

SANTA BARBARA COUNTY ANNUAL REPORT



PUBLIC SAFETY REALIGNMENT

October 2011 – December 2017



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Santa Barbara County Annual Evaluation



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The UCSB Evaluation Team developed this evaluation plan in collaboration with Santa Barbara County's Community Corrections Partnership (CCP) in order to assess the implementation and ongoing impact of California's Public Safety Realignment Act (and its corresponding and subsequent legislation) for Santa Barbara County. UCSB frequently consults with SB County Probation Department administration in an effort to coordinate data collection from multiple criminal justice and county agencies (e.g., Sheriff's Department, Superior Courts, Santa Barbara County Department of Behavioral Wellness), verify data quality, and establish data management procedures.





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EXECUTIVE SUMMARY

All data presented in this report describe clients who entered Santa Barbara County's caseload between October 1, 2011 and December 31, 2017. These clients include: (a) state prisoners released at the completion of their sentence to local supervision (Post-Release Community Supervision [PRCS] population); and (b) Non-Violent, Non-Serious, Non-Sex Offense (NX3) clients sentenced under PC§1170(h) to either serve their sentence in County Jail, or to serve a "split" sentence of jail time served in County Jail followed by a period of mandatory post-sentence supervision (PSS) by local Probation.

Overall Characteristics of the Realignment Population

There were 2,014 total client entries into Santa Barbara County under Realignment between October 2011 and December 2017 with 1,143 client entries were into PRCS, 343 clients entries were into 1170(h)(a), and 528 client entries were into 1170(h)(b). The overall number of Realignment clients each year has decreased since 2012.

Overall, the population of PRCS, 1170(h)(a), and PSS is predominantly male, Hispanic or White, and between the ages of 25 and 45 years at entry. Of the 1,143 exited PRCS clients, a total of 118 (10%) clients entered PRCS with identified mental health needs, 157 (14%) were identified as gang affiliated, and 33 (3%) had a designated sex offender status.

Supervision of the Realignment Population

Of the 755 PRCS clients 84% participated in some form of outpatient services, 72% received drug and alcohol services, 64% received CBT/skills, 44% received vocational services, 28% received residential services or sober living, 21% received community-based mental health service, 18% utilized drop-in programs, and 15% received detoxification services. Of the 299 PSS clients 74% received some form of drug/alcohol services, 69% participated in some form of outpatient services, 53% received CBT/skills, 48% received residential services or sober living, 45% received vocational interventions, 24% utilized drop-in programs, 10% received detoxifications services, and 8% enrolled in community-based mental health services.

Exit Status of Realignment Clients

Of the 755 PRCS clients with valid exit statuses (61%, N=466) were Successful, followed by Unsuccessful (26%; N=194), and Expired (9%; N=99). Of the 299 PSS clients with valid exit statuses (67%, N=199) were Successful followed by Unsuccessful (33%; N=100).

Recidivism During Supervision

For PRCS clients, there was an overall decrease in recidivism during supervision from the 2012 to 2016 release year cohorts with slight increases in the 2013 and 2015 cohort years. However, this was mostly due to a decrease in misdemeanor recidivism. Results indicated a slight increase in felony recidivism from the 2012 to the 2016 cohort years. For PSS clients, there were relatively stable rates of recidivism during supervision between the 2012 and 2013 release year cohorts, with an increase in recidivism in the 2014 and 2015 cohorts.

Violations have decreased over time for both the PRCS and PSS populations. A total of 424 of the exited PRCS clients (56%) and 163 of the exited PSS clients (55%) obtained supervision violations for any reason. The most common reason that clients acquired supervision violations were related to substance use with 46% of all exited PRCS clients and 41% of all exited 1170(h)(b) clients having acquired one or more new substance related violations.

Recidivism 3-Years Post Incarceration

PRCS clients were two times (or more) likely to commit a misdemeanor than a felony offense within three years post-release from incarceration. PSS clients were more likely to commit a misdemeanor than a felony offense. Overall, there was a substantial increase over time in client recidivism within three years post-release from incarceration (30% in the 2012 cohort of ANY recidivism, to 64% in the 2014 cohort). 1170(h)(a) clients were more likely to commit a misdemeanor than a felony offense with recidivism over a three-year post-release period remaining fairly stable, around the 50% mark for *any* recidivism.

Advanced Analysis

PRCS and PSS cumulative results: Survival analysis: The median lifetime was reached at 28 months and the 25% lifetime line was reached at 11 months for the collective PRCS and PSS populations. Hazard function: a peak in the risk of being convicted was detected at the second time interval (between the first and the third month) as well as the 32nd month. Then, the hazard (risk of recidivism) declines, although the pattern is irregular.

PRCS and PSS comparison results: Survival analysis: The median lifetime was reached at 24 months for PRCS and 33 months for PSS. Hazard function: A peak in the risk of being convicted was detected at the second time interval (between the first and the third month) as well as the 32nd month.

Self-Report Client Characteristics

Most clients reported that they were living in a residential/sober living (48%); were equally likely to be working full time (38%) or unemployed (37%) and the most common highest level of education was 12th grade/GED (48%).

Case Plan: The vast majority of clients reported that they agreed reflecting that clients felt they knew what their case plan entailed, felt their case plan was reasonable and realistic, and felt that there were measurable goals in their case plan (between 85%-95% of clients agreed to all statements).

Sanctions: The majority of clients reported that they agreed (i.e., either *slightly agree* or *strongly agree*) that: they were informed of sanctions and consequences (75%), that they felt clear on what sanctions they will receive for an offense (76%), they receive sanctions soon after negative behavior (66%), sanctions/consequences make them want to change their behavior (69%), GPS is effective and preventing reoffending (54%), that drug testing helps to avoid substance use (61%), and that when they do not do well they receive the same sanctions (58%).

Rewards: A smaller proportion of clients reported that they disagreed (i.e., either *slightly disagree* or *strongly disagree*) versus agreed (i.e., either *slightly agree* or *strongly agree*) that: they were informed of incentives at the start of probation (20% disagreed, 49% agreed), that they felt clear on what reward they will receive for reaching a milestone (18% disagreed, 53% agreed), they feel rewards are motivating to them (9% disagreed, 61% agreed), they receive rewards more than sanctions (16% disagreed, 38% agreed), and that they feel they receive the same rewards as other probationers when they do well (12% disagreed, 45% agreed). 28% of clients self-report ever receiving a reward.

PO Relationship: A greater proportion of clients reported that they agreed (i.e., either *slightly agree* or *strongly agree*; 64%-83%) versus disagreed (i.e., either *slightly disagree* or *strongly disagree*; 3%-9%) regarding statements about their relationship with their probation officer. This suggests that clients generally feel as if they have a good relationship with their PO, their PO cares about them and supports them in various aspects of their life, their PO is respectful, and they work together on the supervision plan and case management.

1. OVERALL CHARACTERISTICS OF THE REALIGNMENT POPULATION

1.A. Intake Clients by Year

Figure 1-1 depicts the number of client entries into Realignment by year. Note that in 2011 the data are only representative of the months October through December, as Realignment went into effect in October of that year; in further areas of the present evaluation, the 2011 data are collapsed into the 2012 data.

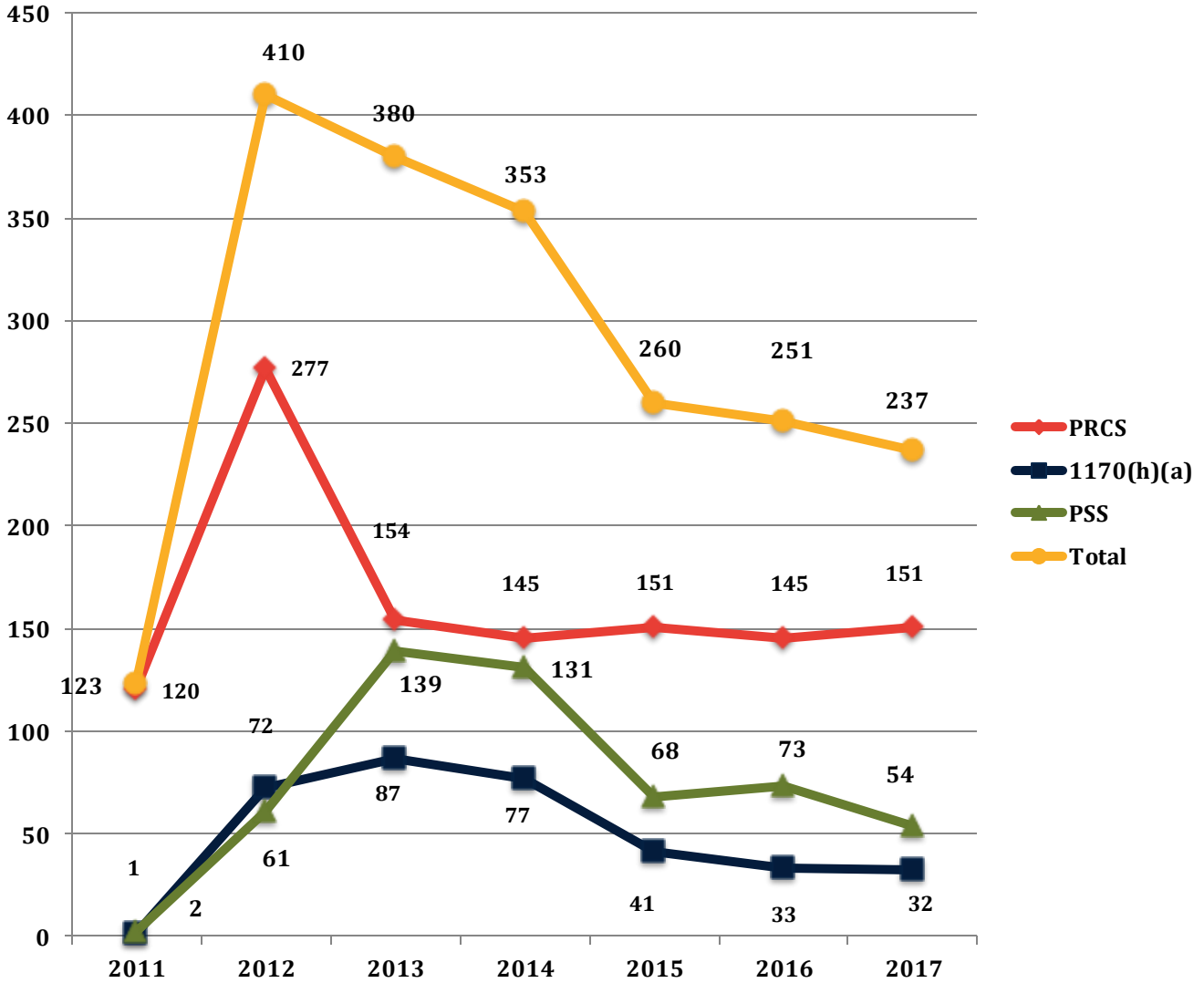
There were 2,014 total client entries into Santa Barbara County under Realignment between October 2011 and December 2017; 1,143 client entries were into PRCS, 343 clients entries were into 1170(h)(a) (i.e., did not receive any concurrent 1170[h][b] convictions), and 528 client entries were into 1170(h)(b). Some clients entered both PRCS and 1170[h] multiple times.

The figure indicates that the number of Realignment clients each year has decreased overall since 2012, with the first 15 months (October 2011 through December 2012) of implementation of Realignment yielding the highest number of clients entering Realignment in Santa Barbara County per year. The number of clients entering Realignment under both PRCS and 1170(h) has decreased since 2012; however, the decrease was dramatic immediately after 2012 for PRCS, versus more gradual over time for 1170(h). The number of PRCS clients entering Realignment in Santa Barbara County since 2013 has remained stable, while large decrease in the overall number of 1170(h) convictions starting in 2015 is likely due to Prop 47.

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Figure 1-1. Number of Realignment clients entering Santa Barbara County’s Probation caseload by year, from October 2011 through December 2017 for PRCS, 1170(h)(a), PSS, and the total sample ¹



1.B. Demographic Characteristics

Participant demographic information for all populations of Realignment is presented in Figures 1-2 to 1-4. Aside from gender, most of the basic demographic information between the two populations is very similar. Overall, the population of PRCS, 1170(h)(a), and PSS is predominantly male, Hispanic or White, and between the ages of 25 and 45 years at entry. The average age of PRCS clients was 38.4 years old, with client ages ranging from 18 to 82 years old. Similarly, the average age of 1170(h)(a) clients was 36.5 years old (with a range of 19 to 65 years) at age of entry into

¹ Note: PRCS (n=1143), 1170(h)(a) (n=343), PSS (n=528), and Total Sample (N=2014).

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1170(h), and the average age of PSS clients was 36.1 years old (with a range of 19 to 72 years) at age of entry into 1170(h).

It is noteworthy that the populations of 1170(h)(a) and PSS are slightly more similar in nature to each other than either are to PRCS; this is intuitive, since they represent identical representations of possible charges, whereas PRCS represents more serious criminal offenses. Of particular note was that more females and younger populations were represented among both 1170(h) populations than in PRCS, as well as slightly more White populations.

Figure 1-2. Gender of clients in PRCS, 1170(h)(a), PSS, and the total sample²

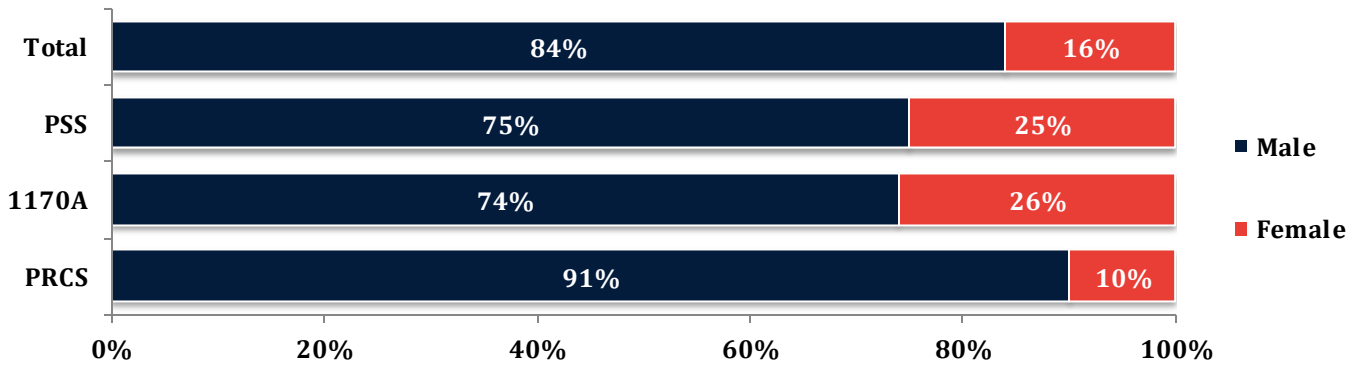


Figure 1-3. Ethnicity of clients in PRCS, 1170(h)(a), PSS, and the total sample³

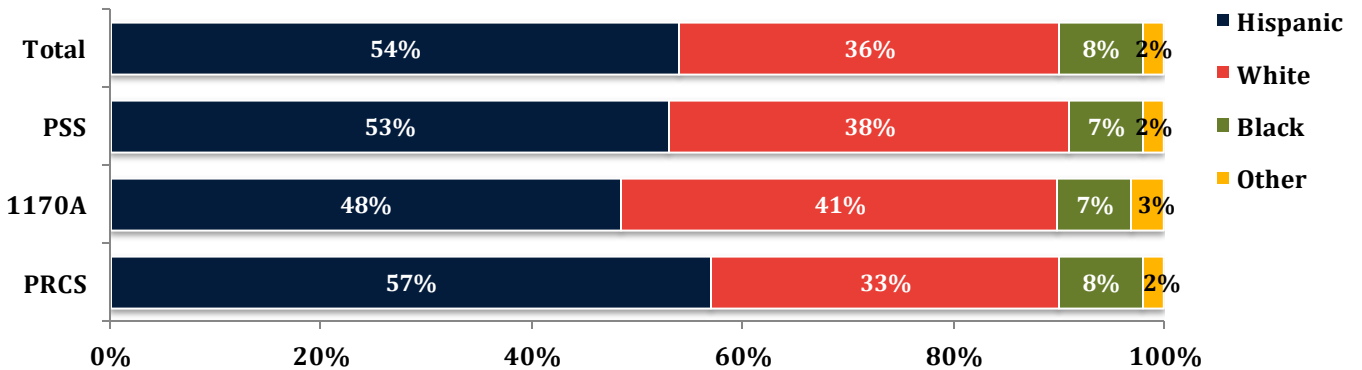
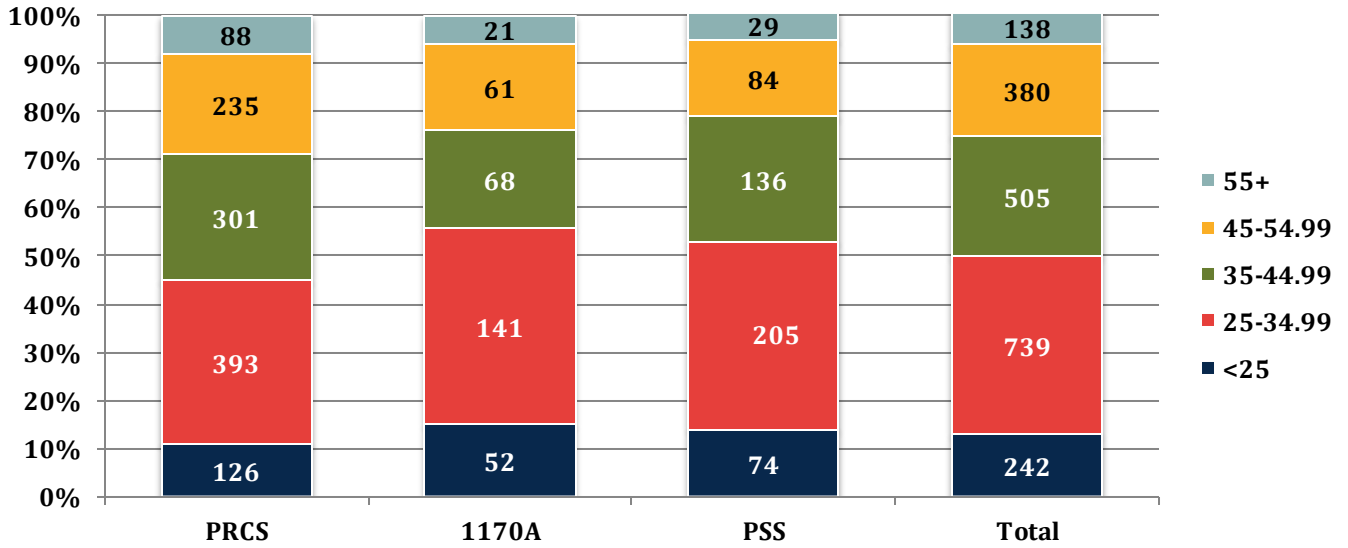


Figure 1-4. Age categories of clients in PRCS, 1170(h)(a), PSS, and the total sample.⁴

² Note: PRCS (n=1143), 1170(h)(a) (n=343), PSS (n=528), and Total Sample (N=2014).

³ Note: PRCS (n=1143), 1170(h)(a) (n=343), PSS (n=528), and Total Sample (N=2014).

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PRCS-Specific Characteristics

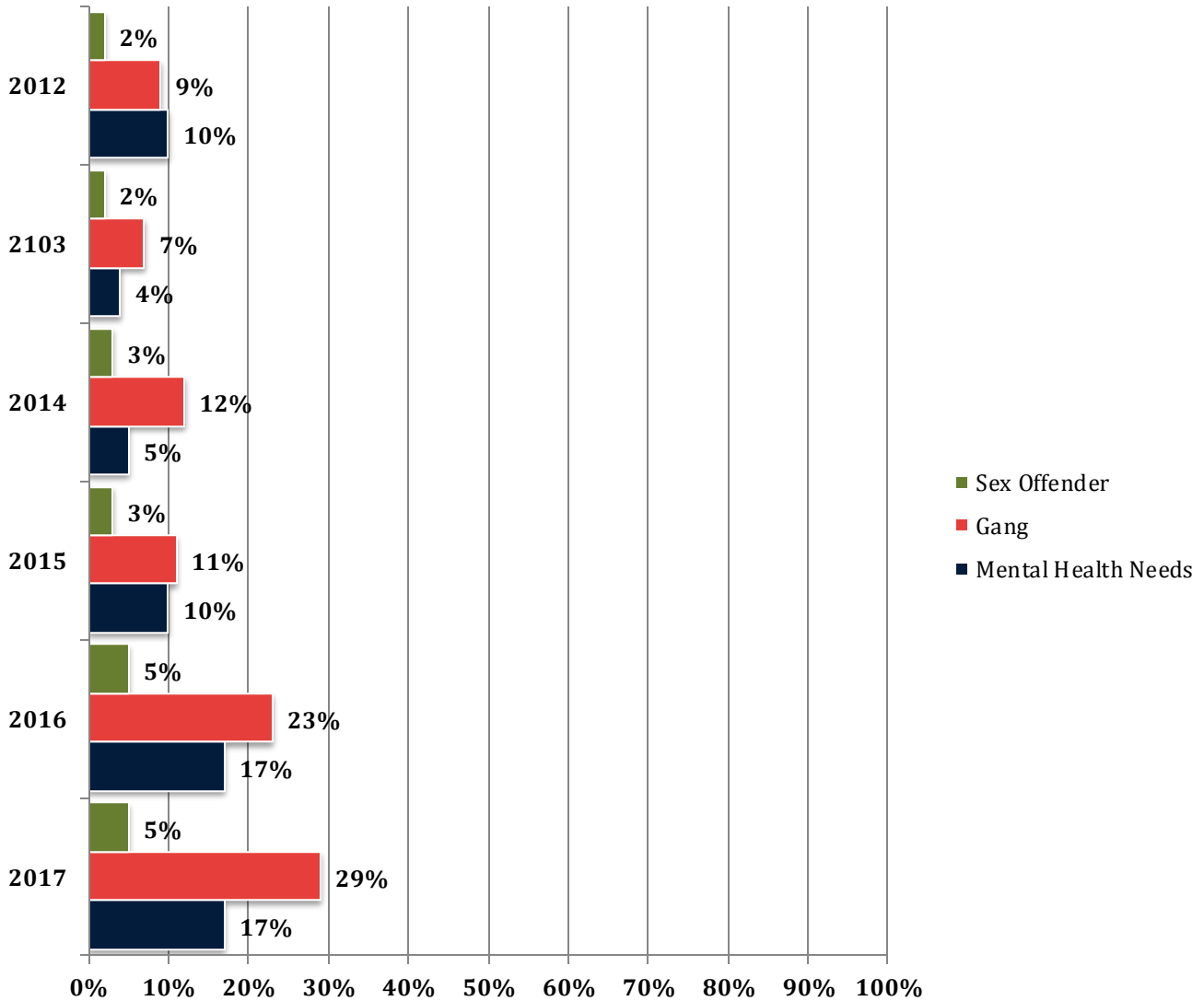
Specific data points are available for PRCS clients that are not available for either 1170(h) populations. These indicators pertain to the mental health needs, gang affiliation, and sex offender status of PRCS clients. Of the 1,143 exited PRCS clients, a total of 118 (10%) clients entered PRCS with identified mental health needs from their prison record. This meant that these clients received either medication or special housing as a result of their mental health needs while in prison. Of the exited, 157 (14%) were also identified as gang affiliated upon release from prison, and 33 (3%) had a designated sex offender status.

When looking at a breakdown of PRCS specific characteristics by year there was an overall increase in mental health needs going from 10% in 2012 to 17% in 2016 and 2017 with a slight dip to 4% and 5% in 2013 and 2014. For gang affiliation there was an overall increase from 9% in 2012 to 29% in 2017. For sex offender status there was an increase from 2% in 2012 to 5% in 2017.

⁴ Note: PRCS (n=1143), 1170(h)(a) (n=343), PSS (n=528), and Total Sample (N=2014)



Figure 1-5. Number of PRCS clients with mental health needs, gang status, and sex offender status.⁵



Realignment – Breakdown of Commitment Offense

An examination was conducted of the type of charge that was recorded as Realignment clients’ “most serious” commitment offense into Realignment (i.e., one offense was coded, regardless of how many Realignment convictions were committed at entry). These charge types are provided in Figure 1-6 and 1-7 below; data on this statistic was only available for PRCS and PSS clients.

⁵ Note: PRCS (n = 1143): 2012 n = 397, 2013 n = 154, and 2014 n = 145, 2015 n = 151, 2016 n = 145, 2017 n = 151

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The figures below indicate that *more* PSS entries than PRCS entries were for drugs/alcohol (47% versus 33%, respectively) and property/theft crimes (41% versus 22%, respectively) as the “most serious” crime in their case, while *fewer* PSS entries than PRCS entries were for crimes against persons (4% versus 22%, respectively) and ‘other’ charge categories (9% versus 23%, respectively) as their most serious crime. For both populations, drug/alcohol-related crimes represented the most common category of the “most serious crime” in their Realignment entry.

Figure 1-6. Breakdown of most serious conviction type of PRCS⁶

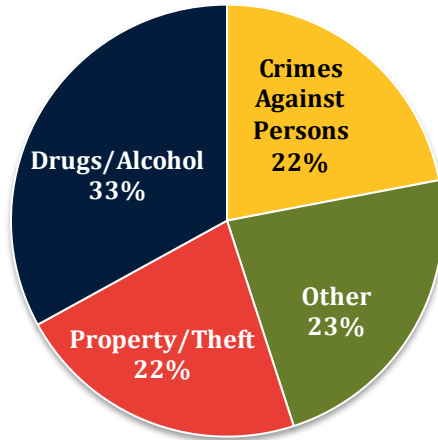
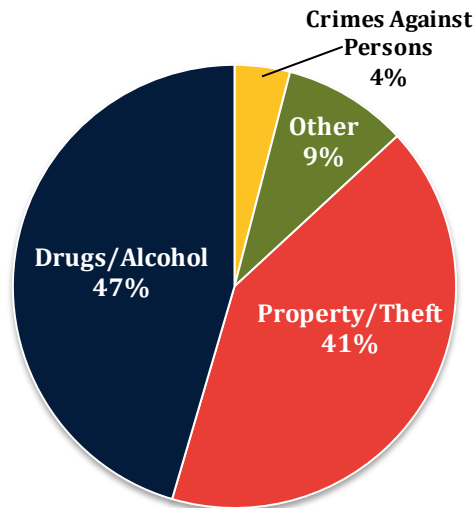


Figure 1-7. Most serious conviction of PSS⁷



⁶ Note: n = 1143

⁷ Note: n = 528



1. C. Realignment Cases Analyzed

In the following section, the Realignment cases analyzed will be discussed by the sections in which they appear in the report (see Table 1-1).

Table 1-1. Populations reported on in the present evaluation

Population	Intake Entries	Valid Exits	Valid Exits <u>AND</u> Have 3 years post-release	Valid Exits <u>AND</u> Have 3 years post-release
PRCS	✓	✓	✓	✓
PSS	✓	✓	✓	✓
1170(h)(a)	✓	No	✓	No
Sections Reported	Section 1	Section 2 – Section 4	Section 5	Section 6

Valid Exits

At the time of the current reporting, 789 PRCS entries and 363 PSS entries completed their supervision terms. Not all of the exited clients will be included in the present evaluation; the following is a list of characteristics that constituted **removal** from the analyses of Sections 2 – 4, due to invalid exit statuses, resulting in **755 PRCS** entries and **299 PSS** entries to be analyzed within these sections:

- **PRCS** – clients who were deported, deceased, or transferred, and the 2017 cohort due to only 4 valid exit statuses
- **PSS** – clients who are transferred

Valid Exits AND 3 Years Post-Release

For Section 5, the additional criterion was imposed of only including clients with three years post-release from incarceration for their Realignment commitment offense. This resulted in the following list of characteristics that constituted **removal** from the analyses, resulting in 582 PRCS entries, 239 PSS, and 237 1170(h)(a) entries to be analyzed within this section:

- **PRCS** – clients who were deported, deceased, or transferred
- **PSS** – clients who are transferred
- **All** – clients with less than 3 years post-release from incarceration from their Realignment offense

2. SUPERVISION OF REALIGNMENT CLIENTS

Realignment clients often receive a number of rehabilitation services while completing their supervision in the community. The present report evaluated services data on Realignment clients who have completed Realignment and that had available services data; due to the nature of 1170(h)(a) being without a supervision component, this means that service data are only available and thus reported on for PRCS and PSS clients.

Data for the present report included information provided by Behavioral Wellness (i.e., the County's local government equivalent of alcohol/drug and mental health services program) regarding services received for *PRCS clients only*, as well as information on services received from other local community-based organizations and services providers for *both PRCS and PSS clients*.

It is important to note that the following does not represent a comprehensive list or analysis of all potential services that a Realignment client could receive within the community, but rather represents data made available by agencies receiving funding from the County for their provision of services to Realignment clients.

In summary, in interpreting the data, the following are important to consider:

1. PRCS clients and PSS clients are served under different funding streams under Realignment, and thus have access to different forms of services as funded by the County.
2. Data on Realignment enrollment in Behavioral Wellness services are available for PRCS clients only; however, PSS clients can and do also enroll in services at Behavioral Wellness.
3. Supervision data are not available for Jail Only (i.e., 1170(h)(a) clients); data are available for PRCS and PSS clients only during their supervision period and due to the fact that they are on supervision, whereas Jail Only clients are not supervised as part of their sentence and thus do not have data available to Probation to be analyzed. However, Jail Only clients can and do seek services in the community post-completion of their sentence; the extent to which they do and how it relates to outcomes is unavailable.

2.A. Community-Based Services of Realignment Clients

The majority of Realignment clients received services from local community-based agencies (other than Behavioral Wellness, a County-run mental health and treatment facility). Data for client enrollment in these outside community-based services were available for both PRCS and PSS (i.e., 1170[h][b]) clients. These outside services consisted of many forms of rehabilitative outpatient, residential treatment programs, and sober living. Services included drug and alcohol services, education and employment services, cognitive-behavioral services, and/or services that include a therapeutic component. Intervention duration varied widely; drop-in programs are one day in length, detoxification was usually less than two weeks, and the outpatient and residential programs were usually long-term programs (i.e., longer than two weeks).

A list of community services providers providing services to PRCS and PSS clients can be found in Table A-1 in Appendix A. This list highlight the partnership of Santa Barbara County Probation Department with other local

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agencies in a joint effort to treat Realignment clients in Santa Barbara County. In addition, a list of the various types of services clients received is provided in Table A-2 for both populations.

Realignment Client Services

A total of 649 (86%) of the 755 exited PRCS clients, and 233 (78%) of the 299 exited PSS clients were enrolled in community-based services.⁸

Within the PRCS population, nearly all clients enroll in services (e.g., residential, outpatient); the majority of the overall PRCS population (84%, see Figure 2-1) participated in some form of outpatient services. A lower percentage of PRCS clients received residential services or sober living (28%), drop-in programs (18%), and detoxification services (15%). Additionally, as can be seen in Figure 2-2, the majority of PRCS clients participated in some form of drug/alcohol and Cognitive Behavior Therapy (CBT)/skill building services (72% and 64%, respectively). A lower percentage of PRCS clients participated in vocational interventions or community-based mental health services (44% and 21%, respectively).

Similar to the PRCS population, nearly all PSS clients enrolled in community-based services (e.g. residential, outpatient); the majority of the overall PSS population (69%, see Figure 2-1) participated in some form of outpatient services. A lower percentage of PSS clients received residential services or sober living (48%), drop-in programs (24%), and detoxification services (10%). Additionally, as can be seen in Figure 2-2, the majority of PSS clients participated in some form of drug/alcohol and CBT/skill building services (74% and 53%, respectively). Around half (45%) of PSS clients enrolled in vocational interventions, and a minority of PSS clients enrolled in community-based mental health services (8%).

When comparing the PRCS to PSS populations, the following were noted:

- There was a lower percentage of PSS (69%) than PRCS (84%) clients enrolled in outpatient services.
- PSS clients were enrolled in residential services at a higher rate (48%) than PRCS clients (28%).
- PSS clients enrolled drop-in programs at a slightly higher rate (24%) than PRCS clients (18%).
- PRCS clients enrolled in drug/alcohol and vocational services (72% and 44%, respectively) at similar rates to PSS clients (74% and 45%, respectively).
- PRCS clients were enrolled in CBT/skill building services at a slightly higher rate (63%) than the PSS clients (53%).

⁸ The number of exited clients from both PRCS and PSS is reflective of those with valid exit statuses. This is the population of clients that are reported on throughout the remaining report of exited clients.

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Figure 2-1. The percentage of PRCS and PSS clients enrolling in different service types⁹

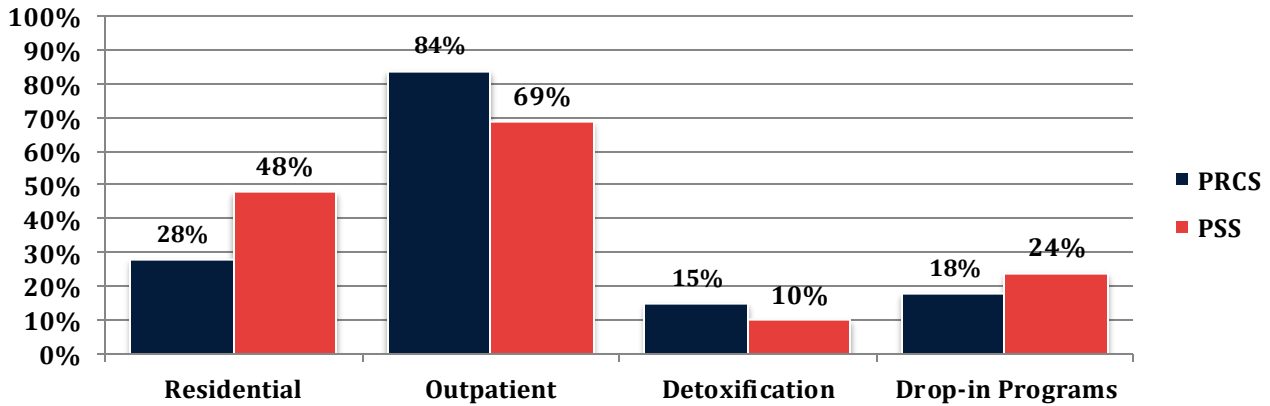
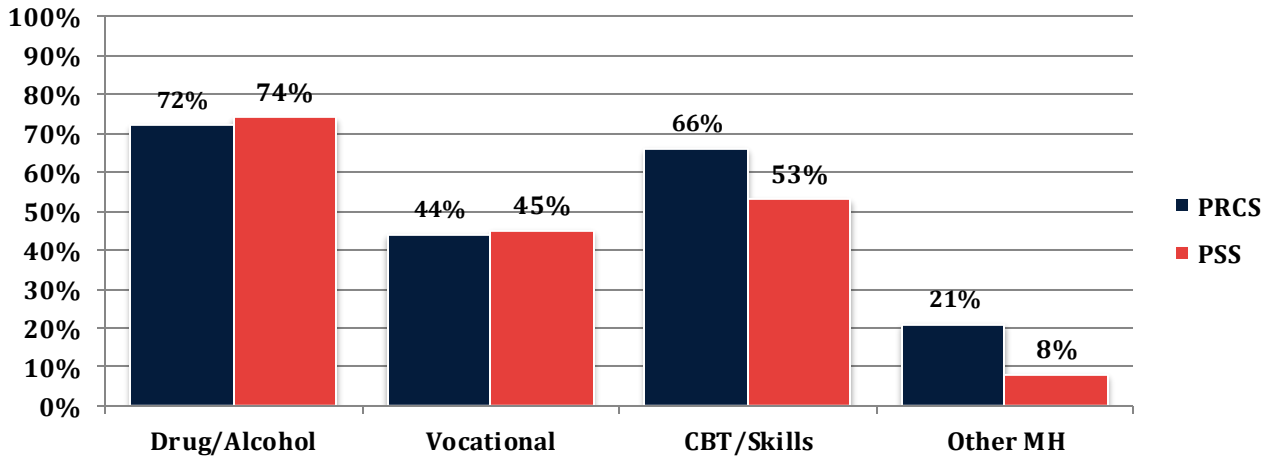


Figure 2-2. The percentage of PRCS and PSS clients enrolling in services¹⁰



2.B. Services of Realignment Clients by Cohort Year

Client services were also examined by cohort year in which they were released from incarceration from their Realignment commitment offense and were relocated back into the community. The intention was to discern if patterns of treatment enrollment could be ascertained by year in which clients were released, versus grouping all years together for a more “global” indicator of treatment engagement that may not accurately depict underlying trends related to client enrollment in services. Data are reported for PRCS and PSS separately.

⁹ Note: PRCS n = 755, PSS n = 299.

¹⁰ Note: PRCS n = 755, PSS n = 299.

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Data Considerations

In the present analyses, the year 2011 and 2012 were grouped together, due to the year 2011 representing nominal numbers of clients; Realignment was enacted in October of 2011, and thus 2011 data represent only the time frame of October through December of 2011 and does not serve as reliable stand-alone indicator of engagement by a “year.” Additionally, data are reported for the years 2012 through 2017. Please note that clients from 2015 to 2017 have not yet had enough time to collectively complete their programs. Thus these data points are not truly comparable and any inferences involving these three years should be made with caution.

Service Data by Cohort – PRCS

Realignment data by cohort is depicted in Figure 2-3 and Figure 2-4. The data suggest the following trends:

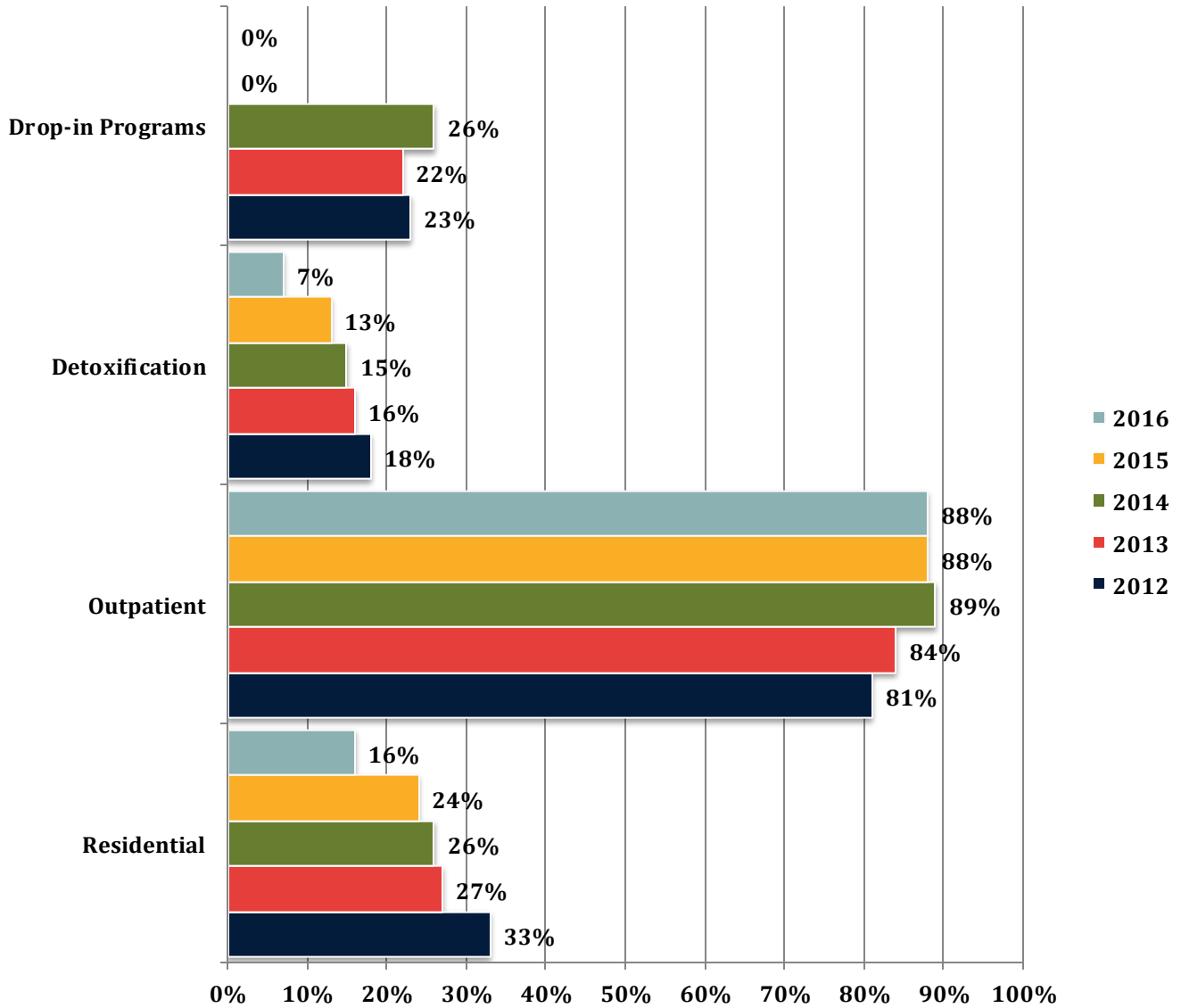
- Rates of enrollment in residential programs appeared to decline from 2012-2016 (from 33% to 16%)
- Rates of enrollment in outpatient treatment increased from 2012-2014 (from 81% to 89%) and leveled off for 2015 and 2016 (88%)
- An increase of enrollment in drop-in programs were observed from 2012-2014 (from 23% to 26%) with no enrollment noted for 2015 and 2016
- Enrollment in detox services declined from 2012 to 2016 (18%-7%)
- Enrollment in drug/alcohol services has overall increased from 2012 (65%) to 2016 (71%) with a slight decline from 2013-2016 (83% to 71%)
- Enrollment in vocational services has decreased from 2012 to 2016 (46% to 35%) with a an increase noted in 2014 (52%)
- Rates of enrollment in CBT/skills-based treatment steadily increased from 2012-2014 (60% to 77%) with a slight decline to 74% in 2016
- Rates of enrollment in outside (of County) MH services declined from 2012-2014 (22% to 13%) and increased to 26% in 2016

The trends depicted may be a result of a variety of factors. The decrease in utilization of residential services over time may also correspond with an increase in utilization of outpatient, vocational, and drop-in services within the same time frames. This may suggest that Probation is enrolling clients in services that allow them to acquire job and life skills while remaining in the community at higher rates over time, versus opting into more restrictive levels of treatment services such as residential services, where their ability to engage in outside activities such as employment and education may be limited. Additionally, the increase in enrollment in CBT/skills-based services since 2012 suggests that Probation may be increasingly focusing on providing clients with services that are designed to sustain general problem-solving and life skills in order for them to be successful in the community.

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Figure 2-3. The percentage of PRCS clients enrolling in different service types by cohort year¹¹

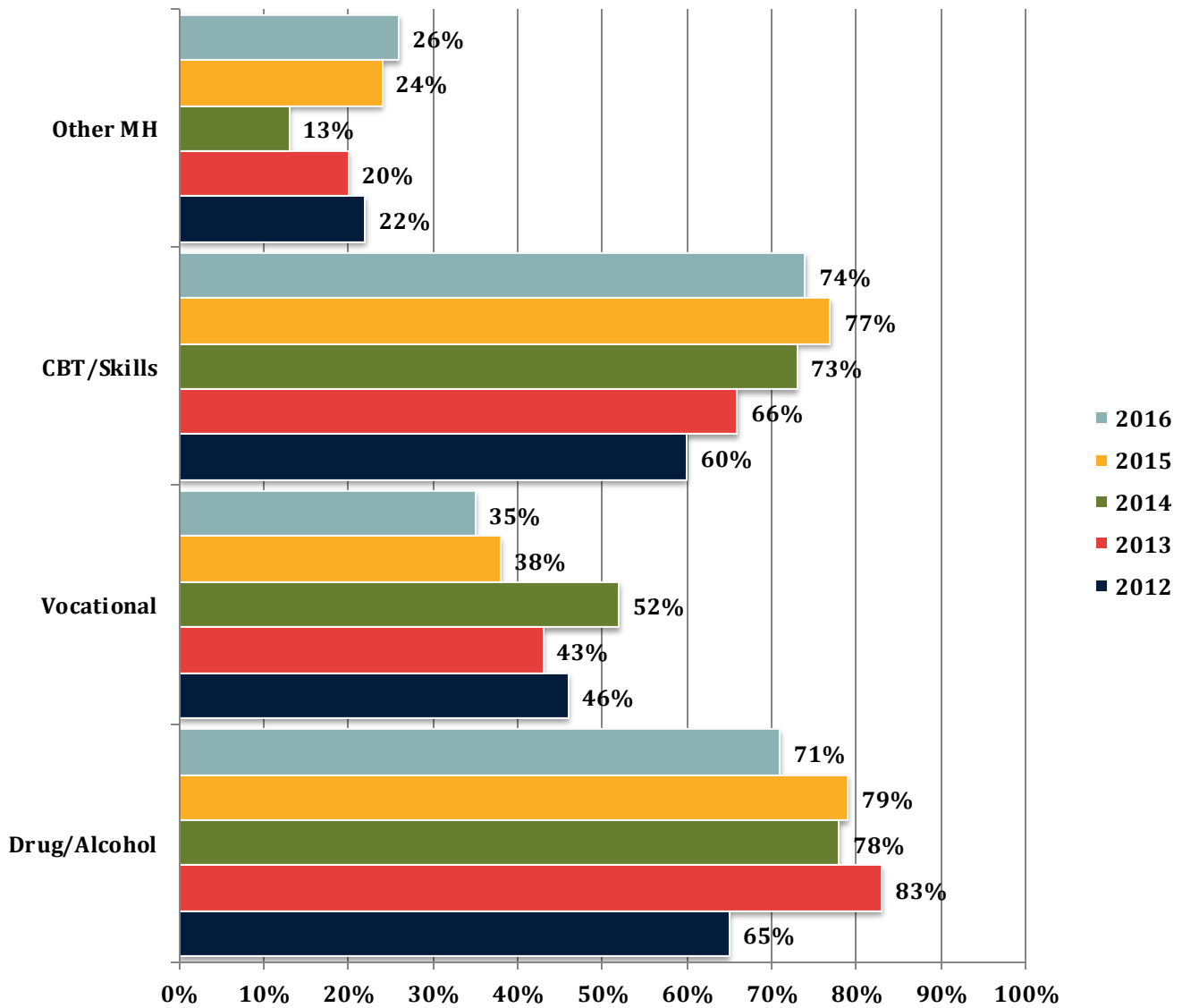


¹¹ Note: PRCS 2012 n = 342, 2013 n = 122, 2014 n = 118, 2015 n = 96, 2016 n = 77.

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Figure 2-4. The percentage of PRCS clients enrolling in services¹²



Service Data by Cohort – PSS

Realignment data by cohort is depicted in Figure 2-5 and Figure 2-6. The data suggest the following trends:

- Rates of enrollment in residential programs saw a notable increase from 2012 to 2013 (50-63%), but has otherwise declined from 2013 to 2016 (63% to 10%)
- Rates of enrollment in outpatient treatment steadily decreased from 2012-2014 (77% to 64%), had a slight increase in 2015 (70%) and declined to 55% in 2016
- Rates of enrollment in drop-in programs were observed to dramatically decline from 2012-2014 (43% to 25%) and no enrollment was noted in 2015 and 2016

¹² Note: PRCS 2012 n = 342, 2013 n = 122, 2014 n = 118, 2015 n = 96, 2016 n = 77.

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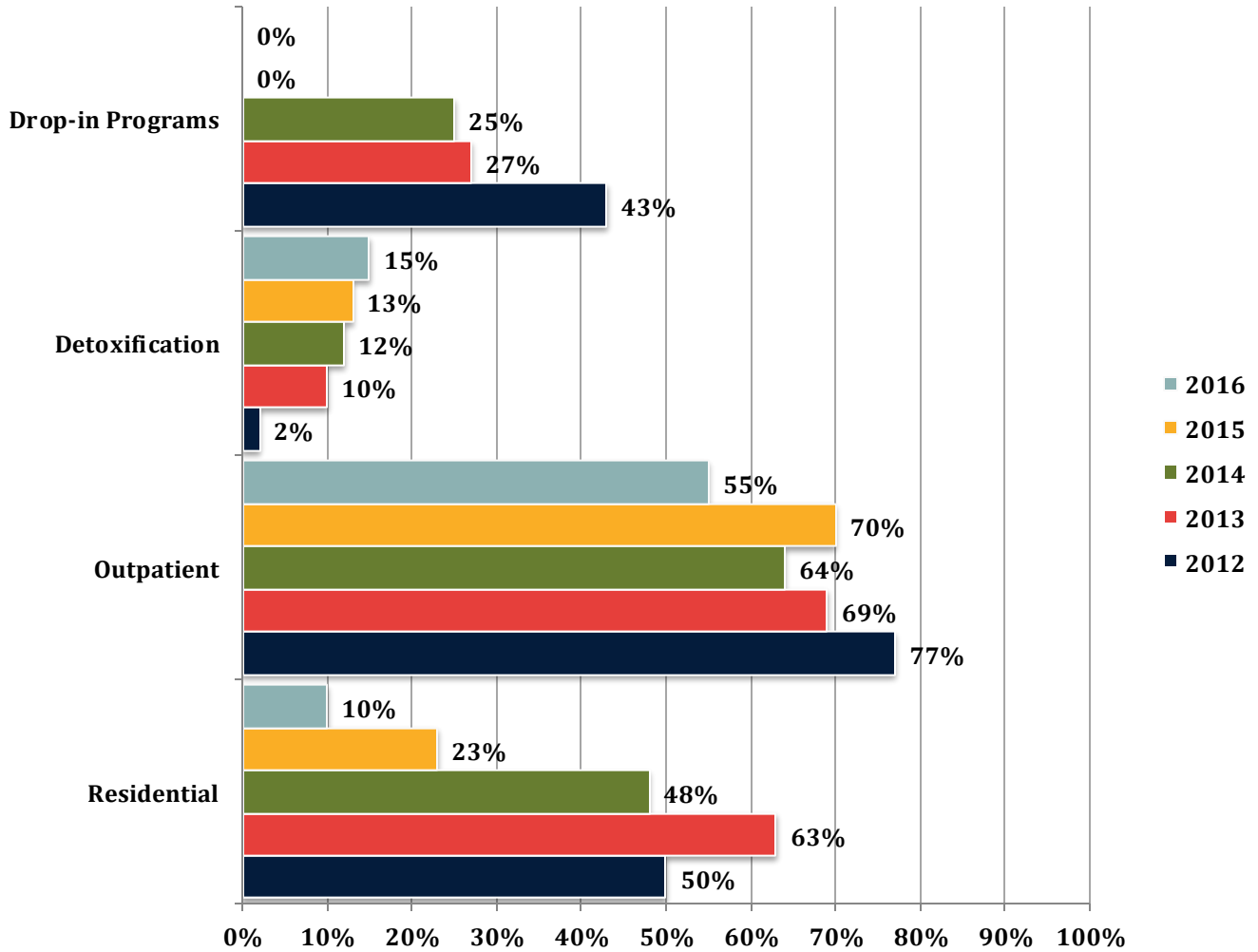
- Rates of enrollment in detox services steadily increased from 2012-2015 (2% to 15%)
- Enrollment in drug/alcohol services decreased slightly from 2012 (80%) to 2013 (75%), remained stable in 2014 (75%) and decreased to 73% and 55% (2015 and 2016, respectively)
- Rates of enrollment in vocational services steadily decreased from 2012-2015 (55% to 25%) with a slight uptick to 30% in 2016
- Rates of enrollment in CBT/skills-based treatment steadily decreased from 2012-2014 (63% to 48%), had an uptick to 55% in 2015 and declined to 40% in 2016
- Rates of enrollment in outside (of County) MH services increased from 2012-2014 (4% to 14%) before declining to 10% in 2015 and 5% in 2016

The trends depicted indicate overall decreases in utilization of services by PSS clients. This may be a result of funding and availability of services and may not directly reflect client enrollment by choice; PSS and PRCS treatment services are funded separately and differently under Realignment. Additionally, it is noted in later analyses that PSS clients engaged in higher rates of reoffending in an upward trend from the 2012 to the 2016 release year cohorts, which could suggest that PSS clients are being incarcerated at higher rates and thereby may be unavailable for enrollment in treatment during their supervision period. Further investigation into the decline in service utilization from 2012-2016 for PSS clients is warranted.

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Figure 2-5. The percentage of PSS clients enrolling in different service types by cohort year¹³

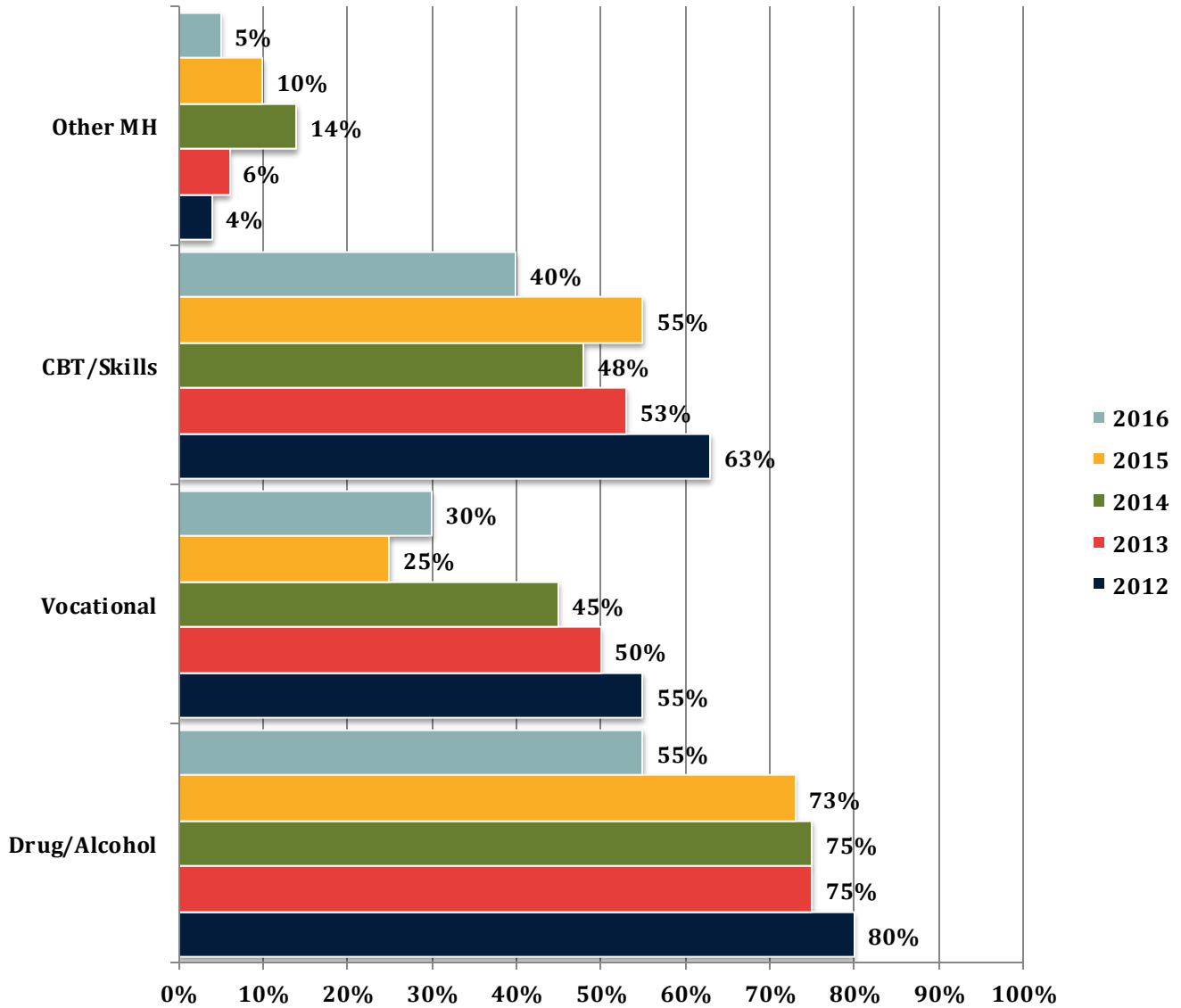


¹³ Note: PSS 2012 n = 56, 2013 n = 110, 2014 n = 73, 2015 n = 40, 2016 n = 20.

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Figure 2-6. The percentage of PSS clients enrolling in services by cohort year¹⁴



¹⁴ ¹⁴ Note: PSS 2012 n = 56, 2013 n = 110, 2014 n = 73, 2015 n = 40, 2016 n = 20.

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Service Data by Cohort – Comparison Between Groups

Realignment data by cohort is depicted and explained in the sections above. The data suggest the following trends, when comparing rates between PRCS and PSS populations:

- Over the time period of 2012-2016, PRCS service utilization rates increased overall while PSS service utilization rates decreased overall
- PRCS clients enroll in residential services at lower rates (16%-33%) than PSS clients (10%-63%)
- PRCS clients enroll in higher rates of outpatient treatment (81%-89%) than PSS clients (55%-77%)
- With the exception of PSS in 2012 (43%), PRCS and PSS clients generally enrolled in Drop-In programs at similar rates (22%-26% for PRCS, 25%-27% for PSS)
- PRCS and PSS clients generally enrolled in drug/alcohol programs at similar rates (65%-83% for PRCS, 55%-80% for PSS)
- PRCS and PSS clients generally enrolled in vocational programs at similar rates (35%-52% for PRCS, 30%-55% for PSS)
- PRCS and PSS clients enrolled into CBT/skills-based treatments at similar rates in 2012 (60% and 63%, respectively), with PRCS then enrolling at much higher rates between 2013-2016 (66%-77%) as compared to PSS clients (40%-55%)

The findings suggest that PRCS and PSS clients generally enrolled in drop-in, drug/alcohol, and vocational services at similar rates. However, the results indicated that PRCS clients were enrolling in higher rates of outpatient treatments and lower rates of residential treatments. The overall rates indicate general incline in treatment utilization for PRCS clients from 2012-2016, and a general decline in utilization by PSS clients. This may reflect differences in supervision requirements, needs of the client populations, funding differences, and/or and treatment availability. It is worth noting that with the corresponding increase in service utilization by release year cohorts, PRCS client recidivism rates appeared to be relatively stable over time; whereas with PSS clients, along with the corresponding decline in service utilization over time there was also a corresponding increase in reoffending by release year cohorts. (See Section 4) for recidivism rates). Stakeholders would benefit from gathering further information on the treatment enrollment for PSS clients.

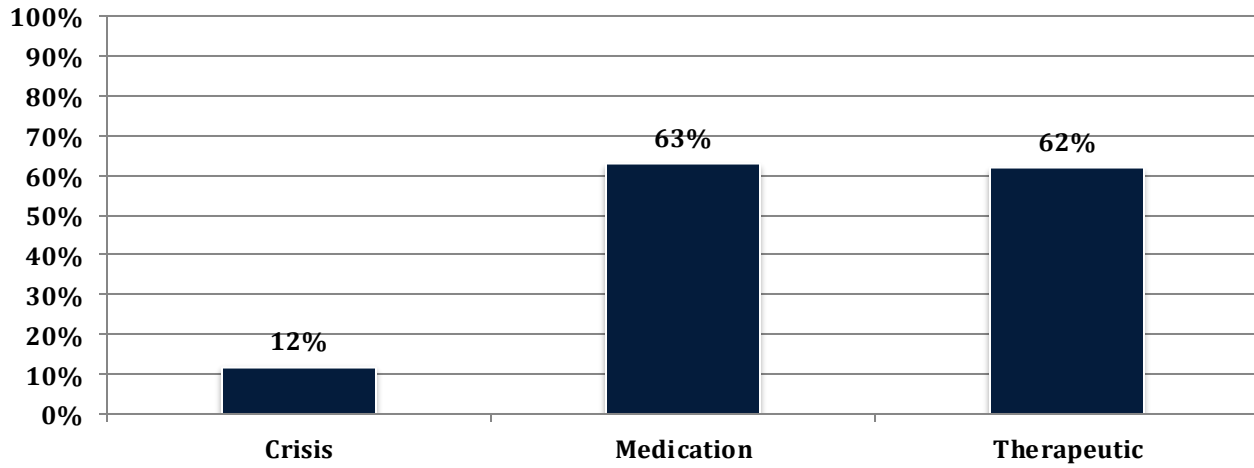
2.C. Behavior Wellness Services

As previously mentioned, PSS clients exit county jail locally and receive mental health services through a variety of clinics in the community, making treatment information for this group of clients more challenging to capture. PRCS, however, are directly referred from prison to Probation's PRRC where they initially receive a mental health assessment from Behavioral Wellness, and therefore the data are more readily accessible.

Of the 755 PRCS clients that exited Realignment to date, 209 (28%) PRCS clients received services from Behavioral Wellness. Behavioral Wellness services were categorized as either being medication, crisis, or other therapeutic services. As illustrated in Figure 2-7, of the 209 completed clients receiving Behavioral Wellness services: 26 (12%) received crisis-related services, 131 (63%) received medication-related services, and 129 (62%) received other therapeutic services.



Figure 2-7. The percentage of PRCS clients who received each type of service at Behavioral Wellness (among clients who received services from Behavioral Wellness)¹⁵



¹⁵ Note: n = 209.

3. EXIT STATUS OF REALIGNMENT CLIENTS

For all Realignment clients who were under community supervision (i.e., PRCS, PSS), these clients received an exit status designation upon the termination of their supervision period. These exit statuses helped to classify the successfulness of the supervision program they were under, and helps to provide further information on how clients do while under community supervision. In this section, we examine the exit statuses of the PRCS and PSS clients who were under community between 2011 and 2014 (i.e., clients that have at least three years post-release from incarceration from their Realignment offense).

3.A. Community Supervision Exit Statuses

Original supervision closing codes for both PRCS and PSS and their descriptions can be found in Appendix A in Table A-3 (PRCS) and Table A-4 (PSS). For the purpose of efficient and accurate analyses, only clients who had the following characteristics were included in the present evaluation: (a) valid closing codes and exit statuses (i.e., clients that were not deported, transferred to another county, deceased, or released early due to Prop 47), and (b) three years post-release from incarceration from their Realignment commitment offense.

Between the reporting period of October 2011 through December 2017, data were available on 755 client completions from PRCS and 299 from PSS in Santa Barbara County for clients with valid completion data (per the definition in the paragraph above). As can be seen in the figures below, the majority of clients in both PRCS and PSS received an Early Termination or Normal Expiration exit status. The remainder of exit statuses reflected categories that indicate some levels of noncompliance or acquisition of further criminal charges during their supervision period.

PRCS Exit Statuses

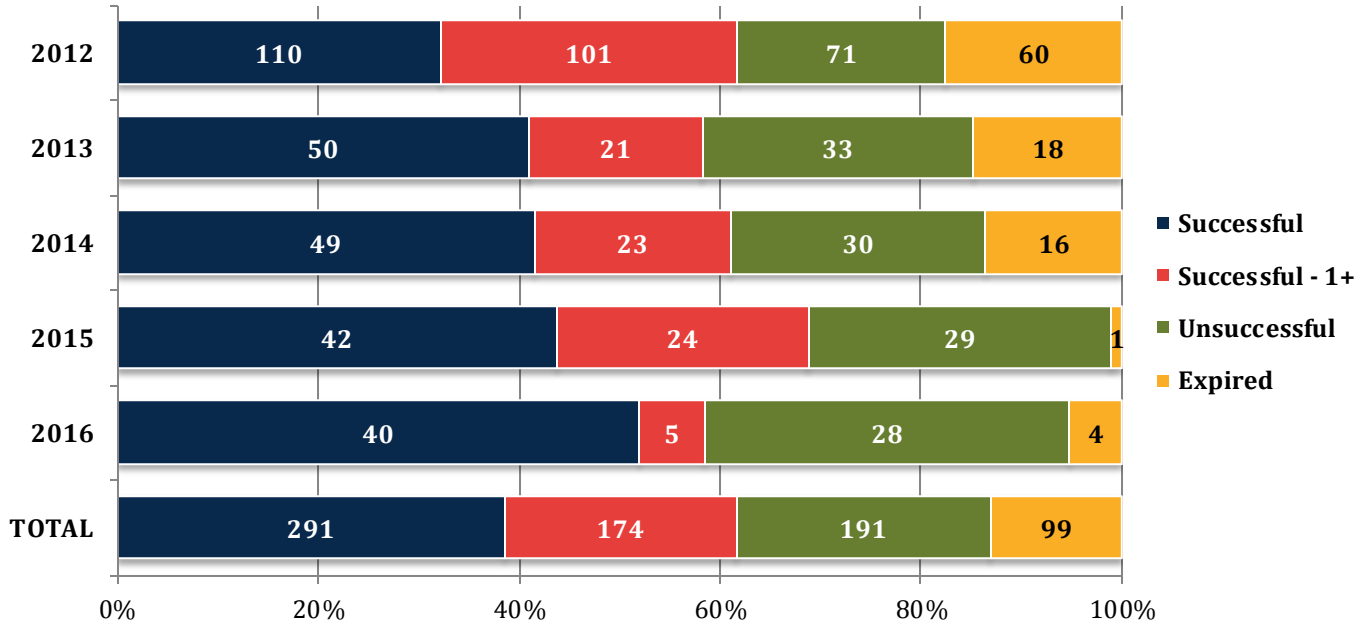
Between the reporting period of October 2011 through December 2017, valid data were available on 755 PRCS client completions from Santa Barbara County. The majority of these clients successfully completed PRCS supervision (61%, (N=466), followed by Unsuccessful (26%; N=194), and Expired (9%; N=99). Within the group of Unsuccessful clients (N=194), 159 received a new prison-eligible felony and 35 received court ordered termination of their supervision by a judge.

Figure 3-1 illustrates the number of participants with each completion status (e.g. Successful 1+, Successful, Unsuccessful and Expired). Clients who successfully complete their supervision terms within the initial 12-month period post-release from prison (Successful, N=292) may exhibit different characteristics than those who take longer to achieve a successful exit from PRCS (i.e., those whose 12 consecutive months of compliance occurs later than the immediate 12 months post-release from prison, Successful 1+, N=174).

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Figure 3-1. Exit status of PRCS clients¹⁶



PSS Exit Statuses

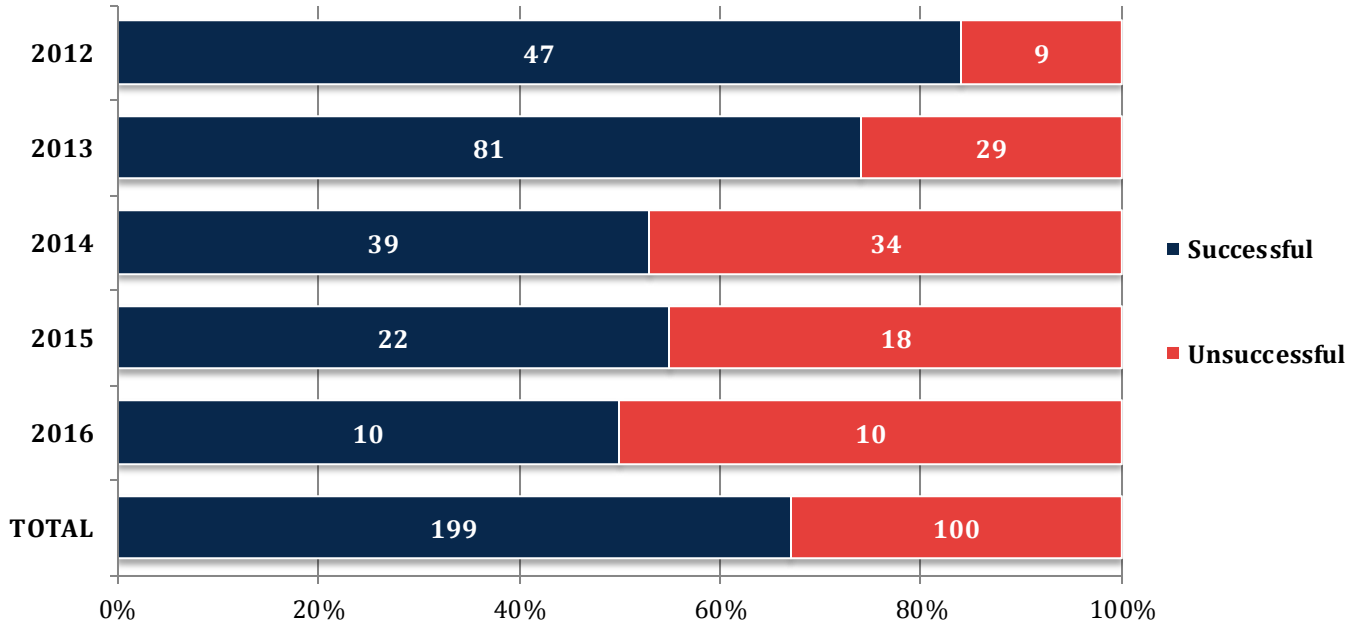
Between the reporting period of October 2011 through December 2017, valid data were available on 299 PSS client completions from Santa Barbara County. The majority of these clients successfully completed PSS supervision (67%, N=199), followed by Unsuccessful (33%; N=100; see Figure 3-2). Within the group of Unsuccessful clients (N=100), 75 received a terminal disposition, 15 received a new prison sentence, 4 received a new jail sentence, and 6 received a new NX3 sentence.

¹⁶ Note: n = 755.

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Figure 3-2. Exit status of PSS clients¹⁷



3.B. Treatment related factors and outcomes

This section addresses treatment-related variables and how those correspond to Realignment clients' completion status. Figures 3-3 and 3-4 below compare completion statuses by whether or not a client enrolled in various treatment service types, by population (i.e., PRCS, PSS).

Exit Status and Treatment – PRCS

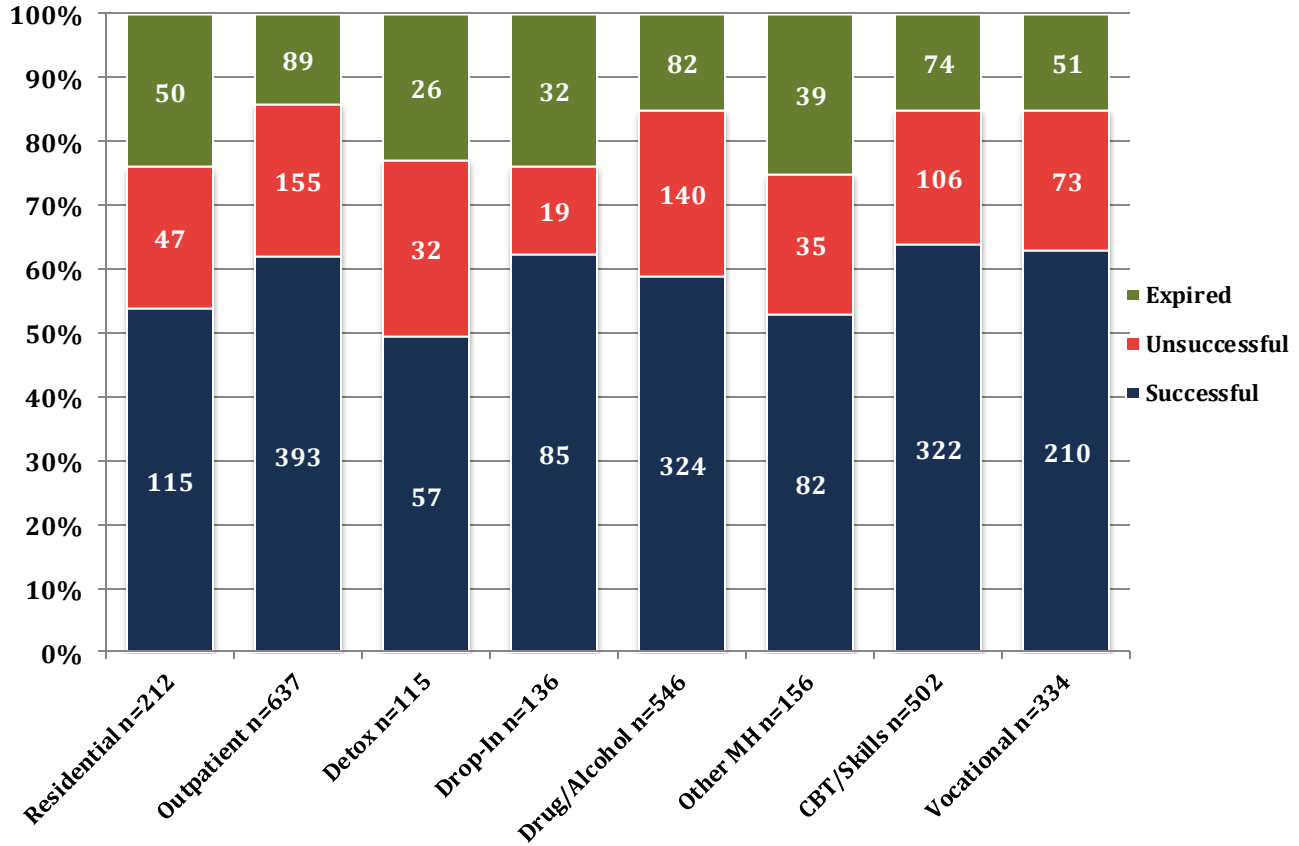
Across all treatment programs, between 50%-64% of PRCS clients enrolled in each type of service successfully completed their supervision terms for PRCS. It appeared that the highest percentage of successful clients were enrolled in Drop-In services (N=85, 63%), CBT-skills-based services (N=322; 64%), vocational services (N=210, 63%), outpatient service (N=393, 62%), all which had similar rates of successful clients enrolling in their services (62%-63%). The lowest rates of clients were found for detox (N=57, 50%), other MH services (N=82, 53%), and Residential treatment (N=115, 54%). Additionally, rates of enrollment for drug/alcohol services for successful PRCS clients fell between the high and low ranges (N=324, 59%).

The findings suggest that clients are most successful during less intensive services, and clients who display lower rates of successful supervision completion also enroll in more intensive services. This is likely due to the high attrition rates typically observed in populations with higher mental health and substance use needs, and their propensity toward more high-risk behavior (which is typically the initially precursor to their enrollment in more intensive services to begin with).

¹⁷ Note: n = 299.



Figure 3-3. Comparison of PRCS exit status by type of treatment enrolled in¹⁸



Exit Status and Treatment – PSS

Across all treatment programs, between 58%-76% of PSS clients enrolled in each type of service Successfully completed their supervision terms for PRCS. It appeared that the highest percentage of successful clients were enrolled in vocational services (N=100, 74%), Drop-In services (N=55, 76%), CBT-skills-based services (N=113; 72%), and outpatient service (N=142, 69%), all which had similar rates of successful clients enrolling in their services (69%-76%). The lowest rates of successful clients were found for detox (N=17, 59%) and other MH services (N=14, 58%). Additionally, rates of enrollment for Residential services and drug/alcohol services for successful PSS clients fell between the high and low ranges (N=96, 67% and N=147, 66% respectively).

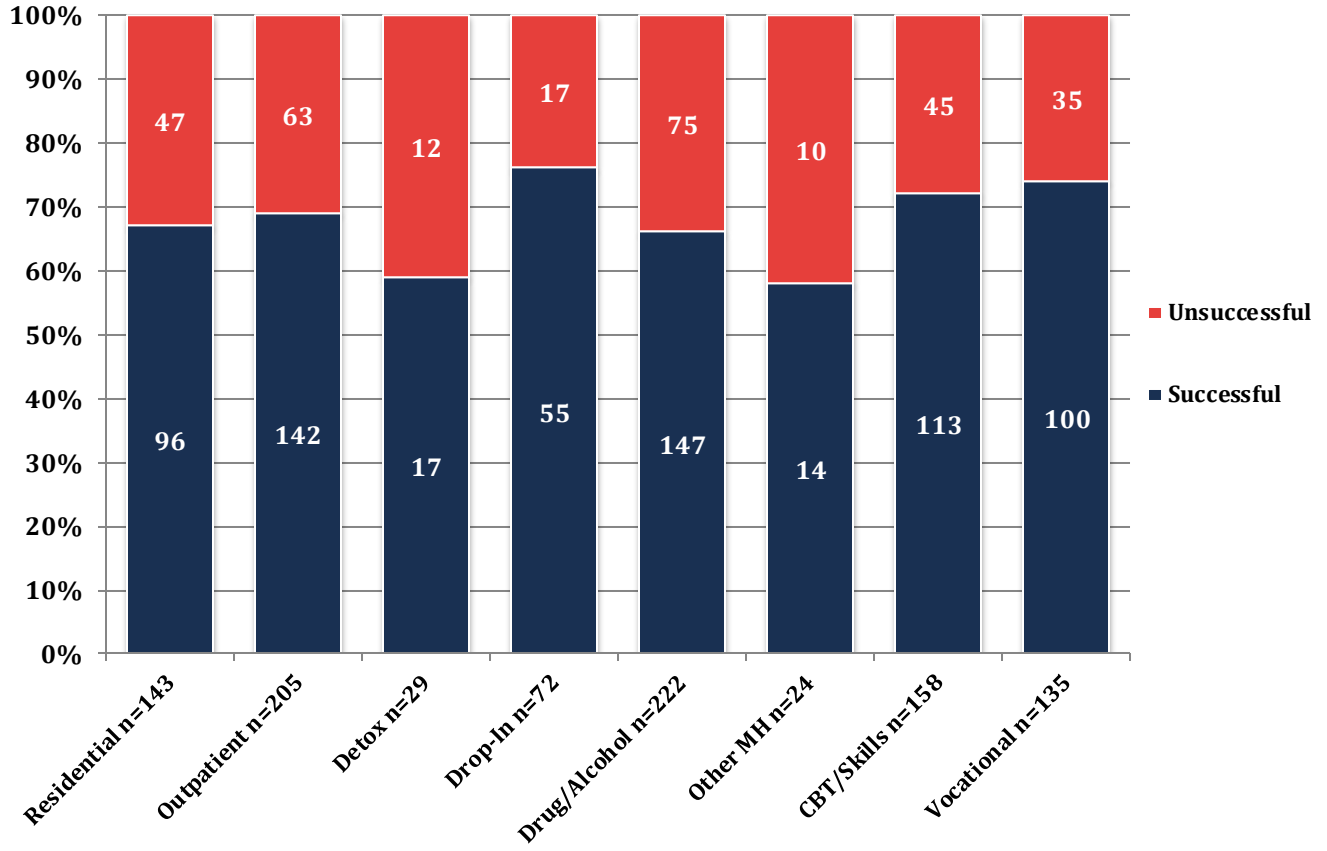
The findings mimic those found for PRCS clients above; that clients are most successful during less intensive services, and clients who display lower rates of Successful supervision completion also enroll in more intensive services. This may be due to needs and risk characteristics rather than characteristics of the programs themselves. Future research would benefit from exploring analyses on pre-test and post-test measures of clients in specific treatment programs in order to determine efficacy and effectiveness of targeted programming for more in-depth interpretation of the intersection of treatment and client outcomes.

¹⁸ Note: n = 755.

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Figure 3-4. Comparison of PSS exit status by type of treatment enrolled in¹⁹



¹⁹ Note: n = 299

4. RECIDIVISM DURING SUPERVISION

In the present report, recidivism is examined two different ways: (a) recidivism during supervision, and (b) recidivism within three years post-release from incarceration for their Realignment offense. **In the present section, the former (a) is examined – recidivism during supervision.**

Recidivism during supervision is an important indicator because it allows for practitioners to examine the rates in which clients are reoffending during the time that they are being closely monitored by county officials. Supervision time represents a critical time period where counties can make adjustments and alter their approach in order to best implement preventative and intervention resource to reduce the likelihood of client recidivism.

The present report briefly explores rates of client recidivism during supervision, as well as the relationship between recidivism and supervision violations, in order to provide information on where efforts to support clients may be of most need and benefit. Due to the nature of examining “supervision,” the following analyses are specific only to PRCS and PSS populations.

4.A. Recidivism Rates During Supervision

Recidivism data were analyzed for clients who had completed PRCS and PSS with an eligible completion status. A detailed summary of conviction crimes during supervision can be found in Appendix A (see table A-5).

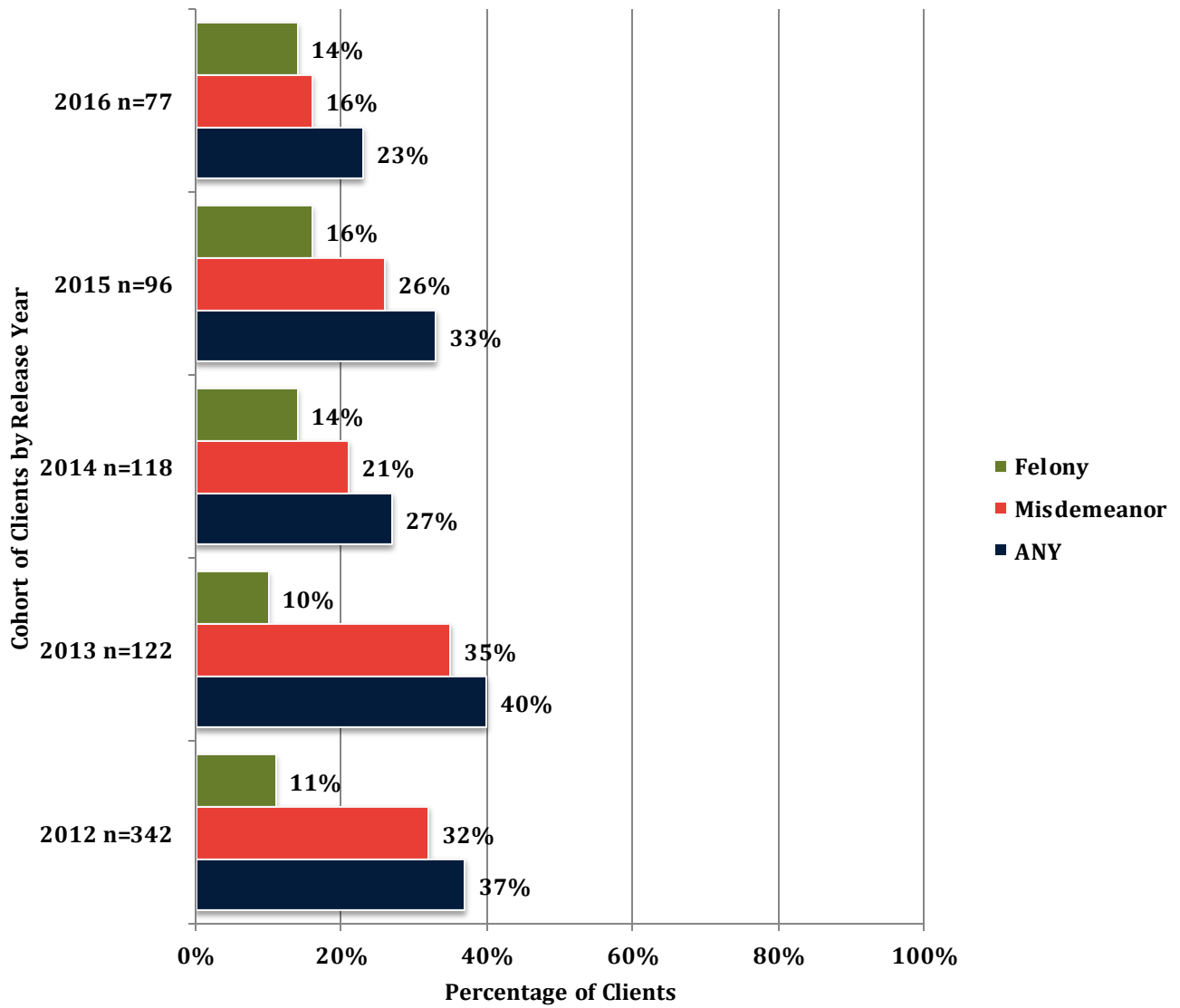
The data in in Figure 4-1 display cohort rates of reoffending during supervision for PRCS clients. Data demonstrate that clients are more likely to commit a misdemeanor than a felony offense, although some clients commit both while on supervision. The data also suggest a decrease in recidivism during supervision from the 2013 to 2014 release year cohorts; however, this appears to be driven by a decrease in misdemeanor recidivism rates during supervision, while felony recidivism rates during supervision increased by a few percentage points. A slight increase is noted in 2015 followed by a decrease in 2016. Future years’ data are needed to determine if the current data represents a consistent pattern.

The data in in Figure 4-2 display cohort rates of reoffending during supervision for PSS clients. Data demonstrate that clients were more likely to commit a misdemeanor than a felony offense, although some clients commit both while on supervision. The data indicate relatively stable rates of recidivism during supervision between the 2012 and 2013 release year cohorts, with an increase in recidivism during supervision in the 2014 release year cohort. This increase appeared to be driven by slight increases in both misdemeanor and felony recidivism during supervision. A slight increase is noted in 2015 followed by a decrease in 2016. Future years’ data are needed to determine if the increase in reoffending during supervision represents a consistent pattern.

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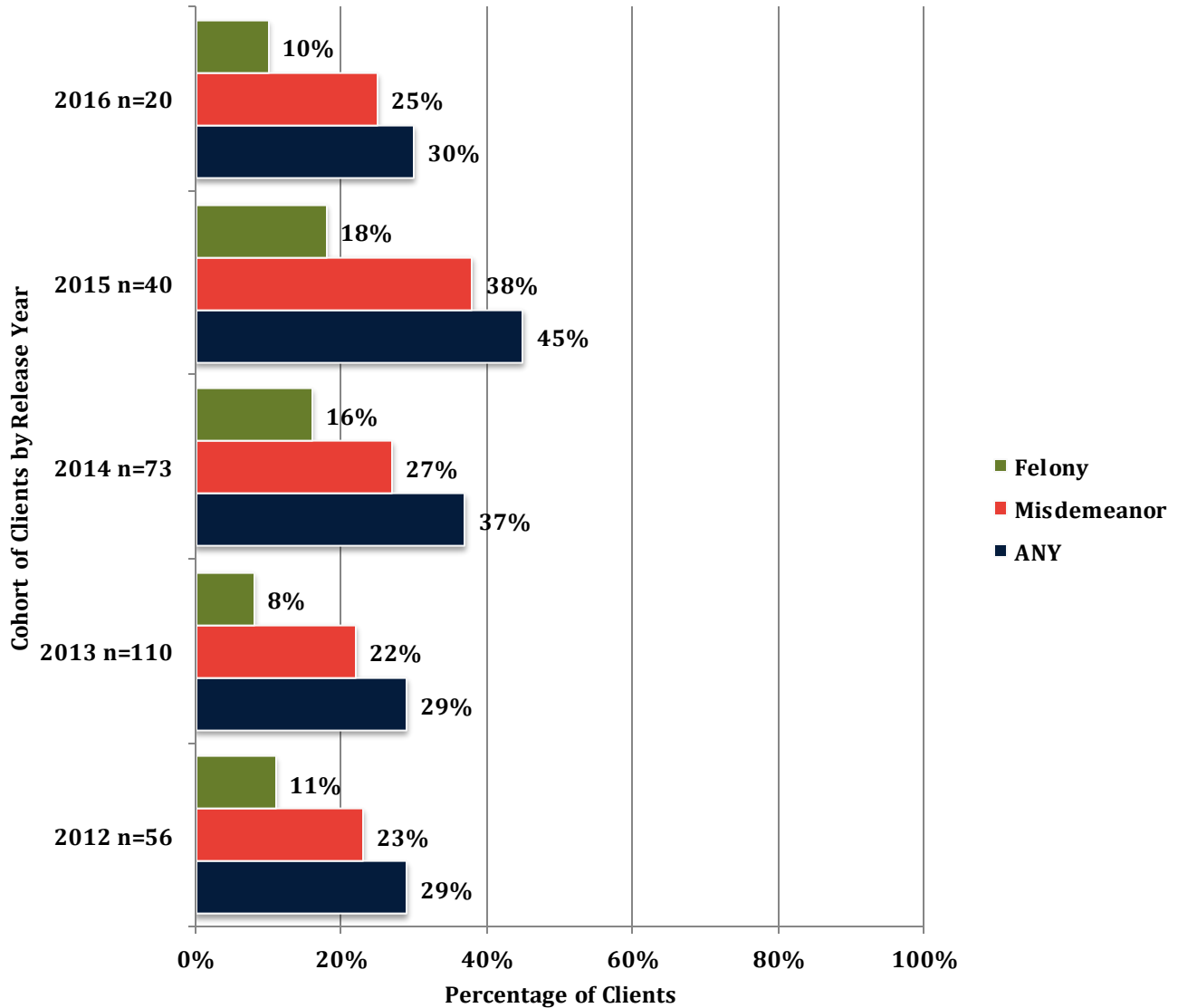
Figure 4-1. Percentages of PRCS clients with new convictions during supervision, by cohort²⁰



²⁰ Note: n = 755 for overall population; n = 342 for 2012, n = 122 for 2013, n = 118 for 2014, n = 96 for 2015, n = 77 for 2016.



Figure 4-2. Percentages of PSS clients with new convictions during supervision, by cohort²¹



4.B. Violations During Supervision

Official supervision violations were examined as a measure of client non/compliance of their supervision terms while on PRCS. Noncompliant behavior of Realignment clients could result in an official violation of their supervision terms for a variety of reasons (outlined below); however, official violations did not occur after every instance of client noncompliance, and thus, client violations should not be interpreted as a comprehensive measure of client recidivism or misbehavior, but rather as a gauge of client noncompliance.

A total of 424 of the exited PRCS clients (56%) and 163 of the exited PSS clients (55%) obtained supervision violations for any reason. The most common reason that clients acquired supervision violations were related to substance use, with 46% of all exited PRCS clients and 41% of all exited 1170(h)(b) clients having acquired one or more new

²¹ Note: n = 299 for overall population; n = 56 in 2012; n = 110 in 2013; n = 73 in 2014; n = 40 in 2015; n = 20 in 2016.

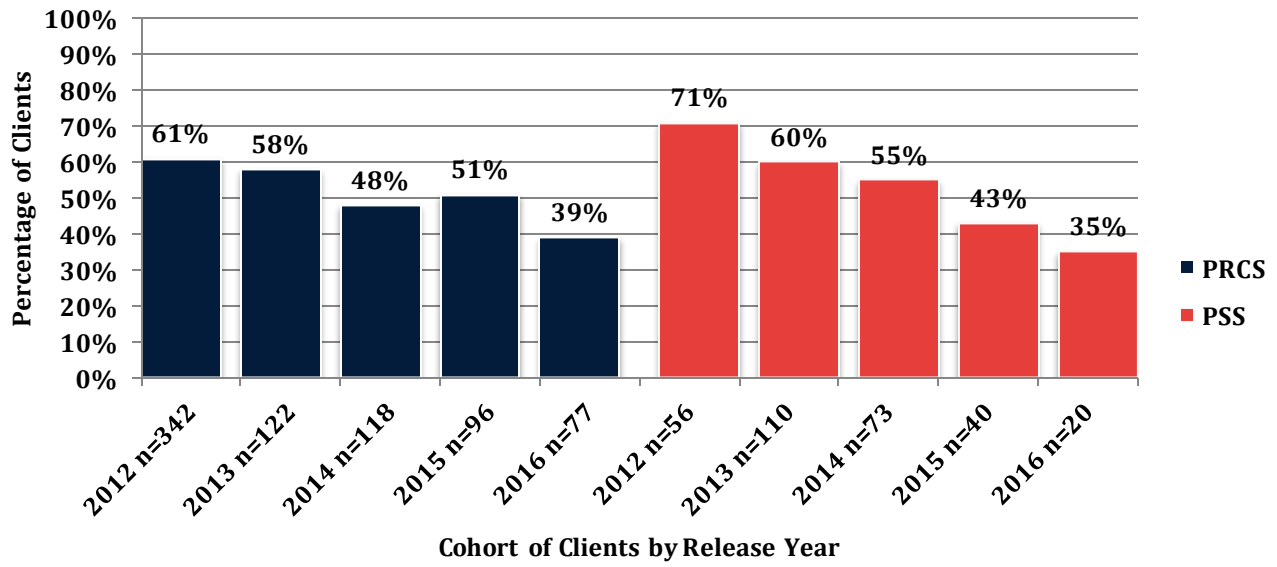
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substance related violation. Specifically, amongst clients who accumulated *any* supervision violations, this equated to 81% of PRCS and 75% of 1170(h)(b) clients with substance-related violations.

As depicted in Figure 4-3, violations have decreased over time for both the PRCS and PSS populations.

Figure 4-3. Percentages of PRCS and PSS clients with violations during supervision, by cohort²²



²² Note: n = 755, PSS n = 299.

5. RECIDIVISM 3-YEARS POST INCARCERATION

In the present report, recidivism is examined from two similar but qualitatively different angles: (a) recidivism during supervision, and (b) recidivism within three years post-release from incarceration for their Realignment offense. **In the present section, the latter (b) is examined - recidivism within three years post-release from incarceration.**

Examining recidivism within the context of a fixed-year term (e.g., three years post-release of incarceration) is important because it allows for practitioners to examine the rates in which clients are reoffending in comparable time frames as other clients. This allows for greater comparisons to be made across clients, interventions, and time frames. This is in direct contrast to examining recidivism within the context of “during supervision,” for which each client may experience a substantially shorter or longer time under supervision than another; this makes comparing some statistics outside of the auspices of supervision-related factors to be unreliable and invalid. This provides an “apples-to-apples” comparison of recidivism across all Realignment populations, whether or not they receive supervision. Thus, the present analyses include PRCS, PSS, and 1170(h)(a).

5.A. Recidivism Rates 3-Years Post Incarceration

Data were analyzed for all realignment clients (i.e., PRCS, PSS, 1170[h][a]) that had at least three years post-release from incarceration. It is important to note that, across all groups of clients there were some clients that committed both misdemeanors and felonies within the first three years post-release.

The data in in Figure 5-1 display cohort rates of PRCS client recidivism within three years post-release from incarceration. Data demonstrate that across all cohort years, PRCS clients were two times (or more) likely to commit a misdemeanor than a felony offense within three years post-release from incarceration. Additionally, it appeared that overall recidivism rates have decreased since the 2012 release year cohort to the 2014 cohort (52% of any recidivism as compared to 46% of any recidivism). This decrease appears to be reflected in Future years’ data are needed to determine if the downtick in reoffending represents a consistent pattern.

The data in in Figure 5-2 display cohort rates of PSS client recidivism within three years post-release from incarceration. Data suggest that PSS clients were more likely to commit a misdemeanor than a felony offense. Data also suggested a substantial increase over time in client recidivism within three years post-release from incarceration (30% in the 2012 cohort of ANY recidivism, to 64% in the 2014 cohort). The increase also appears to be driven by increases in both misdemeanor and felony recidivism, with a notable and dramatic in felony recidivism observed in the 2014 release year cohort.

Lastly, the data in in Figure 5-3 display cohort rates of reoffending during supervision for 1170(h)(a) clients. Data demonstrate that clients were more likely to commit a misdemeanor than a felony offense. The data suggest that 1170(h)(a) client recidivism over a three-year post-release period remains fairly stable, around the 50% mark for *any* recidivism. There has been a very slight decrease over the last three years in cohort recidivism, from 52% in the 2012 cohort to 46% in the 2014 cohort.



Figure 5-1. Percentages of PRCS clients with new convictions three-years post-release from incarceration, by cohort²³

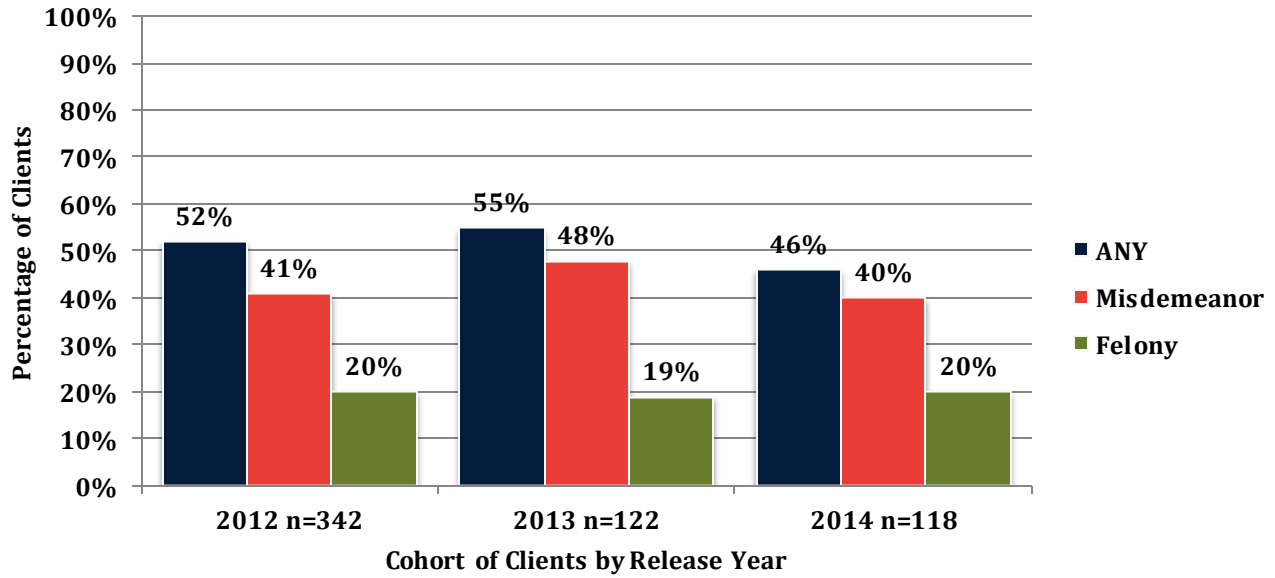
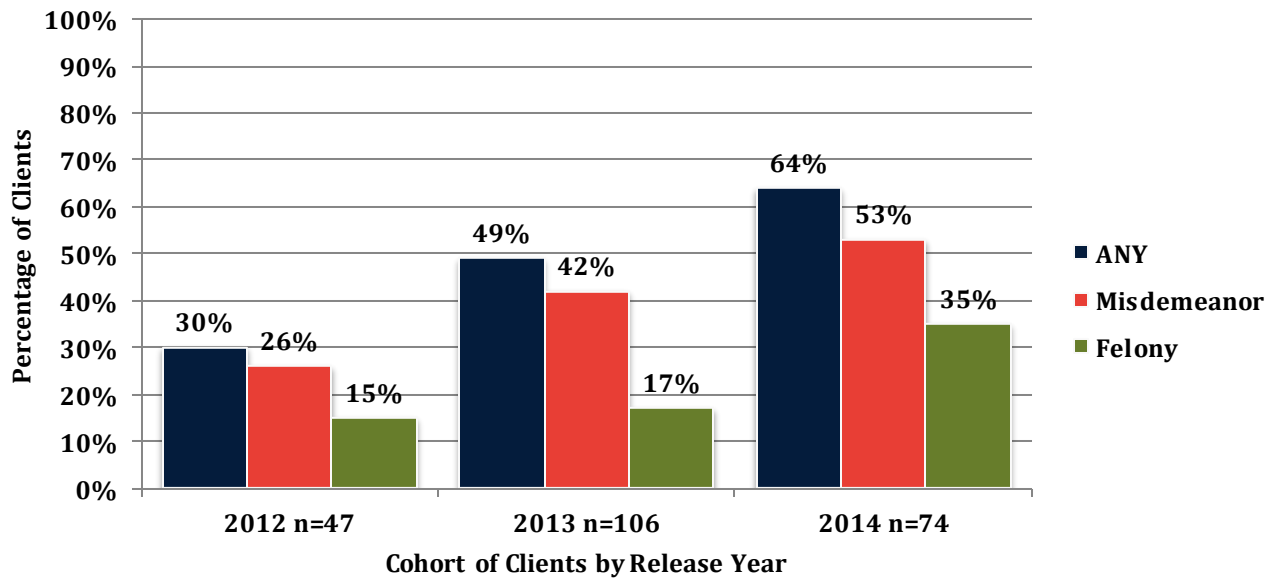


Figure 5-2. Percentages of PSS clients with new convictions three-years post-release from incarceration, by cohort²⁴

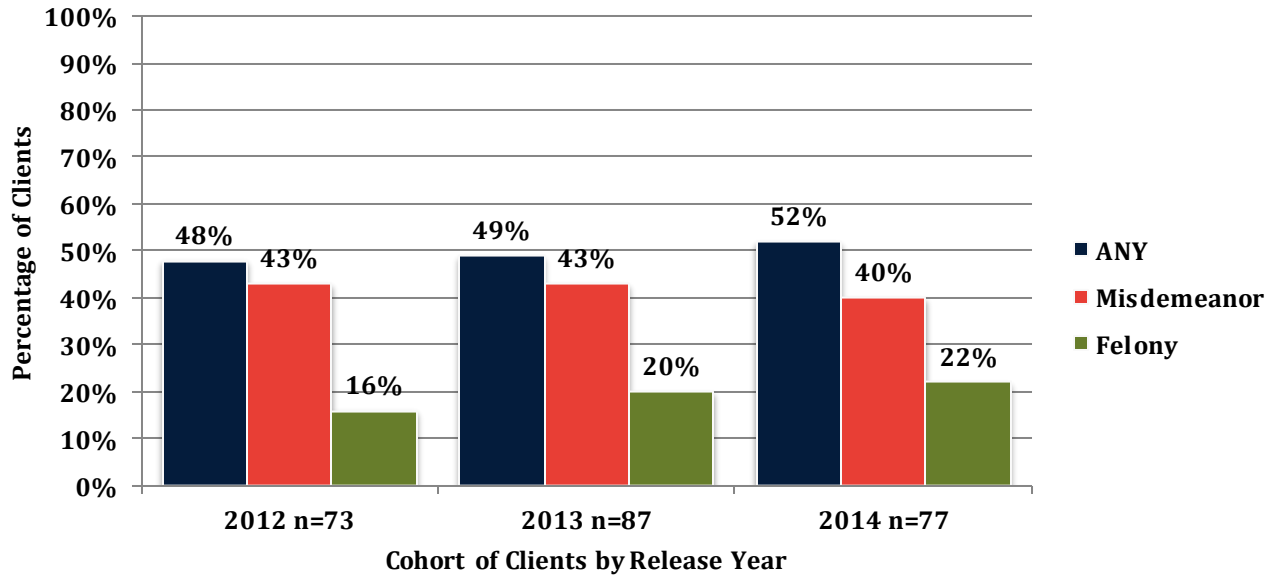


²³ Note: n = 582.

²⁴ Note: n = 239.



Figure 5-3. Percentages of 1170(h)(a) clients with new convictions three-years post-release from incarceration, by cohort²⁵



Population Differences

For both populations under community supervision (i.e., PRCS, PSS) the three-year recidivism rates were in contrast to the recorded *during* supervision rates for these populations of clients. The during supervision rates were – in all cases – lower than the three-year rates, in some case by over 20%. It may be that clients do better while under supervision and while having access to treatment and related services, but that life challenges that contribute to recidivism emerge more prominently once the support of supervision ends.

It was of worth noting that the recidivism patterns of both PRCS and the 1170(h)(a) clients appeared to be remarkably similar; both remained relatively stable around 50%, with felony recidivism comprising around half of the rates of clients with misdemeanor recidivism. It may be that the severity of 1170(h)(a) crimes are more comparable to PRCS than to PSS clients, or other underlying factors related to the distribution of clients into 1170(h)(a) versus PSS.

Differences in recidivism rates between PSS and 1170(h)(a) clients may be due to a combination of client characteristics, the nature of being supervised (i.e., potentially influencing a lower rate of recidivism), and the availability of services while PSS clients are on supervision (e.g, which could influences differences observed by cohort year).

²⁵ Note: n = 237.

6. ADVANCED ANALYSES

In order to better address some of the more complex data questions that arise when examining Realignment clients, advanced statistical analyses were conducted in order to obtain more precise information about recidivism and/or treatment in Realignment clients. The following sections reflect advanced analyses conducted in an effort to aid in these explorations.

This section includes two sets of advanced analyses that provide a more sophisticated and nuanced lens from which to examine predictors of recidivism in PRCS offenders. These analyses both control for variations between offenders and their trajectories through the criminal justice system to allow for a more accurate understanding of what predicts recidivism.

6.A. “Failed” Client Characteristics²⁶

The association between offender characteristics and recidivism: What predicts new convictions?

After examining the associations between several offender characteristics and recidivism in the sections above, the simultaneous effect of these characteristics was evaluated through logistic regression. Specifically, we measured the association between multiple aspects of the offender experience and recidivism, above and beyond the potential effects of demographic, criminal, and mental health characteristics. By simultaneously evaluating the effect of multiple factors, each association with recidivism is estimated for its own unique influence on recidivism, taking into account the effect of any other variable.

Understanding the factors that influence recidivism in the Realignment population is critical in order to develop more effective strategies to rehabilitate offenders in the future. By identifying demographic characteristics associated with higher rates of recidivism, it is possible to develop tailored interventions for high-risk offenders; by evaluating the association between treatments in reducing the likelihood of recidivism; potential future interventions can be targeted in the future.

Analytic Strategy

Special attention for this analysis was to investigate whether receiving at least one CBT/skills service was associated with less recidivism:

- Having enrolled in CBT/skills type of treatment (at least one)

Several demographic characteristics were also included as predictors in the regression models in order to estimate if they were associated with new convictions (and to control for their influence while estimating the effect of other factors or diminish the effect of CBT/skills):

- Gender
- Age
- Hispanic (yes/no)

²⁶ Logistic Regression

Public Safety Realignment



Additionally, cohort year impacts were examined by using the following variable:

- 2012/13 (no) 2014 (yes)

A series of models was developed to test associations with two outcomes (misdemeanor and felony recidivism) for both PRCS and PSS groups. Each analysis included three models. In Model A the association of CBT/skills was examined in relation to the outcome (either misdemeanor or felony recidivism). In Model (B), demographic characteristics (i.e., gender, age, and ethnicity) were added to the model. In Model (C), the impact of belonging to the 2014 cohort year versus the 2012/2013 cohorts combined was examined, which was conducted due to an upward trend for recidivism, particularly in the 2014 PSS release year cohort. Three models were implemented in sequence to determine if associations between different predictors and recidivism changed after including subsequent sets of variables.

The findings described in the tables represent odds ratios (OR): they quantify the strength of the association between the predictors and recidivism. When an odd ratio is lower than 1, it means that this factor is associated with a lower probability of recidivism. When the odd ratio is higher than 1, the factor is associated with a higher likelihood of recidivism.

Results

Results are displayed in Table 6-1 through Table 6-4, which show the associations between the predictors examined and new convictions. The findings are displayed for PRCS and PSS separately, and within each population the analyses are conducted for misdemeanor and felony recidivism separately.

PRCS Analyses

In terms of misdemeanor recidivism, the findings for model A indicate that having received at least one CBT/skills-based treatment service was associated with a lower likelihood of recidivism. In the second model (B), the covariates of gender, Hispanic ethnicity, and being under the age of 35 were not associated with a higher or lower likelihood of receiving new convictions (see Table 6-1). In the last model (C), the cohort year was included in the model, with results suggesting that clients released in the 2014 cohort year had an almost 2 times higher likelihood of acquiring at least one misdemeanor recidivism charge than clients in 2012/2013 cohorts, which may be due in part to Prop 47, which reduced certain drug possession and theft felonies to misdemeanors. The overall results indicate that, after taking into account the other predictors in Model B and Model C, there was still an association between CBT/skills and a lower likelihood of acquiring misdemeanor recidivism charges.

When conducting the same analyses with felony (vs. misdemeanor) recidivism for PRCS clients, we obtained different results (Table 6-2). More specifically, being less than 35 years of age was associated with a significantly lower likelihood of felony recidivism. Also, unlike misdemeanor recidivism, results suggest that clients released in the 2014 cohort years did not have a higher or lower likelihood of acquiring at least one felony recidivism charge than clients in 2012/2013 cohorts when controlling for CBT/skills, gender, ethnicity, and age.

Public Safety Realignment



“The findings described in the tables below represent odds ratios (OR): they quantify the strength of the association between the predictors and recidivism when significant (as noted by an asterisk). When an odd ratio is lower than 1, it means that this factor is associated with a lower probability of recidivism. When the odd ratio is higher than 1, the factor is associated with a higher likelihood of recidivism.”

Table 6-1. Associations between PRCS demographic characteristics, cohort year, and treatment variables with *misdemeanor* recidivism²⁷

Predictor	Convictions (MODEL A) OR (CI)	Convictions (MODEL B) OR (CI)	Convictions (MODEL C) OR (CI)
CBT/Skills treatment (at least one)	.64 (.44-.94)	.64 (.44-.94)	.61 (.42-.90)
Gender (Female)		1.47 (.83-2.60)	1.48 (.84-.2.61)
Hispanic (yes)		1.08 (.75-1.56)	1.11 (.77-1.60)
Age (Under 35)		.87 (.60-1.25)	.88 (.61-1.27)
2014 Release Year Cohort²⁸ (yes)			1.93 (1.18-3.14)

Note. $p < .05$, $p < .01$

“Results indicate that, after taking into account the other predictors in Model B and Model C, there was still a significant association between CBT/skills and a lower likelihood of acquiring misdemeanor recidivism.”

Table 6-2. Associations between PRCS demographic characteristics, cohort year, and treatment variables with *felony* recidivism

Predictor	Convictions (MODEL A) OR (CI)	Convictions (MODEL B) OR (CI)	Convictions (MODEL C) OR (CI)
CBT/Skills treatment (at least one)	.60 (.34-1.06)	.61 (.34-1.08)	.63 (.35-1.11)
Gender (Female)		1.12(.51-2.46)	1.12 (.51-2.47)
Hispanic (yes)		.97 (.57-1.64)	.96 (.56-1.63)
Age (Under 35)		.50 (.29-.85)	.49 (.29-.84)
2014 Release Year Cohort²⁹ (yes)			.74 (.41-1.36)

Note. $p < .05$

“Being less than 35 years of age was associated with a significantly lower likelihood of felony recidivism.”

²⁷ PRCS $n = 582$

²⁸ Compared to 2012/2013 cohorts

²⁹ Compared to 2012/2013 cohorts



PSS Analyses

In terms of misdemeanor recidivism, the findings for model A indicate that having received at least one CBT/skills-based treatment service was associated with a lower likelihood of recidivism (see Table 6-3). In the second model (B), none of the demographic variables were associated with a higher or lower likelihood of recidivism (i.e., gender, age, ethnicity). In the last model (C), the cohort year was included in the model, which also failed to significantly predict recidivism outcomes. The results show that, after accounting for the predictors in Model B and Model C, there was an association between CBT/skills and a lower likelihood of acquiring misdemeanor recidivism charges.

Table 6-3. Associations between PSS demographic characteristics, cohort year, and treatment variables with misdemeanor recidivism³⁰

Predictor	Convictions (MODEL A) OR (CI)	Convictions (MODEL B) OR (CI)	Convictions (MODEL C) OR (CI)
CBT/Skills treatment (at least one)	.49 (.26-.91)	.50 (.27-.94)	.49 (.26-.93)
Gender (Female)		.77 (.41-1.47)	.73 (.38-1.40)
Hispanic (yes)		1.02 (.55-1.89)	1.02 (.55-1.91)
Age (Under 35)		.94(.51-1.73)	.98 (.53-1.81)
2014 Release Year Cohort³¹ (yes)			.67 (.35-1.30)

Note. $p < .05$

“Results indicate that after accounting for the predictors in Model B and Model C, there was still a significant association between CBT/skills and a lower likelihood of acquiring misdemeanor recidivism charges.”

When conducting the same analyses with felony (vs. misdemeanor) recidivism for PRCS clients there was no significance for any of the variables (see Table 6-4).

Table 6-4. Associations between PSS demographic characteristics, cohort year, and treatment variables with felony recidivism

Predictor	Convictions (MODEL A) OR (CI)	Convictions (MODEL B) OR (CI)	Convictions (MODEL C) OR (CI)
CBT/Skills treatment (at least one)	1.51 (.68-3.38)	1.47 (.64-3.37)	1.47 (.64-3.38)
Gender (Female)		1.15 (.45-2.91)	1.04 (.40-2.70)
Hispanic (yes)		.49 (.21-1.13)	.49 (.21-1.13)
Age (Under 35)		.47 (.20-1.14)	.49 (.20-1.19)
2014 Release Year Cohort³² (yes)			.56 (.24-1.29)

“When conducting the same analyses with felony (vs. misdemeanor) recidivism for PRCS clients there was no significance for any of the variables.”

³⁰ PSS $n = 239$

³¹ Compared to 2012/2013 cohorts

³² Compared to 2012/2013 cohorts



Discussion and Implications

Overall, these findings indicated that demographic characteristics of clients served under Realignment doesn't seem to influence the likelihood of recidivism, apart from being under 35 years old for PRCS clients (linked to lower probability of felony recidivism). Similarly, cohort membership did not pervasively predict a different likelihood of recidivating, apart from misdemeanor recidivism for PRCS clients (which may be related to Prop 47). Moreover, when looking at the confidence intervals (CI) of the estimated effects of *all* of the non-significant variables their range encompasses values lower than 1 as well as higher than 1. This means that for clients that have the characteristics or receive the treatments outlined above, the likelihood of recidivating is higher, while for others the likelihood of receiving new convictions is lower. These different effects may derive, for example, from a different level of involvement in treatment or a different constellation of characteristics not available for examination in the current databases. It is important to note that we were not able to control for level of need in the current report.

According to our findings, recidivism may vary by population and treatment type. Outside of CBT/skills (PRCS and PSS misdemeanor recidivism), no consistent findings were demonstrated in regards to impact of treatment on higher or lower probability of new recidivism for either population or either type of recidivism. This suggests that a more in depth examination of client risks and needs and how this relates to treatment assignment and completion is needed to better understand the impact of treatment. The data suggest that there is a need for more in-depth analyses on client characteristics, the use of interventions as prevention or intervention, and pre- and post-test data in order to determine more precise treatment impacts on recidivism.

6.B. When Clients are at Highest Risk of Receiving New Convictions³³

In order to examine how the risk of receiving a new conviction varies over time, a survival analysis was performed. Survival analysis is widely used in research evaluating if and when a target event (e.g., recidivism) occurs and how the risk of experiencing the event varies across individuals with different characteristics.

The major strength of survival analysis is that it controls for "censoring," a complication with any study examining event occurrence such as recidivism. Censoring is a missing data problem where the ultimate outcome is unknown at the time of analysis. In this report, the outcome is "recidivism" defined as a new conviction. For example, lifetime recidivism will not be known for all offenders while an offender who has not yet reoffended is still alive. In other words, there are offenders tracked for a certain period of time who have not received convictions by the time our data collection ended (December 31, 2017). Some of them will never be convicted again; others will, but not during the current data collection period. Survival analysis allows us to incorporate all clients in the analysis, without assigning them the event they possess at the end of data collection (in this case, avoiding coding them as "not receiving new convictions"). By assuming that all individuals who remain in the study after data collection ended (or, in this case, is interrupted by the reporting deadline) are representative of people who would have remained in the study had censoring not occurred, survival analysis provides a reliable analysis of risk. In lieu of definitions of recidivism, for this analysis any clients still 'alive' after 36 months were censored at the 36-month timepoint.

The fundamental tool to summarize the distribution of the event (receiving a new conviction after release) is the Life Table (see Table A-6 in the appendix). In order to easily observe patterns over time, the hazard and survival functions were represented graphically.

³³ Survival Analysis

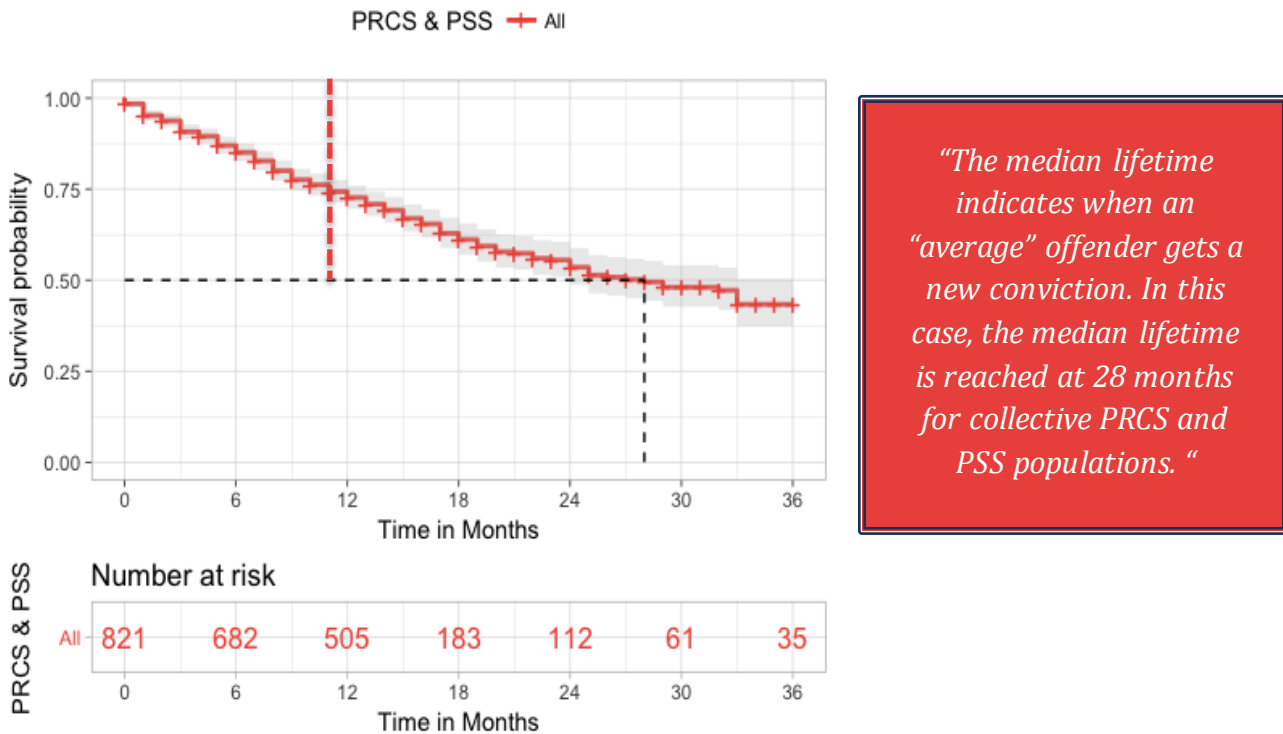


Survival Function

The survival function is an alternative way of looking at new convictions over time (Figure 6-1): it represents all PRCS and PSS offenders that were not convicted in a particular time interval (in other words, it is a cumulative function). When the risk of conviction is high, the survival decreases rapidly, while when the hazard is null or low (no risk of conviction), the survival function is flat (or almost flat). Figure 6-1 shows that the proportion of people surviving (not being convicted) decreases gradually over the 36 months. The shaded areas of the survival curves are the 95% confidence interval.

A very useful estimate obtainable from the survival function is the *median lifetime*, which identifies the point in time by which half of the sample is predicted to experience the event (indicated by the dotted line). In other words, the median lifetime indicates when an “average” offender gets a new conviction. In this case, the median lifetime is reached at 28 months for collective PRCS and PSS populations. A 25% lifetime line is indicated by the red dotted line (only in figure 6-1). This line indicates that 25% of the PRCS and PSS population recidivated with 11 months post release.

Figure 6-1. Survival function of the cumulative proportion of PRCS and PSS offenders without a conviction after 1 to 36 months

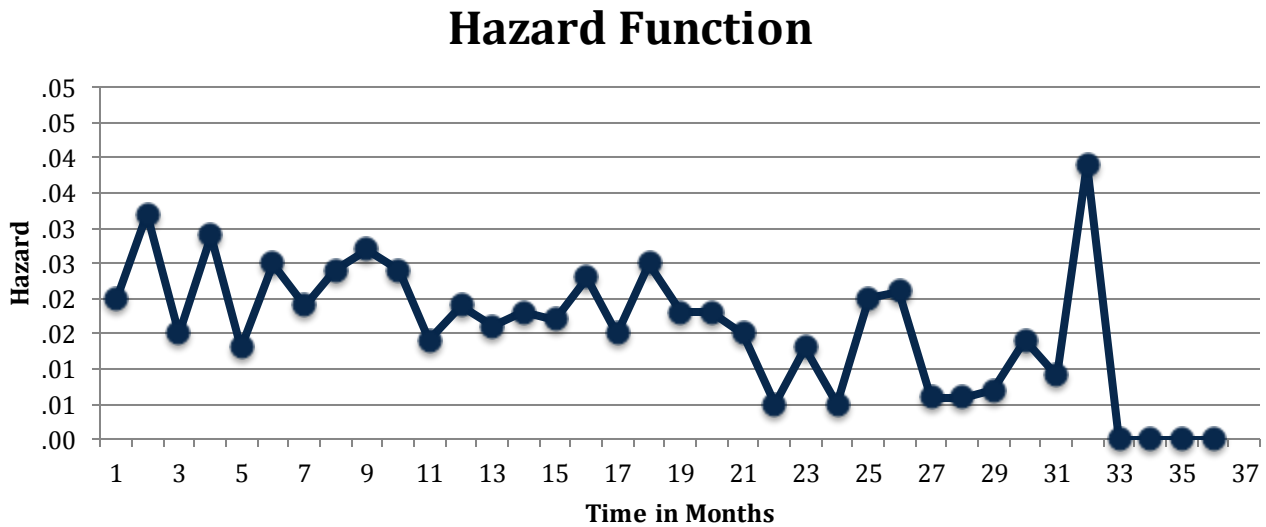




Hazard Function

Figure 6-2 shows that the risk of receiving a new conviction is characterized by a decreasing trend over time. More specifically, a peak in the risk of being convicted is detected at the second time interval (between the first and the third month) as well as the 32nd month. Then, the hazard (risk of recidivism) declines, although the pattern is irregular.

Figure 6-2. Hazard function: risk for the PRCS and PSS cumulative population of receiving a new conviction after 1 to 36 months.³⁴



“A peak in the risk of being convicted is detected at the second time interval (between the first and the third month) as well as the 32nd month.”

Figure 6-3 shows the survival functions for PRCS and PSS individually. The proportion of people surviving (not being convicted) decreases gradually over the 36 months with the two groups separating in trajectory around the 15-month point (although not significantly). The median lifetime indicates when an “average” PRCS and PSS offender gets a new conviction. In this case, the median lifetime is reached at 24 months for PRCS and 33 months for PSS.

Figure 6-4 shows the hazard function for offenders of the PRCS and PSS population individually. The graph presents a very complex distribution of risk where it is not possible to detect a regular pattern. It is apparent that there is a gradual decrease over time except for a slight jump at the 33rd month, especially for PSS.

³⁴ n = 821



Figure 6-3. Survival function of the proportion of PRCS and PSS offenders without a conviction after 1 to 36 months

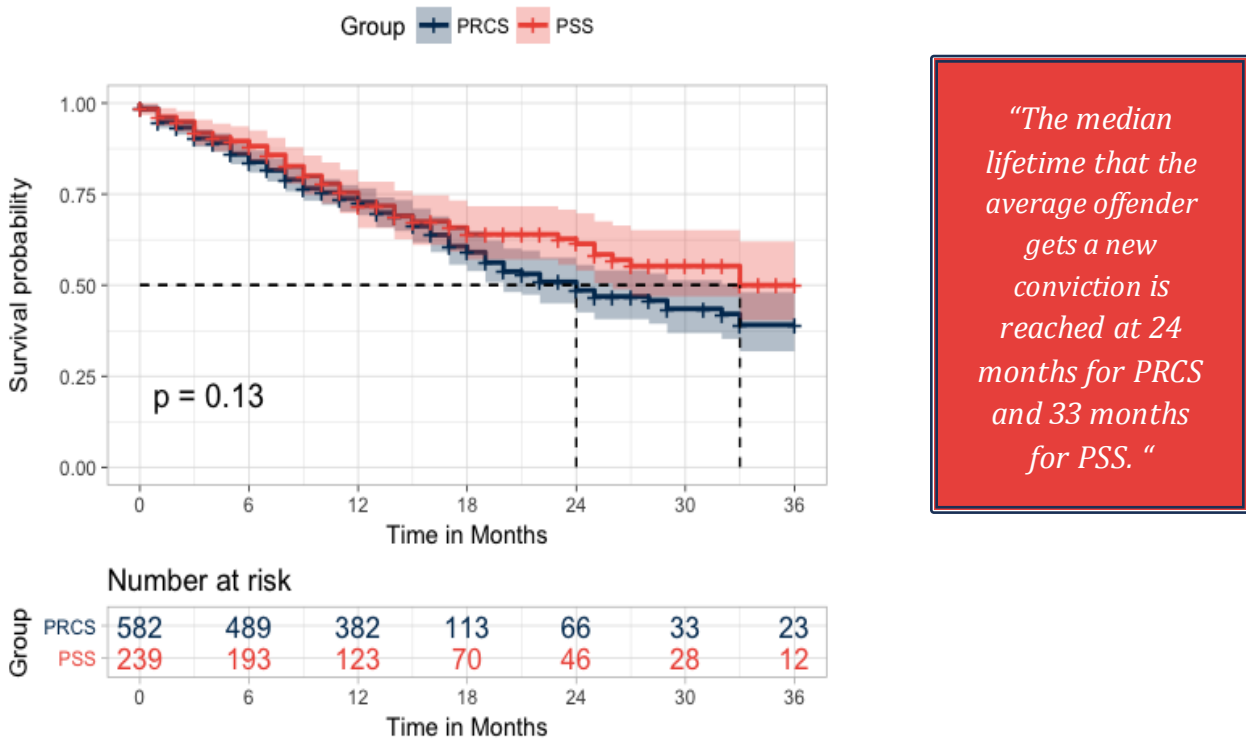
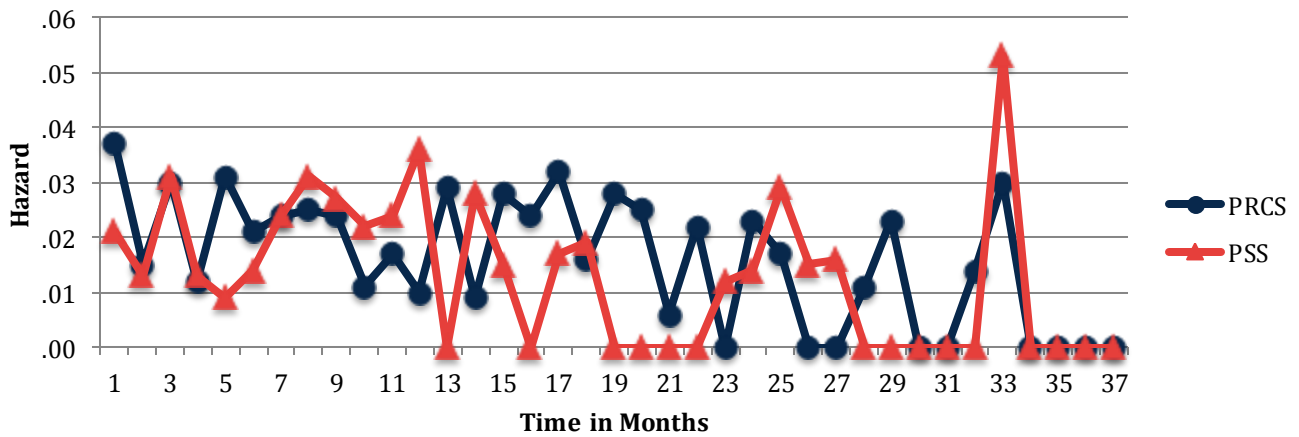


Figure 6-4. Hazard function of the proportion of PRCS and PSS offenders without a conviction after 1 to 36 months



“There is a gradual decrease over time except for a slight jump at the 33rd month, especially for PSS.”

Survival and Hazard Function by Individual Characteristics

Survival Analysis can determine if there are different hazard and survival functions based on particular individual characteristics. We displayed the hazard function in different groups and observed the differences in patterns of risk across these groups. Variables considered for the PRCS population were cohort (2012/12 vs. 2014), age (under and over 35 years old), whether clients attended residential services, and drop in programs. Variables considered for the PSS population were cohort, age, vocational services and drop in programs. It should be noted that substance abuse was not controlled for in the following analyses.

Survival Analysis for PRCS Individual Characteristics

PRCS Cohort Survival. Figure 6-5 shows the survival curve for the PRCS population using clients from the 2012 and 2013 cohorts together in one group and clients from the 2014 cohort in the other group. This allows us to examine how the 2014 cohort is doing in contrast to the 2012/2013 cohorts. The figure indicates that the 2014 cohort has a slightly less steep trajectory, although non-significant, up until 17 months and actually overtakes the 2012/13 curve at 27 months. Median lifetimes for the two groups are nearly identical with 22 months for the 2012/13 cohort and 24 months for the 2014 cohort. Figure 6-6 shows the hazard function for the 2012/13 and 2014 cohorts. The figure indicates that the 2014 group has 5 distinct increase in probability of reoffending at the 5th, 17th, 20th, 24th and 28th month, whereas the 2012/13 cohort appears to indicate a more gradual decline in the hazard probabilities over time.

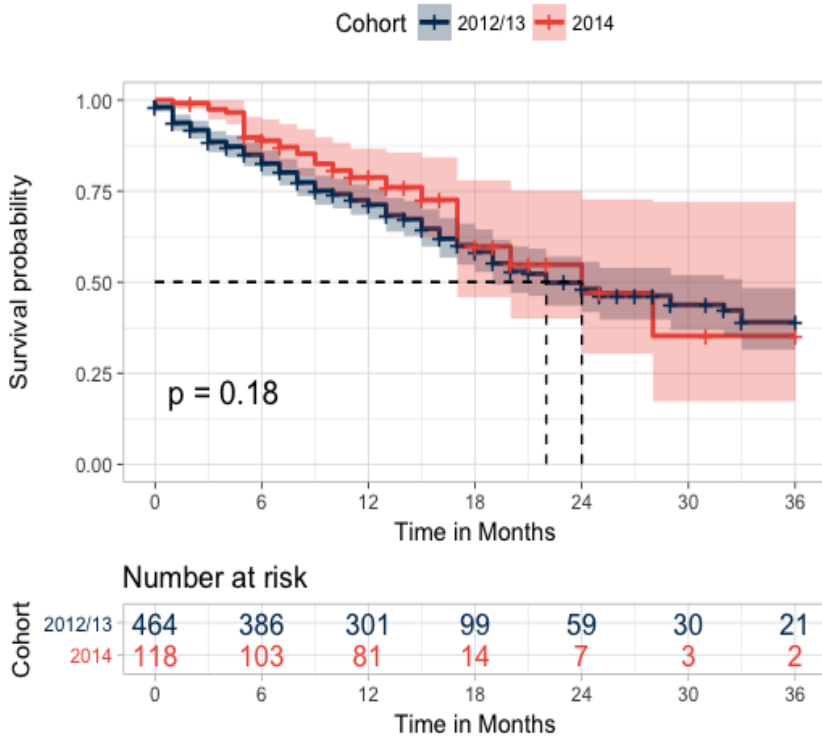
PRCS Age Survival. Figure 6-7 shows the survival curve for the PRCS population with respect to clients who are under or over the age of 35. The figure clearly and significantly indicates a more steep decrease in survival for those who are under 35 years old. The median lifetimes are indicated at 13 months for those less than 35 years of age and 25 months for those over 35 years of age. Figure 6-8 shows the hazard function for those under and over 35 years of age. The PRCS age figure for those under age 35 indicates a gradual decrease for the first 12 months, an increase from 13th to the 19th month, and then settling until a peak at the 33rd month. For those who are over 35, the figure indicates a rather steady probability of reoffending up until 21 months, after which there are 3 peaks of recidivism at 22, 29, and 32 months.

PRCS Residential Services Survival. Figure 6-9 shows the survival curve for those in the PRCS population who either attended residential services or did not attend. The figure indicates a significant difference in trajectory with those who attended residential having a sharper decline in survival as opposed to those who did not attend. Median lifetime reflects this trend with those who did not attend reaching this point at 16 months and those who did attend reaching this point at 29 months. Figure 6-10 shows the hazard function for those who attended residential services and those who did not. The figure suggests that those who attended had an increase chance of reoffending in the 1st month and at 5 months. However, there is a gradual decline over time for this group. For those who did not attend, the figure indicates a slight decline during the first year and more sporadic hazard of recidivism taking place over the last 2 years.

PRCS Drop in Program Survival. Figure 6-11 shows the survival curve for PRCS offender who either attended at least one drop in program or not. The results indicate a significant difference in trajectories with those who attended drop in programs recidivating more often than those who did not attend. Median lifetime for those who attended drop-in programs was at 17 months and 25 months for those who did not attend. Figure 6-12 shows the hazard function for these two groups. The figure reflects an increased hazard of recidivism in the first month for those who utilized at least on drop in program but shows a gradual decrease in hazard for the remainder of the 36 months. The data reflects a messy but steady hazard over the entire term.

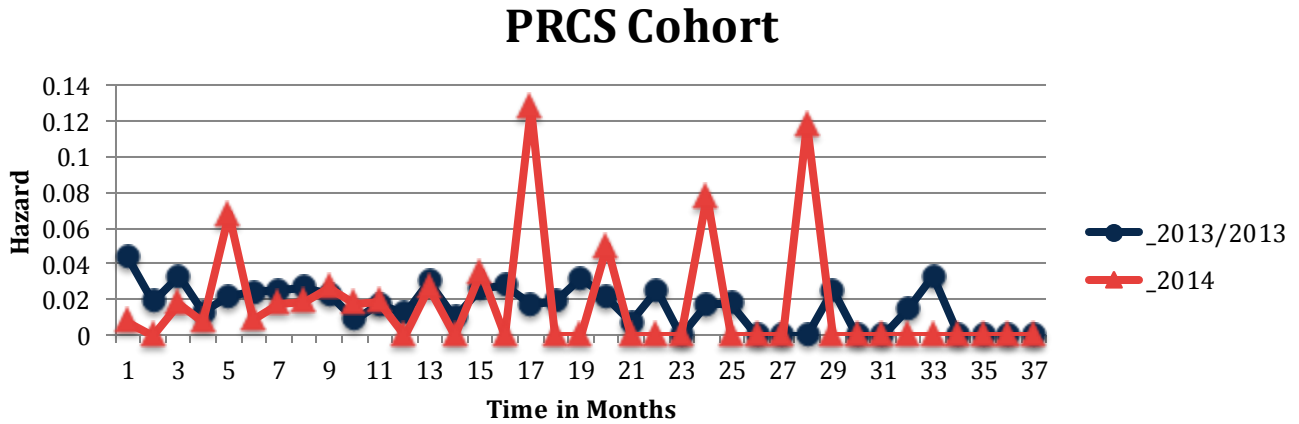


Figure 6-5. Survival function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for 2014 Cohort and the 2012/13 Cohorts



“Median lifetimes for when the average offender gets a new conviction are nearly identical for the two groups with 22 months for the 2012/13 cohort and 24 months for the 2014 cohort.”

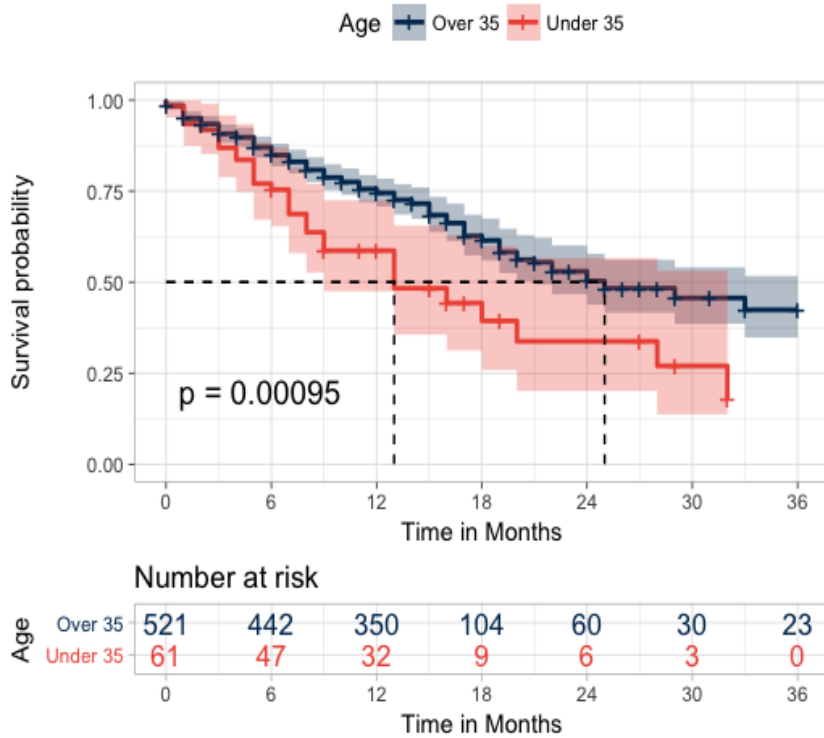
Figure 6-6. Hazard function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for 2014 Cohort and the 2012/13 Cohorts



“The 2014 group has 5 distinct increases in probability of reoffending at the 5th, 17th, 20th, 24th and 28th month, whereas the 2012/13 cohort appears to indicate a more gradual decline in the hazard probabilities over time.”

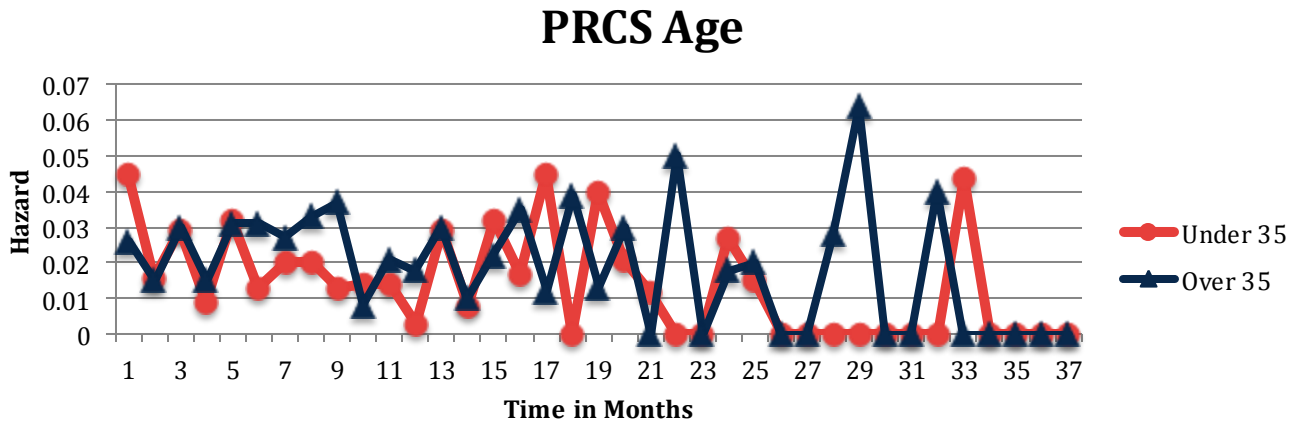


Figure 6-7. Survival function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients under and over 35 years of age



“The median lifetimes are indicated at 13 months for those less than 35 years of age and 25 months for those over 35 years of age.”

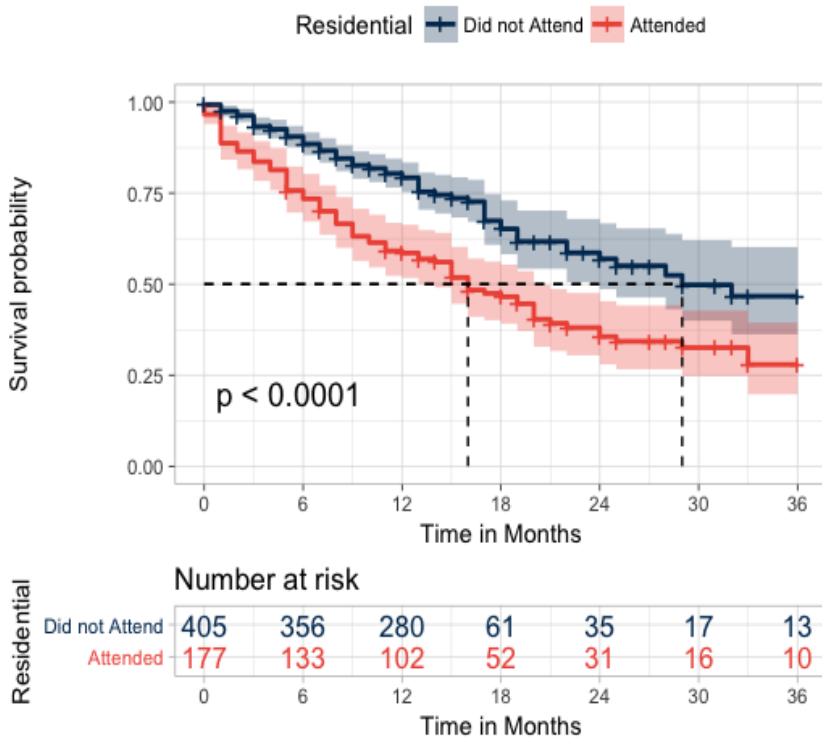
Figure 6-8. Hazard function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients under and over 35 years of age.



“The PRCS age figure for those under age 35 indicates a gradual decrease for the first 12 months, an increase from 13th to the 19th month, and then settling until a peak at the 33rd month.”



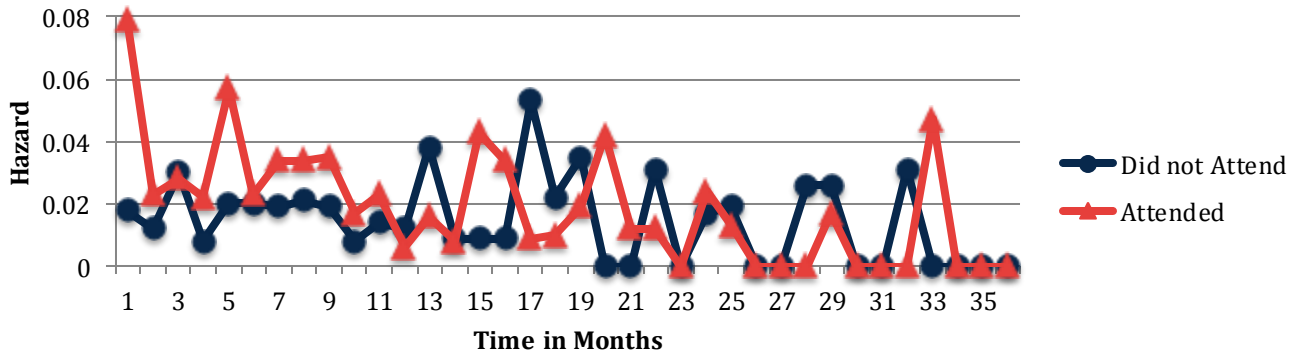
Figure 6-9. Survival function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients who did not attend residential services and those who attended



“The figure indicates a significant difference in trajectory with those who attended residential having a sharper decline in survival as opposed to those who did not attend.”

Figure 6-10. Hazard function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients who did not attend residential services and those who attended

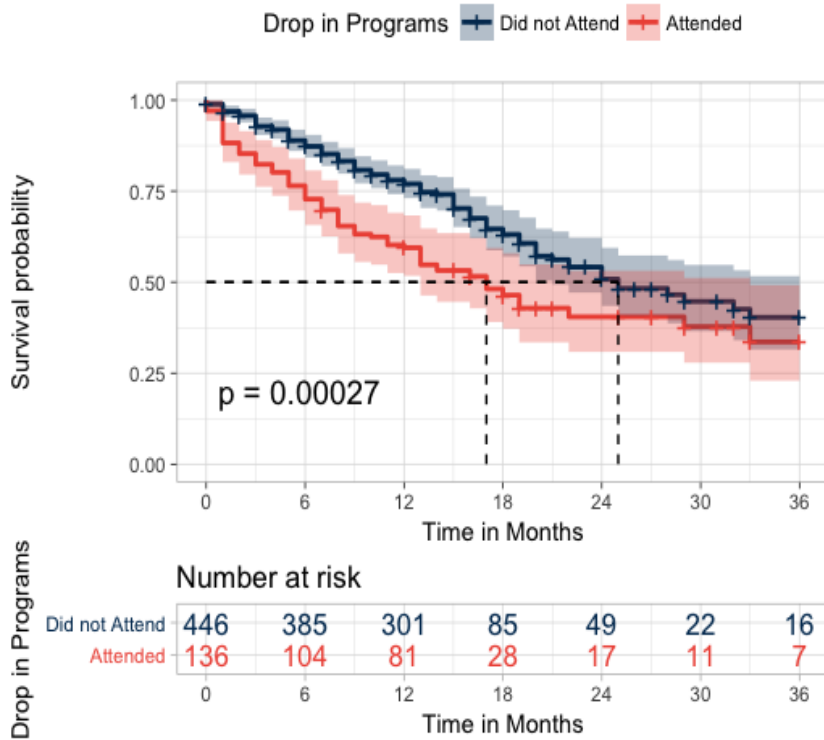
PRCS Residential



“The figure suggests that those who attended had an increase chance of reoffending in the 1st month and at 5 months. “



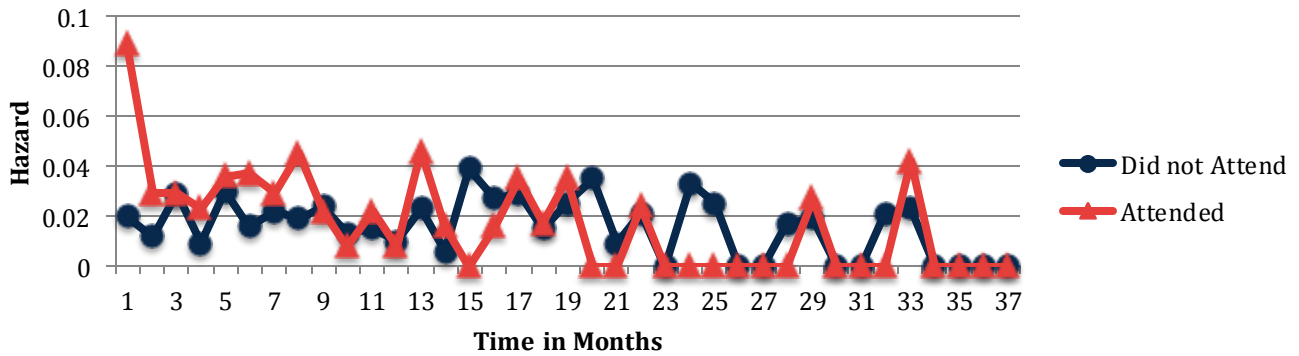
Figure 6-11. Survival function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients who did not attend drop in services and those who attended



“Median lifetime for those who attended drop-in programs was 17 months and 25 months for those who did not attend.”

Figure 6-12. Hazard function. Cumulative proportion of PRCS offenders without a conviction after 1 to 36 months for clients who did not attend residential services and those who attended

PRCS Drop in Programs



“The figure reflects an increased hazard of recidivism in the first month for those who utilized at least on drop in program but shows a gradual decrease in hazard for the remainder of the 36 months.”



Survival Analysis for PSS Individual Characteristics

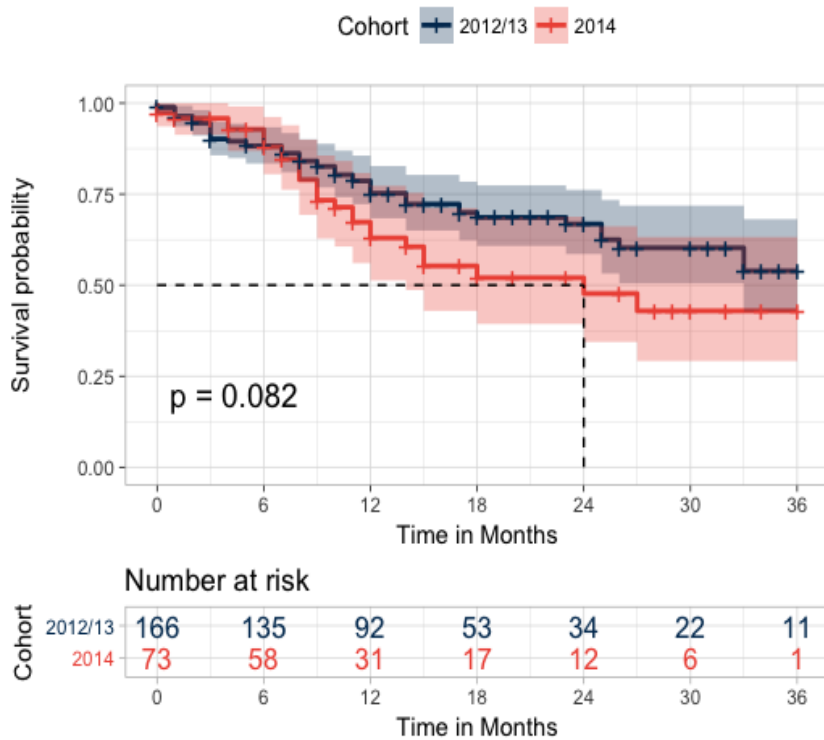
PSS Cohort Survival. Figure 6-13 shows the survival curve for the PSS population utilizing the 2012 and 2013 cohorts in one group and offenders from the 2014 cohort in the other group. The figure indicates that the 2014 cohort has a slightly less steep trajectory of probability of reoffending within the first 6 months. After six months the 2014 cohort overtakes the 2012/13 cohort for the remaining 30 months approaching significance. The 2014 cohort has a median lifetime of 24 months, and the 2012/13 cohort does not reach the median within 36 months. Figure 6-14 shows the hazard function for these PSS cohorts. The figure indicates that the hazard probability of reoffending for the 2014 cohort increases over the first 9 months and is inconsistent up until the 28th month. After which there is no probability of reoffending after the 28th month for this group. The 2012/13 cohort shows a slight decline in hazard with 2 peaks at the 25 month and 33 month points.

PSS Age Survival. Figure 6-15 shows the survival curve of the PSS population for those who are under or over the age of 35. The figure indicates a slightly sharper, yet non-significant decrease in survival for those who are under 35 years old. However, the gradual decline for both groups does not reach the median lifetime. Figure 6-16 shows the hazard function for PSS offenders under and over 35 years of age. The hazard function indicates a cessation of recidivism at month 25 for offenders over the age of 35. The function shows sharp upticks in hazard for offenders less than 35 years of age at the 8th, 11th, 12, 25th and 33rd month. Also notably for this group is a lack of recidivism between 16 and 24 months.

PSS Drop in Program Survival. Figure 6-17 shows a survival curve (similar to PRCS) for offenders who either attend at least on drop in program or not. The result of the analysis indicates a significant difference in survival for the two groups. A small distinction between the PSS and PRCS groups is that the difference in survival increases toward the end of the 36 months for the PSS group whereas this difference decreases towards the end of the 36 months for the PRCS group (see Figure 6-10). Figure 6-18 shows the hazard function for the PSS offenders who either attended drop in programs or not. The function for those who did not attend shows no hazard after the 19th month save for on uptick during the 27 month. For the group that attended drop in services, the hazard function indicates a general decrease over the first 22 months with two severe increases in hazard at the 25th and 33rd month.



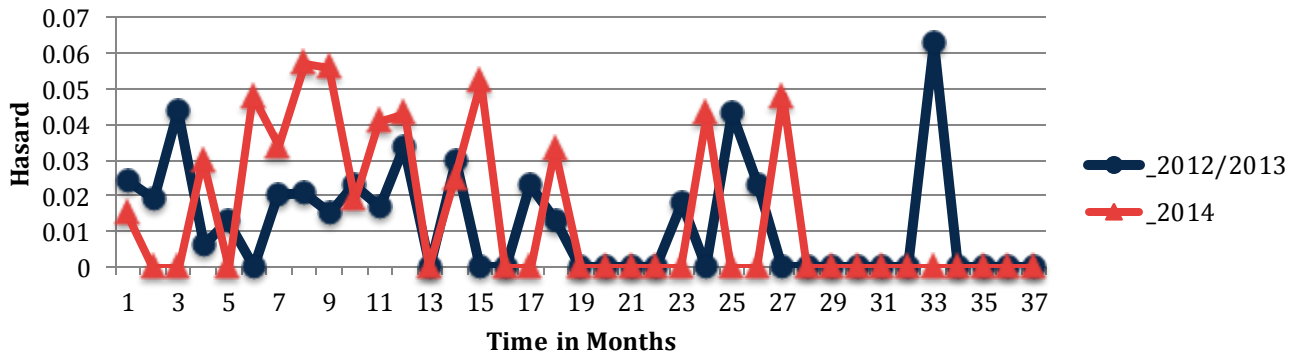
Figure 6-13. Survival function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for 2014 Cohort and the 2012/13 Cohorts.



“The 2014 cohort has a median lifetime of 24 months, and the 2012/13 cohort does not reach the median within 36 months.”

Figure 6-14. Hazard function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for 2014 Cohort and the 2012/13 Cohorts.

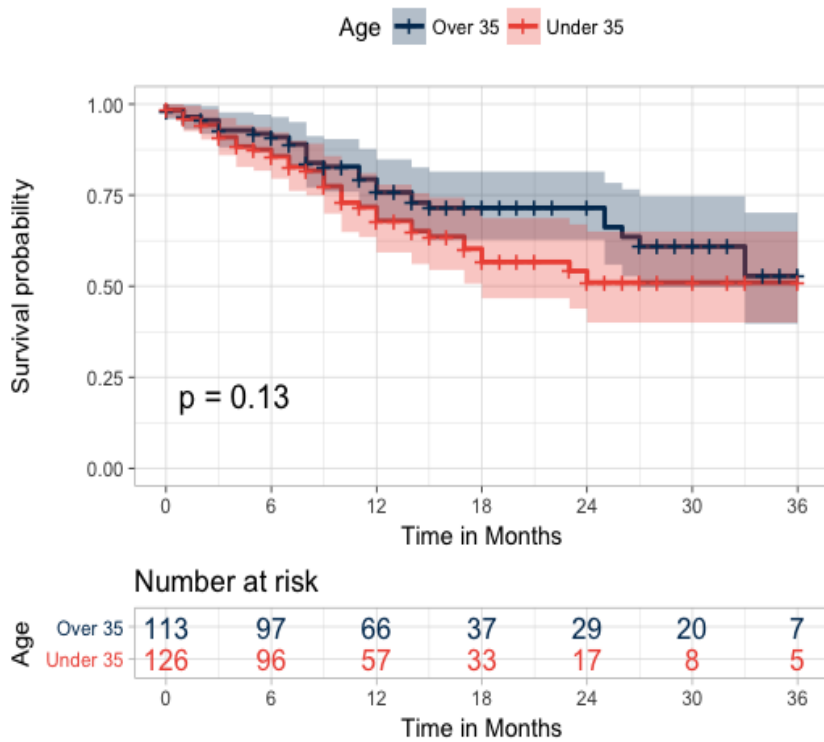
PSS Cohort



“The figure indicates that the hazard probability of reoffending for the 2014 cohort increases over the first 9 months and is inconsistent up until the 28th month.”

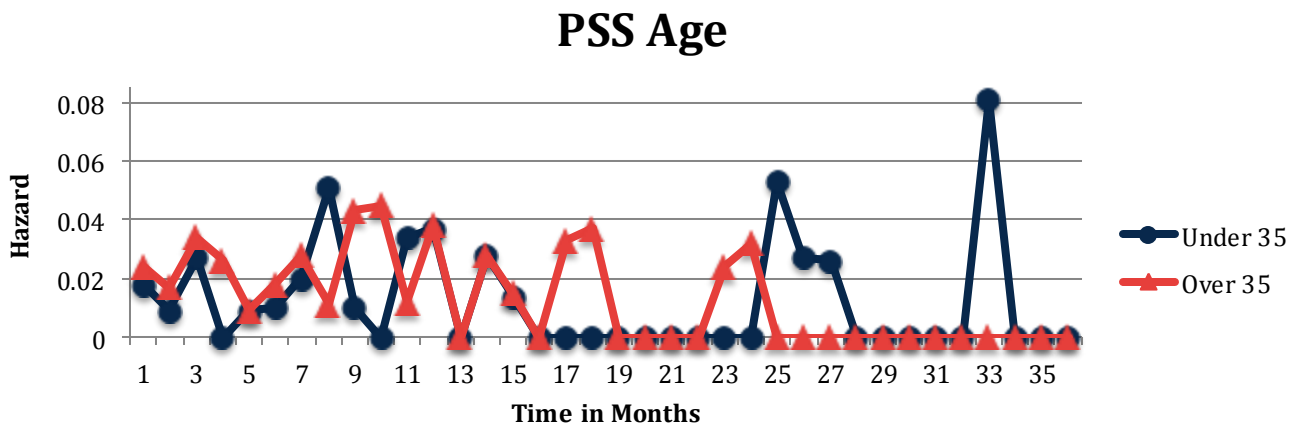


Figure 6-15. Survival function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for clients under and over 35 years of age.



“The figure indicates a slightly sharper, yet non-significant decrease in survival for those who are under 35 years old.”

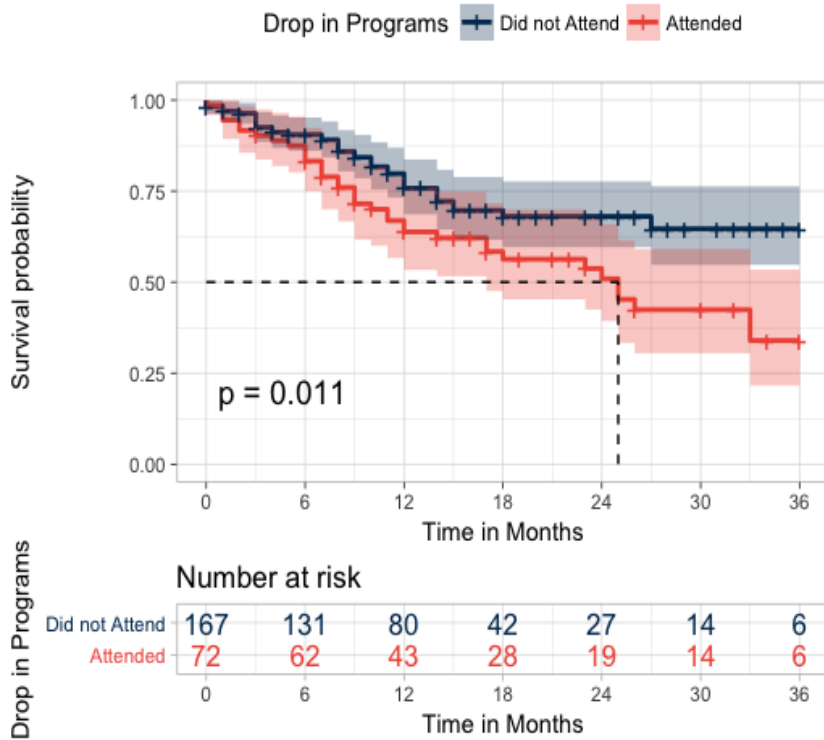
Figure 6-16. Hazard function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for clients under and over 35 years of age.



“The function shows sharp upticks in hazard for offenders less than 35 years of age at the 8th, 11th, 12, 25th and 33rd month.”



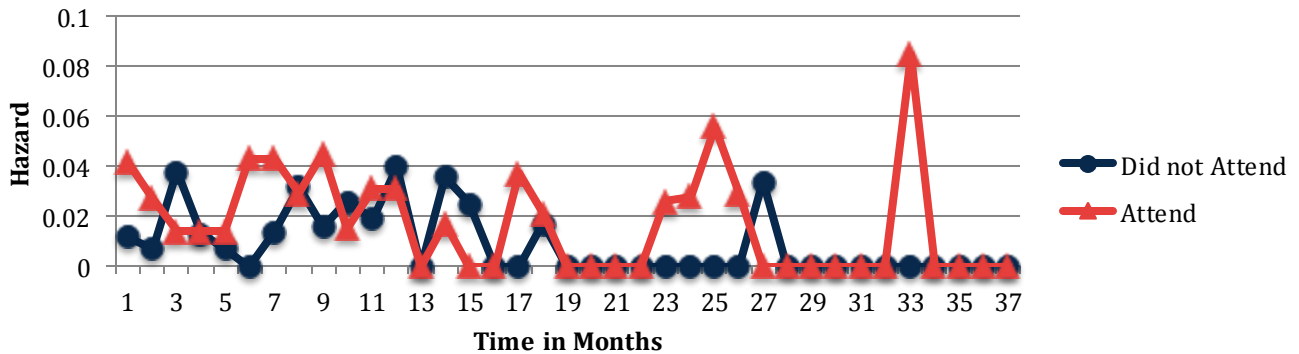
Figure 6-17. Survival function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for clients who did not attend drop in services and those who attended.



“The result of the analysis indicates a significant difference in survival for the two groups.”

Figure 6-18. Hazard function. Cumulative proportion of PSS offenders without a conviction after 1 to 36 months for clients who did not attend drop in services and those who attended.

PSS Drop in Programs



“For the group that attended drop in services, the hazard function indicates a general decrease over the first 22 months with two severe increases in hazard at the 25th and 33rd month. ”



Discussion and Implications

Survival analysis was utilized to estimate the time it takes for clients to reoffend and the factors associated with when clients are reoffending. This technique is useful in predicting factors even though offenders have exited at various time points. Results indicated that 50% of clients who exited PRCS and PSS clients had reoffended at some point up to the 26th month. Interestingly, by the 11th month post-release, 25% of clients had reoffended indicating that the first 11 months after an offender has been released are a critical period for targeted recidivism deterrence.

PRCS analysis indicated significant differences in recidivism for age (under and over age 35) with peaks at the 22nd and 29th months. Interestingly there were also significant difference for the residential (attended or not) and drop in program (attended or not) groups. Both hazard functions showed similar patterns with peak hazard within the 1st month for those who attended the services. There was no significant difference for cohort (2012/13 vs. 2014).

For PSS there were no significant differences for cohort (2012/13 vs. 2014) and age (under and over age 35) indicating that they have similar rates of recidivism over time. Similar to PSS there was significance for drop in programs for those who attended services with the function showing increased hazard at the 25th and 33rd month

There are caveats regarding residential, vocational, and drop-in programs. The differences observed may be influenced by other aspects of the offenders' experience (e.g., if they are referred to services, if and when they receive treatments, what kind of treatment, how many, when, etc.).

7. SELF-REPORTED CLIENT CHARACTERISTICS

Purpose

In this years report, realigned clients were surveyed in a collaborative attempt to gather more data on client perceptions of *Case Plan, Sanctions, Rewards*, and the *Probation Officer (PO) relationship*. The intention was to examine clients' self-report perceptions in order to provide feedback to probation for these areas.

Implementation

All clients in Realignment who were under community supervision at some point during their term (i.e., PRCS and 1170[h][b] clients) were eligible to receive the survey, which was completed on kiosks at the Probation Report and Resource Centers (PRRC) during the check-in process to meet with their probation officers. Clients were administered the survey one time between March and June 2018 (N=199). The present survey included questions on demographics, enrollment in services, day-to-day-logistic struggles faced by the clients, internal assets, working alliance with their probation officer, and criminal thinking.

6.A. Overall Prevalence of Self-Reported Client Characteristics

Demographics

A total of 199 realigned clients completed the survey at the kiosk between March and June 2018³⁵. However, three clients selected "*declined to answer*" for most of the survey and thus removes. The final sample consisted of N=196 clients.

Table 7-1 outlines the demographic information self-reported by realigned clients. Most clients reported that they were living in a residential/sober living (48%); were equally likely to be working full time (38%) or unemployed (37%) and the most common highest level of education was 12th grade/GED (48%).

³⁵ That completed the English form of the survey. Several clients also completed the survey more than one time, but only their first response was retained for the current analyses. Subsequent responses are being collected for future time-sequence analyses.

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Table 7-1. Client self report of living arrangement, employment status, and education level

Question	N	Percentage	Response Choices
1. Where are you living RIGHT NOW?	20	10.2%	With a partner
	21	10.7%	With family
	5	2.6%	With friends
	28	14.3%	Alone
	19	9.7%	No stable housing
	94	48.0%	Resident/sober living
	9	4.6%	Homeless
2. What is your employment status RIGHT NOW (e.g., do you have a job, or some other form of income)?	74	37.8%	Full time (35+ hours a week)
	28	14.3%	Part-time
	15	7.7%	Student
	7	3.6%	Retired/disability
	72	36.7%	Unemployment
3. What is the highest level of education you have FINISHED ?	1	.5%	3 rd grade
	---	---	4 th grade
	---	---	5 th grade
	1	.5%	6 th grade
	---	---	7 th grade
	1	.5%	8 th grade
	8	4.1%	9 th grade
	12	6.1%	10 th grade
	29	14.8%	11 th grade
	50	25.5%	12 th grade (graduated high school)
	44	22.4%	GED
	39	19.9%	Some college
	8	4.1%	College degree
3	1.5%	Graduate degree	

Note: N=196, --- = no response.

Table 7-2 outlines client self-report of their perceptions of the supervision case plan. The vast majority of clients reported that they *agreed* (i.e., *slightly agree* or *strongly agree*) to all of the positively-worded statements reflecting that clients felt they knew what their case plan entailed, felt their case plan was reasonable and realistic, and felt that there were measurable goals in their case plan (between 85% -95% of clients agreed to all statements). This suggests that clients feel included in the creation of their case plan and clearly understand what their case plan are for Realignment supervision.

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Table 7-2. Self reported client perceptions of their supervision case plan (percentage and N per each response)

Question	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Does Not Apply	Decline to Answer
4. When I started probation, my probation officer talked to me about my case plan	8% (15)	5% (9)	27% (52)	61% (120)	0% (0)	0% (0)
5. I know my weekly goals.	7% (13)	4% (7)	18% (35)	72% (141)	0% (0)	0% (0)
6. I am clear about what is expected of me.	4% (8)	3% (6)	13% (25)	80% (157)	0% (0)	0% (0)
7. My treatment plan has reasonable objectives.	5% (9)	6% (12)	22% (44)	67% (131)	0% (0)	0% (0)
8. I have made progress toward my treatment program goals.	4% (7)	5% (10)	20% (40)	71% (139)	0% (0)	0% (0)
9. I understand the important aspects of my case plan.	2% (4)	3% (6)	21% (42)	74% (144)	0% (0)	0% (0)
10. My case plan was developed with my input.	7% (14)	8% (16)	31% (60)	54% (105)	0% (0)	<1% (1)
11. My case plan includes clear and measurable goals.	4% (7)	6% (11)	27% (53)	63% (124)	0% (0)	<1% (1)
12. My case plan is attainable and realistic.	3% (5)	7% (14)	27% (52)	63% (124)	0% (0)	<1% (1)

Note: N=196

Table 7-3 outlines client self-report of their perceptions of sanctions and deterrence methods experienced while on supervision. Only a small minority of clients reported that they **disagreed** (i.e., either *slightly disagree* or *strongly disagree*) that: they were informed of sanctions and consequences (13%), that they felt clear on what sanctions they will receive for an offense (9%), they receive sanctions soon after negative behavior (10%), sanctions/consequences make them want to change their behavior (10%), GPS is effective and preventing reoffending (24%), that drug testing helps to avoid substance use (18%), and that when they do not do well they receive the same sanctions (12%). The inverse of these questions implied that clients either agreed (i.e., *slightly agree* or *strongly agree*), or that they felt the statement did not apply to them (e.g., if they had not received sanctions). Aside from the first question (i.e., someone told them about consequences when they first began probation) only a very small fraction of clients indicated that they declined to answer each question. The client feedback indicates that generally clients feel informed about sanctions, consequences, and when they will receive those consequences. However, they indicated less agreement that GPS and drug testing prevented reoffending and substance use (respectively), though the percentage of clients dissenting to these questions was still in the minority.

Table 7-4 outlines client self-reports of sanctions they have ever received, and specifically which were identified to be motivating/not motivating. The results indicate that clients appeared to feel that the same sanctions were motivating and not motivating, depending on the client. This data suggests that responses to client behavior may benefit from being somewhat tailored to that client's needs, strengths, and weaknesses.

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Table 7-3. Client self reported perceptions of sanctions/deterrence (percentage and N per each response)

Question	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Does Not Apply	Decline to Answer
13. When I started probation someone told me what sanctions and consequences were.	6% (11)	7% (14)	26% (52)	49% (124)	0% (0)	13% (35)
14. It is clear to me what sanctions I will receive for an offense.	4% (8)	5% (9)	24% (47)	54% (106)	13% (25)	<1% (1)
15. I receive sanctions soon after negative behavior.	5% (9)	5% (10)	23% (45)	42% (83)	25% (48)	<1% (1)
16. Sanctions/consequences make me want to change my behavior.	4% (9)	6% (10)	18% (45)	51% (83)	20% (48)	<1% (1)
17. GPS is effective at preventing me from reoffending.	16% (8)	8% (11)	20% (36)	21% (100)	33% (40)	<1 % (1)
18. Drug testing helps me avoid substance use.	8% (31)	10% (16)	23% (40)	38% (42)	19% (65)	1% (2)
19. When I do not do well, I feel that I receive the same sanctions.	7% (16)	5% (20)	29% (45)	29% (75)	30% (38)	1% (2)

Note: N=196

Table 7-4. Detailed breakdown of perceptions of sanctions

Question	Yes	No
20. Have you ever received a sanction?	35.2%, n=69	63.8%, n=125
Follow-Up Questions	Detailed Response	
21. If yes, what sanction(s)?	Detox Don't know Drug Testing Flash Jail	Meetings Revocation Sober living Violation
22. What sanction(s) are most motivating?	Classes Don't know Jail, Flash Meetings None Programs, SCRAM	Residential Talked to about goals Treatment Violations Vocational
23. What sanction(s) are least motivating?	All are motivating Drug testing Extending probation Groups Jail, Flash	Meetings Programs Reprimanding The pill Violations

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Table 7-5 outlines client self-report of their perceptions of their experiences with rewards and incentives while on supervision. For all rewards/incentives questions, a large portion of clients (28%-45%) indicated that the question did not apply to them; this is presumably due to their perception that they had not experienced any rewards or incentives while on supervision. A very small fraction of clients (1%-2%) declined to answer each of the questions. A smaller proportion of clients reported that they *disagreed* (i.e., either *slightly disagree* or *strongly disagree*) versus *agreed* (i.e., either *slightly agree* or *strongly agree*) that: they were informed of incentives at the start of probation (20% disagreed, 49% agreed), that they felt clear on what reward they will receive for reaching a milestone (18% disagreed, 53% agreed), they feel rewards are motivating to them (9% disagreed, 61% agreed), they receive rewards more than sanctions (16% disagreed, 38% agreed), and that they feel they receive the same rewards as other probationers when they do well (12% disagreed, 45% agreed). The client feedback indicates that clients may feel less informed about rewards/incentives than they do about sanctions, including how to earn them. Clients also appear to not feel that they have had nearly as many experiences with rewards/incentives as they have with sanctions. However, clients did report that they feel rewards are strongly motivating to them. The results suggest that Probation may benefit from spending more time explaining rewards/incentives to clients and finding ways to “catch clients doing good” so that they will have more experiences with rewards, which clients have indicated may be extremely motivating to them.

“For all rewards/incentives questions, a large portion of clients (28%-45%) indicated that the question did not apply to them; this is presumably due to their perception that they had not experienced any rewards or incentives while on supervision.”

Table 7-5. Self reported perceptions of Rewards/Incentives (percentage and N per each response)

Question	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Does Not Apply	Decline to Answer
20. At the beginning of my probation terms someone told me what incentives were.	13% (25)	7% (14)	20% (39)	29% (56)	31% (60)	1% (2)
21. It is clear to me what reward I will receive for reaching a milestone.	10% (19)	8% (16)	15% (29)	38% (75)	28% (55)	1% (2)
22. Rewards are motivating to me.	5% (10)	4% (7)	13% (25)	48% (94)	30% (58)	1% (2)
23. I receive more rewards than sanctions.	8% (16)	8% (15)	11% (21)	27% (53)	45% (88)	2% (3)
24. When I do well, I feel that I receive the same rewards as other probationers.	6% (11)	6% (11)	12% (24)	33% (64)	42% (83)	2% (3)

Note: N=196

“The client feedback indicates that clients may feel less informed about rewards/incentives than they do about sanctions, including how to earn them. Clients also appear to not feel that they have had nearly as many experiences with rewards/incentives as they have with sanctions. However, clients did report that they feel rewards are strongly motivating to them .”

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Table 7-6 outlines client self-reports of rewards/incentives they have ever received, and specifically which were identified to be motivating/not motivating. Similar to the detailed sanctions feedback, the results indicate that clients appeared to feel that the same rewards were motivating and un-motivating, depending on the client. However, clients appeared to identify more rewards that they preferred or benefited from than they did with the sanctions, indicating that the Probation department may have a wider breadth of strategies to draw from for incentivizing and rewarding clients, per best practices. This data also suggests that responses to client behavior may benefit from being somewhat tailored to that client’s needs and preferences.

Table 7-6. Detailed breakdown of perceptions of rewards.

Question	Yes	No
29. Have you ever received a reward?	27.6%, n=54	69.9%, n=137
Follow-Up Questions	Detailed Response	
30. If yes, what reward(s)	Back pack Certificate of completion Endless verbal praise Food card Gift card GPS taken off	Help paying for Christmas gifts Help paying for school books R & R Removal of SCRAM Tools Treasure chest
31. What reward(s) are most motivating?	Anything Cash Certificates Complements Completing/Freedom Food card	Getting off groups Having GPS removed Staying Clean Staying out of jail Verbal Praise
32. What reward(s) are least motivating?	5\$ Gift Cards Don't know/Not relevant Getting nothing Going back to Jail	Staying on probation Treasure chest Verbal Rewards
33. What reward(s) would you prefer?	Anything Being left alone Bus Passes Discharge GPS removed	None Patience Rewards that mean something Verbal praise

Table 7-7 outlines client self-report of their perceptions of their relationship with their probation officer. For all questions, a fraction of clients (0 to <1%) indicated that the question did not apply to them, and a small portion of clients (11%-27%) declined to answer the questions. A smaller proportion of clients reported that they *disagreed* (i.e., either *slightly disagree* or *strongly disagree*; 3%-9%) versus *agreed* (i.e., either *slightly agree* or *strongly agree*; 64%-83%) regarding all of the positively-worded statements about their relationship with their probation officer. The client feedback indicates that clients generally feel as if their PO and them have a good relationship, their PO cares about them and supports them in various aspects of their life, their PO is respectful, and they work together on the supervision plan and case management. However, there are a number of clients who declined to answer the questions. Coupled with the clients who dissented to the statements, over one-third of clients did not agree or provide information on some of the questions, indicating that a portion of clients may not have a positive relationship with their PO. This may represent a subset of clients who are struggling, receiving sanctions for noncompliance, or who

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have had long-standing relationships in the criminal justice system. Future reports would benefit from linking client responses to more in-depth client data in order to further investigate relationships of other variables to their relationship with their PO for this subset of clients.

Table 7-7. Self reported perceptions of Probation Officer relationship (percentage and N per each response)

Question	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Does Not Apply	Decline to Answer
34. My PO spends a reasonable amount of time with me during visits	5% (9)	4% (7)	16% (31)	57% (112)	<1% (1)	18% (36)
35. My PO and I work together to help me complete probation successfully	4% (8)	3% (6)	17% (34)	60% (117)	<1% (1)	15% (30)
36. My PO treats me respectfully when we meet.	4% (7)	3% (5)	7% (13)	76% (148)	<1% (1)	11% (22)
37. My PO is knowledgeable	3% (6)	2% (3)	10% (20)	70% (137)	<1% (1)	15% (29)
38. My PO listens to me	5% (9)	2% (4)	12% (23)	67% (131)	<1% (1)	14% (28)
39. My PO lets me know how I am doing on probation	3% (6)	2% (4)	12% (24)	69% (136)	<1% (1)	13% (25)
40. My probation experience is helping me to stay out of trouble	3% (6)	6% (11)	17% (34)	57% (111)	<1% (1)	17% (33)
41. My PO has worked with me in determining what things I want to work on	3% (5)	3% (6)	13% (25)	66% (130)	0% (0)	15% (30)
42. My PO compliments me when I make good decisions	3% (6)	3% (7)	9% (18)	64% (126)	<1% (1)	19% (38)
43. I trust my PO	3% (7)	5% (10)	15% (29)	57% (111)	<1% (1)	19% (38)
44. My PO is optimistic about my future	2% (3)	5% (10)	14% (28)	53% (104)	0% (0)	26% (51)
45. My PO assists me in finding services	2% (3)	6% (12)	11% (22)	61% (119)	<1% (1)	20% (39)
46. My PO cares about me.	4% (7)	5% (10)	12% (24)	52% (102)	0% (0)	27% (53)
47. My PO motivates me.	4% (7)	4% (7)	13% (26)	57% (112)	0% (0)	22% (44)
48. My PO helps me with new skill needed to be successful on probation.	3% (6)	4% (8)	13% (26)	56% (109)	0% (0)	24% (47)
49. My PO holds me responsible for things I do wrong.	2% (4)	1% (2)	10% (20)	64% (126)	<1% (1)	22% (43)
50. My PO is fair.	3% (6)	2% (4)	9% (18)	64% (125)	0% (0)	22% (43)

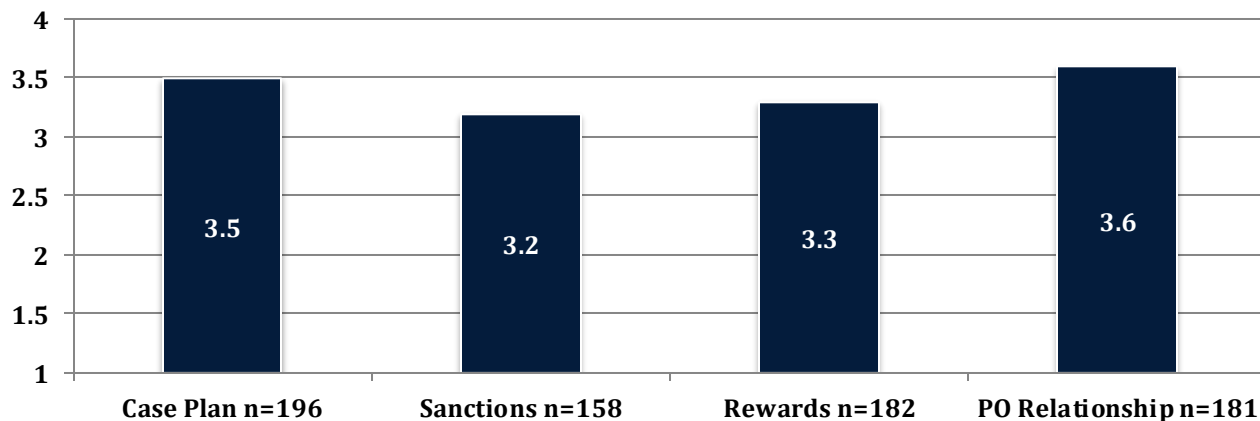
Note: N=196

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Figure 7-1 highlights the mean values for each category. Detailed statistics of clients' responses to individual questions are below. Response categories were 1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Disagree.

Figure 7-1. Mean levels of self reported perceptions of case plan, sanctions, rewards, and PO relationship.





FUTURE DIRECTIONS

Since implementation of Realignment, Probation has increased client access to various services designed to address needs, reduce risks, and enhance strengths. Future evaluation efforts could begin to focus on the effectiveness of individual services including adherence to process and fidelity. Probation could potentially consult with service agencies about opportunities to collect pre- and post-test data to later be analyzed in terms of future recidivism behavior.

Consumer surveys provide a means for collecting data from a source other than criminal justice indicators. Probation may want to explore the association of consumer survey data with services and recidivism. Consumer survey data collection provides an opportunity to track client opinions and experiences and may expand the scope of responsivity factors considered along with client risks and needs.

Realignment efforts include connecting clients to needed treatments. Future evaluations may want to assess the success of programs that treat these identified needs.

DATA CONSIDERATIONS

General Considerations

The following data considerations should be made across all of the analyses provided in the present report:

1. Criminal justice research typically requires many years of data collection to capture the complete picture of the impact of legislations such as Realignment on client recidivism and public safety.
2. Programmatic data are only provided for clients who have already been exited from PRCS or PSS supervision; data on clients still completing their term are not included.
3. Data is reported on clients who have at least three years post-release from incarceration from their Realignment commitment offense, regardless of which Realignment group they derive from.
4. Time-related recidivism data are not reflective of the time the recidivism occurred, but rather when the individual was convicted of the crime.
5. The present data reflect new convictions within Santa Barbara County only.

Definitions of Recidivism

Enough time has passed since adoption of Realignment in October 2011 that Santa Barbara County can start to examine and track the state definition of Recidivism. In addition to attending to the state definition of recidivism (#1), definition #2 provides a sense of how clients are doing while on supervision. In this report, two measures of Recidivism were reported on:

1. New misdemeanor or felony conviction during period of supervision
2. New misdemeanor or felony conviction within three years post release from incarceration for Realignment commitment offense

STATE DEFINITION: The success of Realignment is based on the recidivism rates of Realignment clients (<http://www.bscc.ca.gov/downloads/Recidivism%20Defintion%20Press%20Release.pdf>). The definition below is required for comparison purposes although supplemental measures may also be used:

“Recidivism is defined as conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.”

Cohort Years for PRCS

“Cohort years” were established in order to also track recidivism trends over time. Only cohorts with three or more years since release are included in analysis. Table D-1 provides details on the number of clients that are included within each cohort year, as well as what time periods are represented within each cohort year. Note that the column “time period of release” among cohorts will never change; instead, new cohorts will be added in as more has elapsed. The 2015 cohort and later cohorts are not reported on at this time, as not all clients in those cohorts will have valid

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completion data and three years post-release from incarceration. As complete data is available on each cohort, those cohorts will then be added into the analyses.

Table D-1. Explanation of cohort years among Realignment clients

Release Year	PRCS N	PSS N	1170(h)(a) N	Current Time Since Release	Time Period of <i>Release</i>	Reported
2011	120	2	1	6 years	October 2011 – December 2011	✓
2012	277	61	72	5 years	January 2012 – December 2012	✓
2013	154	139	87	4 years	January 2013 – December 2013	✓
2014	145	131	77	3 years	January 2014 – December 2014	✓
2015	151	68	41	2 year	January 2015 – December 2015	
2016	145	73	33	1 year	January 2016 – December 2016	
2017	151	54	32	0 years	January 2017 – December 2017	

The Evaluation of PC§1170(h)

The evaluation of the PC§1170(h) section warrants disclaimers prior to interpreting the data derived from outcomes related to these clients.

1. We are **unable to account for many instances that an individual spends incarcerated**. An accurate picture of the time a client spent incarcerated while being booked on new arrests or serving time on other charges was unavailable. This could potentially contribute to the explanation of various client outcomes that is not accounted for within the present report; for example, clients may not be recidivating if they are incarcerated on other charges and thus are unable to recidivate, or they may not engage in services if they are incarcerated for long periods of time. Attempts will be made in future reports to account for this variation, given the increased accuracy of this data that has been recently been made available, in hopes that this will subsequently increase the confidence in findings reported within the PC§1170(h) section.
2. The current data regarding client recidivism and time to recidivism within the 1170(h) population is expected to change slightly over time, as advances to methodology are made over the years. **There are several nuances within the 1170(h) population that do not occur within the PRCS population that make it much more difficult to pinpoint exact timeframes and release dates for use of calculations**, including (but not limited to): multiple sentencing periods over a short period of time, delayed remands into custody, continued presence in the community even when charged (e.g., absconding), and client release onto electronic monitoring and how that is handled within the data. Furthermore, the cross-pollination of multiple charges and subsequent services received for the various lower-level crimes that clients have been simultaneously charged with across various legislations (i.e., including those outside of the 1170[h] legislation) creates even more complications for both the Probation Department and the Evaluation team, in being able to address recidivism within the backdrop of evaluation ideals. In order to do so with precision, evaluation of clients on a case-by-case basis would need to occur and be hand coded. Neither team currently possesses the resources, manpower, or budget to address these issues. However, both teams will continue to work collaboratively to make advances to these reporting methods where possible, and as a result, there may be a slight change in recidivism numbers over time, as accuracy and efficiency are targeted and progress is made.

APPENDIX A: ADDITIONAL TABLES AND GRAPHS

Table A-1. Services provided to PRCS and PSS clients by other agencies, and total number³⁶ of services clients received by service

Services Service	Number of Services Received
Educational/Vocational	1,316
Drop-in Education	875
Employment	220
Employment Readiness	67
Drop-in Employment	135
ART	19
Residential	749
Clean and Sober	489
Good Samaritan	60
Residential Services Program (RTP)	139
Transitional Housing	48
Shelter	13
Outpatient Programs	2,728
Reasoning and Rehabilitation (R&R)	703
Anger Management	10
ETHS	24
ETHS (Rape Crisis) AB109	4
Drug and Alcohol Services	699
Limited Mental Health Services	1
Mental Health Services	177
Moral Reconciliation Therapy (MRT)	67
Treating Addictive Disorders (TAD)	282
Batterer's Intervention Program (BIP)	75
Sex Offender Services	20
Work and Gain Economic Self Sufficiency (WAGE\$\$)	145
Recovery-Oriented Systems of Care (ROSC)	69
Dual Diagnosis (DDX) Drug and Alcohol Services	32
Parenting	16
Parenting Wisely	23
DUI Program	11
Moral Reconciliation Therapy (MRT)	19
Personal Mastery Program	12
Thinking For a Change (T4C)	81
Seeking Safety	39
SCRAM	121
Telecare/ACT	1
Coastal Tri-Countis (CTC)	41
First Aid / CPR	25
Sheriff's Services Program (STP)	1
Reading Plus	12

³⁶ Number of services will vary dramatically on a case-by-case basis; some providers offer services that is ongoing and long-term, while others provide services that are one-day services that can be repeated as many times as needed. In addition, clients can terminate and re-enter services multiple times, as is especially the case for one-day services.

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Self Esteem/Life Skills	2
ServSafe	1
Veterans Services Court	1
Work Keys	14
Detoxification	194
Detoxification	194
Total Service Count	4,987

Note: N=1034

Table A-2. Services providers for PRCS and PSS clients receiving services

Service Providers	
ABBA Counseling	Jennings House
ADMHS	Karen Lake-Shampain
Aegis	Ladies Recovery for Life
Alan Bleiman - AB109	Lake Arrowhead Residential Treatment Center
All Star Sober Living	Liberty Program
AMS - AB109 - PMP	MAJESTIC MANOR
Anger Management Services	Maximum Service Sober Living
Anger Management Specialists - Lompoc	Mending Broken Vessels
Anger Management Specialists - SB	Mental Health
Another Road Detox	Mental Health SB
ARC - Anaheim	Mental Health SM
ARC - Canoga Park	Midnight Mission
ARC - Long Beach	Mission House - Milpas
ARC - Pasadena	New Directions
ARC - Santa Monica	New House II
Bethel House	New Life Community Services
Bimini Recovery Center	Northbound Treatment Services
Bridge House - C&S	Oasis Women's Program
BRIDGE HOUSE - Good Sam	Out of County
CADA	Oxnard Rescue Mission
CADA Detox - AB109	Pathway To Healing
Carenet	Phoenix House
CARES -SB(Crisis and Recovery Emergency Services)	Probation Report & Resource Center - Santa Barbara
CARES -SM(Crisis and Recovery Emergency Services)	Probation Report & Resource Center - Santa Maria
Casa Esperanza	Project Premier
Casa Serena	Project Recovery
Casa Solana	Project Recovery Detox
Center 4 Change	Re-Entry Drug Court
Central Coast Headway	Recovery Point
Central Coast Rescue Mission	Recovery Way Home
Central Coast Treatment Center	Recovery Way Lompoc
Charles Golodner Group-LOMPOC	Rena B. Recovery Home
Charles Golodner Group-SANTA MARIA	Rescue Mission-SB
Clare Foundation for Men Recovery Home	Rescue Mission-Ventura
Coast Valley	Rise and Shine
Coast Valley - Angr Mgmt	Royal Palms
Coast Valley - Lompoc	Salvation Army Hospitality House
Coast Valley - Parenting	Sanctuary House
Coast Valley - SM DDX	Sanctuary Psychiatric Center
Coast Valley Program	SCRAM (House Arrest Services)
Coast Valley Sober Living Home	Shepherd's Gate
Coast Valley Substance Abuse Treatment Center-Lom	Sheriff's Day Report Center - SB
Coast Valley Substance Abuse Treatment Center-SM	Sheriff's Day Report Center - SM
Community Service Work	Sheriff's Treatment Program (STP)
CPC - Counseling and Psychotherapy Centers - SO	Stalwart Clean and Sober Residence

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Crescend Health - Phoenix House of SB	T4C Coast Valley
Delancey Street	Teen Challenge - San Francisco
Dr. Rick Oliver	TeleCare
First to Serve, INC	Transition House
Giving Tree	Turning Point
Good Sam - C&S	Veterans Treatment Court
Good Samaritan	Victory Outreach - Santa Maria
Good Samaritan - outpatient	Victory Outreach - Lompoc
Good Samaritan - Shelter	Volunteers of America
Good Samaritan-Lompoc	Walter Hoving Home
Goodwill Industries	Willbridge
Healing Grounds	Zona Seca
House of Uhuru	Zona Seca/Lompoc

A client may be exited from PRCS supervision due to several reasons. Due to legal and logistic complexities involved in some cases, there are clients who may be ‘released’ to Santa Barbara County’s jurisdiction who will not receive community supervision from Probation for the full term of their supervision.

Table A-3. Description of PRCS completion categories

PRCS Exit Status	Description	Reported
Successful Early Termination	The client was terminated some time prior to three years as a result of a sustained period of 12 months or more of compliance. ³⁷	✓
Expiration of PRCS Term	The client was terminated after a full three years of supervision. ³⁸	✓
Unsuccessful – New Felony	The client was terminated due to a new felony conviction for which they would be incarcerated.	✓
Unsuccessful – PRCS Court Ordered	The client was terminated due to a judge court order, most likely due to significant client noncompliance ³⁹	✓
Transfer	The client’s case was transferred to another jurisdiction.	
Deceased	The client died during their PRCS term.	
Prop 47	This is a no-fault classification. These cases have been reduced to misdemeanors, based on the new statute and reclassification of their crime. They may receive credit for time served, have their sentence reduced, and may be terminated from supervision.	

When 1170 (h)(b) clients completed their supervision sentence (i.e., PSS), they received one of five statuses: Successful, Unsuccessful, Prop 47, Transferred, or Deceased (see Table 16).⁴⁰ Only clients with valid completion statuses (i.e., Successful, Unsuccessful, Prop 47) were included within the present analyses.

³⁷ By law, individuals released onto PRCS are to be released from supervision following 12 consecutive months without accruing a violation of their terms that resulted in custody time. In very rare cases, some clients were released from their supervision in six months, due to exceptional circumstances.

³⁸ Note: October 1, 2011 was when the conversion to AB109 law went into effect. Clients who were in custody on parole for a technical violation at the time of the conversion, were then released to PRCS with time served when they exited CDCR custody. Thus, this small subgroup of clients may be reflected in the Expired client category prior to October 1, 2014, which is the earliest projected release for Expired clients otherwise entering PRCS through traditional methods.

³⁹ These clients are incarcerated for the remainder of their supervision term once their supervision is terminated, for up to 180 days.

⁴⁰ Clients could receive multiple exit statuses if they had multiple entries into 1170(h); however, only their *last* completion status per sentencing date is reported here.

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Table A-4. Description of 1170(h)(b) completion categories

1170(h)(b) EXIT STATUS	DESCRIPTION	REPORTED ON?
Successful	The client's case was closed early due to good standing, or based on the case's expiration date.	✓
Unsuccessful	This status could be achieved through the following: <ol style="list-style-type: none"> (1) the client's sentence was modified for the defendant to serve jail time with a termination of supervision upon release; (2) the client's supervision is revoked due to a new felony and the client is to serve the remainder of their sentence in prison; (3) the client's supervision is revoked due to a new felony and the client receives an 1170(h) sentence, where the remainder of their current sentence is to be served out in jail; or (4) an client receives a revocation of PSS and serves out the remainder of their sentence in jail without supervision upon completion. 	✓
Prop 47	Reflects clients whose 1170(h)(b) sentence was terminated due to the passage of Proposition 47, which demoted the seriousness of certain 1170(h) conviction types from felony to misdemeanor-level offenses.	✓
Transferred	Reflects clients whose case is transferred to another county.	
Deceased	Reflects clients who become deceased during the duration of their sentence.	

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Table A-5. Post-release conviction of PRCS and PSS clients during supervision, by charge group

Crimes Against Persons		Drug and Alcohol Crimes	
1	Acquire Personal Ident Intent To Defraud	7	Driving Under Influence of Alcohol
1	Adw Not A Firearm On P.O./Firefighter: Gbi	3	Possess Controlled Substances Without A Presc
11	Assault With Deadly Weapon: Force Likely Gbi	1	Attempted Possession Of Controlled Substance
1	Attempted Petty Theft With Prior Conviction	1	Bring Alcohol/Drug/Etc. Into Prison/Jail/Etc.
18	Battery	27	Bring Control Substance/Etc Into Prison/Jail/
1	Battery On Custodial Officer	43	Disorderly Conduct: Intox Drug/Alcohol
7	Battery On Peace Officer/Emergency Personnel	10	Drinking In Public
1	Battery With Serious Bodily Injury	2	Driving While Addicted to Drug
6	Battery: Spouse/Ex Spouse/Date/Etc	2	Driving While Bac Greater .08: Causing Injury
1	Carjacking	17	Driving While Suspended for Driving Under Influence
1	Defrauding An Innkeeper \$400 Or Less	18	Driving With .08 BAC or Greater
1	Embezzlement From Elder/Dependent Adult	1	DUI Reduced To Reckless Driving
1	False Imprisonment With Violence/Etc	1	Forge/Alter Narcotic Prescription
1	False Personification Incurring Liability	5	Possess Concentrated Cannabis
10	Hit and Run Property Damage	15	Possess Controlled Substance For Sale
1	Hit And Run Resulting In Death Or Injury	9	Possess Controlled Substance In Prison/Jail/E
1	Identity Theft	4	Possess Controlled Substance Paraphernalia
11	Inflict Corporal Injury On Spouse/Cohabitant	1	Possess Controlled Substance While Armed
1	Kidnapping	2	Possess Hypodermic Needle/Syringe
1	Murder: Second Degree	2	Possess Marijuana/Hashish For Sale
5	Obstruct/Resist Executive Officer	18	Possess Of Drug Paraphernalia
75	Obstruct/Resist/Etc Public/Peace Officer/Emer	1	Possess/Purchase Cocaine Base For Sale
2	Resisting Or Deterring An Officer	7	Possess/Purchase For Sale Narcotic/Controlled
1	Stalking: Temporary Restraining Order/Etc	104	Possession Of Controlled Substance
4	Threaten Crime With Intent To Terrorize	1	Possession Of Marijuana For Sale
1	Use Another's Personal Identification To Obta	11	Transport/Sell Narcotic/Controlled Substance
2	Willful Cruelty Child: Possible Injury/Death	54	Under Influence Of Controlled Substance
1	Willful Cause Physical/Mental Harm	33	Unlawful Possession Opium Pipe/Paraphernalia
All Other Crimes		Property Crimes	
1	Advertise As Contractor Without License	1	Acquire Personal Ident Intent To Defraud
2	Aggravated Trespass	1	Adw Not A Firearm On P.O./Firefighter: Gbi
1	Attempt To Prevent/Dissuade Victim/Witness Fr	11	Assault With Deadly Weapon: Force Likely Gbi
1	Carry A Switch-Blade/Knife In A Motor Vehicle	1	Attempted Petty Theft With Prior Conviction
3	Carrying A Switchblade Knife	18	Battery
1	Communicate With Prisoner Without Consent	1	Battery On Custodial Officer
1	Conspiracy	7	Battery On Peace Officer/Emergency Personnel
5	Contempt Of Court: Disobey Court Order/Etc	1	Battery With Serious Bodily Injury
4	Damage Jail/Prison/Property (Under \$400)	6	Battery: Spouse/Ex Spouse/Date/Etc
7	Destroy/Conceal Evidence	1	Carjacking
13	Disorderly Conduct: Lodge Without Consent	1	Defrauding An Innkeeper \$400 Or Less
2	Disorderly Conduct: Loiter/Etc Private Propert	1	Embezzlement From Elder/Dependant Adult
4	Disturb By Loud/Unreasonable Noise	1	False Imprisonment With Violence/Etc
1	Drive While License Suspended For Reckless Dr	1	False Personification Incurring Liability
2	Driving or Taking Vehicle Without Consent	10	Hit and Run Property Damage
10	Driving While Suspended or Revoked	1	Hit And Run Resulting In Death Or Injury
1	Escape Jail/Etc While Charged/Etc With Misdem	1	Identity Theft
7	Evade Peace Officer With Wanton Disregard	11	Inflict Corporal Injury On Spouse/Cohabitant
1	Fail To Obey Peace Officer	1	Kidnapping
27	False Identification To Specific Peace Office	1	Murder: Second Degree
1	False Report Of Crime To Specific Peace Offic	5	Obstruct/Resist Executive Officer
5	Fight/Challenge Fight Public Place	75	Obstruct/Resist/Etc Public/Peace Officer/Emer
1	Injuring or Tampering With Vehicle or Contents	2	Resisting Or Deterring An Officer
2	Offensive Words In Public Place	1	Stalking: Temporary Restraining Order/Etc
6	Possess Concealed Dirk Or Dagger	4	Threaten Crime With Intent To Terrorize

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1	Possess Deceptive Government IDentif/Document	1	Use Another's Personal Identification To Obta
2	Possess Stun Gun/Taser/Silencer By Conv Felon	2	Willful Cruelty Child: Possible Injury/Death
1	Possess Wireless Dev In Correctional Facility	1	Willful Cause Physical/Mental Harm
1	Possess/Etc Burglary Tools		
7	Possession Of Ammunition		
5	Possession Of Firearm By A Felon		
16	Take Vehicle Without Owner's Consent		
3	Trespass By Entering And Occupying		
5	Trespass On Private Property		
1	Trespass: Refuse To Leave Private Property		
1	Trespass: Obstruct/Etc Business Operations/Etc		
3	Unauthorized Entry Of A Dwelling House		
8	Unlawful to Drive Unless Licensed		
1	Unlawful to Give False Information to Officer		
1	Unlawful Use Of Tear Gas		
5	Violate Court Order To Prevent Domestic Viole		
1	Willful Disobedience Gang Injunction Court Ord		

The Life Table includes information on the number of people who: were at risk of experiencing recidivism in a particular time interval (column 3, representing offenders that were not convicted or censored in the previous time interval), were convicted in the time interval (column 4) and were censored at the end of the time interval (column 5: offenders not being convicted and not observed anymore after that time interval, that is, people not experiencing the event yet). In the sixth column of the table, we present the hazard of receiving a new conviction, that is, the conditional probability that a particular individual will be convicted in a certain interval time, given that he or she was not convicted in any earlier time. The hazard function allows us to examine how the risk of being convicted changes over time, thus identifying the time intervals when offenders are at higher risk of being convicted for a new offense. The last column of the table represents the survival function, including all individuals “surviving” (not being convicted) at a particular time interval.

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Table A-6. Life table describing the number of months until the first conviction for the total sample of 821 exited PRCS and PSS offenders, as estimated by survival analysis

Time		Numbers			Proportion	
Month	Time interval	Offenders not convicted at the beginning of the month (at risk)	Offenders convicted during the month	Censored at the end of the month	Offenders at the beginning of the month who were convicted during the month	All offenders without convictions at the end of the month
0	[0, 1)	821	13	6	.02	.98
1	[1, 2)	802	26	5	.03	.95
2	[2, 3)	771	12	5	.02	.94
3	[3, 4)	754	24	5	.03	.91
4	[4, 5)	725	10	4	.01	.90
5	[5, 6)	711	19	9	.03	.87
6	[6, 7)	682	15	16	.02	.85
7	[7, 8)	651	18	20	.03	.83
8	[8, 9)	613	20	8	.03	.80
9	[9, 10)	585	18	12	.03	.78
10	[10, 11)	555	10	16	.02	.76
11	[11, 12)	529	11	13	.03	.74
12	[12, 13)	505	11	215	.02	.73
13	[13, 14)	280	4	13	.03	.71
14	[14, 15)	259	6	10	.02	.69
15	[15, 16)	243	8	13	.03	.67
16	[16, 17)	222	5	14	.02	.65
17	[17, 18)	203	8	12	.04	.63
18	[18, 19)	183	5	9	.03	.61
19	[19, 20)	169	5	12	.03	.59
20	[20, 21)	152	4	11	.03	.58
21	[21, 22)	137	1	10	.01	.57
22	[22, 23)	126	3	3	.02	.56
23	[23, 24)	120	1	7	.01	.56
24	[24, 25)	112	4	9	.04	.54
25	[25, 26)	99	4	7	.04	.51
26	[26, 27)	88	1	5	.01	.51
27	[27, 28)	82	1	7	.01	.50
28	[28, 29)	74	1	4	.01	.50
29	[29, 30)	69	2	6	.03	.48
30	[30, 31)	61	0	3	.02	.47
31	[31, 32)	59	0	3	.09	.43
32	[32, 33)	56	1	6	.00	.43
33	[33, 34)	49	4	4	.00	.43
34	[34, 35)	41	0	4	.00	.43
35	[35, 36)	37	0	2	.00	.43
36	[36, 37)	35	0	0	.00	.43

APPENDIX B: STATISTICAL EXPLANATIONS

Explanation of Significance Testing and p-values

A number of the analyses reported within this evaluation refer to “significant” differences or test results. A significant test result indicates that there are differences in the populations examined beyond what is considered to occur statistically by chance. All statistical analyses conducted in any population run a risk of finding statistical findings that are very different, but that occur by chance. By quantifying the probability of these results occurring by chance, we can be more confident that our results are not occurring by chance to a given degree. For example, if a test result has indicated that there are significant differences between two populations (e.g., gang and non-gang involved clients) on some outcome (e.g., either receiving zero supervision violations or receiving one or more supervision violations), this will also provide a *p*-value. This *p*-value is the probability statistic that the results were found by chance. If the *p*-value is less than .05 ($p < .05$), this indicates that the test results have less than a 5% probability of being found due to chance. If the *p*-value is less than .01 ($p < .01$), this indicates that the test results have less than a 1% probability of being found due to chance. If the *p*-value is less than .001 ($p < .001$), this indicates that the test results have less than a 0.1% probability of being found due to chance.

Significance testing in the present evaluation was conducted in multiple ways. One of the most common methods in which significance was reported was in using chi-square testing for statistical significance. Chi-square tests are used to evaluate the difference between the distribution of frequencies between two groups, and if they occur by chance or are statistically significantly different. In the example above, this would mean that the proportion of individuals who were gang identified versus those who were not gang identified were measured on if they differed on how many within each of those populations (1) received zero violations, and (2) received one or more violations. If the distribution of these numbers between the two populations is significantly different, the chi-square test lets us know this.

APPENDIX C: INTERVENTIONS

- **Alcoholics/Narcotics Anonymous Meetings:** Alcoholics Anonymous and Narcotics Anonymous are fellowships of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Meetings are held multiple times a day, every day of the week.
- **Batterer's Intervention Program:** This is a 52-week services program mandated by California state law for individuals convicted of acts constituting domestic violence. The focus of the program is preventing physical, sexual, and psychologically violent behaviors. Ongoing family safety is the primary concern with every client. Clients are assisted in developing more adaptive ways to solve conflict, communicate & manage stress. Psychodynamic and psycho-educational approaches help the clients learn to challenge their underlying beliefs and assumptions, gain awareness of the impacts their actions have on others, and to take control of those actions and effectively regulate their emotions.
- **Clean and Sober Living:** Sober living environments are facilities used by clients engaged in substance abuse recovery who need a safe and supportive place to reside. They provide a structured environment. While all homes have rules and regulations unique to their particular program, some of the common requirements are no drugs, alcohol, violence, or overnight guests; active participation in a 12-Step Program; random drug and alcohol tests; and involvement in either work, school, or an outpatient program.
- **Custody to Community (CTC):** The CTC program focuses on the success of clients who have been habitual clients. It addresses the difficulties of clients up to the time of their release, helping them formulate a plan to maintain recovery and avoid relapse. Twenty 2-3 hour sessions over a five-week period focus on individual plan for transition back into the community, tools needed to accomplish the plan, and available resources in four components, 1) recovery, 2) where to live for a new way of life, 3) getting ready to work, and 4) working
- **Detoxification:** Project Recovery Detox Center provides a safe, alcohol- and drug-free environment for alcoholics and addicts who have the desire to become clean and sober. The program is a 14-day, social model residential detox. Clients attend daily 12-Step meetings, participate in two early recovery groups, and receive individual counseling and discharge planning. Through early recovery group processes, clients are taught to increase their self-awareness concerning substance dependence and abuse. Topics include: coping skills, high-risk situations and triggers, positive affirmations, self-esteem, stress management, relapse prevention, and introduction to the 12 Steps. Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. Eighty-five percent (85%) of clients completing the detox program continue their services through outpatient services, sober living environments, or 12-step programs.
- **Driving Under the Influence (DUI) Program:** The primary objective of the DUI Program is to reduce the number of repeat DUI offenses by persons who complete a state-licensed DUI program. Participants are provided an opportunity to address problems related to the use of alcohol and/or other drugs. There are currently 472 DUI Programs licensed in California that provide first- and/or multiple-



client program services throughout California's 58 counties. The Wet Reckless Programs serve persons convicted of reckless driving with a measurable amount of alcohol in their blood. First Client Programs are for those convicted for the first time of a DUI offense, and they must complete a state-licensed three-month or nine-month program, depending on their blood alcohol level. The 18-month programs serve second and subsequent DUI clients, while the 30-month programs serve those with third and subsequent DUI offenses. These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, and reduce or eliminate the use of alcohol and/or drugs.

- **Drop-in-Education:** Clients get information on obtaining their General Educational Development (GED) or high school diploma and college enrollment. Participants can use computers for online enrollment and to view class schedules. One-on-one tutoring is also available to clients who desire additional assistance with course work, reading and writing skills, English, computer skills, etc. Clients are assessed by a certified teaching staff member and a tutor is assigned to determine client's needs.
- **Drop-in-Employment:** Clients can use computers for online job searches, to check posted classifieds, and to get assistance completing and sending job applications and resumes. Assistance with completing application forms for benefits such as Social Security Insurance and a California Drivers License is also available. Classes are available for both standard and Post Release Community Supervision (PRCS) clientele.
- **Drug and Alcohol Services:** Drug and alcohol services groups are facilitated by services staff and provide court-recognized drug and alcohol services programming. Council on Alcoholism and Drug Abuse (CADA) staff members are credentialed drug and alcohol counselors focusing on a Matrix model of drug and alcohol prevention education, anger management, life skills, socialization, communication skills, and

after care. Services are provided by CADA, Good Samaritan Services, or Sheriff's Services Program (STP).

- **Employment Readiness:** Classes are two hours in length for nine sessions. The Employment Readiness Class provides job preparedness training and assists clients in their attempts to secure employment. Clients receive training in resume completion, how to dress for an interview, completing an application, test taking tips, and follow-up to interviews. Clients also receive good work habits development, ethics training, and conflict resolution.
- **Good Samaritan:** The Good Samaritan shelter provides emergency, transitional, and affordable housing and support services to the homeless and those in recovery. Services include medical and mental health screening, training, counseling, and drug and alcohol services.
- **Mental Health Services:** The Alcohol, Drug, and Mental Health Services department of Santa Barbara County is responsible for ensuring the provision of mental health services mandated by the State of California for adults with serious mental illness and all Medi-Cal beneficiaries with specialty mental health needs.
- **Moral Reconciliation Therapy (MRT):** MRT is a cognitive-behavioral program that seeks to decrease recidivism among juvenile and adult criminal clients by increasing moral reasoning. Clients participate in individual and group counseling and structured exercises designed to foster moral development in services-resistant clients. They are confronted with the consequences of their behavior and the effect it has on their family, friends, and community
- **Parenting Wisely:** The *Parenting Wisely* program uses a risk-focused approach to reduce family conflict and child behavior problems including stealing, vandalism, defiance of authority, bullying and/or poor hygiene. The highly interactive and



nonjudgmental format accelerates learning and parents use the new skills immediately. The *Parenting Wisely* program, reduces children's aggressive and disruptive behaviors, improves parenting skills, enhances communication, develops mutual support, increases parental supervision, and appropriate discipline of their children.

- **Proposition 36:** The intent of Proposition 36 is to divert probation and parolees charged with simple drug possession offenses from incarceration into community-based substance abuse services programs. Participants complete a drug services program of no more than 12 months.
- **Reasoning and Rehabilitation (R&R):** R&R is an evidence-based cognitive behavioral program designed to teach impulse control, problem solving techniques and systematic thinking to encourage more empathetic behavior in a social environment. Classes are 1.5 to 2 hour sessions, two times per week for seven weeks.
- **Recovery-Oriented System of Care (ROSC):** ROSC is a secular, peer-driven support group similar to a 12-Step program for those clients with substance abuse issues. Walk-ins are welcome; however, a referral by the supervising Deputy Probation Officer is encouraged to facilitate the monitoring of attendance. Recovery Point hosts ROSC groups at the PRRCs.
- **Residential Services Program (RTP):** An RTP is a live-in facility typically providing therapy for substance abuse and/or mental illness. RTP implements medical and/or psychotherapeutic services to address dependency on substances such as alcohol, prescription drugs, cocaine, heroin, and methamphetamine. The general intent is to enable the client to cease substance abuse, in order to avoid the psychological, legal, financial, social, and physical consequences that can be caused, especially by extreme abuse.
- **Secure Continuous Remote Alcohol Monitoring (SCRAM):** SCRAM provides continuous alcohol monitoring for defendants that are court ordered to abstain from the use of alcohol, as a condition of supervision or probation. SCRAM can also provide a viable alternative solution to jail.
- **Sex Offender Services:** An interdisciplinary client management model known as "The Containment Model Approach" is utilized. This approach reflects a specific, case-by-case strategy that includes a consistent multi-agency philosophy focused on community and victim safety, and a coordinated individualized case management and control plan. The underlying philosophy of the Containment Model is that management of sexual offenders must be victim-focused and that each sexual crime has significant potential for immediate and chronic harm to direct victims, their families and our community. A multi-disciplinary case management team meets on a monthly basis to monitor each offenders progress. The Case Management activities include three inter-related, mutually enhancing activities. These include community supervision approaches that are specific to each clients' individual "offending behaviors", specialized sex client services, and polygraph examinations to determine pre-conviction sexual behaviors and compliance with terms and conditions of probation/supervision.
- **Sheriff's Services Program (STP):** STP is a custodial and outpatient substance abuse services program facilitated by credentialed drug and alcohol counselors at the Probation Report and Resource Center (PRRC). Through this program, participants attend group sessions designed to help individuals recover from addiction and transition successfully back into society without getting caught up in the recidivism cycle.
- **Tattoo Removal:** The Liberty Tattoo Removal Program removes anti-social, gang-related and visible tattoos so that people can: obtain employment, move forward in their lives, become accepted in the community, and improve opportunities for education. The tattoo must be anti-social, gang related, cause an obstacle to finding employment, or interfere with life. Participants must be clean and sober,

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complete application and orientation, perform 16 hours community service for each service or make donation equal to same, agree not to acquire any more tattoos while in program, and confirm and attend a clinic once every two months in San Luis Obispo.

- **Thinking for Change (T4C):** T4C is an integrated, cognitive behavior change program for clients that includes cognitive restructuring and development of social and problem-solving skills. It is designed for delivery to small groups in 25 lessons and can be expanded to meet the needs of a specific participant group. The T4C program is used in prisons, jails, community corrections, probation, and parole supervision settings. Participants include adults and juveniles, males and females.
- **Transitional Housing:** Transitional housing is offered as part of a transitional program that helps homeless clients or those seeking a sober living environment to move towards independence. It is used in conjunction with counseling, job training, skills training and health care assistance.
- **Treating Addictive Disorders (TAD):** TAD presents a straightforward, multi-session coping skills training program that has been proven effective in helping individuals with addictive behaviors such as gambling, substance abuse, and pornography. Training includes non-verbal communication, introduction to assertiveness, conversational skills, giving and receiving positive feedback, listening skills, giving and receiving constructive criticism, refusal skills, resolving relationship problems, developing social skills, managing urges, problem solving, increasing pleasant activities, anger management, managing negative thoughts, seemingly irrelevant decisions, and planning for emergencies.
- **Work and Gain Economic Self Sufficiency (WAGE\$\$):** WAGE\$\$ is a bi-weekly program designed to assist unemployed or under-employed clients. WAGE\$\$ is a brief job search training program that focuses on how to answer difficult questions regarding a client's felony conviction. Clients learn interviewing techniques, how to dress for interviews, and the optimum locations to look for employment. Additionally, the program assists clients with the completion of their resumes.

APPENDIX D: CONSUMER SURVEY INFORMATION

AB109 Consumer Surveys

You are being asked to answer some questions about your experience with Probation. We want to find out how well it works and how to make it better.

There is no risk to you for answering these questions; you may report both good and bad experiences, as much or as little as you like.

Thank you for helping to make Probation better!

Demographics	
Question	Response Choices
1. Where are you living RIGHT NOW?	With a partner; With family; With friends; Alone; No stable housing; Resident/sober living; Homeless
2. What is your employment status RIGHT NOW (e.g., do you have a job, or some other form of income)?	Full time (35+ hours a week); Part-time; Student; Retired/disability; Unemployment
3. What is the highest level of education you have FINISHED?	3 rd grade; 4 th grade; 5 th grade; 6 th grade; 7 th grade; 8 th grade; 9 th grade; 10 th grade; 11 th grade; 12 th grade (graduated high school); GED; Some college; College degree; Graduate degree

Please rate how much you agree with these sentences below.

Question	Case Plan					
	1= Strongly Disagree	2= Slightly Disagree	3 = Slightly Agree	4= Strongly Agree	5= Does Not Apply	6= Decline to Answer
4. When I started Probation my Probation Officer talked to me about my case plan.	1	2	3	4	5	6
5. I know my weekly goals.	1	2	3	4	5	6

6. I am clear about what is expected of me.	1	2	3	4	5	6
7. My treatment plan has reasonable objectives.	1	2	3	4	5	6
8. I have made progress toward my treatment program goals.	1	2	3	4	5	6
9. I understand the important aspects of my case plan.	1	2	3	4	5	6
10. My case plan was developed with my input.	1	2	3	4	5	6
11. My case plan includes clear and measurable goals.	1	2	3	4	5	6
12. My case plan is attainable and realistic.	1	2	3	4	5	6

Please rate how much you agree with these sentences below.

Sanctions / Deterrence						
Question	1= Strongly Disagree	2= Slightly Disagree	3 = Slightly Agree	4= Strongly Agree	5= Does Not Apply	6= Decline to Answer
13. When I started probation someone told me what sanctions and consequences were.	1	2	3	4	5	6
14. It is clear to me what sanctions I will receive for an offense.	1	2	3	4	5	6
15. I receive sanctions soon after negative behavior.	1	2	3	4	5	6
16. Sanctions/consequences make me want to change my behavior.	1	2	3	4	5	6
17. GPS is effective at preventing me from reoffending.	1	2	3	4	5	6
18. Drug testing helps me avoid substance use.						
19. When I do not do well, I feel that I receive the same sanctions (consequences) as other people in my program. <i>(Examples of sanctions are: spending a few days in jail, having to go to more meetings, having to write a letter to the court).</i>						

20. Have you ever received a sanction? _____

21. If so, what sanction(s)? _____

22. What sanction(s) are most motivating? _____

23. What sanction(s) are least motivating? _____

Rewards / Incentives						
Question	1= Strongly Disagree	2= Slightly Disagree	3 = Slightly Agree	4= Strongly Agree	5= Does Not Apply	6= Decline to Answer
24. At the beginning of my probation terms someone told me what incentives were.	1	2	3	4	5	6
25. It is clear to me what reward I will receive for reaching a milestone.	1	2	3	4	5	6
26. Rewards are motivating to me.	1	2	3	4	5	6
27. I receive more rewards than sanctions.	1	2	3	4	5	6
28. When I do well, I feel that I receive the same rewards as other probationers. <i>(Examples of rewards are: the judge/my PO saying nice things to you, other team members saying nice things to you, getting a gold star, getting a phase advancement, shaking hands with the judge).</i>	1	2	3	4	5	6

29. Have you ever received a reward? _____
 30. If so, what reward(s)? _____
 31. What reward(s) are most motivating? _____
 32. What reward(s) are least motivating? _____
 33. What reward(s) would you prefer? _____

Please rate how much you agree with these sentences below.

PO/Probation Team Relationship						
Question	1= Strongly Disagree	2= Slightly Disagree	3 = Slightly Agree	4= Strongly Agree	5= Does Not Apply	6= Decline to Answer
34. My PO spends a reasonable amount of time with me during visits	1	2	3	4	5	6
35. My PO and I work together to help me complete probation successfully	1	2	3	4	5	6
36. My PO treats me respectfully when we meet.	1	2	3	4	5	6
37. My PO is knowledgeable	1	2	3	4	5	6
38. My PO listens to me	1	2	3	4	5	6
39. My PO lets me know how I am doing on probation	1	2	3	4	5	6
40. My probation experience is helping me to stay out of trouble	1	2	3	4	5	6
41. My PO has worked with me in determining what things I want to work on	1	2	3	4	5	6
42. My PO compliments me when I make good decisions	1	2	3	4	5	6
43. I trust my PO	1	2	3	4	5	6
44. My PO is optimistic about my future	1	2	3	4	5	6
45. My PO assists me in finding services	1	2	3	4	5	6
46. My PO cares about me.	1	2	3	4	5	6
47. My PO motivates me.	1	2	3	4	5	6
48. My PO helps me with new skill needed to be successful on probation.	1	2	3	4	5	6
49. My PO holds me responsible for things I do wrong.	1	2	3	4	5	6
50. My PO is fair.	1	2	3	4	5	6