treatment (CRT)	Designed for justice-involved clients with severe mental illness and substance abuse disorders. This level of care offers short-term, community-based, crisis residential treatment to persons who may pose some risk of harm to self or others and who may have severe functional impairment.
Full-Service Partnership (FSP)	Designed for justice-involved adults with a severe mental illness and substance use conditions needing an intensive service program. Services include individualized assessment and treatment plans, intensive case management, individual and group therapy, medication, family/community support and flex funding.
Post-Release Community Supervision (PRCS)	Designed to assist and support individuals released from correctional facilities under Post Release Community Supervision (PRCS). Services provided are individual assessments, psychiatric evaluation, individual and group therapy, case management services, medication monitoring and crisis intervention
Evan’s Lane Outpatient & Residential	Two levels designed for Criminal Justice involved adults with severe mental illness and substance use conditions who would benefit from an outpatient service program and combined transitional housing program that offers support 24 hours per day for up to one year.
Aftercare	Assists justice-involved individuals who have progressed in treatment but need transitional support. The program provides specialty mental health services, including assessment, treatment planning, individual and group therapy, individual rehabilitation and group counseling, collateral, case management, medication support, and Crisis Intervention services.

# Mental Health Justice Services, October 2011 – December 2021



**3,606** unique clients served in justice mental health programs



**11,195** admissions to justice mental health programs



FSP was the most provided service, helping people with severe mental illness with wrap-around support



Crisis Residential programs have been instrumental, helping clients stabilize with a step-down model

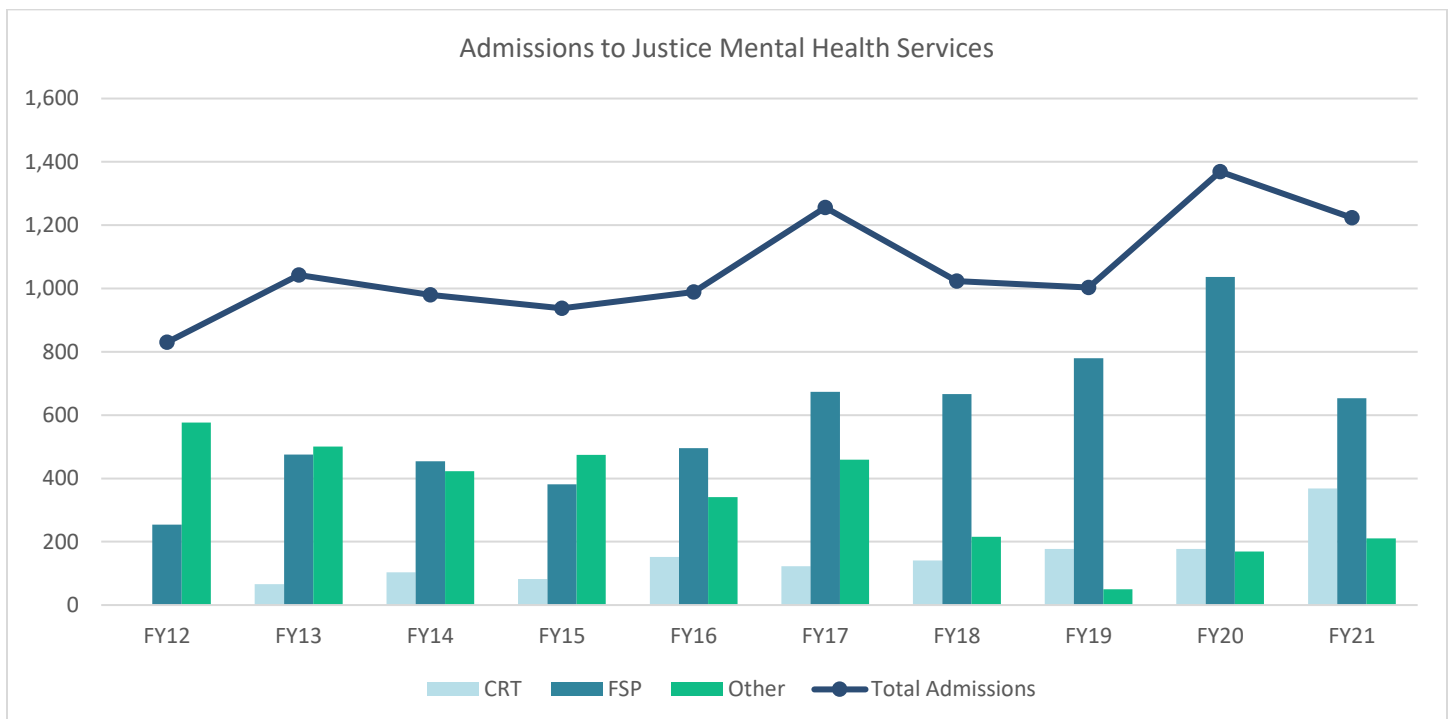
Between October 2011 and December 2021, the mental health component of BHSD served over 3,600 unique justice-involved patients through the justice-based programs funded in part by AB 109. Overall, there were about 11,200 admissions to these six levels of care over the ten-year period, with FSP accounting for the greatest number of admissions and clients served.

Admissions to Justice Mental Health Services by Program

	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
Aftercare	222	158	162	134	118	149	54	4	13	9	18
CRT	0	66	103	82	152	123	141	177	177	368	206
FSP	254	475	454	381	496	674	666	780	1,036	653	264
PRCS	177	55	36	40	68	42	21	14	28	22	9
Evans Lane- OP	177	288	221	283	123	97	46	22	47	65	21
Evans Lane- RES	0	0	4	17	32	171	95	10	81	115	43
Total Admissions	830	1,042	980	937	989	1,256	1,023	1,003	1,369	1,223	543

\* FY12 depicts October 2011 – June 2012 and FY22 depicts July 2021 – December 2021

\* Evan’s Lane data may be undercounted from FY18 on, due to changes in databases



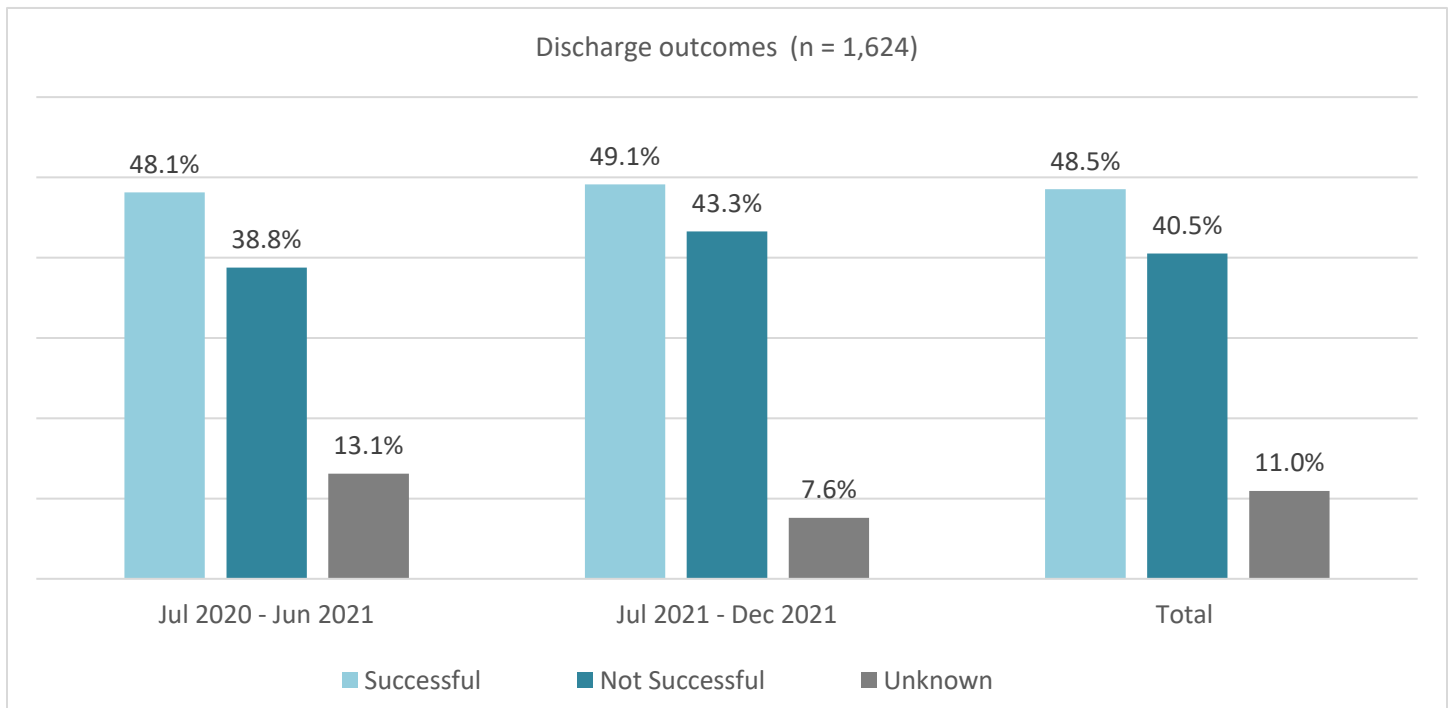
\* ‘Other’ refers to all treatment types listed in the table above other than FSP and CRT

## Discharge Outcomes

Due to changes in data systems, BHSD Mental Health staff were able to provide consistent data on treatment outcomes for July 2020 to December 2021. During this timeframe there were 1,624 discharges from the six levels of treatment outlined above.

Discharge Outcomes by Level of Care — July 2020 – December 2021

	TOTAL DISCHARGES	Completions	Other successful	Other neutral	No Data (unknown)	Unsuccessful
CRT	557	51%	6%	0%	9%	33%
FSP	823	43%	3%	4%	8%	41%
PRCS	31	77%	0%	0%	19%	3%
Evans Lane-Outpatient	71	24%	8%	6%	28%	34%
Evans Lane-Residential	142	13%	13%	11%	24%	38%
Total	1,624	43%	5%	3%	11%	37%



Overall, 43% of the discharges were completions and about five percent were successful non-completion, bringing the total success rate to 48.5%. When only looking at the 1,446 known outcomes (178 discharges were unknown), 788 (54%) discharges were successful.

## Mental Health Justice Programs Moving Forward

The FDR Division prides itself in providing wrap-around services that address clients' behavioral health and basic needs that may increase the risk of recidivism. Overall, the six programs discussed above have had success over the years and have been instrumental in early release programs.

- ❖ Crisis Residential programming has proven to be instrumental in allowing a phased approach for clients with high need, where they can step-down to lower levels of care as they stabilize. In July 2022, these programs increased their capacity from 24 to 30 slots, an expansion that will help with the timely release of in-custody clients released by specialty courts. The increased capacity is funded through the Department of State Hospitals (DSH) grant. However, more capacity is needed as there are many people who could benefit from and need these services. A recommendation for the future is to expand this service further so people in custody can be released into treatment without delay.
- ❖ FSP programs provide wrap-around support for clients using a “whatever it takes model.” In addition to helping with treatment these services directly assist clients in reconnecting with the community so they can ultimately graduate from treatment court. In December of 2021, funding for 30 California Department of Corrections and Rehabilitation (CDCR) FSP outpatient slots ended, decreasing the number of FSP slots available to individuals releasing to community from prison. In Fiscal Year 2023, Mental Health Services Act (MHSA) funding was allocated and the FSP MHSA program was able to increase the overall FSP capacity by 40 slots to reinstate capacity. There has been increasing demand for this service over the year and it is important to retain capacity to meet the need.
- ❖ The PRCS program focuses specifically on those coming from state prisons as a result of Realignment legislation. There has been little change to this program over the years, the program continues to transition individuals from intensive criminal justice system programs to lower levels of care with the focus on further stabilization and moving the individuals into traditional adult and older adult outpatient programs. The program does not have any flex funding which makes it challenging for individuals released from prison to maintain community housing and maintain achieved stability. Adding flex funding to this program would provide justice involved individuals with housing and felt needs allowing for a successful reintegration into community. Additionally, the maximum length of stay is only six months, which may be too short for some individuals. Therefore, in addition to incorporating flex funds, extending the length of stay to 12 months is recommended for improvement.
- ❖ Evans Lane is a county-run outpatient clinic with a residential program. The program traditionally accepts referrals from the Behavioral Health Treatment Court, the Reentry Resource Center, and other Criminal Justice Programs. In December of 2021, funding for 10 CDCR outpatient and residential slots ended. Despite the decrease in funding and capacity, the Evans Lane Program continued to provide services to Santa Clara County parolees with Medi-Cal or no insurance. Additionally, in early Fiscal Year 2022, Evans Lane lost one FTE outpatient program manager and one FTE clinical position due to AB 109 budget cuts. This further decreased the overall Evans Lane funding and available capacity. It is recommended that leadership consider reinstating positions to ensure all shifts are covered and services can be provided to the highest degree of fidelity.

# FAITH-BASED REENTRY COLLABORATIVE

In late 2011, the Behavioral Health Services Department (BHSD) implemented the Mental Health Services Act (MHSA) funded Innovation project which established an interfaith reentry collaborative and service contracts with four Faith-Based Resource Centers (FBRC). Initially, three pilot FBRCs were established that were strategically located throughout Santa Clara County to support the reentry population and their families, regardless of faith tradition. In 2012, the success of the FBRCs led to longer term contracts funded through AB 109, and expansion of a fourth FBRC in 2014. What started as a 36-month project turned into a successful ongoing service network that recently celebrated its 10-year anniversary.

The four FBRCs continue to serve justice involved adults and older adults residing in Santa Clara County. They offer an open, safe, and welcoming environment in which a wide range of services for individuals seeking assistance is provided. The FBRCs work collaboratively with other faith-based communities and other County and community partners to provide individuals with the necessary community supports that will support successful reintegration in the community. Clients can receive wrap-around services through case management, one-touch service linkages through client flex funding, and other community resources.

Prior to July 2017, data from these services was collected in Excel spreadsheets. After this date, FBRC staff began entering data into BHSD’s Unicare database. As a result, consistent data is only available from July 2017 (FY18) to December 2021 (mid-FY22).

## Faith-Based Reentry Centers, July 2017 – December 2021



There were **45,800** services provided to FBRC clients



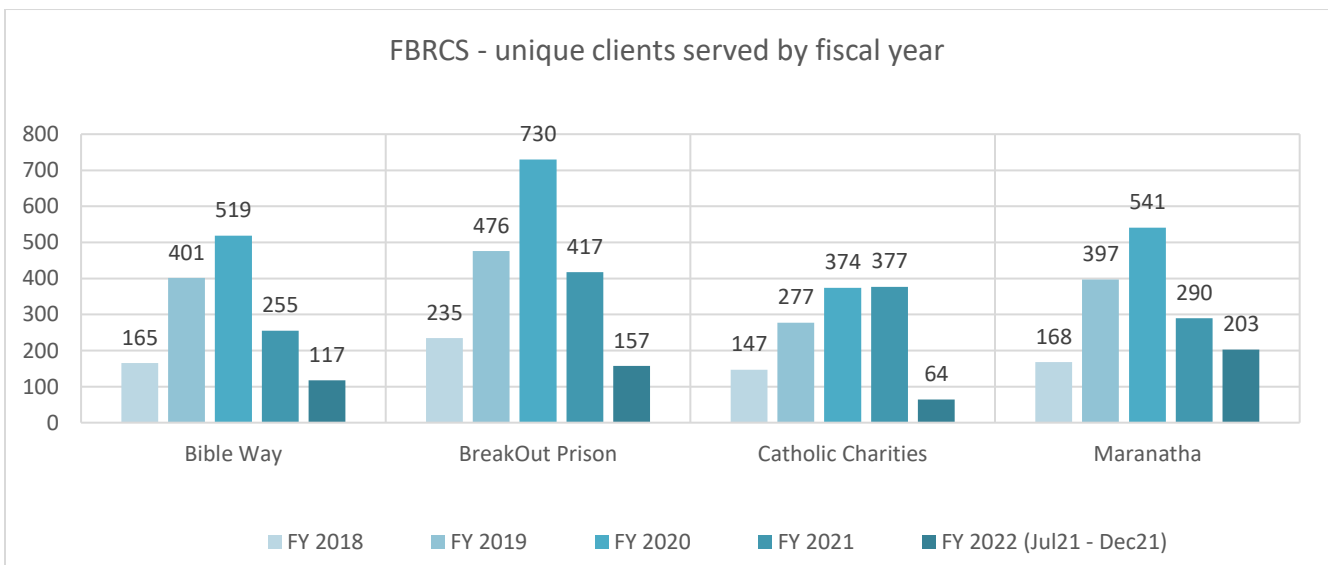
Faith counseling was provided **16,760** times

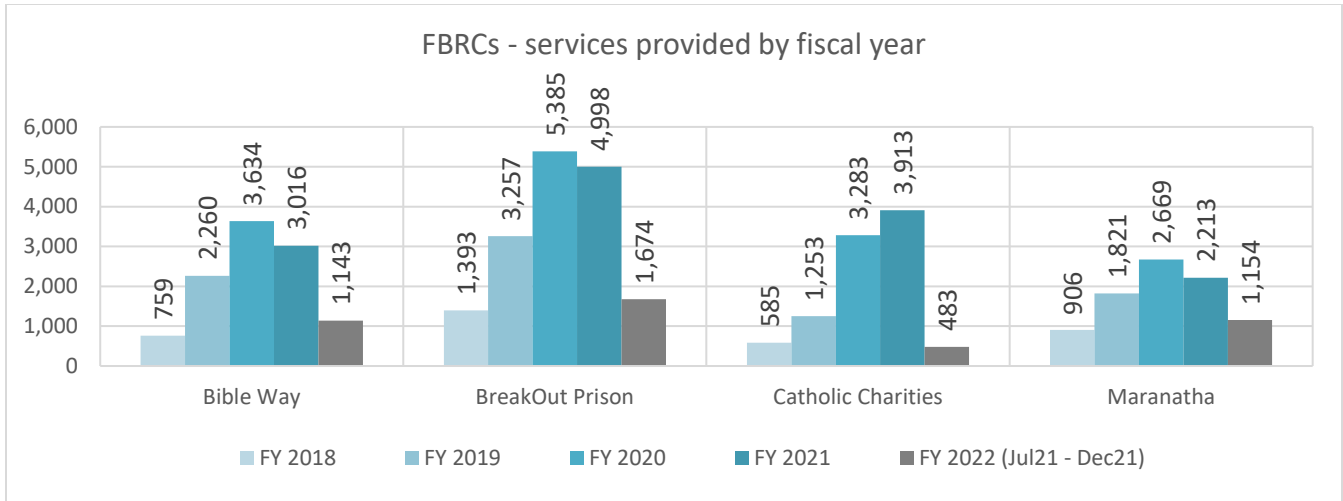


Transportation was the most provided resource (provided 7,730 times)

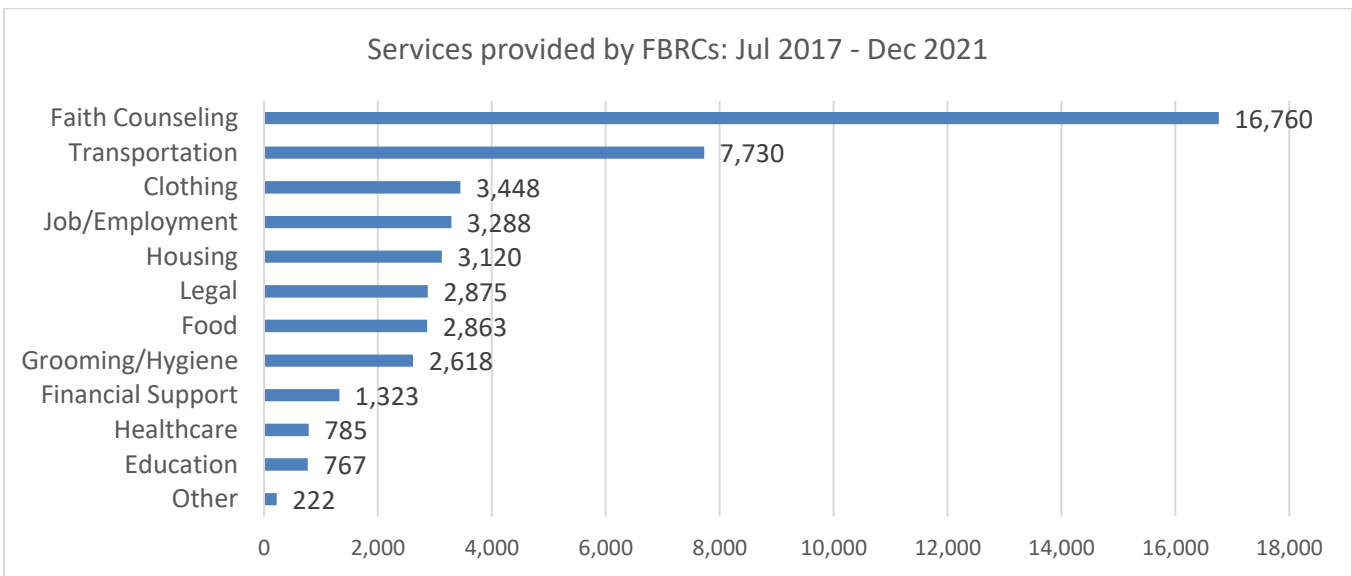


Clothing was provided to clients in need about 3,500 times





\* Note: This dataset is broken down by fiscal year and as a result FY 2022 is only six months' worth of data.

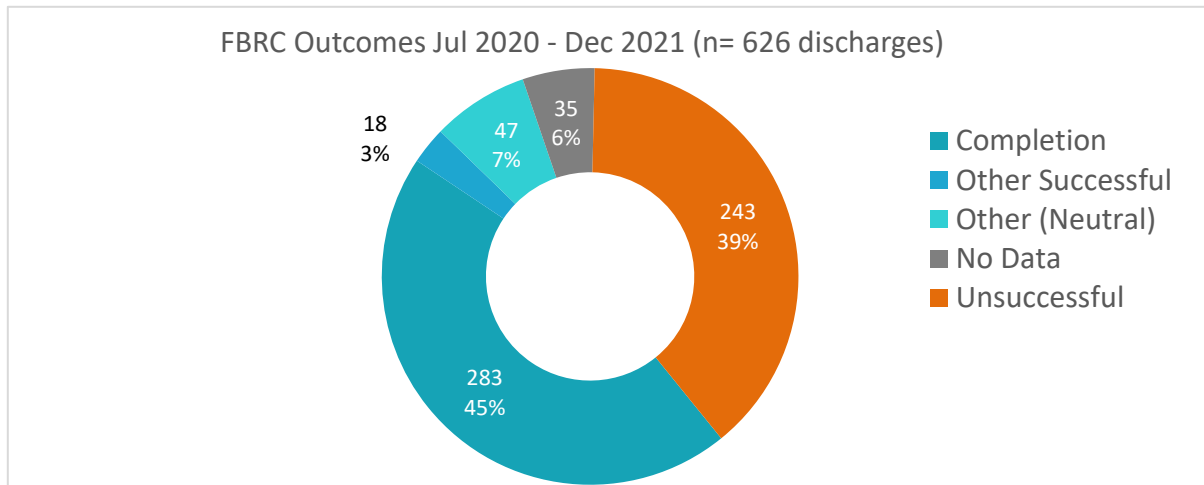


The services above are duplicated, meaning that clients receiving the same service twice are counted twice. Overall faith counseling was the most provided service tracked in the database. When it comes to resources, transportation was the most provided, with nearly 8,000 instances of transportation assistance being recorded.

## Faith-Based Reentry: Discharge Outcomes

There were 626 discharges from the FBRCs between July 2020 and December 2021. Overall, about half of clients were successful, meaning they achieved one or more of their goals/needs. Clients who were ultimately unsuccessful often received and benefited from a variety of services, even if they did not complete the program.

	TOTAL DISCHARGES	% Completions	% Other successful	% Other (neutral)	% No Data	% Unsuccessful
JUL 2020 - JUN 2021	489	49%	2%	9%	6%	34%
JUL 2021 - DEC 2021	137	33%	5%	1%	3%	58%
TOTAL	626	45%	3%	8%	6%	39%



## Faith-Based Reentry: Milestones and Future

The Faith-Based Reentry Network and resource centers have over the years continued to support clients and identify new ways to serve the community.

- ❖ County staff who support the FBRCs work out of the San Jose RRC and provide onsite services, such as access to clothing and transportation support. Staffs' primary role is to refer clients to one of the four FBRCs.
- ❖ In 2015, the San Martin Reentry Pilot Program was launched extending FBRC support to the South County area. On February 26, 2018, the program relocated to Gilroy, allowing for a permanent expansion of available reentry services for clients residing in South County and their families.
- ❖ In July 2013, the first Outreach court took place with 20 clients in attendance. The FBRC staff, as case managers have always been instrumental in the program, which holds a court session in the community once a month to reduce fines and fees. Faith Based staff help clients sign up, accompany them to court, support them in going before the judge, and speak on clients' accomplishments.
- ❖ In 2016, a three-month project was launched providing staff coverage to host resource tables at the Main Jail and Elmwood Correctional Facility. Due to the high demand, in 2017 the tables became an ongoing service provided by the Faith Based Centers. Clients releasing from custody can stop at these tables located in the jail lobby to get access to resources and transportation and set up appointments for additional support in the community.
- ❖ The FBRCs also host employment fairs, and recruit business owners and private companies connected to the faith community. These fairs also dedicate time to educate potential employers on the benefits of hiring justice-involved employees and showcase the support available to them when hiring reentry clients. In partnership with Probation, FBRCs host events where clients can interview with employers, and possibly get hired on the spot.
- ❖ The FBRCs host an annual holiday event where the Faith Based Centers, along with county programs and community-based organizations, come together to offer a safe and welcoming environment for clients and their families to learn of resources available to them, play games, socialize, and win prizes. One of the success stories from the five-year report in 2016 credits this very event as his initial turning point.

Due to the large success and demand for Faith Based services, in Fiscal Year 2023, the Behavioral Health Services Department received ongoing AB 109 funding that restored capacity for each FBC from 74 to 85 case managed clients, annually. In total, 44 additional reentry clients will be able to access Faith Based services upon releasing from a custodial setting on an annual basis.

# REENTRY EXPUNGEMENT PROGRAM

Historically, expungement services for former clients have been treated as an afterthought. Prior convictions, even for low level violations, create significant barriers for individuals seeking employment, housing, education, and government assistance. Furthermore, this impact disproportionately fell on the most vulnerable communities, in particular communities of color.

In fall of 2013, the Public Defender Office (PDO) proposed an innovative, coordinated, and directly funded strategy to address this critical gap in service. In collaboration with the Reentry Resource Center, PDO launched the Reentry Expungement Program (REP) to provide record clearance services for any financially eligible client, regardless of the date of conviction or past representation. It began with two full-time paralegals providing intake, evaluation, and petition-drafting services to obtain court-order relief. Eventually, PDO dedicated a staff attorney to spearhead the litigation.

Over the years, the program evolved to increase capacity and efficiency, eventually achieving a granted relief rate of over 98% and increasing the number of convictions expunged. Since its inception, REP has received close to 17,000 calls from clients seeking record clearance support.

## Reentry Expungement Program, September 2013 – December 2021



**16,869** petitions and applications submitted



Convictions expunged increased from **889** in 2015 to **2,088** in 2021.

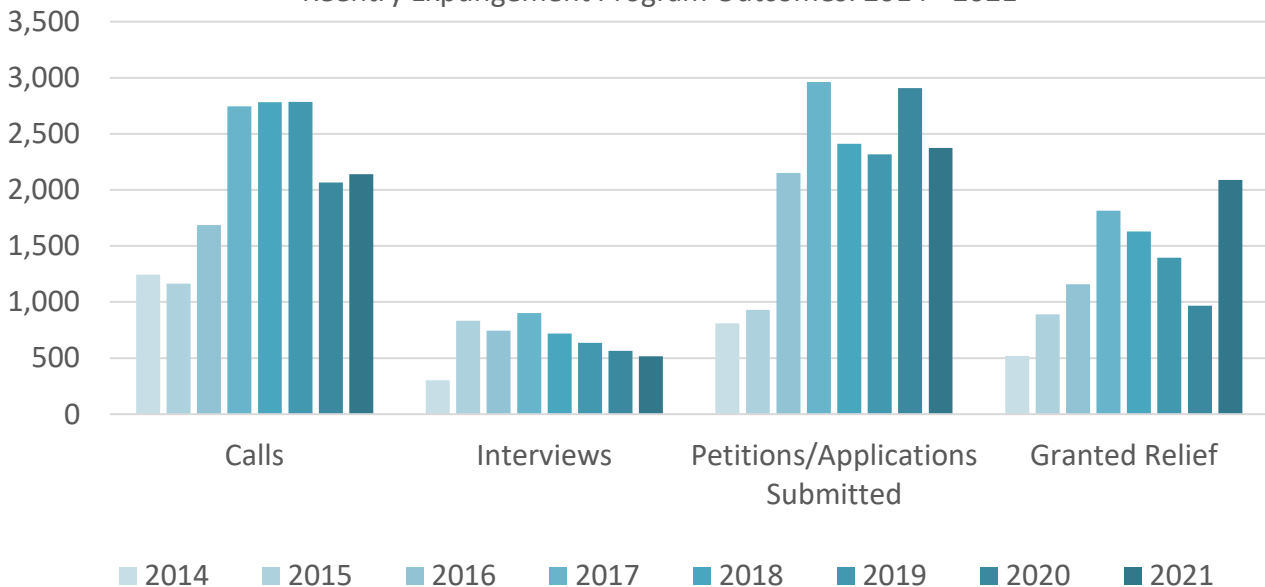


**10,462** convictions expunged



Over **5,000** unique clients served

Reentry Expungement Program Outcomes: 2014 - 2021



\* 2014 includes September 2013 – December of 2013



## REP Moving Forward

In addition to the successes over the years, the REP team continues to work with partners to facilitate continuous improvement. When shelter-in-place orders and court closures due to the pandemic resulted in a halt to all record clearances, the program was able to shift to a newly implemented paperless process. As a result of months of prior planning, REP was already moving toward a streamlined process that no longer relied on limited and expensive courtroom appearances. This shift softened the bottleneck resulting from the pandemic; without the new paperless procedure, record clearances would not have been processed during the pandemic due to extremely limited court recourses. This was only possible because of the partnership between the District Attorney Office, Probation Department, PDO, and the Superior Court.

Remaining challenges revolve around delays throughout the process. PDO and partners are currently working on additional solutions that will reduce the time it takes between submitting the petition and having the petition granted. Solutions in process include requesting additional staff in the Courts and Probation to process paperwork on both ends. PDO is currently partnering with the District Attorney to help launch a new automated expungement process with the goal that in the near future, clients will no longer have to actively seek relief for which they are already eligible.

PDO continues to innovate REP services. In 2017, the program was embedded into the launch of PDO's first Postconviction-Outreach Team. PDO's vision is to assess all clients, not only for expungement services, but for all available postconviction relief, including beneficial changes in the law such as decriminalizing past marijuana offenses, reducing the severity of prior convictions, and shortening probationary terms, as well as 290 registration relief. REP staff routinely request that felonies be reduced to misdemeanors in conjunction with record clearance and successfully eliminate outstanding fines and fees. REP's goal is to cultivate a client's ability to thrive in our community by breaking the shackles of prior convictions. PDO is honored to serve its community and proud to provide this service to enable a bright future for all.

# CUSTODY ALTERNATIVE SUPERVISION

Since 2012, the office of the Sheriff has offered alternative sentencing to Realignment clients through the Custody Alternative Supervision Program (CASP). Participants of CASP finish the remainder of their custody sentence in the community, where they are offered social services, transitional housing opportunities, mental health and substance abuse treatment, and are enrolled in additional rehabilitative courses to assist them in reintegrating back into the community as productive members. Additionally, when appropriate, CASP also allows participants to return to their families or live in transitional housing, seek additional education or technical skills, and either seek employment or continue to work in their current career.

To ensure public safety, the CASP population is supervised by the Custody Alternative Supervision Unit (CASU). CASU is a blended unit comprised of specialized Sheriff Deputies from both Enforcement and Custodial Divisions of the Sheriff's Office who work together with rehabilitation officers, Social Services, probation officers, and program specialists to provide an intensive supervision program. This program is structured to provide an individualized, effective, wrap-around service plan to CASP participants. To achieve successful outcomes, each supervisory plan is structured to ensure CASP participants maintain their commitments, are receiving services and treatment, and are adequately supported and monitored to maintain sobriety.

## Custody Alternative Supervision, February 2012 – December 2021



There were **1,212** releases into CASP



**74%** of CASP entries ended in completion (894 of 1,212)

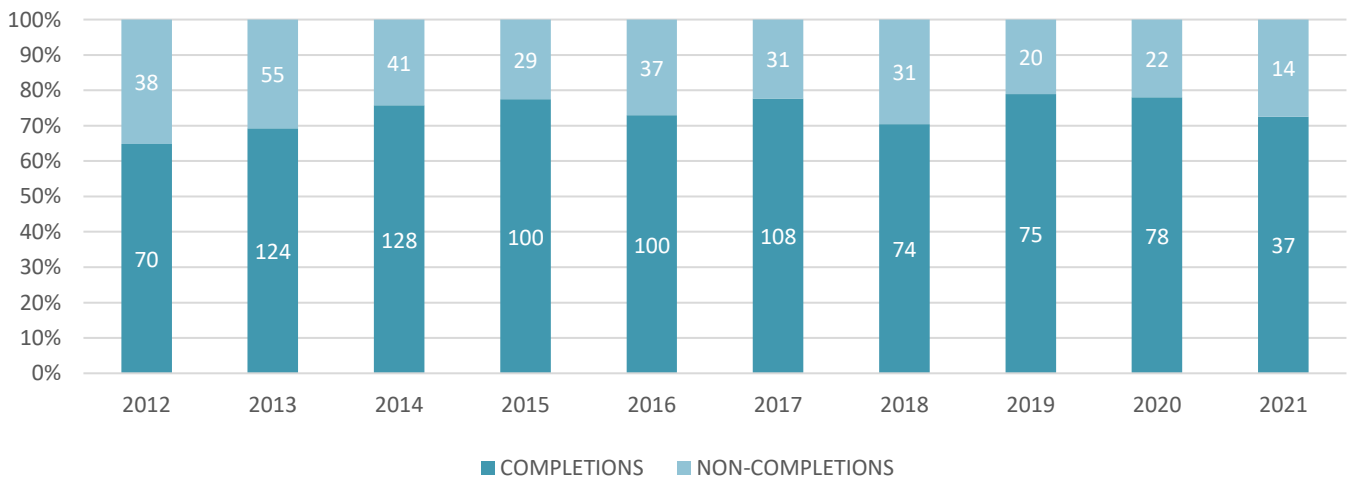


Only **3%** of CASP entries ended in with a new law violation



Blended unit with Custody, Enforcement, Probation, & Rehabilitation

CASP Outcomes February 2012 - Decemeber 2021



CASP participants are selected by Rehabilitation Officers in custody to ensure there is stability in the community and are watched closely by CASU. For these reasons, outcomes for CASP participants are predominantly successful. For example, out of the 1,212 outcomes, 853 were successful outright, with an additional 41 being an initial failure but then ultimately ending in a success after being returned to custody and released again after working with staff. Another reason the program has been successful is its neutral impact on public safety. Only about 3% (42 of 1,212) of CASP releases ended because the participant was suspected of committing a new law violation. CASP also has a low rate of escape attempts with only 30 such incidents (2% of all releases) occurring.

Outcome Description	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Successful Completion	65	115	120	99	100	105	65	75	73	36	853
Return Completion	5	9	8	1	0	3	9	0	5	1	41
Drug/Alch Test Failure	12	20	5	9	12	10	15	8	8	9	108
Program Failure	13	10	24	9	12	12	3	4	7	3	97
Absconded	2	7	4	1	0	3	5	3	3	2	30
New Law Violation – Felony*	3	9	1	7	5	2	1	1	0	0	29
Technical-Other	4	0	0	2	5	1	5	3	2	0	22
Other	2	2	0	1	2	2	2	1	1	0	13
New Law Violation – Misd*	1	3	7	0	1	1	0	0	0	0	13
Non-Reporting	1	4	0	0	0	0	0	0	1	0	6
<b>Total</b>	<b>108</b>	<b>179</b>	<b>169</b>	<b>129</b>	<b>137</b>	<b>139</b>	<b>105</b>	<b>95</b>	<b>100</b>	<b>51</b>	<b>1,212</b>

\* Those returned to custody on suspicion of a new law violation did not necessarily receive new charges/convictions

## The Electronic Monitoring Program

Starting in 2020, the Office of the Sheriff implemented an additional alternative sentencing program in response to the COVID-19 pandemic to help mitigate inmate exposure while assisting in reducing in-custody population, in accordance with the State’s AB 109 prison re-alignment legislation, the County policies, and its response to the COVID-19 mandates. This county program was called the Electronic Monitoring Program (EMP). In addition to CASP, CASU oversaw the supervision of this program. The EMP enlisted the use of technology comprised of a GPS locating device and software that provided 24-hour monitoring of the participant as they joined in programming, treatment, education, employment or served their remaining sentence at home or in a Transitional Housing Unit. Like CASP, this program proved to be successful. In the first year of implementation, there were 37 entries into the program, and it had an 89% successful completion rate. There were no new law violations during the supervision term.

In 2021, COVID-19 exposure rates continued to affect the jail population. The strict CDC mandates and County’s proactive measures to reduce exposure to inmates and staff had unintended but collateral consequences to the number of CASP and EMP entries, which were lower than previous years. In addition to the pandemic measures, the pool of eligible clients was reduced in response to new legislation, delay in court operations, and other efforts in reducing the in-custody population. To overcome these obstacles in serving eligible clients, the Office of the Sheriff began to offer their alternative supervision programs like the EMP to a wider pool of participants in the criminal justice system who presented minimal risk to public safety.

Another consequence of the COVID-19 pandemic was the lack of Transitional Housing Unit, treatment, and program beds available due to the guidelines of the CDC and the County exposure mandates. People exposed in custody were being quarantined for extended times and the acceptance of any exposed and/or symptomatic patients further delayed the processes involved in getting inmates out of custody and into these beds. This issue affected both the CASP and EMP programs as it limited the number of persons allowed to be housed in both 2020 and 2021.

## **Alternative Supervision Moving Forward**

CASP participants continue to receive programming in the community through the San Jose Reentry Resource Center. The programming is started while the participants are in custody. As they transition to the CASP and/or to the EMP their programming continues daily at the center and in the community. Participants take part in behavioral programming, educational classes, life skills classes, and financial literacy classes.

In 2022, CASP and EMP will continue programming by providing classes on a Hybrid platform (virtual and in-person) at the Reentry Resource Center for eligible participants as a way of continuing to provide needed training and services to eligible participants. As long as public health directive allows, the Reentry Resource Center plans to keep classes open to in-person training and CASP anticipates transitional, treatment, and programming housing units will be able to increase their bed space and allow continued treatment and rehabilitative programming to continue as well. The CASP and EMP will continue to reach out to partners in the Criminal Justice System such as Superior Court judges, the District Attorney and Public Defender/Alternative Defender Offices, Probation, community and faith-based organizations, adult education, community colleges, and various local employment placement agencies to assist in providing the best opportunities for the participants to obtain treatment, education, and life-skills that will assist them in re-integrating as productive members of the community.

# PRETRIAL SERVICES AND SUPERVISION

The Office of Pretrial Services (PTS) was established in 1969 with a grant and began providing risk assessments and court services. In 1974, Pretrial Services Officers began monitoring defendants’ compliance with court-ordered release conditions and reporting back to the courts on compliance or noncompliance. PTS has grown significantly over the past 10 years and has been instrumental in providing alternatives to custody and decreasing the jail population. PTS has three core components:

- ❖ **The Jail Unit** gathers and verifies information, assesses risk, and creates reports to help inform stakeholders to make optimal pretrial release decisions and to provide appropriate services and programs.
- ❖ **The Supervision Unit** monitors and supports pretrial clients and submits compliance reports to the Court.
- ❖ **Court Services** which include criminal record checks for all family and civil court litigation types, pretrial release recommendation reports, arrest warrant self-surrenders, and court referrals.

In addition, PTS provides robust database entry and enhancement support to ensure prompt entry in criminal/court databases and facilitate business intelligence solutions to better utilize the data collected to inform service delivery.



Supervised **39,667** Own  
Recognizance cases  
(Fiscal Year 2012 – 2022)

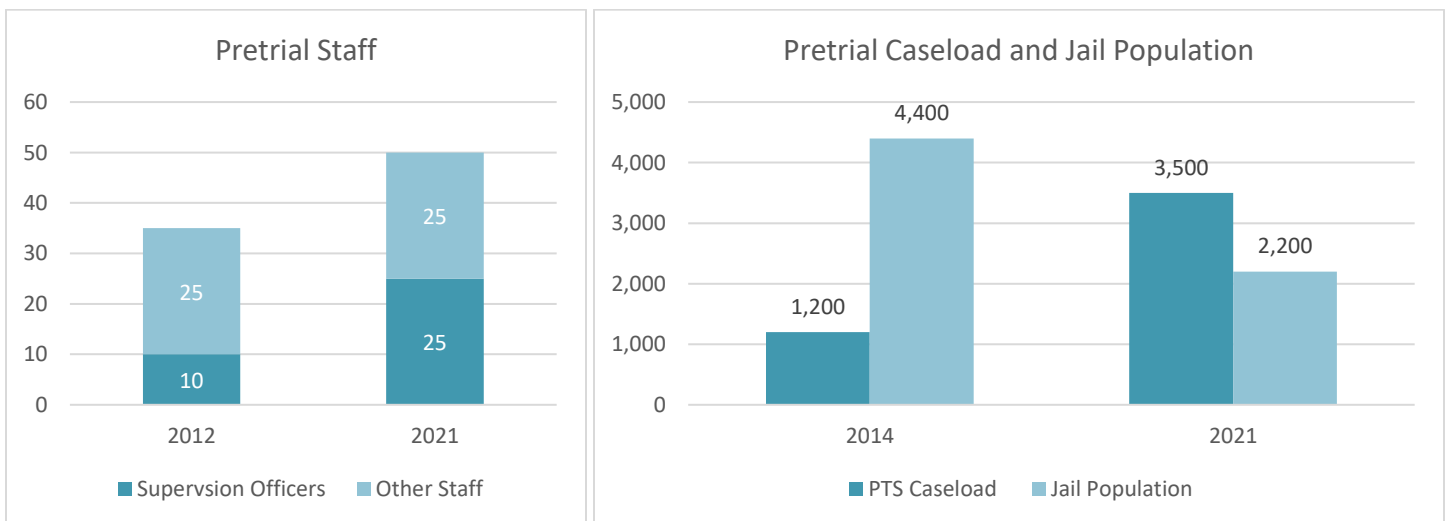


Increased staff by over **40%** and  
tripled supervision caseload  
capacity



Supported a **50%** reduction in the  
local jail population during  
pandemic

In recent years, PTS has taken on more of a key role is enabling local justice reform and pandemic harm reduction, taking on more clients and reducing reliance upon jail as a pre-trial intervention and decreasing the spread of Covid-19 in local justice institutions. In 2012, the Office of Pretrial Services employed 35 staff, 10 of whom supervised clients awaiting adjudication. In 2021, Pretrial employed 50 staff, with 25 supervising pretrial clients.



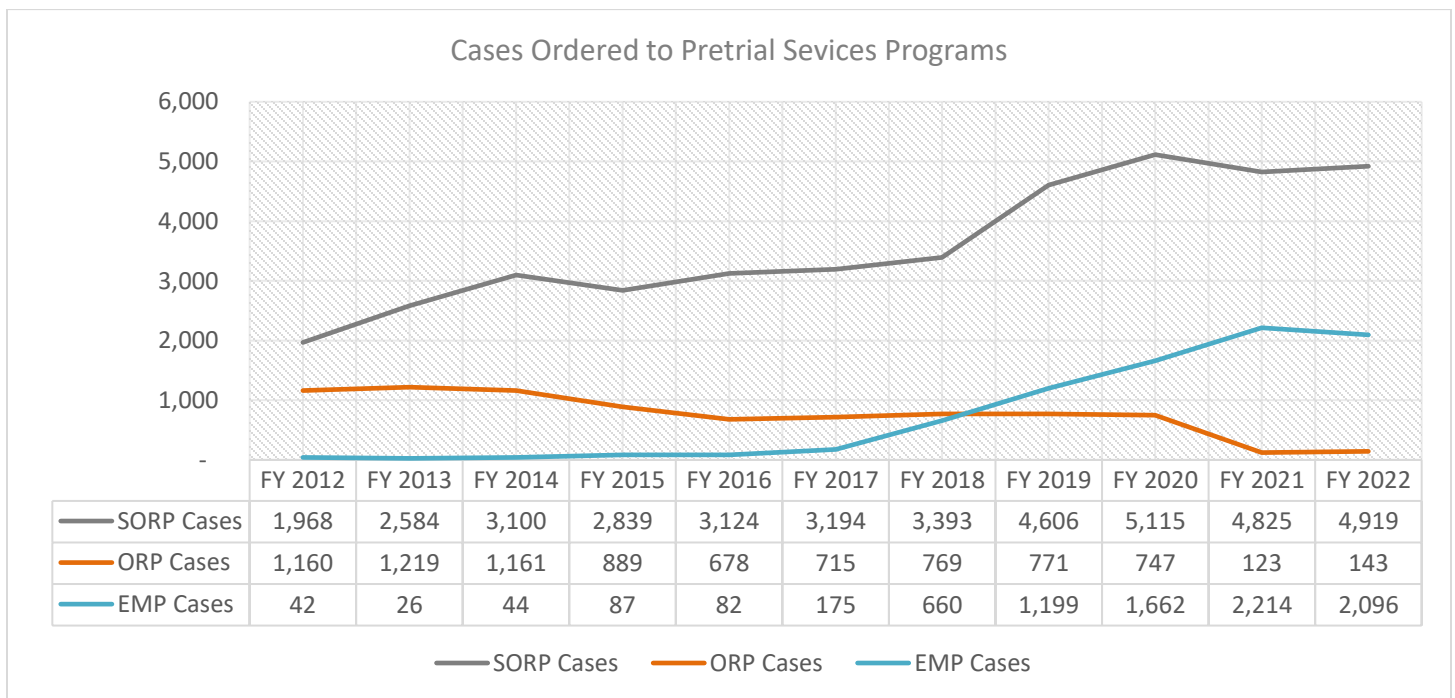
By the end of 2021, supporting new legislation and covid releases, PTS played a key role in safely reducing jail populations by as much as 50% from about 4,400 to about 2,200, by taking on more cases. As a result, the PTS workload increased from about 1,200 active cases to about 3,500, and the office added new programs and services to better support clients. In 2021, PTS was given additional responsibilities and is projected to be staffed at 120 full-time employees in the coming years.

## Programs and Services

Throughout the judicial process, the court determines whether defendants are released on Supervised Own Recognizance (SORP), an unsupervised own recognizance release (ORP), or held in custody in lieu of bail. ORP orders declined significantly due to zero-dollar bail initiatives and lower criminal filings.

When clients are released on SORP, they are supervised by a PTS supervision officer. The court also determines if defendants released on SORP are allowed to remain on SORP as the case progresses. SORP grants can be reinstated several times over the course of a criminal case. Over the past 10 years, PTS has provided SORP for clients who are ultimately convicted on cases with charges that qualify under AB 109. During this time frame, the number of cases managed annually by PTS has increased significantly from 1,968 in Fiscal Year 2012 to 4,919 in Fiscal Year 2022, of which 113 (2%) were AB 109 cases.

Clients can also be ordered released to the Electronic Monitoring Program (EMP) and wear GPS tracking and/or alcohol monitoring devices. EMP was utilized much more frequently in recent years as an alternative to custody, especially during the pandemic.



	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
<b>AB 109 SORP Cases</b>	24	58	78	52	53	66	87	110	164	125	113
<b>AB 109 ORP Cases</b>	6	1	7	4	4	6	7	17	26	-	-
<b>AB 109 EMP Cases</b>	6	5	3	18	15	20	69	141	241	328	206

PTS has been expanding programming and enhancing supportive services in addition to the work the office does to supervise and monitor clients. PTS works closely with the courts and attorneys on diversion programming at three levels: pre-filing diversion, post-filing diversion, and diversion for people who are incompetent to stand trial. These programs identify people who are found guilty but can be referred to programming as an alternative to incarceration because they pose a low risk to public safety.

To facilitate diversion and service linkage in general, PTS works closely with the Behavioral Health Services Department and the Office of Reentry Services to coordinate releases to treatment, behavioral programming, and referrals to the Reentry Resource Centers for other services such as employment and education programs.

In addition to the significant staffing and operational changes in the last five years, PTS also developed a mobile application clients install on their phone. The application provides a variety of functions to support the clients' success, such as court reminders, weekly check-ins, and direct messaging with supervision officers. PTS also has recently developed a custom case management system that tracks client progress from booking to the conclusion of their supervision grant.

## **PTS Moving Forward**

PTS has expanded significantly in recent years and is projected to continue to expand as the County moves away from traditional punitive measures and expands capacity for alternative justice interventions. PTS strives to be a leader in facilitating this change. PTS recently acquired new pretrial services expansion funding and plans to:

- ❖ Hire more staff (including 13 additional supervision officers, a community support worker, and administrative staff)
- ❖ Enhance existing services and programs to allow early notification of alleged SORP violations to stakeholders, updated administrative booking procedures, and enhanced case management software for more thorough supervision
- ❖ Add new programs and services to expand diversion, coordinate release efforts and service linkage

## PROBATION CONTRACTED SERVICES

Starting in 2011, the Probation department has utilized AB 109 funding for vocational and behavioral programming. At the time of this report, Probation contracted with three community organizations. Center for Employment Opportunities and Catholic Charities both provide probationers with vocational services, including job placement, and Gardner provides cognitive behavioral programming (starting from Fiscal Year 2022). Probation also contracted with ConXion, which provided additional vocational services and dayworker employment opportunities until Fiscal Year 2018 and contracted with Caminar, which provided prosocial classes with a cognitive behavioral approach until Fiscal Year 2021. After the contracts with ConXion and Caminar expired, a new solicitation was completed resulting in contracts with Catholic Charities and Gardner.

### ConXion Employment Services: FY 2011 – FY 2018



There were **1,179** intakes/enrollments and **667** completions

ConXion provided vocational, educational training, employment, and support services as part of the Public Safety Realignment efforts. Clients attended a one-on-one intake appointment where the clients' individual needs are assessed using a variety of tools to evaluate vocational and academic competency to determine the best placement options.

ConXion provided a wide array of services that led to vocational development, taught job readiness, facilitated job search and assistance, assist with employment applications, provided interview preparation coaching, and specific types of job training and job placement such as their 12-week construction program. In addition to these services, ConXion also provided case management to all clients including weekly meetings with clients to evaluate progress, working with clients in obtaining driver licenses or state IDs, applications for Medi-Cal or General Assistance, social security cards, and community service as appropriate.

	FY 2011 – 2016	FY 2017	FY 2018
Referrals	1,267	145	105
Enrollment/Intake	1,082	63	34
Completions	626	15	26

For those who did not complete the program, those who participated were still able to access a variety of resources, tools, and vocational supports. While this particular contract ended in Fiscal Year 2018, ConXion continues to serve justice-involved clients through other County-funded service agreements.



## Catholic Charities Employment Services: FY 2019 – FY 2021



There were **1,292** job development sessions and **189** clients placed into employment

Catholic Charities provides an array of vocational, educational, and support services to adults on Probation. Once a client is enrolled in the program, staff assist in developing an individualized plan and providing job readiness services including help with resumes, job applications and interviews. Staff then match clients to job openings based on their particular skills and strengths and help them secure employment. Once employed, clients receive job retention services to help them maintain employment and work through obstacles they encounter.

Catholic Charities voluntarily ended the contract with the Adult Probation Division in 2016 due to staff shortages and re-started in Fiscal Year 2019. Starting from Fiscal Year 2019, more specific information regarding each provided service has been collected and can be seen in the table below.

	FY 2019	FY 2020	FY 2021
Referrals	92	95	103
Job Preparation (Number of clients)	88	64	68
Employment Preparation (Number of Sessions)	107	163	210
Job Placement (Number of Clients)	26	75	88
Job Development & Placement (Number of Sessions)	382	386	524
Job Retention (Number of Clients)	64	42	56
Job Retention (Number of Sessions)	104	139	187

## CEO Employment Services FY 2018 – FY 2021



There were **1,137** enrollments and **370** placements into jobs

The Probation Department entered into a contract on February 1, 2017, with the Center for Employment Opportunities (CEO) which partnered with CalTrans to provide transitional job opportunities for active clients in the criminal justice system in Santa Clara County. As part of the project, participants worked on litter abatement crews which have expanded from two crews to six over the years.

Upon referral, clients are screened/assessed and, once accepted, given a four-day life skills class. Once participants complete the initial orientation, they are hired by CEO and begin working with the CalTrans crews where clients learn on the job and beautify their community. During this phase, participants work closely with a job developer to find a permanent job. Once clients find employment, CEO assists with retention milestones for up to one year to help the client maintain employment. The outcomes in Fiscal Year 2021, such as the milestones listed in the table below, may have been impacted by COVID.

	FY 2018	FY2019	FY 2020	FY2021
Referrals	507	463	682	553
Enrollment	216	379	338	204
Job Readiness	170	303	448	972
Job Placement	93	134	80	63
90 Day Milestone	36	60	40	27
180 Day Milestone	26	47	39	31
365 Day Milestone	7	33	28	21

\* Retention milestones are lower for FY 2021 due to many outcomes still being in process

## Caminar Behavioral Programming FY 2011 – FY 2021



There were **1,626** enrollments/intakes and **648** completions

Caminar (formerly Family & Children Services) provided prosocial classes with a cognitive behavioral approach, providing clients treatment services, using a curriculum-based behavioral change approach that addresses behavioral health issues, substance abuse, and other concurrent challenges. In this model, clients receive an individual intake and assessment that helps identify their specific needs. The 16-week program can consist of individual counseling sessions and group counseling sessions, depending on the client’s needs. Topics covered are designed to increase the decision-making skills of high-risk clients.

Fiscal year 2021 was the final year of the service agreement with Caminar for this program. A competitive request for proposals process was initiated early in 2021 and resulted in the contract being awarded to another organization, Gardner Family Health Network, which took over in July 2021.

	FY 2011 - 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Referrals	1,507	281	337	418	322	232
Enrollment/Intake	941	148	152	166	134	85
Completions	378	28	56	84	59	43

# OFFICE OF REENTRY CONTRACTED SERVICES

The Office of Reentry Services (ORS) has utilized AB 109 funding for various reentry programming and services since its inception in 2012. Over the last decade, ORS contracted with multiple Community-Based Organizations (CBOs) to provide a wide array of services in support of in-custody clients and those who have been recently released and/or are on some type of formal supervision. As of December 2021, ORS, now operating as Diversion and Reentry Services (DRS), managed 17 contracts for in-custody and community clients. programming includes legal, behavioral, employment, service navigation, education, and parenting/family education. Currently, DRS is negotiating five new contracts for its prosocial and social enterprise programs to be launched in fall 2022 and winter 2023

## SERVICE NAVIGATION

The service navigation program was implemented in Fiscal Year 2020 to assist clients who require intensive case management services. DRS contracts with four separate organizations who provide referral-based wrap-around case management and service navigation. Providers have flex funds to help clients with various immediate needs such as food, clothing, transportation, etc. Service providers hold office hours during the week at the San Jose Reentry Resource Center and in-custody.

Over the past three years, contracted providers have worked closely with DRS to improve service delivery, resulting in higher rates of success. Because program participants often have complex cases and withdraw or drop off without notice, a successful discharge is defined as a client having at least one need met with no known recidivism.

### Breakout Prison Outreach: FY 2020 – FY 2022



**458** enrollments with an overall **70%** successful discharge rate

The **Never Give Up (NGU)** program is designed to assist clients in navigating and accessing available resources throughout the adult reentry network and in the community. Potential clients are identified while still in-custody. NGU staff then conduct in-custody visits to create a pre-release discharge plan and provide post-release support through case management and individualized care plans, weekly support groups, and monthly pro-social activities.

NGU works primarily to address clients’ immediate needs upon leaving incarceration, including food, short-term housing, clothing, hygiene, and other long-term needs such as employment, stable housing, and clinical needs. NGU provides intensive case management services during the first month post-release, with intensity tapering off as clients stabilize. It is anticipated that most clients stabilize within six months of release.

	FY 2020	FY 2021	FY 2022
<b>Enrollments</b>	137	144	177
<b>Successful Discharges</b>	78	104	138
<b>Success Rate</b>	<b>57%</b>	<b>72%</b>	<b>78%</b>

## San Jose State University: FY 2020 – FY 2022



399 enrollments with an overall 62% successful discharge rate

San Jose State University Research Foundation (SJSURF) supports in-custody clients and those who have recently left incarceration through wrap around case management services. Intensive services are concentrated during the first month post-release, with intensity tapering off as clients stabilize. SJSURF staff will assess each client’s needs and assist in eliminating barriers to self-sufficiency through planning, service linkage and navigation.

SJSURF is the service navigation provider for the Gender Responsive Opportunities for Women (GROW) program, which provides trauma-informed case management services to women leaving incarceration. More recently, SJSURF expanded upon this role and now works with a County multi-disciplinary team to case conference and discharge plan for women with upcoming releases from county jail facilities.

	FY 2020	FY 2021	FY 2022
<b>Enrollments</b>	165	93	141
<b>Successful Discharges</b>	37	90	121
<b>Success Rate</b>	22%	97%	87%

## Mental Health Systems: FY 2020 – FY 2022

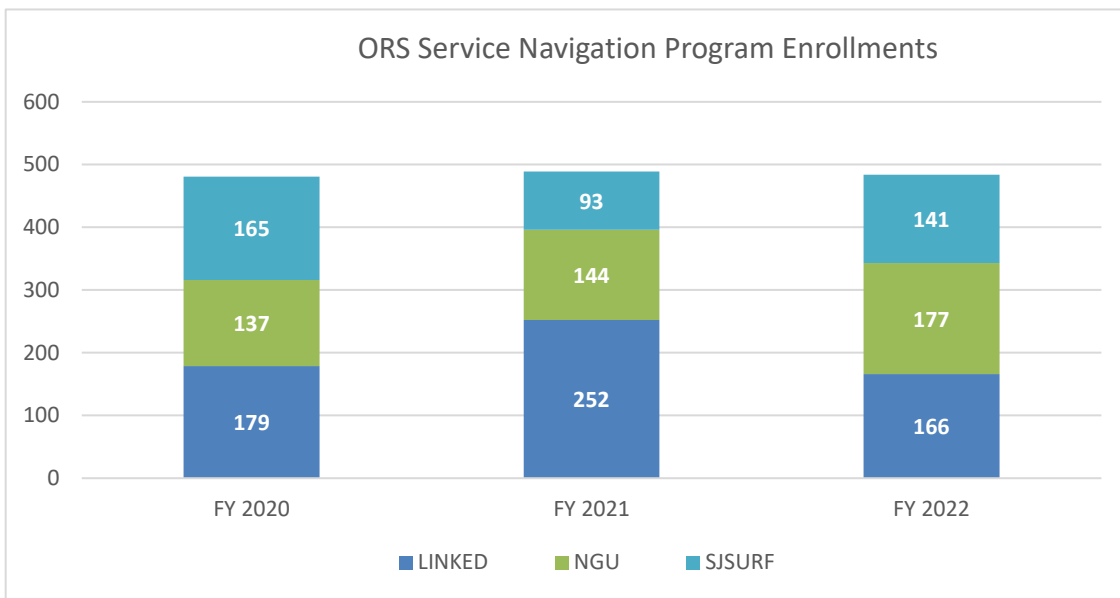


Over 19,500 service linkages provided

The LINKED program supports court and community based referred individuals. The primary goal is to assist clients in navigating reentry and community-based resources while working towards self-sufficiency.

Because it works with the collaborative courts, LINKED serves many higher-need clients, or those who have greater instances of chronic homelessness, substance use, and mental illness. In addition to the clients, it enrolls and works with over time, LINKED provides hundreds of “one-touch” services such as motel stays, rides, and groceries to justice-involved people each year.

	FY 2020	FY 2021	FY 2022
<b>Enrollments</b>	179	252	146
<b>Successful Discharges</b>	37	88	131
<b>Success Rate</b>	21%	35%	73%



*At the end of FY2022, there had been 1,207 exits from the service navigation programs. Of the known outcomes, 68% were successful completions. An exit is successful when the client completes one or more of their core goals identified at enrollment. Even when clients are not successful, they often access a variety of resources and supports through the service navigation programs. Many clients were still in progress and were on track to complete goals.*

### Time For Change Foundation: FY 2021 – FY 2022



Time For Change Foundation has housed **four women**

The [Time For Change Foundation \(TFCF\)](#) is a fourth, smaller service navigation provider specifically for women in custody. It is the only provider that has proprietary housing available to clients in Hayward. TFCF has four dedicated beds for women leaving jails and provides transportation to Santa Clara County for court hearings, health services, and reunification appointments.

TFCF also supports clients with various immediate and long-term needs for stabilization through wrap-around case management, economic support, mental health and substance use treatment, and prosocial activities.

## EMPLOYMENT

Employment providers assist clients with various vocational efforts that include job placement assistance, job readiness education and interview/application preparation. The providers also host workshops on job readiness, resume building, and interviewing skills. In addition, they assist with digital literacy and help clients navigate job search and interview software.

### Catholic Charities: FY 2013 – FY 2022



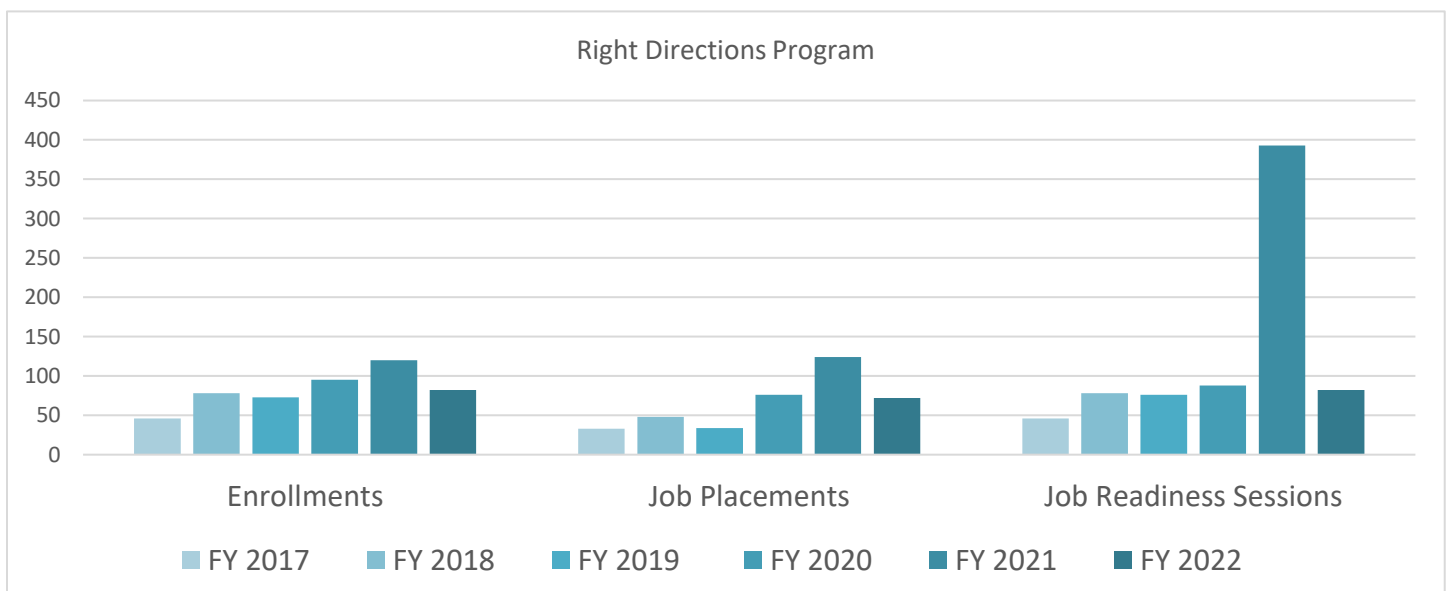
There were **704** enrollments with an overall **71%** job placement rate

Since 2013, Catholic Charities' [Right Directions Program \(RDP\)](#) has worked with the Office of Reentry Services to provide reentry clients with job-readiness and employment linkage services. Services include resume development, retention support, help with interviews, education on employment rights, workplace etiquette, financial literacy, and effective communication skills.

RDP provides job leads to help clients find gainful employment and provides retention services to those who find a job. In FY22, RDP staff helped place justice-involved clients in extra-help positions with the County. These unclassified positions provided an opportunity for individuals to gain experience within the County organization and enhance skill sets to apply for permanently coded positions. Positions included office specialists, utility workers, and park attendants.

	FY 2013 - 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
<b>Enrollments</b>	210	46	78	73	95	120	82
<b>Job Placements</b>	116	33	48	34	76	124	72
<b>Job Readiness Sessions</b>	141	46	78	76	88	393	82

*\* During FY 2021 Catholic Charities tabled and altered operations and provided more one-on-one sessions.*



## Goodwill of Silicon Valley: FY 2013 – FY 2022

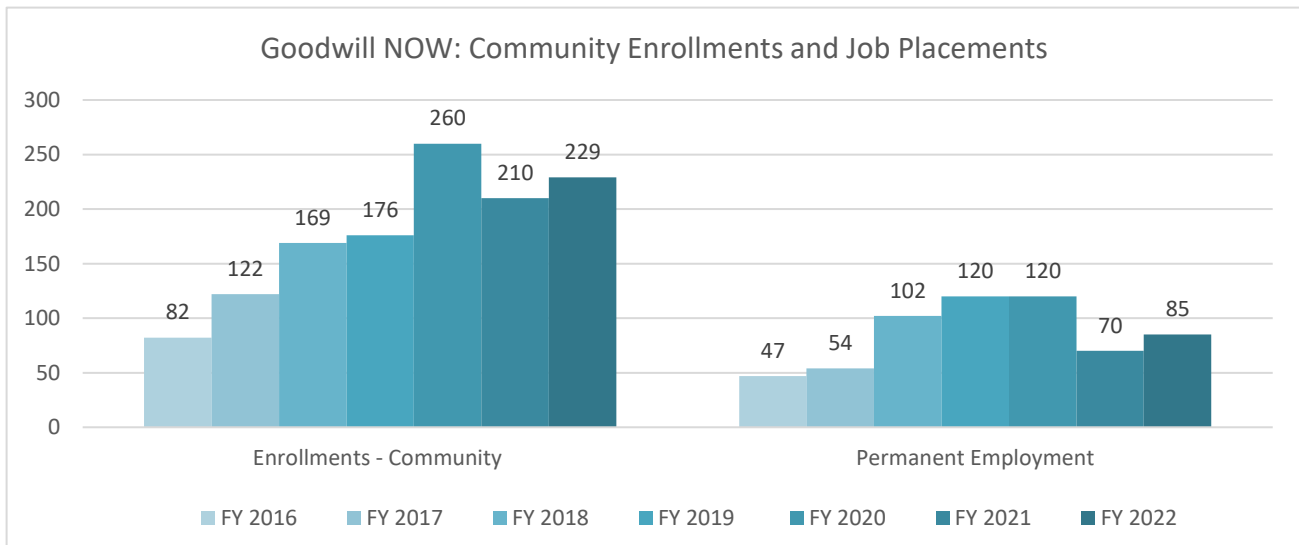


There were **137** enrollments in the Dayworker Program since FY 2020

The [Goodwill NOW program](#) provides job-readiness curriculums and behavioral programming in custody. Along with job skills and employment preparation, Goodwill provides Moral Reconciliation Therapy (MRT), which is a cognitive behavioral approach to preventing recidivism through moral reasoning.

In the community, Goodwill provides employment and MRT classes along with a digital literacy program. Clients learn technological skills and how to use them to search and apply for jobs. Upon completing the program, clients receive a refurbished computer and monetary assistance to pay for internet services at home. Additionally, clients are connected to day labor positions or subsidized employment with Goodwill to help clients build their work experience while earning income. Goodwill also connects clients to construction training programs.

The Behavioral Health Services Department (BHSD), DRS and Goodwill have partnered to provide additional services to clients whose prior convictions were reclassified from felonies to misdemeanors and to give them the resources they need to become employed, self-sufficient, and not return to custody. In addition to the services Goodwill already provides, clients released under Proposition 47 also receive guidance from a specialized case manager and peer navigator, as well as qualifying for additional assistance for items such as transportation, medical needs, legal assistance or other training or certification in order to support their ability to become employed.



	FY13-15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
<b>Enrollments - Community</b>	225	82	122	169	176	260	210	229
<b>Participants – In-Custody</b>	n/a	313	1,286	1,420	1,389	1,501	247	293
<b>Permanent Employment</b>	163	47	54	102	120	120	70	85

\* Goodwill provides many sessions of in-custody programming each year, which were scaled down during the pandemic and provided virtually in 2020 and 2021. Participant numbers are duplicated.

There are two legal providers contracted with DRS who provide a range of services including representation to clients in custody and in the community, specifically in family law. Providers also assist clients with record clearance support. In addition, providers work with clients whose inability to pay court-related fines and fees (for certain offenses) is a demonstrated hindrance to successful reentry.

### County of Santa Clara Superior Court: FY 2018 – FY 2022



Since 2018, **295** applications have been received by the Court and **234** were approved

The County of Santa Clara Superior Court began Community Outreach Court in 2018. This collaborative court is intended to assist clients whose inability to pay court-related fines/fees (for certain offenses) is a demonstrated hindrance to their successful reintegration into the community. Applications are heard on a first come, first-serve basis, depending on completeness of the application packet and calendar capacity.

Outreach Court provides debt-relief for clients that are no/low-income or homeless and are working towards rehabilitation and successful reentry. Cases are in Santa Clara County and can be active or inactive. Referrals are made by treatment staff and/or other case managers. Clients complete community service hours in lieu of fines and fees, which are waived upon completion. Outreach Court is held every third Tuesday of the month at the San Jose Reentry Resource Center.

	Applications	Approved	Cases	Calendared
<b>FY 2019</b>	84	61	*n/a	*n/a
<b>FY 2020</b>	75	48	425	134
<b>FY 2021</b>	68	57	855	120
<b>FY 2022</b>	68	68	842	144

*\* Cases and clients calendared were not tracked prior to FY 2020*



## Pro Bono Project Silicon Valley: FY 2015 – FY 2022



Since 2015, over **150** legal workshops provided and over **1,300** clients have received legal support

The [Pro Bono Project Silicon Valley](#) has been working with DRS since 2014, providing clients with workshops on legal topics that pertain to family law such as divorce, child support, and parentage, and civil law matters such as small claims, bankruptcy, and employment laws.

Additionally, Pro Bono offers one-time consultations and extended legal representation on non-criminal matters such as child custody and guardianship. In FY 2020, Pro Bono won a bid for a larger legal services contract. In addition to significantly expanding capacity for civil legal support, Prob Bono also connected clients to specialists who help with other areas such as expungement (record clearance).

	# In-custody Workshops	Workshop Participants (duplicated)	Legal Representation/Advice Clients Served
<b>FY 2015</b>	n/a	n/a	30
<b>FY 2016</b>	13	500	24
<b>FY 2017</b>	n/a	1,723	32
<b>FY 2018</b>	28	1487	35
<b>FY 2019</b>	32	1,703	35
<b>FY 2020</b>	52	2,376	508
<b>FY 2021</b>	6	65	218
<b>FY 2022</b>	37	1,415	476

*\* FY15-19 information was reported in a different format and is approximate with some data missing*

DRS behavioral and life-skills contractors provide in-custody programming that focuses on building life-long coping, prosocial, and psychosocial skills. Providers use cognitive behavioral techniques and mindfulness-based approaches to teach clients self-regulation skills that will help them understand and regulate their emotions.

### Carry the Vision Restore Program: FY 2016 – FY 2022



Carry the Vision provided over **250** sessions of life skills per year

Carry the Vision’s **Restore Program** provides in-custody classes that teach clients practical and transferrable tools for stress reduction. Participants learn and engage in meditation techniques for enhanced well-being, a dialog process for improved group morale, breathing exercises for inner peace, relaxation techniques for stress reduction, concentration practices for enhanced focus and productivity, and principles and personal tools for higher living and long-term success. The Sheriff’s Programs Unit coordinates placement. Class offerings include Leadership, Living on Purpose, and Self Leadership.

While Carry the Vision has partnered with DRS since FY 2016, they did not report quantitative data until FY 2020, and began a new contract in calendar year 2021. In recent years this program has worked with both women and men in custody to produce two separate murals capturing growth and success. These murals now hang in the RRC lobbies. This program is slated to expand due to its popularity and success with people in custody.

	FY 2016 -2019	FY 2020	CY 2021	CY 2022 (as of 8/31/22)
<b>Sessions Provided</b>	*Unique data not available	283	256	143
<b>Unique Clients</b>	*Unique data not available	930	788	550



*Still, I Rise — mural envisioned by women in custody through the Restore Program*

## HealthRight 360: FY 2015 – FY 2022



There have been over **1,500** classes between in-custody and pre-trial clients

DRS has two service agreements with HealthRight 360 (HR360) for programs that promote health and wellbeing. **Project LEARN** (Living Effectively and Responsibly Now) serves in-custody clients and provides psychosocial programming to help clients learn how to self-regulate emotions through various cognitive-based therapy (CBT) techniques. The program offers four evidence-based curricula: Seeking Safety, Dialectical Behavior Therapy, Thinking for a Change, and Moral Reconciliation Therapy. Project LEARN also serves individuals in the Pre-Trial Services Agency and is expanding this part of the program by adding two CBT class sections for pre-trial clients. While HR360 had partnered with DRS since 2015, it was not until Fiscal Year 2020 that they began providing psychosocial classes in custody.

In Fiscal Year 2021, **Project ENSURE** was introduced to in-custody clients to help them develop prosocial skills and uses mindfulness-based relapse prevention to teach skills that help participants to understand and regulate their emotions.

### Project LEARN

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
<b>In-Custody Classes</b>	n/a	n/a	440	392	581
<b>Pre-trial Classes</b>	9	9	40	102	58

### Project ENSURE

	FY21 Q4	FY 22 Q1	FY22 Q2
<b>Class Sessions</b>	18	36	43
<b>Unique Participants</b>	48	24	66

*\* ENSURE is on a calendar year cycle – only data for three quarters are available*

## EDUCATION

DRS partners provide an opportunity for clients to obtain their high school diploma. Clients who want to continue their education and are interested in becoming certified peer mentors and/or certified drug and alcohol counselors can sign up with a local community college program. Financial literacy classes are also offered through our partnership with the community college.

For clients seeking basic reading, writing, and computer skills, or vocational programs, DRS has two memorandums of understanding with continuing education providers that offer free online self-paced classes.

In-custody clients receive parenting classes and are connected to parenting resources for post-release support.

### Santa Clara County Office of Education: FY 2021- FY 2022



Over **75** students enrolled and **5** high school graduates

The Santa Clara County Office of Education (SCCOE) [Challenge Accepted Program](#) provides clients an opportunity to earn their high school diploma by completing the credits they didn't earn in high school the first time. They are also able to provide high school credits for college courses taken or programs completed while in custody. Students receive individualized education plans crafted by an instructor and work in small classes, groups, or one-on-one. Classes are held at the Reentry Resource Center in San Jose.

In Fiscal Year 2022, SCCOE added the Family Justice Education Coordinator position to assist clients with educational needs for themselves and/or their children. The coordinator helps clients navigate the education system for their child and is available to represent the parent in educational matters involving their child.

	FY 2021				FY 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Active HS Clients	2	5	5	2	18	26	14	14
HS Graduates	0	0	0	0	0	5	0	0
Family Education Clients	n/a	n/a	n/a	n/a	0	2	4	13



*Since launching in mid-2020, over **75** RRC clients had enrolled in the high school diploma program*

# San Jose Evergreen Community College District: FY 2018- FY2022



71 Peer Mentor Program graduates

San Jose City College (SJCC) offers two programs for reentry clients. [The Drug and Alcohol Peer Mentor Program](#) provides clients the opportunity to enroll in real SJCC classes towards a California Mental Health Services Authority (CalMHSA) or California Consortium of Addiction Programs and Professionals (CCAPP) certification while allowing them to experience college in-person at the Reentry Center in San Jose. Along with attending classes with peers who have been in their shoes, the program includes a work experience course where students can obtain paid internships with other DRS partners. At the time of this report, five program graduates had used their experience and knowledge to join DRS as extra-help County employees and several more had been hired as full-time County employees and/or at non-profits.

In addition, SJCC offers the [SparkPoint Program](#) for Financial Literacy. In this program, clients are introduced to financial literacy concepts such as credit, banking, and budget basics. Students learn a variety of skills and best practices for creating savings plans, budgeting with low income, and other vital skills to get them on a path towards financial self-sufficiency. The program has evolved from workshop-based to an ongoing series of classes in-custody. Clients also have the opportunity to receive one-on-one financial coaching to make a real change in their financial future.

## Drug and Alcohol Peer Mentor Program

	Fall 2017	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022
<b>Enrolled</b>	18	15	27	17	28	26	13	10	18	15
<b>Passed</b>	15	14	17	14	28	23	10	8	14	12
<b>% Passed</b>	83%	93%	63%	82%	100%	88%	77%	80%	78%	80%

## SparkPoint Financial Literacy Program

	FY 2020				FY 2021				FY 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b># Workshops</b>	4	7	3	1	0	2	16	57	24	18	23	13
<b># Coaching Sessions</b>	5	6	5	3	3	1	0	0	1	3	2	6

*\*Workshops and sessions are reported as hours beginning in 2022*

## First 5 Santa Clara County: FY 2021 – FY 2022



344 parenting classes provided in-custody

Partnering with DRS in FY 2016 by providing the 24/7 Dad Curriculum to in-custody men, First 5 Santa Clara County (First 5) supported DRS’ strategic plan goal of family reunification and support with programs and services for in-custody and recently released parents and caregivers in maintaining an active role in their children’s lives. In FY 2021, FIRST 5 entered into contract with DRS and scaled up services with the increased funding.

After many successful years of collaboration, First 5 restructured and moved away from providing direct services. DRS and First 5 continue to mutually refer clients and share resources and services.

	FY 2021				FY 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Parenting Classes	3	12	34	70	72	54	42	57
Parent Support Groups	0	0	2	10	10	8	5	11
Parent Education Workshops	0	0	1	4	3	1	2	9

## DRS Contracts Moving Forward

DRS has contracted with many additional organizations over the years. The contracts outlined above are the core AB 109-funded programs that are still in operation today. DRS also partners with organizations with no-cost agreements such as free online business classes with Coursera. With its planned expansion of staff and scope, DRS will continue to provide the services above focusing on improving gaps and streamlining referral pathways, looking for opportunities to expand capacity where needed. For example, DRS is expanding life skills classes in custody to reach more incarcerated people.

DRS is also expanding upon employment initiatives by supporting the creation of social enterprises and small businesses. This way reentry clients and local organizations have support in creating their own businesses, which in turn can also employ justice-involved people. DRS will also be exploring other vocational programs such as culinary job training and will also be looking into new arenas such as transportation services and programs that provide the courts with more options to utilize diversion. At the same time, a greater focus on outreach and engagement will help route people to these services by ensuring people have the information and support they need to participate.

## REALIGNMENT (AB 109) RECIDIVISM

In 2015, the County Board of Supervisors adopted the Board of State and Community Corrections' definition of recidivism. This approach considers any conviction for a new law violation, occurring within five years of an individual's release from custody. Office of Reentry Services (ORS), in partnership with Technology Services and Solutions (TSS) developed an automated query that runs a recidivism analysis based on this definition. ORS and TSS then worked closely with the Adult Probation Department's evaluation team to validate and ensure accuracy. The query matches the AB 109 master list to conviction data in the County's Criminal Justice Information Center (CJIC) database using the system's unique identifier, Personal File Number (PFN). The query follows the logic below to return the most accurate information on who is recidivating:

1. PFN is matched from the AB 109 master list to conviction/offense information in CJIC.
2. The AB 109 master list contains each person's release date, which is used as the "start date."
3. Any new law violation occurring after the start date is considered recidivism.
4. The query identifies anybody with a conviction, sentenced or unsentenced, occurring after their start date.
5. From those convictions, only offenses with violation dates occurring within five years (1,825 days) are valid.
6. The query removes infractions so that only misdemeanors and felonies are returned.
7. Each release event is run through this query separately so that recidivism can be tracked for people who were released multiple times.

### AB 109 Recidivism in Santa Clara County: October 2011 – December 2021



Over the 10-year timeframe there were **12,249** AB 109 releases and **9,405** unique individuals released



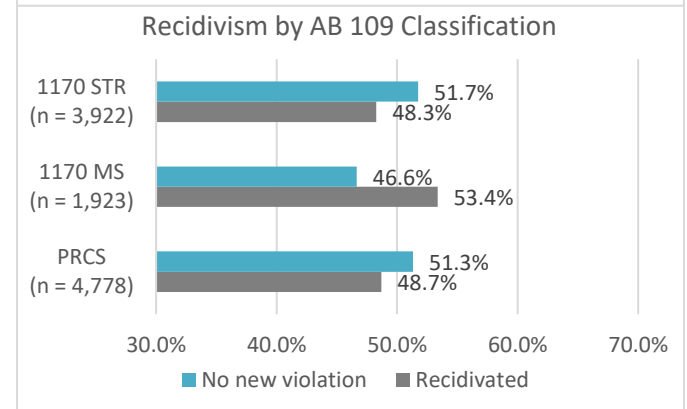
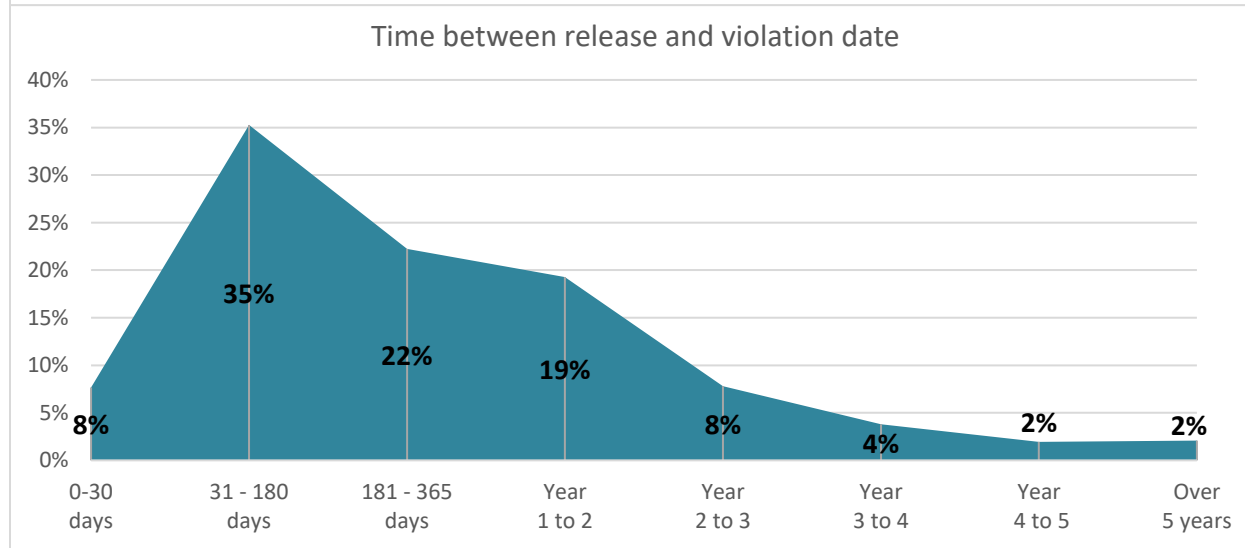
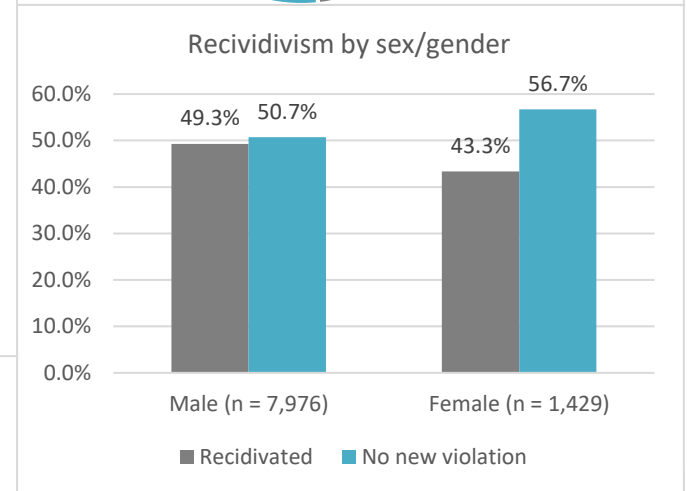
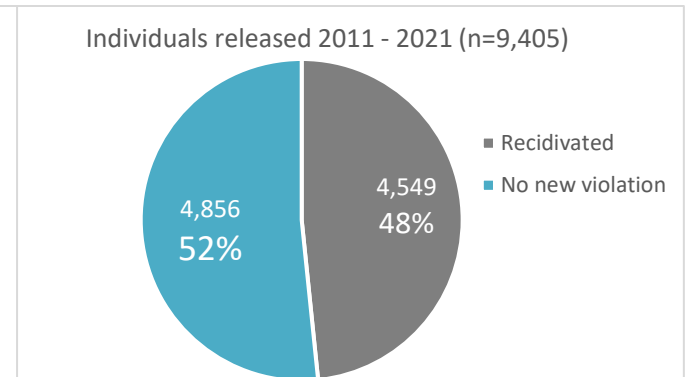
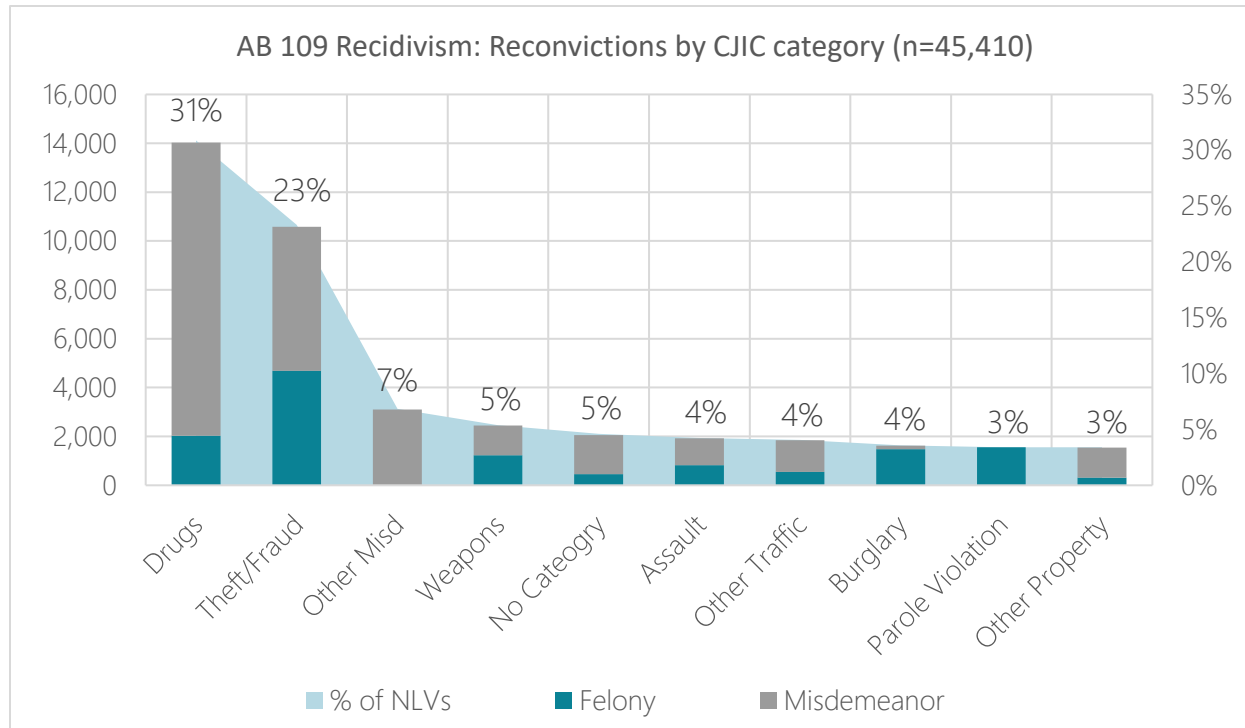
**4,549 (48%)** of all individuals released under AB 109 committed at least one new misdemeanor or felony



The majority of AB 109 recidivism was at the misdemeanor level, was not violent/serious, and was most commonly drug-related

- ❖ 48% of all individuals released had at least one new law violation within five years of their AB 109 release date.
- ❖ 50% of all AB 109 releases ended in recidivism within five years.
- ❖ Women had a lower rate of recidivism (43%) compared to men (49%).
- ❖ PRCS and 1170h straight classifications had similar rates of recidivism, 1170h MS had the highest rate (53%).
- ❖ When looking at time between release and recidivism, 65% of all re-offenses occurred before the one-year mark.
- ❖ Over one third (35%) of recidivism occurs between one and six months after release from custody.
- ❖ Recidivism among this population is largely drug-related and is primarily lower level, suggesting the risk to public safety is minimal.
- ❖ 63% of all individuals who recidivated had at least one conviction under the CJIC category of drugs.

# AB 109 Recidivism: October 2011 – December 2021 (New Law Violations within Five Years of Release)





## AB 109 5-year Recidivism by Type of Offense

For the 4,549 individuals who recidivated, there were 45,410 new law violations.

- ❖ 92 (2%) people committed 50 or more violations.
- ❖ 1,456 (32%) committed 10 or more new law violations.
- ❖ 1,551 of these offenses were parole violations which are not new crimes but resulted from a new crime.

From the data, there were 6,107 arrest events that generated the 45,410 new law violations. The person who committed the highest count of new violations (177) for example, only had four re-arrests. The person with the most re-arrests within 5 years of an AB 109 release had seven re-arrest events. Overall, people often accrue many charges/convictions from a single arrest event. Of the 4,549 people who recidivated, 3,432 (75%) were only re-arrested once, suggesting that repeat recidivism was not common for the population as a whole.

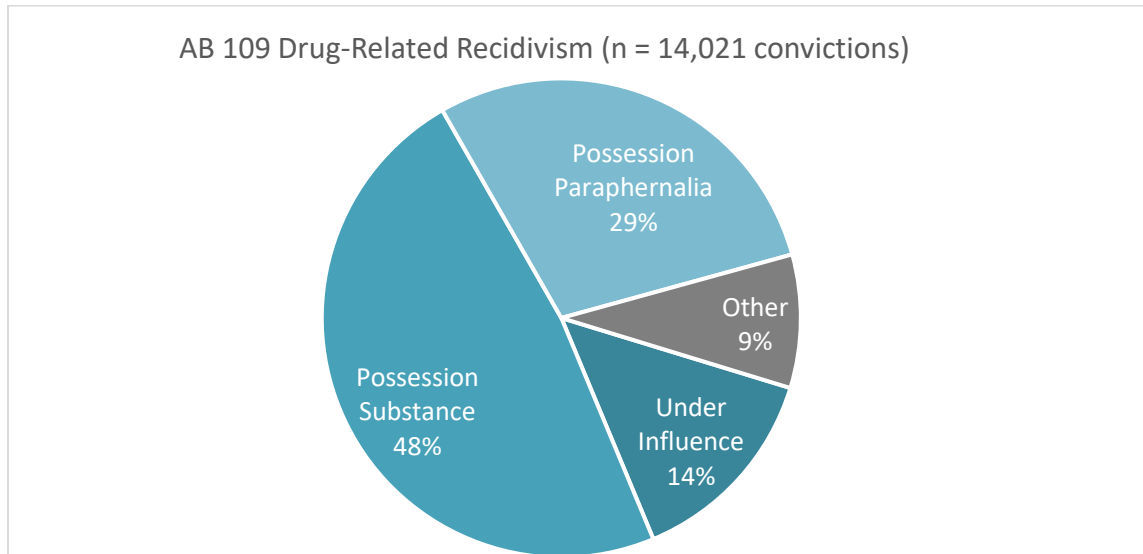
Crimes of drug and drug paraphernalia possession were the most common type of recidivating offense. When looking at the category assigned in CJIC:

- ❖ Drug/alcohol related crimes accounted for at least 31% of all new law violations, followed by crimes of theft/fraud which accounted for 23%. Drug/alcohol crimes are undercounted overall due to the way the data are categorized. For example, many parole violations (3% of all law violations) are due to drug offenses.
- ❖ Therefore, over half of recidivating offenses were related to drugs/alcohol and theft/fraud, two categories that are also closely related in that many people commit crimes of theft/fraud to support substance use.
- ❖ Over 90% of new offenses were not violent/serious, but due to the way the data are stored in the database it is difficult to get an exact number.
- ❖ 67% of new violations were misdemeanors, 33% were felonies, and 45 (<1%) were unknown.

CJIC Charge Category	Felony	Misdemeanor	Unknown	Total	
<b>Drugs</b>	2,031	11,990	0	14,021	30.88%
<b>Theft/Fraud</b>	4,685	5,901	0	10,586	23.31%
<b>Other Misdemeanors</b>	0	3,103	0	3,103	6.83%
<b>Weapons</b>	1,228	1,213	0	2,441	5.38%
<b>No Category Assigned</b>	454	1,596	45	2,095	4.61%
<b>Assault</b>	829	1,091	0	1,920	4.23%
<b>Other Traffic</b>	549	1,294	0	1,843	4.06%
<b>Burglary</b>	1,480	146	0	1,626	3.58%
<b>Parole Violation</b>	1,551	0	0	1,551	3.42%
<b>Other Property</b>	314	1,227	0	1,541	3.39%
<b>Suspended License</b>	0	1,265	0	1,265	2.79%
<b>Domestic Violence</b>	195	739	0	934	2.06%
<b>Other Felonies</b>	918	0	0	918	2.02%
<b>DUI</b>	105	317	0	422	0.93%
<b>Other Sex</b>	228	166	0	394	0.87%
<b>Robbery</b>	355	0	0	355	0.78%
<b>Public Drunk</b>	0	192	0	192	0.42%
<b>Local Ordinances</b>	0	106	0	106	0.23%
<b>Escape</b>	32	0	0	32	0.07%
<b>Homicide</b>	27	0	0	27	0.06%
<b>Kidnapping</b>	19	0	0	19	0.04%
<b>Prostitution</b>	1	17	0	18	0.04%
<b>Rape</b>	1	0	0	1	0.00%
<b>Grand Total</b>	<b>15,002 (33%)</b>	<b>30,363 (67%)</b>	<b>45 (&lt;1%)</b>	<b>45,410</b>	

## Recidivism Related to Substance Use

As noted in the previous section, 31% of all AB 109 recidivism was directly categorized as drug-related in CJIC. Out of the 14,021 convictions for drug offenses, only about 2,000 (14%) were for usage of, or being under the influence of a controlled substance.



The majority of the convictions were for crimes of possession. About 6,733 (48%) of the drug-related convictions were for possessing the substance itself and about 4,103 (29%) of convictions were for possession of paraphernalia or similar. ‘Other’ includes crimes such as driving on suspended licenses, loitering, and counterfeit prescriptions.

## Recidivism as a Measure

While recidivism is an important measure to track, there is a great deal of complexity involved in how it determines efficacy or success. At the macro level, there are many variables that will impact a community’s choices and whether delinquent behavior results in a conviction. As we increase services and programs, it is important to note that larger variables such as the housing and labor markets may also be impacting the population. Additionally, state/federal policy changes, local law enforcement, prosecutors, and judges can all significantly affect the rate at which people are convicted/re-convicted of crime. Without randomized and controlled studies, the actual impacts of local services are difficult to gauge. For example, people who enroll in employment programming will likely have lower recidivism rates, however the fact that they enrolled in the first place may be more of a contributing factor than the program model itself.

Rehabilitation, in whichever form it may take, is often an interactive process, especially when it comes to a population like AB 109 who tend to be frequent, lower-level drug offenders. Therefore, in addition to monitoring who is reconvicted and why, it is important to examine other measures of success. For example, many of the success stories shared walked a slow and steady road to sobriety and crime-free life. People who had never been able to maintain sobriety might only last a week or a month their first attempt. There may be times when they are sober for a year or more but ultimately relapse and end up back in custody. However, when looking at recidivism alone, we only see that they failed, not the improvement made and the hope for the future.

As technical solutions improve, and data sharing becomes more streamlined, it will be important to identify additional measures of success that track improvement. For example, tracking people’s average time between jail stays or average time between relapses would help to paint a more complete picture of programmatic success in a community with high costs of living and other unique sociopolitical factors.

# COUNTY USE OF AB 109 FUNDS

After the passage of AB 109 in 2011, the County of Santa Clara has received an increasing amount of state revenue to invest in reentry and public safety. By the end of Fiscal Year 2021, the County had received a total of \$432 million in AB 109 state revenue and spent \$420 million over the 10-year period.

As can be seen in the chart below, County of Santa Clara has focused on increasing budgets for alternatives to custody and supportive services. When comparing initial budgets in Fiscal Year 2013 to budgets in Fiscal Year 2021, there is a significant increase across the board, however some of the most significant increases were allocated to Pretrial Services, Reentry Services (reentry staff), Criminal Justice Contracts (reentry programs) and Behavioral Health. When looking at Sheriff’s Office increases there is also investment in rehabilitation. For example, in Fiscal Year 2013, there was about \$135,000 in AB 109 funds budgeted for custody programming. In Fiscal Year 2021, there was \$638,000 budgeted—an increase of about 376 percent.

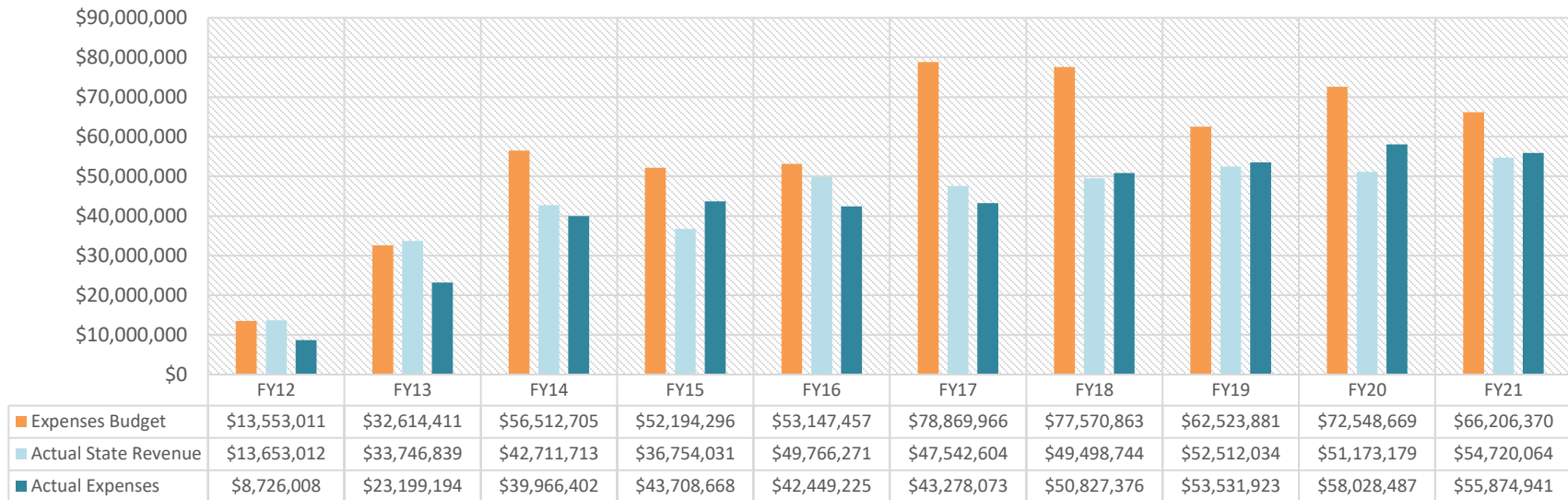
Examples of Recent Investment in Services	
<p><b>FY 2016-2017</b></p> <ul style="list-style-type: none"> <li>Restore Life Skills Program expansion to Elmwood and South County</li> <li>New ORS employment, legal, and college programs and expanded in-custody programming</li> <li>Rental Assistance Program expansion</li> <li>Remodeling of Muriel Wright to a residential integrated behavioral health treatment facility</li> <li>Interim reentry database/referral system</li> </ul>	<p><b>FY 2017-2018</b></p> <ul style="list-style-type: none"> <li>San Jose City College Peer Mentor &amp; Drug Studies Certification Program (AB109 funded?)</li> <li>Community Awaiting Placement Supervision - Service</li> <li>Reentry Rapid Rehousing Program expanded (FY2017-2018 Recommended Budget)</li> <li>Faith-Based Reentry Center Services expansion (FY2017-2018 Recommended Budget)</li> <li>*Mission Street Sobering Center opened</li> </ul>
<p><b>FY 2018-2019</b></p> <ul style="list-style-type: none"> <li>Created the Gender Responsive Opportunities for Women program to expand discharge planning</li> <li>Opened the South County Reentry Resource Center in Gilroy</li> <li>*Diversion Programming: Prefiling and Judicial</li> <li>Expand Mental Health Support to the Reentry Center (FY2018-2019 Recommended Budget)</li> </ul>	<p><b>FY 2019-2020</b></p> <ul style="list-style-type: none"> <li>Reentry (ORS) community and contracts expansion for more capacity and service navigation – increasing funding significantly</li> <li>Full-Service Partnership – Behavioral Health Services expanded to provide intensive care</li> <li>Mental Health Expansion (Valley Homeless Healthcare Program)</li> </ul>
<p><b>FY 2020-2021</b></p> <ul style="list-style-type: none"> <li>Mission Street Recovery Station was expanded to include individuals experiencing mental health crisis and usage of drugs other than alcohol</li> <li>ORS contracts expansion – Adult Reentry Community-based Services</li> <li>*Creation of the Racial Equity and Leadership Team to coordinate equity initiatives</li> <li>Misdemeanor Jail Diversion Program</li> </ul>	

*\* Some items above were not funded by AB109 but are supported by AB109-funded initiatives*

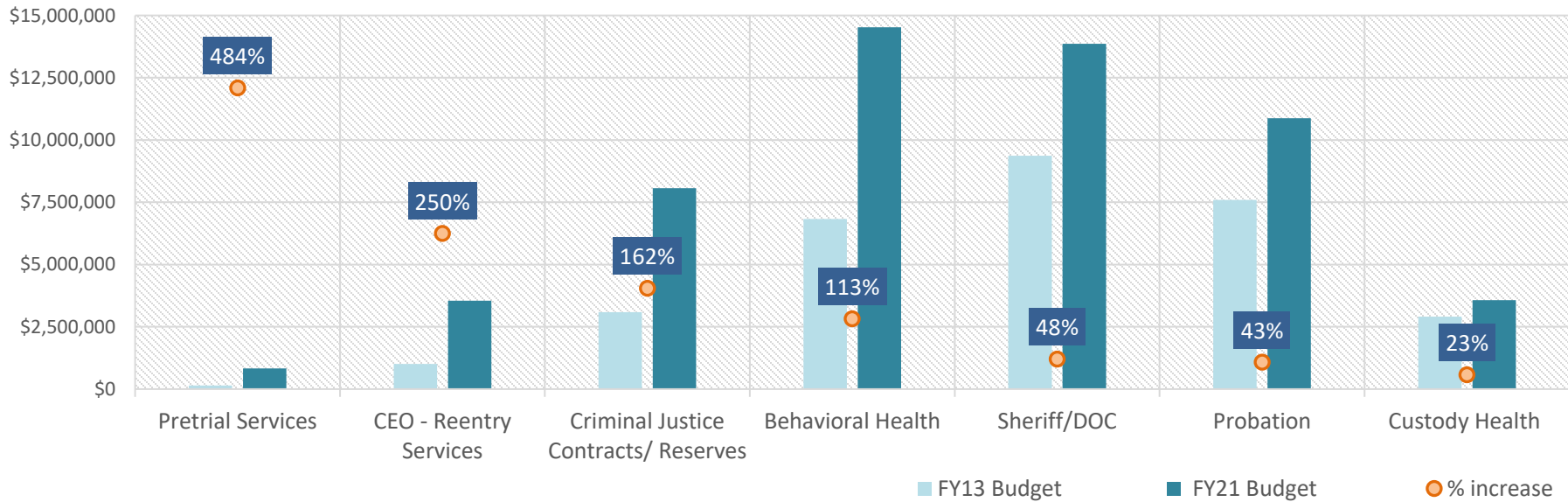
The County of Santa Clara has focused on increasing service capacity over the last 10 years, expanding departments/offices, such as Pretrial, Reentry, community programs/contracts, and behavioral health. In addition, some of the AB 109 funding allocated to law enforcement budgets went to services such as in-custody programming, which has significantly increased in both the number of programs offered and the areas in the jail facilities programs are available.

# AB 109 Funding: Fiscal Year 2012 to Fiscal Year 2021

AB 109 State Revenue and Actual Expenses

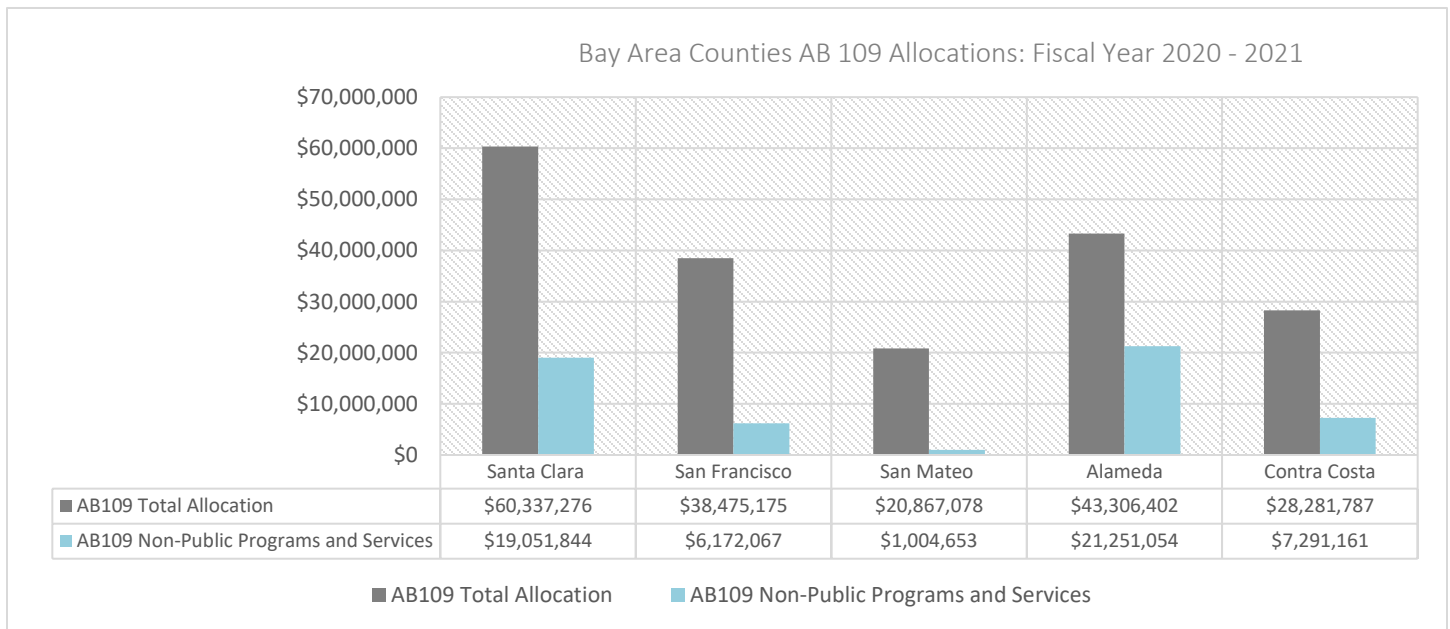
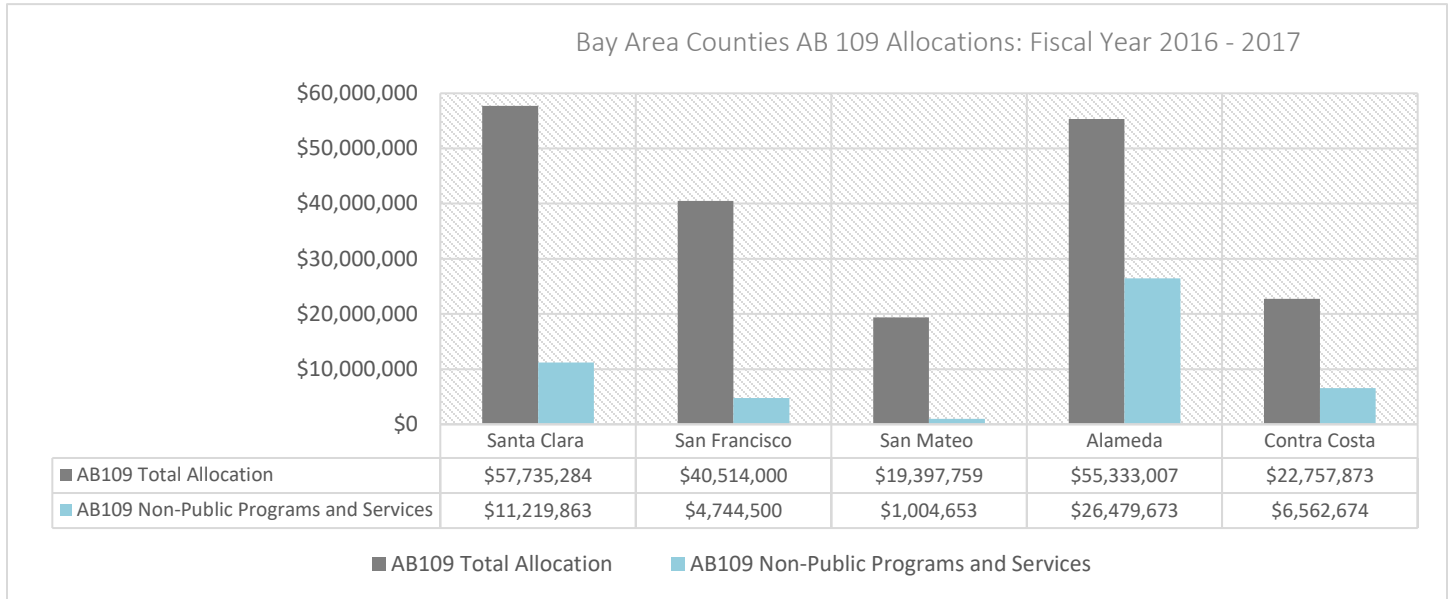


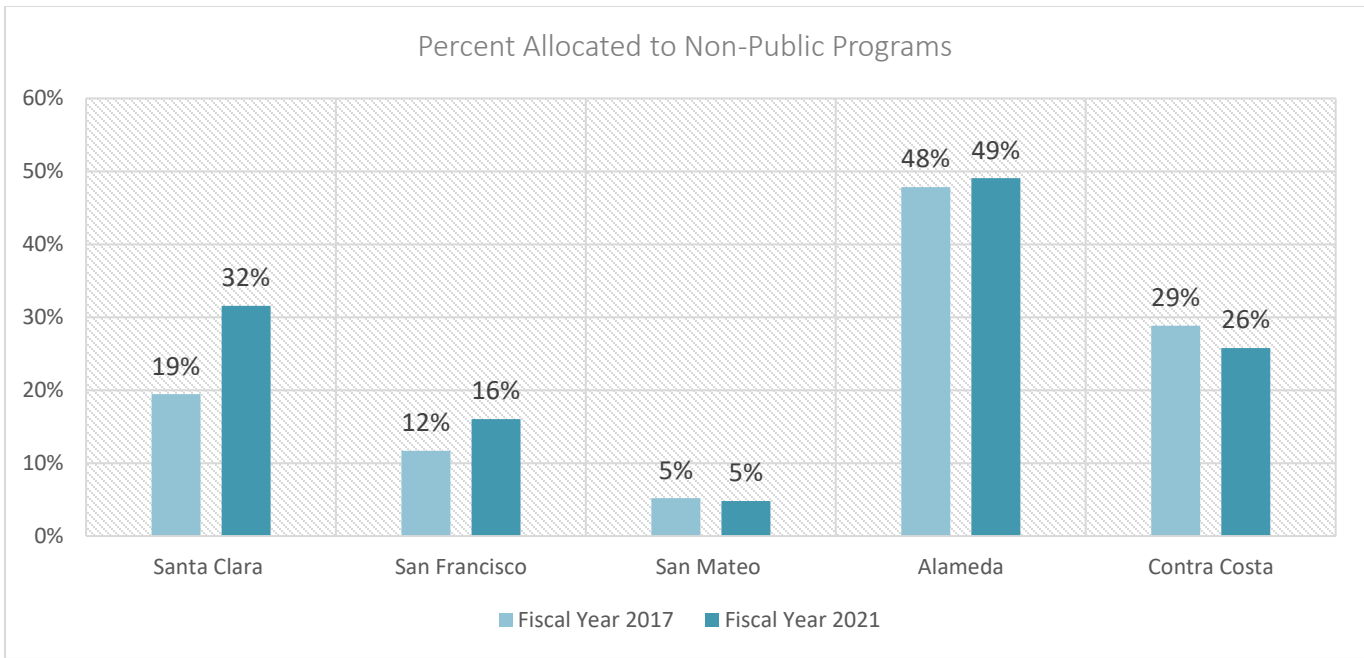
Reentry Partner AB 109 Budget Increases (Comparison of FY13 to FY21)



# AB 109 Funding Allocations: Bay Area County Comparison

The charts below show a comparison based on data reported to the California Board of State and Community Corrections (BSCC). The charts show how much was allocated to each county and how much was spent on public services/programs compared to how much was spent on non-public programs/services. Public represents government programs and staffing while non-public represents contracted community organizations that provide grant-funded programs and staff. While each county may differ on how it categorizes and reports this information, this comparison shows how other Bay Area counties have invested their Realignment funding.





The County of Santa Clara invested heavily in services using early AB 109 dollars. However, much of this initial investment went toward capacity building on the government side—establishing the Reentry Network, hiring staff to support the service pathways, funding direct services, renovating facilities, etc. More recently, now that a solid foundation is established, there has been a greater focus on capacity building in the community. As the chart above indicates, the percentage of AB 109 funding allocated to community organizations had increased over a five-year period from 19% to 32%. In recent years, the provider network in the community has significantly increased capacity to serve justice-involved populations and continues to increase as the Office of Reentry Services and its partners establish new service agreement with local organizations. Fiscal Year 2022-2023 marks an even more significant investment with plans to implement several new initiatives and programs underway.

# RECOMMENDATIONS

From the information collected in the report, the Office of Diversion and Reentry Services, in partnership with the stakeholders outlined in the report, have provided some high-level recommendations to address remaining gaps in services. While these recommendations are not comprehensive, they provide recommended areas of focus.

**SUBSTANCE USE DISORDERS:** Substance use is a chronic health condition and a core contributing factor in crime and recidivism. At least a third of the recidivism in the AB109 population is directly related to drug crimes. Without financial means and/or access to treatment and recovery services, addiction disorders may lead individuals to resort to theft and/or fraud.

- ◆ Explore local options to further decriminalize drug use and provide alternatives (jail diversion, drug courts, alternative sentencing, etc.).
- ◆ Work with managed care plans, commercial insurance providers, and healthcare management organizations to expand outpatient substance use treatment, withdrawal management, and residential treatment services.
- ◆ Increase the availability of programs and services capable of providing treatment and support to individuals with co-occurring addiction disorders and mental illness.
- ◆ Assess the need for and expand the use of medication assisted treatment.
- ◆ Work with the District Attorney's Office, the Court, and other system partners to improve or expand diversion programs and services.
- ◆ Improve methods of engaging and encouraging individuals to seek treatment.

**MENTAL ILLNESS:** In 2016, 20% of people in custody suffered from a serious mental illness. This percentage is likely higher today due to many lower-level offenders being released. Additionally, the percentage of individuals suffering from mental illness may be higher than reported because not everyone is able to access treatment and obtain a diagnosis.

- ◆ Increase behavioral health services at every point of the justice system continuum from crisis intervention teams responding to potential crime scenes to in-custody health and reentry service providers.
- ◆ Work with managed care plans, commercial insurance providers, and healthcare management organizations to expand outpatient, inpatient, and residential mental health treatment services.
- ◆ Provide more comprehensive data on the specific mental health needs of residents who are arrested, incarcerated, and leaving custody.
- ◆ Work with the District Attorney's Office, the Court, and other system partners to improve or expand diversion programs and services.

**HOUSING:** Based on Reentry Resource Center data, more than half of all people exiting custody have no place to live upon entering the Centers and are at more risk of harm, cyclical recidivism, and incarceration.

- ◆ Work to expand rental assistance programs to help individuals obtain housing and to prevent or reduce the risk of homelessness.
- ◆ Increase and improve access to transitional housing and temporary shelter.
- ◆ Increase investments in affordable and supportive housing.

**JAIL USAGE/PROGRAMMING:** Despite the progress made over the last 10 years and the expansion of alternatives to incarceration, jails are still the default response to crime and most of the local jail population is unsentenced at any given time.

- ◆ Continue to pursue alternatives to incarceration such as jail diversion programs, and alternative sentencing and supervision to reserve the jail for higher level offenders.
- ◆ Further leverage the use of technology to offer more in-custody programming, especially to higher security inmates to whom it is more challenging to provide regular programming.
- ◆ Increase collaboration with jail programming administration and rehabilitation officers for increased programming, especially education options that establish higher education/career pathways that will follow clients after release.
- ◆ Expand discharge planning to facilitate quick and efficient access to services and successful reentry.

**EMPLOYMENT:** Justice-involved clients often struggle with employment after release, due to their criminal history but also because they have not had access to the resources and guidance to take their employment into their own hands. There is a greater need to focus on improving employment support and workforce development systems for justice-involved clients to reduce poverty and risk of homelessness.

- ◆ Expand upon employment initiatives by supporting the creation of social enterprises and small businesses.
- ◆ Explore larger vocational training opportunities.
- ◆ Increase employment opportunities and access to County entry-level jobs.
- ◆ Continue to strengthen relationships with employers and advocate for people with criminal records.

**ENGAGEMENT:** Due to the high rates of unhoused individuals, mental illness, and substance use in the justice-involved population, many people with a high need for services lack the ability to engage in services or feel comfortable accepting support.

- ◆ Expand outreach and social media to make sure the information is reaching people in need consistently.
- ◆ Hire more staff specializing in engaging the population, especially people with lived experience.
- ◆ Explore opportunities to incentivize engagement such as milestone rewards or stipends.
- ◆ Develop more specific strategies around serving people with the highest level of need compared to those who are most likely to succeed given specific opportunities.
- ◆ Pursue office hours for more staff, especially peer mentors, to engage people in custody and expand discharge planning.



# DATA SOURCES

Type	Provider	Source/Database
Realignment population demographics	Technology Services and Solutions (TSS)	Criminal Justice Information Control (CJIC)
Reentry Resource Center	Technology Services and Solutions (TSS)	Referral Tracking System (RTS)
Custody Health Services	Custody Health Services	HealthLink database
Recidivism	Technology Services and Solutions (TSS)	Criminal Justice Information Control (CJIC)
Social Services - Benefits	Social Services Agency	CalWin Database
Behavioral Health RRC team	Behavioral Health Services Department	Unicare/Access databases
Behavioral Health – Mental Health Services	Behavioral Health Services Department	HealthLink database
Behavioral Health - Substance Use Treatment Services	Behavioral Health Services Department	Unicare and CalOMS databases
Faith Reentry Collaborative	Behavioral Health Services Department	Excel database/Unicare database
Medical Mobile Unit	Valley Homeless Healthcare Program	HealthLink database
Supportive Housing	Office of Supportive Housing	HMIS and Excel database
Adult Probation Service Contracts	Adult Probation Department	Excel database
ORS/DRS Service Contracts	Office of Diversion and Reentry Services	Excel database
CASP Outcomes	Office of the Sheriff	CJIC and Excel databases
Pretrial Services	Office of Pretrial Services (PTS)	PTS database
Probation Supervision Outcomes	Adult Probation Department	Supervision High-tech Automated Record Keeping System (SHARKS)
Reentry Expungement Program	Public Defender Office (PDO)	PDO database

