SANTA BARBARA COUNTY
Annual Report

PUBLIC SAFETY
REALIGNMENT ACT

October 2011 – December 2015

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Note

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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; Alcohol, Drug, and Mental Health Services), verify data quality, and establish data management procedures.

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REPORT ORGANIZATION

The present report is designed to provide information on outcomes related to clients subsumed under the Public Safety Realignment Act (PSRA) in Santa Barbara County since the implementation of PSRA. The report covers a variety of outcomes and variables, and as a result is encompassed in over one hundred pages of text. Thus, for ease of read and interpretation, the report has been organized in the following way, _in order for readers to be able to choose what level of detail and information they would like to obtain and easily locate a corresponding section_:

1. **Summary Sections** – Here the Executive Summary is provided, as well as section summaries for all major headings throughout the report. Aside from the Executive Summary, these summaries are all written in narrative text, include interpretations and context, and include recommendations for future directions connected to related findings.

2. **Major Headings** – Here is where the more intensive, data-heavy, detailed, and descriptive information related to each major heading outlined in the Summary Sections can be found. At the end of each of the major headings for the Post-Release Community Supervision and 1170(h)(5) populations is a "Key Findings" section, where all major findings are bullet-pointed in an additional summary section. The Key Findings section does not include interpretations and recommendations, but merely outlines the findings from the preceding section.

3. **Future Directions** – Some of the future directions are briefly touched on in the Executive Summary, but a more detailed description and context surrounding current goals are provided in this section. Progress on prior goals and information on why some goals have been deleted, modified, or added can also be located here.

4. **Appendix** – This section provides (a) some of the more obstructive tables that interrupt the flow of the reading in the major headings, (b) a description on statistical tests and terms used in the report, and (c) a description of most of the treatment modalities enrolled in by PSRA involved clients in Santa Barbara County.

Future reports will continue to modify the text and flow of the reports for ease of read and interpretation. The intention is to disseminate the valuable information and insights gleaned from evaluations on clients supervised under PSRA in a way that is meaningful and useful for all stakeholders who could benefit from the information contained within.

REPORT SUMMARIES

Executive Summary

The Public Safety Realignment Act (PSRA) was signed into California law in 2011 as part of a statewide effort to reduce overcrowding in the prisons while simultaneously addressing the state's troubling financial situation. As part of this effort, the PSRA rerouted the pathways for two types of criminal justice clients to now be served at the local level versus the state level. The first group includes clients who have been released from prison after serving their full prison sentence for eligible offenses, and who will now be supervised by their local county agency instead of by state parole. This group is referred to as Post-Release Community Supervision (PRCS) clients. The second group of clients represent individuals who have been convicted of an eligible felony that would previously have mandated a prison sentence, that will now be served locally in the community through the local jail or a combination of a local jail and local supervision sentence. This latter group is referred to as PC§1170(h)(5), or NX3 (non-violent, non-sexual, non-serious) clients.

One of the main focuses within the PRCS and PC§1170(h)(5)(B) populations is to link clients with appropriate and effective treatments and interventions, in order to assist them in accessing resources that can help them to become successful while out in the community. One underlying strategy is to help treat the underlying causes of the clients' recidivism, which is often substance-related for the PSRA populations. Doing so has been hypothesized to facilitate a reduction in the recidivism rates of the treated clients. Thus, the focus of evaluating PSRA outcomes primarily rests on treatment and recidivism data. However, note that these enhanced supervision methods and referrals to community rehabilitation programs are not available to clients receiving PC§1170(h)(5)(A) sentences through Realignment funding, and thus cannot be reported on in the present evaluation. Additionally, it is important to note that various criminal justice policies and legislations have been enacted since the passage of PSRA (including the passage of Proposition 47) which will have immeasurable impacts on the way that PSRA outcomes are reported and thus evaluated; thus, outcomes on PSRA should not be considered to occur in a vacuum outside of other major influences.

Preliminary analyses of the PSRA data were conducted on numerous types of outcomes and variables. Data were only reported on clients who had completed either their PRCS or PC§1170(h)(5) terms, and not on clients currently in the midst of completing the terms of their supervision or custody. For the PRCS clients, data were reported on: demographics, COMPAS variables, mental health variables, treatment services received, GPS monitoring, supervision violations, new charge convictions, and completion status. For the PC§1170(h)(5)(B) population, data were reported on: demographics, COMPAS variables, treatment services received (not including mental health), supervision violations, new charge convictions, and completion status.

> **Finding #1:** *The majority of PSRA clients were male, Hispanic or White, and between ages 25-45 at entry to PSRA; approximately a quarter were identified as gang affiliated*

Statistics:
- The majority of all PSRA clients were male and Hispanic or White, and between ages 25-45 at entry to PSRA, and approximately a quarter of PRCS clients were identified as being gang affiliated.
- PRCS clients identified as gang-involved exhibited higher percentages of having ever received a violation than those were not identified as gang-involved.

Finding #2: *PSRA populations generally consist of individuals with "high" risk factors.*

Statistics:
- The majority of both PRCS and PC§1170(h)(5)(B) clients fell within the high-risk category for risk of recidivism and violent behavior on the COMPAS.
- Clients with risk scores in the low-risk category generally exhibited better outcomes across a variety of variables (e.g., less likely to acquire violations or new convictions) than clients with high-risk scores.
- Initial analyses were conducted on change scores among PRCS and PC§1170(h)(5)(B) (i.e., Split Sentence) clients on COMPAS Criminal Thinking and Residential Instability scales and pointed to the potential for these changes to be useful in predicting client outcomes; however, at present, these scales are not regularly re-administered, and as such outcomes related to change scores should be interpreted cautiously

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Finding #3: *The majority of PSRA clients struggle with ongoing substance use issues.*

Statistics:
- *Treatment*
  - Of the treatment-seeking populations in PRCS (N=416) and PSS (N=182):
    - Detoxification was utilized by 18% of PRCS and 6% of PSS clients,
    - Residential/sober living was utilized by 33% of PRCS and 49% of PSS clients, and
    - Drug/alcohol-specific treatment (not including residential/sober living) was utilized by 60% of PRCS and 42% of PSS clients.
- *Drug Tests*
  - Of the clients with available drug test information in PRCS (N=443):
    - 55% of PRCS clients had one or more positive drug tests during their supervision period.
- *Supervision Violations*
  - Of the overall completed populations in PRCS (N=508) and PSS (N=246):
    - 40% of PRCS and 46% of PSS clients acquired substance-related violations;
  - Of the completed clients who acquired supervision violations PRCS (N=253) and PSS (N=152):
    - 79% of PRCS and 74% of PSS clients acquired substance-related violations.
- *Recidivism*
  - Of the recidivating populations in PRCS (N=254), Jail Only (N=101), and PSS (N=105):
    - 50% of PRCS, 57% of 1170(h)(5)(A), and 53% of 1170(h)(5)(B) clients acquired new convictions for narcotics-related crimes.

Finding #4: *Using GPS as a method of prevention may be a useful tool in PSRA client supervision.*

Statistics:
- Extensive GPS data were only available for the PRCS population; GPS monitoring was utilized for 177 of the 508 exited PRCS clients.
- GPS used as a method of prevention (i.e., implemented within seven days of release from prison) appeared to be more successful than when GPS was used as an intervention (i.e., implemented eight or more days after release from prison).

- o Clients who were placed on GPS as a prevention method had significantly higher percentages of successful PRCS completion, higher percentages of successfully completing their GPS supervision, fewer new convictions, and fewer supervision violations as compared to clients placed on GPS as a method of intervention.
- Shorter GPS duration is associated with successful PRCS completion status; 73% of clients who were on GPS for six months or less also obtained a successful completion status, compared to 48% of clients on GPS for six months to one year, and 28% of clients on GPS for over one year. These results are expected because clients are removed from GPS if they are violation free and successful.

Finding #5: *PSS clients who participated in CBT had a higher percentage of successful completion.*

Statistics:
- Additionally, clients who participated in CBT/Skill building services had a higher percentage of clients who had ever received a Successful completion from PSS (65%) than those who did not (48%).
- Although there may be some conflicting findings in both the PRCS and PSS population, preliminarily, some programs, such as CBT and vocational programs, report promising findings in being potentially more efficacious than other treatment programs.

Finding #6: *The majority of clients who exited PRCS received Successful Early Termination*

Statistics:
- The majority of clients who have exited PRCS with valid completion statuses (N=508) received a Successful Early Termination status (65%).

Finding #7: *The first three months of supervision was when the highest percentage of clients (25%) obtained positive drug tests.*

Statistics:
- Almost half of the exited clients did not have any positive drug tests during their supervision period (45%).
- Clients with at least one positive drug test were more likely to have a supervision violation (66%) than those who did not have any positive drug tests (35%), and were more likely to be convicted of a new crime (60%) as compared to those without any positive drug tests (44%).
- Clients completing their supervision successfully within one year had lower rates of ever having a positive test (39%) than all of the counterpart exit status categories (successful over one year, 70%; expired, 63%; unsuccessful, 63%).

Finding #8: *There is a substantial decrease over time in recidivism rates, with more recent cohorts experiencing less recidivism.*

Statistics:
- A general trend is the decrease over time in the recidivism rates for the first-year post-release of incarceration, with two-year and three-year post-release recidivism rates appearing to decrease over time, as well.
- Clients in Cohort 4 (the most recently released cohort) recidivated at a rate of 11% within their first-year post release from prison, whereas clients in Cohort 1 (4 or more years since their release from prison) recidivated at a rate of 38% within their first-year post-release.
- The cumulative two-year recidivism rates are as follows: 53% for clients in Cohort 1, 46% for Cohort 2, and 40% for Cohort 3.

Future Directions

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1. Narrow the current scope of the report to include only the most pertinent and relevant data, in order to focus evaluation resources on only the key elements.
2. Continue to improve data collection both within Probation as well as between agencies in the criminal justice system.
3. Explore the utility of GPS as a measure to impact recidivism.
4. Examining client strengths, risks, and needs in relation to:
    a. whether or not the client enrolled in related services,
    b. whether or not strengths, risks, and needs improved after completion of assigned treatment services,
    c. analyses accounting for treatment attendance at programs, and
    d. client outcomes related to the existence of risks/strengths/needs.
5. More in-depth examinations of other client characteristics not captured by risks and needs but that may be contributing to client outcomes (e.g., motivation to engage in treatment, stage of change, personality characteristics).
6. Determine if there are additional screening tools desired and available for use with clients to understand the impact of individual treatments.
7. Better understand the impact of treatment on recidivism (including exploration of treatment while clients are incarcerated).
8. Continue to use more sophisticated data analysis techniques to understand the data as time goes by and a more representative sample is developed.

About Santa Barbara County's Realignment Plan

CCPs were formed across California counties in response to mandates requiring oversight and guidance in the implementation of PSRA. The CCP in Santa Barbara County is comprised of an Executive Committee and At Large Members. The CCP in Santa Barbara County completes annual plans for PSRA, addresses PSRA issues on an ongoing basis, and assists with keeping all aspects of Realignment in line with relevant best practices. As one aspect of the annual plan, the CCP commissions an outcome evaluation related to outcomes of PSRA clients within the community. Another aspect of Santa Barbara's approach to Realignment is the implementation of best practices when possible, including the utilization of the COMPAS scales; the COMPAS is utilized in order to regularly assess client risk and needs, based on a measurement tool with demonstrated psychometric properties.

Overview of PSRA Populations in Santa Barbara County

This section briefly organized the overall data on clients in Santa Barbara County under the Public Safety Realignment Act, from both PRCS and PC§1170(h)(5) populations. The data suggest that the total number of clients released under PRCS is larger than the number of clients obtaining PC§1170(h)(5) convictions in Santa Barbara County. Annual rates of clients re-entering the community in Santa Barbara County under PSRA generally corroborate this assertion, with the exception of 2013 and 2014, where the number of clients acquiring PC§1170(h)(5) sentences was larger than the number of clients released onto PRCS locally. The number of clients sentenced to PC§1170(h)(5) was impacted with the passage of Prop 47 in 2014; there was an immediate decrease in the number of clients sentenced.

The data suggest that clients entering PSRA under both PRCS and PC§1170(h)(5) are very similar demographically; both populations of clients are predominantly male, Hispanic or White, and between ages 25-45 years at entry to their respective PSRA program. Gender differences do appear to exist between PRCS and PC§1170(h)(5) populations, with a larger percentage of female clients represented within the PC§1170(h)(5) population as compared to PRCS.

The highest percentage of PRCS clients' most serious PSRA-eligible offenses was for drugs/alcohol-related crimes, followed by property/theft crimes. The highest percentage of all PC§1170(h)(5) clients entering PSRA-eligible offenses was for drugs/alcohol related crimes, also followed by property/theft crimes but as a closer second than for the PRCS population. This may be due to the sampling differences; the PRCS data only provides information on most serious crime, where many other crimes within different categories may actually be present as well, whereas all PSRA-eligible crimes are represented within the PC§1170(h)(5) data.

Lastly, COMPAS data suggest that both PC§1170(h)(5) and PRCS clients were likely to score in the high-risk range for Violence Risk and Recidivism Risk.

Post-Release Community Supervision (PRCS)

Between October 2011 and December 2014, a total of 955 clients were placed on PRCS in Santa Barbara County upon their release from prison. Thirty of these clients were released onto PRCS twice. Demographic information indicated that PRCS client characteristics were consistent with those of the overall PSRA population in Santa Barbara County. It is worth noting that a quarter of the PRCS population was identified as gang affiliated. This is not surprising, given the large number of individuals within incarcerated populations who are identified as gang affiliated. The evaluation revealed that gang affiliation could at times also be associated with negative outcomes, such as acquiring more official supervision violations than clients who are not gang-affiliated.

The majority of clients who have exited PRCS with valid completion statuses (N=508) received a Successful Early Termination status (65%). These clients were able to sustain a period of at least one year of good behavior in order to be released from the terms of their supervision, prior to the three-year expiration of their supervision terms. Some advances in data collection were made since the prior report in order to better determine if there are specific predictors of completion status and recidivism. For example, we created a breakout category within the Successful Early Termination status of clients into clients who successfully completed within the first twelve months of release from prison (i.e., Successful – 1 Year) and those who maintained compliant behavior for a sustained period of 12 months at a later point in time (i.e., Successful – 1+ Years). Utilization of these breakouts within the Successful completion status often revealed dramatic differences in outcomes and distributions of variables. In particular, results suggest a continuum of client trajectories that were confirmed by most analyses, from most successful to least successful clients (i.e., Successful – 1 Year, to Successful 1+ Years, to Expired, to Unsuccessful). However, further advances are still required in order to better isolate potential influences on these outcomes (see "Future Directions" at the end of the report).

The present evaluation reported information on two additional COMPAS scales: Criminal Thinking and Residential Instability. Criminal Thinking and Residential Instability scales often fluctuate freely based on client responses. In contrast, the Recidivism Risk and Violence Risk scales are likely to remain relatively stable over short durations of time (e.g., their supervision period) because they are derived from fixed data points, such as the accumulation of

clients' prior crimes and history while accounting for client age, all of which are factors that only change gradually over time. Criminal Thinking and Residential Instability scales were measured in terms of changes in their scores over time, which provided insight into changes in client personality and living conditions. Changes were described as Positive Change (scores became indicative of 'better' client scores), No Change, Negative Change (scores became indicative of 'worse' client scores), or Resolved/Stable. Clients who had *never* reported a Negative Change, who had *ever* reported a Positive Change, or had *ever* reported a Resolution in either of these scores were more likely to achieve a Successful completion status than their counterpart categories.

These findings suggest that client scores on Criminal Thinking and Residential Instability scales have the potential to be used as a monitoring tool for determining if clients are in danger of recidivating, and if additional services can be provided to intervene at a critical point for those clients. Inventories that are social, emotional, cognitive, and/or behavioral in nature are helpful in providing an assessment of strengths and risks, and may be useful for providing information on client propensity for recidivism. At present, the Santa Barbara County Probation Department is working with the UCSB evaluation team to assess a consumer survey with similar data points in order to determine the utility of such variables in predicting client recidivism and/or noncompliance with supervision terms. Future reports will detail these efforts more clearly and provide further directions accordingly – including the potential for survey re-administration to clients at regular intervals – based on the findings.

Of the 508 PRCS clients that exited the program, a total of 84 (17%) clients entered the PRCS program with identified mental health needs from their prison record. This meant that they either received medication or special housing in prison for their identified mental health needs. This represents a population with high mental health needs exiting prison. The majority of these individuals (98%) were assigned and received treatment either from Behavioral Wellness or another community-based treatment agency within the County, suggesting that most of these individuals continued to receive treatment upon release from prison. Additionally, there were not any factors related to recidivism in association with having received mental health services in prison (mental illness is not a criminogenic need). Additionally, of the 424 individuals exiting PRCS without identified mental health needs from prison, 342 (81%) also were assigned and participated in treatment or services within the County upon release from prison.

The most common form of services mandated to clients and received from Behavioral Wellness (BW) were medication-related services (88%), followed by therapeutic services (68%), and crisis-related services (16%). Treatment from other agencies (than BW) included: outpatient services (97%), followed by residential/sober living services (33%), drop-in services (27%), and detoxification services (18%). In an attempt to examine treatment data in a different way, treatment data from other agencies were also categorized as providing one or more of these service elements: drug/alcohol treatment (74%), other mental health treatment (than from BW; 21%), vocational (53%), and/or CBT/skill Building (74%). Treatment attendance data for specific types of treatment groups were available but limited at the time of reporting, and will be more extensively reported on in future reports to boost insights into treatment variables and client outcomes. It is hypothesized that examinations of treatment attendance by treatment categories (i.e., both types of categorizations described above) will lend to a better understanding of efficacious treatment modalities for this population of clients. Additionally, it is worth noting that detoxification services were assigned to almost a fifth of the PRCS treatment-seeking population.

Clients who enrolled in drop-in services, outpatient services, and CBT services exhibited higher distributions of Successful completion statuses than other treatment categories. Differences between distributions of exit statuses and PRCS completion status were observed, as well; Successful – 1 Year PRCS clients had higher rates of ever having a Successful treatment exit status, and lower rates of ever having an unsuccessful treatment exit status from both Outpatient and Residential treatment programs than the other PRCS completion statuses. The converse was true for Unsuccessful clients. These findings are intuitive, but do reinforce that there is a continuum that exists within the populations of clients representing the completion status distribution from PRCS.

GPS monitoring was utilized for 177 of the 508 exited PRCS clients. Seventeen individuals were placed on GPS twice, and three were placed on GPS three times. The majority of clients received a successful completion status from GPS for their first and second time on GPS (67% and 60%, respectively). GPS used as a method of prevention (i.e., implemented within seven days of release from prison) appeared to be more successful than when GPS was used as an intervention (i.e., implemented eight or more days after release from prison); clients who were placed on GPS as a prevention method had significantly higher percentages of successful PRCS completion, higher percentages of

successfully completing their GPS supervision, fewer new convictions, and fewer supervision violations as compared to clients placed on GPS as a method of intervention. However, these differences may be due to clients being placed on GPS as an intervention due to having supervision violations, being convicted of new crimes, or due to other unofficial or undocumented events occurring with the client, which might have preceded clients' time on GPS (and thus, should not be linked to GPS itself). These differences may also be driven by a decision to screen clients for prevention/intervention GPS; the screening procedure itself might be related to outcomes. In addition, GPS duration was linked to successful PRCS completion status; a higher percentage of clients who were on GPS for six months or less also obtained a successful completion status (73%), as compared to 48% of clients placed on GPS for six months to one year, and 28% of clients placed on GPS for over one year. The findings appear to suggest that a shorter time to being placed on GPS may be beneficial for some clients, and that being placed on GP for longer durations may not be as beneficial; the reasoning may also be that GPS duration is more of a function of compliance, with well-behaving clients being taken off of GPS sooner and less compliant clients experiencing extended GPS durations. Future research will benefit from clarifying these aspects, to the extent that it is possible (see "Future Directions" for further information on potential methods for further examining the utility of GPS as a prevention method).

As part of the clients' supervision terms, clients were regularly drug tested through Santa Barbara County Probation office. Almost half of the exited clients did not have any positive drug tests during their supervision period (45%), suggesting that many clients were able to remain abstinent during testing periods while on supervision, to the extent that drug testing was able to accurately capture abstinence. The first three months of supervision was when the highest percentage of clients (25%) obtained positive drug tests. This indicates that the first three months of client supervision may represent a critical period where the supervising agency may benefit from increased vigilance with PRCS clients, in order to attempt to interrupt the trajectory of relapse into reoffending. Analyses also suggested differences between drug test results and supervision violations, new convictions, and PRCS exit status. Clients with at least one positive drug test were more likely to have a supervision violation (66%) than those who did not have any positive drug tests (35%), and were more likely to be convicted of a new crime (60%) as compared to those without any positive drug tests (44%). Positive drug tests were also correlated with PRCS exit status; clients completing their supervision successfully within one year had lower rates of ever having a positive test (39%) than all of the counterpart exit status categories (successful over one year, 70%; expired, 63%; unsuccessful, 63%). While this rate suggests that even successfully completing PRCS clients may experience a relapse, other data also indicate that successfully completing clients experience relapse less often (as measured by drug testing data); clients who successfully completed within one year demonstrated significantly lower overall percentages of positive drug tests (6%) than clients who exited PRCS within all three of the counterpart categories (successful over one year, 14%; expired, 14%, unsuccessful, 16%).

The data on drug test results are in line with research suggesting that abstinence-only approaches with high-risk substance using populations are unlikely to be successful, and that relapse is likely to occur. Alternatively, the relapses may not be being captured adequately within the Probation data, and may be occurring more frequently in other databases, such as treatment agencies' drug testing databases. Due to the many potential nuances with drug testing data, it is recommended that the present results be used as one of many tools to identify clients who may be in need of additional services, rather than as a potential form of data gathering for punitive responses. Future analyses would benefit from reporting treatment agency drug test results, in addition to Probation drug tests results, to the extent that this information is available.

Of the 508 completing PRCS clients, 253 (50%) violated the terms of their supervision, with a total of 1,180 official violations across 2,218 total violation 'reasons.' Of these 1,180 official violations, 943 (80%) resulted in flash incarcerations and 237 (20%) resulted in supervision revocations. None of the violations resulted in zero days of jail time; thus, information on the "effect" of flash incarcerations is not possible at this time. The violations evaluated are the behaviors that resulted in a period of incarceration; however, it should be noted that numerous other violations were handled informally with out-of custody sanctions and/or interventions not recorded in the data. Probation staff utilize a violation matrix that is founded in evidence-based practice and utilizes the risk, needs responsivity model (RNR). The most common reasons for violations were substance-related (79%), followed by absconding (63%), and FTR (60%), as indicated by the number of clients having at least one violation within those categories (of clients with violations). This finding, coupled with the findings outlined in the drug testing results section, highlights the importance of clients receiving treatment for substance use while under community supervision. The analyses also suggested that gang-involved clients were more likely than non-gang involved clients to engage in noncompliance that

resulted in one or more supervision violations. This is also intuitive; being involved in a gang often implies engagement in illegal activity, which would increase clients' chances of having supervision violations. Another intuitive finding was that clients scoring within the low-risk category on either Recidivism Risk or Violence Risk also had the lowest average number of supervision violations, as compared to medium or high-risk clients within both scales.

Analyses suggested that clients differed by PRCS exit status on mean number of violations acquired and mean number of days spent in jail due to violations. Clients with a one-year successful exit status had significantly fewer violations on average (M=0.0) than clients successfully completing in over one year (M=3.5), unsuccessful clients (M=3.0), and expired clients (M=7.2); and clients with a one-year successful exit status spent significantly less time in jail due to sanctions (*M*=0.6 days), as compared to clients within the other counterpart exit categories (successful in over one year, *M*=100.5 days; expired, *M*=268.3 days; unsuccessful, *M*=137.2 days). These findings suggest that Expired clients obtained more violations and spent more time in jail due to sanctions than Successful and Unsuccessful clients, which may be a function of Expired clients committing a higher number of crimes of a less serious nature than Unsuccessful clients; Unsuccessful clients committing prison-eligible felonies are terminated and sent to prison, limiting their ability to continue accruing violations and new criminal charges, while Expired clients who may be continually released back into the community for lower-level offenses. The present report has found that clients with a Successful – 1+ Years status are often similar to Expired clients, but represent a subset of clients that at some point during supervision were compliant for a sustained period of time, unlike Expired clients. While the present report has gotten closer to examining differences within the Successful and Expired populations of clients, it is likely that more in-depth information on client psychological functioning will yield more informative results on any existing differences.

Of the 508 clients who exited the PRCS program with successful, unsuccessful, or expired PRCS statuses, a total of 254 clients (50%) were convicted of new charges. These 254 clients were convicted of a total of 459 different crimes during or after their supervision period, with the most number of new charge convictions being drug/alcohol related-crimes (39%). 73% of the 254 clients acquiring new convictions were convicted on misdemeanor charges, and 54% were convicted for felony charges. Over half (54%) of clients who were convicted of a new crime post-release from prison were convicted within one year of release from prison. These and other above-reported results suggest that PRCS clients continue to struggle with substance-related issues upon release from prison, on an ongoing basis. It also suggests the potential influence of additional factors: (1) many of the PRCS clients may be recidivating at "lower levels" of crime than that of their original PRCS-eligible offenses (i.e., of recidivating clients, more clients were convicted of misdemeanors than felonies, and (2) significant and ongoing changes to criminal justice policies and laws have occurred since most of the PRCS clients were initially sentenced to their prison term, which may impact the way recidivism is reported on and appears from year-to-year.

A more in-depth look was provided for clients who had at least one year since their exit from supervision at the time of the report. Of these 361 clients, 197 (45%) had new convictions. Rates of reoffending by time post-release from prison appear to widely differ, by number of years post-release from prison; clients that were released closer to the implementation of Realignment in 2011 (Cohort 1; clients with four or more years since their release from prison) appear to exhibit worse outcomes than clients released from prison more recently (i.e., Cohort 4; clients with more than one but less than two years since post-release from prison). A general trend that is prevalent is the dramatic decrease over time in the recidivism rates for the first-year post-release of incarceration, with two-year and three-year post-release recidivism rates appearing to decrease over time, as well. For example, clients in Cohort 4 (the most recently released cohort) recidivated at a rate of 11% within their first-year post release from prison, whereas clients in Cohort 1 recidivated at a rate of 38% within their first-year post-release. These statistics were corroborated by cumulative percentages of client recidivism, with clients being released from prison closer to the implementation of Realignment (i.e., Cohort 1) having higher cumulative recidivism rates than those released later (i.e., Cohort 2 and 3). For example, the cumulative two-year recidivism rates are as follows: 40% for Cohort 3 (i.e., clients with more than two but less than three years post-release), 46% for clients in Cohort 2 (i.e., clients with more than three but less than four years post-release), and 53% for clients in Cohort 1. Similarly, the cumulative three-year recidivism rates are as follows: 58% for clients in Cohort 2 and 61% for clients in Cohort 1. However, it is important to note that these cohort rates will change over time, as clients in more recent cohorts are skewed towards those who have completed their terms with a Successful – 1 Year status (and thus typically have lower recidivism rates) and Unsuccessful clients; both sets of clients typically complete quicker than clients with Expired or Successful – 1+ Years statuses.

These results suggest that the implementation of Realignment may have been subject to an adjustment period for both clients and counties, whereby counties have become better over time at adapting to the high demands and levels of resources required to supervise clients in the community. This includes providing targeted treatment modalities and improving efficiencies in assessing client needs. The results also suggest that future reports may benefit from tracking client outcomes by number of years since release from prison (i.e., cohort years), as outcomes appear to be highly differential between these groups of clients.

Clients who received treatment services from agencies other than BW, and clients who received treatment from *any* agency, were convicted of new crimes at higher rates (56% and 56%, respectively) than those who did not receive treatment (48% and 49%, respectively). This finding was contrary to expectations; however, this may be a reflection of incomplete data collection. For example, we do not track PSRA client crossover with other criminal justice initiatives (e.g., Proposition 36, PC1210, SB678, treatment courts), which mandate treatment and other supervision requirements that may represent a portion of unexamined variance in associations of treatment with recidivism.

Recidivism was also examined as a function of whether or not a client had either: (a) received a new conviction, or (b) received a PRCS exit status of Unsuccessful. Of the 361 clients who exited the PRCS program with one year post-supervision, 220 (61%) were either convicted of a new crime or received an Unsuccessful exit status. Outcomes examined in relation to this measure of recidivism were: total number of violations, total number of outpatient treatment services received (from treatment agencies other than BW), the maximum time spent in any of the treatment programs (from treatment agencies other than BW), and time from release from prison to receipt of first treatment service (from any treatment agency). Clients who recidivated obtained more total violations, had more treatment entries, and spent more time in treatment than clients who did not recidivate. The higher number of violations is intuitive, whereby the treatment findings may require further investigation. It may be that clients who recidivate are struggling with their circumstances and/or addiction, and as such are entering treatment multiple times and spending longer in treatment while attempting to ameliorate any issues; treatment is usually most efficacious for a prescribed amount of time, but not for indefinite periods, unless an individual is requiring additional support for challenges they are facing. Future reports will continue to hone the data points collected on clients' treatment experiences, and local supervising agencies may benefit from determining if additional steps can be taken with violating clients in order to prevent recidivism.

Lastly, it is important to note the limitation of the present report in regards to local jail data. Improvements in jail data are underway but not available within the present evaluation. These data points include the number of local bookings and time spent in jail. It is likely that these data points would be important to consider in the context of predicting client recidivism and representing a form of client recidivism. Additionally, without these data it is impossible to account for time that clients spend incarcerated in local jail, which may skew the representation of time spent in the community (and thus, give the appearance that a client is in the community and not recidivating, when they may not be available to recidivate due to incarceration). Future reports will continue to improve the utility of local jail data.

PC§1170(h)

Note that PC§1170(h)(5) and 1170(h)(5) will be used interchangeably throughout the report.

Due to the structure of PC§1170(h)(5) sentences, there are still relatively low numbers of individuals who are least one year post-completion of their first sentence (N=232), compared to the number of total individuals sentenced in the County under 1170(h)(5) (N=717). For this reason, it is still too early to capture the complete picture of the impact of PSRA on public safety. Preliminary data findings may disproportionality represent: (1) unsuccessful clients who reoffend quickly, (2) clients receiving PC§1170(h)(5)(A) sentences due to their ability to obtain accelerated time credits while incarcerated, and (3) 1170(h)(5) clients who were determined to be lower risk and who had fewer charge convictions at entry and, therefore, received shorter sentence lengths. Furthermore, a major limitation in the current data are that the evaluation has been unable to account for clients' time spent incarcerated for new arrests/bookings, as well as time spent serving out additional sentences. Lastly, at this time the evaluation is unable to account for overlapping sentences, thereby potentially inflating the appearance of "new" recidivism within the new conviction analyses. This will also impact the ability to account for variables related to recidivism.

Though definitive conclusions cannot yet be drawn from the 1170(h)(5) data, a few preliminary findings can be discussed. Between October 2011 and December 2015, a total of 717 individuals were sentenced pursuant to PC§1170(h)(5). Of those, 74 clients incurred additional 1170(h)(5) sentences either during or after their original sentence. Clients were predominately male (75%), Hispanic (49%) or White (42%), and had an average age of 36.2 years old (with a range of 19 to 72 years) at age of first 1170(h)(5) entry. The number of clients sentenced pursuant to PC§1170(h)(5) decreased in 2014 after the passage of Proposition 47. As is consistent with the intent the Legislature (to keep people who commit nonviolent, non-serious, and non-sex-related offenses out of prison), almost half of the crimes that 1170(h)(5) clients were sentenced under fell under a range of substance-related offenses. A number of other non-drug related charges were also present, property offenses being the most prevalent. Of note is that the number of 1170(h)(5) sentences for bringing a controlled substance/alcohol into the jail more than doubled since last reporting year, which is likely a reflection of the increase in the use of short periods of incarceration allowing for more opportunity for contraband to be brought into jail facilities.

Of the 802 1170(h)(5) sentences handed down in Santa Barbara County between October 2011 and December 2015, 463 (58%) were sentenced to a Split Sentence and 339 (42%) received Jail Only sentences. Clients sentenced to Split Sentences had a larger mean number of charges than clients sentenced to Jail Only. This appears consistent with legislation guiding the criminal justice system to sentence clients to Split Sentences when possible; this may be that clients who are sentenced to Split Sentences incur less serious charges, but more of them, while clients incurring Jail Only sentences are sentenced to fewer, but more serious charges. However, this hypothesis needs to be further investigated.

1170(h)(5)(A) – Jail Only

There were 268 clients with a Jail Only (i.e., 1170(h)(5)[A]) sentence that had completed their sentence by December 31, 2015, _and_ had been released for at least a year. Of these, 101 (38%) acquired at least one new conviction. Of the 101 individuals who re-offended, 79 (79%) acquired at least one new misdemeanor and 48 (48%) acquired at least one new felony, suggesting that a larger proportion of the new convictions may be misdemeanor-driven. Clients with new convictions were most likely to receive one or more narcotics-related crimes (57%), followed by "other" crimes (45%), property crimes (41%), crimes against persons (16%), and alcohol-related crimes (5%). Furthermore, since the last report, there were dramatic increases noted in the number of disorderly conduct convictions, convictions for being under the influence of a controlled substance, and convictions for possession of a controlled substance. These patterns highlight the continued substance abuse struggles that these clients grapple with on an ongoing basis, even after their initial 1170(h)(5) conviction. However, clients sentenced to Jail Only do not receive a supervision period and are thus not provided the opportunity to receive treatment support as part of their sentence (as occurs within the Split Sentence population during their supervision period). Jail Only clients may seek out treatment independently after they have been released from jail/complete their sentence, however treatment is not tracked, evaluated, or funded for these individuals. Thus, it is unclear from the available data to what extent their ongoing substance-related issues are likely to be addressed with a Jail Only sentence.

Cumulatively speaking, clients by the end of their third-year post-release from jail had upwards of a 49% new conviction rate; by the end of their second year it was 38-45%, and by the end of their first year it was 13-32%. This suggests wide variability in clients' new conviction rates, but also suggests that clients are consistently obtaining new convictions. It is also important to be mindful of the fact that new convictions within the 1170(h)(5) population are sometimes not reflective of new recidivism, but rather may be a prior offense that is being convicted after their first 1170(h)(5) case conviction was received. Thus, not all of the new convictions should be interpreted as recidivism per se; new convictions should be interpreted as a combination of prior crimes being convicted post-first conviction, as well as new recidivism.

1170(h)(5)(B) – Split Sentence/PSS

There were 264 clients with a Split Sentence that had completed their sentence by December 31, 2015. Thirty-two clients completed multiple Split Sentences (2-4 entries per person), across a total of 303 total completions. The majority of the clients who completed their supervision received one or more completion statuses of Successful (53%), followed by Unsuccessful (26%) and by Prop 47 (22%). This suggests that the majority of clients receive

Successful completions. At this time, it is unclear what impact Prop 47 will have on 1170(h)(5) outcomes. This will continue to be monitored in the coming years to assess for the presence of differential outcomes (if possible).

The majority of clients fell within the high-risk category for Recidivism Risk (66%) and Violence Risk (69%). This finding was intuitive, given the population being served. Successfully completing PSS clients were more likely than Unsuccessful clients to exhibit positive gains in their Criminal Thinking and Residential Instability scores, and had lower percentages of negative changes on either. This suggests that changes in these two COMPAS scales may potentially be useful for monitoring client risk factors toward reoffending.

The majority of PSS clients (74%) partook in at least one treatment program during their time on supervision. Note that, unlike with the PRCS population, data are not available for client enrollment in BW services. The majority of clients receiving treatment received one or more outpatient services (61%), followed by drop-in services (26%), residential/sober living services (49%), and detoxification services (6%). It is worth noting the high percentage of clients accessing residential/sober living treatment within the PSS population, and may reflect a high level of treatment needs and/or housing needs for a large portion of 1170(h)(5) clients. If this is representative of all 1170(h)(5) clients, this has implications for those not receiving treatment through Realignment (i.e., 1170(h)(5)[A] clients). The majority of clients receiving Outpatient treatment services received at least one successful treatment completion status for that respective program (78%), while the majority of clients completing Residential treatment received one or more unsuccessful treatment completion statuses (65%), with less than half (47%) receiving one or more successful treatment completion statuses. This may be due to the intensive nature of residential treatment services; clients who require a higher level of care may be the clients attending residential treatment, and thus may be at a higher likelihood for drop-out and/or re-entry into these treatment programs. Conversely, clients in outpatient treatments represent a broader mix of clients, including lower-needs clients who may be more likely to complete treatment.

Treatment data were also categorized as providing one or more of these types of services: Drug/Alcohol (D/A) Treatment, Vocational, and/or CBT/Skill Building. Of the 246 completed PSS clients, 42% received D/A treatment, 45% received vocational services, and 46% received CBT/skill building treatment. Additionally, clients who participated in CBT/Skill building services had a higher percentage of clients who had ever received a Successful completion from PSS (65%) than those who did not (48%). It may be that CBT/Skills building allows clients to acquire new, healthy, and productive methods for managing their issues and obtaining assistance that are dissonant with criminal behavior, thereby improving quality of life and life circumstances that had prior impeded their ability to be successful in the community (e.g., remain abstinent, avoid criminal behavior). Future reports will continue to explore the utility and effectiveness of participation in CBT/Skill building programs, and when numbers are high enough for exploration, analyses of specific programs will be employed.

There were conflicting results regarding whether or not vocational/Drop-in treatment was related to positive outcomes. For example, clients participating in any vocational services had a lower percentage of clients who had ever received an Unsuccessful completion from PSS (22%) than those who did not (32%), and had a higher percentage of clients who had ever received a Successful completion from PSS (69%) than those who did not (46%). Clients who specifically participated in Drop-In Programs also had a higher likelihood of having ever received a Successful completion from PSS (70%) than those who did not (51%). Conversely, a higher percentage of clients who participated in Vocational services acquired one or more supervision violations than those who did not participate in Vocational services, and clients participating in Drop-In services had higher percentages of receiving new convictions than those who did not participate in such services.

These conflicting findings may be due a variety of factors. One potential factor is that participation in treatment may be associated with increased opportunities to accrue supervision violations through more frequent drug testing or higher levels of scrutiny by multiple agencies (e.g., treatment, probation), which could explain why clients involved in treatment were more likely to have violations. Secondly, individuals who participate in treatment may have more risk factors and, therefore, be a higher risk/needs group compared to those who do not partake in treatment; it may be that clients who are not at risk of recidivism may not require additional treatment and therefore have lower rates of recidivism in general. This may be corroborated by prior findings that individuals participating in Vocational treatment have a higher likelihood of receiving a Successful PSS completion status; it may be that they obtain violations and/or new convictions but enroll in treatment to rectify their presenting issues, and subsequently later

obtain a successful completion from PSS supervision. Third, some of the new convictions may also be representative of crimes that had been committed prior to sentencing and are therefore not actually correlated with treatment participation, as this is currently unable to be accounted for in the present report. Fourth, treatment participation may occur after new convictions or in response to events leading to a new conviction, and therefore may not be predictive of a decrease in new convictions without accounting for time to treatment within new conviction analyses. While many mitigating factors may be impacting the results, the findings should not be interpreted to mean that attendance in treatment increases the propensity to acquire new convictions, but rather that tracking the influence of these types of variables is related to larger and more complex issues, such as determining how clients who enter treatment differ than those who do not, and temporal sequencing of treatment against noncompliant behavior.

Participation in treatment was also associated with changes in Criminal Thinking and Residential Instability scores. Clients who received any form of treatment had higher percentages of ever having had a Positive Change in both their Criminal Thinking and Residential Instability scores than clients who did not participate in each respective modality. Furthermore, participation in CBT/Skills training or Outpatient programs were associated with both significantly lower rates of having ever had a Negative Change in their COMPAS scores, as well as having a significantly higher percentage of ever having had a Positive Change score. This indicates that treatment may be providing opportunities to learn new ways of thinking and behaving, that also contribute to reducing criminogenic mindsets and improving the ability to access services (i.e., housing). However, at this time, COMPAS scores were not examined in a time-sequence manner, and therefore effects of treatment are not able to be made based on this analysis; clients could have had positive changes prior to enrolling in treatment, which had nothing to do with having received treatment. Future reports that track client internal states (e.g., needs, risks, strengths) at regular intervals would be able to provide these types of analyses, but are not currently available with the given data.

As was recommended with PRCS clients, future reports would benefit from the inclusion of needs-based data, gathered at reliable intervals, in order to assess whether or not clients enrolled in treatment due to their identified needs and whether or not treatment helped to address any of their initial needs. This may provide richer information on client success in integrating back into the community, beyond the findings that have emerged in the present report. Additionally, future reports may benefit from the inclusion of data on clients receiving services from Behavioral Wellness, which currently is reported on for PRCS clients but not PSS clients. A final recommendation related to treatment is that stakeholders in Realignment may consider how to provide intensive interventions to all clients incarcerated in the local County jail who need intensive treatment according to needs assessment data (e.g. both populations of 1170(h)(5) clients, all incarcerated clients [not just Realignment clients]); the data suggest that many clients continue to struggle with substance use on an ongoing basis, and may benefit from more immediate and intensive intervention after their conviction and sentencing, rather than having to wait upwards of multiple years to first serve out a jail portion of their sentence before obtaining access to these services while on community supervision (if they even receive a PSS sentence at all). Furthermore, treatment interventions in custody should be tailored to individual needs as determined by a validated criminogenic needs assessment tool.

Of the 246 1170(h)(5)(B) clients who completed their supervision sentences, 62% officially violated the terms of their sentences across a total of 328 violations. Of clients receiving one or more violations, the majority of clients received at least one was substance-related violation (74%), with the next highest violation type being absconding (57%), followed by failure to report (FTR; 42%). This is not surprising, given that many 1170(h)(5) clients are sentenced pursuant to PC§1170(h)(5) for a substance-related crime. However, this does highlight the importance of clients receiving treatment for substance use while on community supervision. Additionally, clients who were within the high category on either Recidivism Risk or Violence Risk had a higher likelihood of acquiring a supervision violation than clients in the medium or low category for either scale. This is also intuitive, due to the intention of these scales in predicting future noncompliance and recidivism. However, there were no significant differences were observed between clients who did acquire a new violation and those who did not, on having ever received a PSS Successful completion status. This may indicate that clients receiving violations are able to obtain services subsequent to their violations, which help them to ameliorate any issues they are experiencing. However, time sequencing is not utilized within the present analyses, thus negating the ability to make temporal suggestions of violations and receipt of treatment.

GPS monitoring was utilized for 28 of the exited 1170(h)(5)(B) clients, across 29 GPS entries. Sixteen (55%) of those GPS events resulted in successful completions of GPS, and 61% of the 28 individuals ever receiving GPS also received a Successful PSS supervision completion status for their first 1170(h)(5) entry. The majority of the GPS events (86%) were for the purposes of intervention versus as a method of prevention. Clients spent an average of 155 days on GPS and were placed on GPS an average of 168 days after release from jail. The data suggest that GPS has been implemented in a limited fashion with PSS clients, and mostly as a form of intervention. The data from the prior PRCS section suggest that GPS may be a useful tool in monitoring client behavior, particularly when used as a prevention method. Future efforts may benefit from expanding the scope of the utilization of GPS within the PSS population, and in employing it as a prevention method more often. At this time, there are limited data on the use of GPS with the PSS population and thus caution should be warranted when extrapolating results to making broad based conclusions. (See "Future Directions" for more information on proposals with GPS for future PSRA client efforts).

Of the 264 clients who completed their 1170(h)(5)(B) sentences, a total of 232 had at least one year since release from jail. Of these 232 clients, 45% were convicted of new crimes either during or after their release from supervision, for a total of 273 new convictions; 23% were convicted of new felonies and 33% were convicted of new misdemeanor crimes. Clients with new convictions were most likely to receive one or more narcotics-related crimes (53%), followed by "other" crimes (43%), crimes against persons (28%), property offenses (28%), and alcohol-related crimes (4%). In particular, possession of a controlled substance, obstruction of a police officer, petty theft, and disorderly conduct were the most prevalent new charge convictions. These findings highlight a continued pattern of substance-related struggles for PSS clients after their release from incarceration in local jails. This mimics the ongoing struggle faced by PRCS clients, as well, and overall is consistent with the well-documented and long-term problems that individuals with addiction face during the course of their substance addiction.

COMPAS scores were related to new convictions for clients with Split Sentences. Clients who were rated high for Recidivism Risk and Violence Risk had higher distributions of having a new conviction than those who scored medium or low on those scales. Similarly, change scores in Criminal Thinking and Residential Instability were also indicative of higher/lower percentages of receiving new convictions; clients who experienced a positive change in Criminal Thinking during supervision were less likely to have new convictions compared to clients that had never had a Positive change on this scale, and a higher percentage of clients who had a Negative Change score in Residential Instability received new convictions than those that did not receive new conviction. As noted in the PRCS section above, the COMPAS is often disproportionately re-administered to successfully progressing clients, and as such these results should be interpreted with great caution and only generalized to clients who are successfully progressing through supervision.

Cumulatively speaking, clients by the end of their third-year post-release from jail had upwards of a 45% new conviction rate; by the end of their second year it was 35-46%, and by the end of their first year it was 22-39%. This suggests wide variability in clients' new conviction rates, but also suggests that clients are consistently obtaining new convictions. It is also important to be mindful of the fact that new convictions within the 1170(h)(5) population are sometimes not reflective of new recidivism, but rather may be a prior offense that is being convicted after their first 1170(h)(5) case conviction was received. Thus, not all of the new convictions should be interpreted as recidivism per se; new convictions should be interpreted as a combination of prior crimes being convicted post-first conviction, as well as new recidivism.

Lastly, caution is still warranted when interpreting results from this section; it is still relatively early to assess the impacts of 1170(h)(5) sentences, so this section may disproportionately represent clients who were unsuccessful in supervision for 1170(h)(5)(B) or released early due to Prop 47. As more clients successfully complete supervision, recidivism rates may change within cohort years, as well.

OVERVIEW OF PUBLIC SAFETY REALIGNMENT ACT

California Assembly Bills 109/117

"In an effort to address overcrowding in California's prisons and assist in alleviating the state's financial crisis, the Public Safety Realignment Act (Assembly Bill 109 [AB109]) was signed into law on April 4, 2011. AB109… transferred responsibility for specified lower level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties. This change was implemented on October 1, 2011." [1]

Key Components of the Public Safety Realignment Act (PSRA)

California's Public Safety Realignment Act (PSRA) aims to more efficiently serve criminal clients in local county probation and sheriff departments who would have previously been housed in prison and supervised by state parole. The goal is for counties to more effectively serve eligible clients and reduce rates of recidivism in this population and reduce prison overcrowding.

Establishment of local Post Release Community Supervision (PRCS) agencies. PRCS agencies provide local (versus state) supervision to "parolees whose committing offense is a non-violent, non-serious felony and who are not deemed to be high risk sex offenders." [1] Eligible offenses for participation in PRCS have been predetermined, and PRCS supervision shall not exceed 3 years. In addition, clients participating in PRCS waive their rights to a "court hearing prior to the imposition of a period of 'flash incarceration' in a county jail of not more than ten (10) consecutive days for any violation of his/her release conditions." [2] Thus, clients who have served a prison term for an eligible offense are supervised at the local level instead of the state level upon their release from prison. This is one of the two populations served by this legislation.

Penal Code Section (PC§) 1170(h)(5). Specified felony crimes are now punishable by local corrections agencies; qualifying felonies will be served locally. This includes serving full sentences at a local jail, a split sentence through a local jail, mandatory supervision at the county level, or another county-level sentencing option. These clients have been deemed to be non-violent, non-serious, non-sex offending clients (NX3) and have not committed past or present disqualifying offenses. "These NX3 clients can be subject to a period of mandatory supervision by probation, or Post Sentence Supervision (PSS), as ordered by the Superior Court." [1] These clients are also often referred to as " clients," and make up the second of two populations served by this legislation.

Revocations for 1170(h)(5) and PRCS clients. Revocations are served in local jails except for individuals serving a lifetime parole sentence who receive a revocation term of more than 30 days; these clients will continue to serve their revocations in prison. Beginning July 1, 2013, local courts began conducting hearings for all revocations for parolees as well as 1170(h)(5) and PRCS clients.

Changes to Custody Credits. "Pursuant to §4019 PC, jail inmates serving prison sentences earn four (4) days credit for every two (2) days served. Time spent on home detention (i.e., electronic monitoring [EM]) is credited as time spent in jail custody." [2]

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[1] Santa Barbara County Community Corrections Partnership. (2013, April). 2011 Public Safety Realignment Act (Assembly Bills 109/117): FY 2013-14 Plan.
[2] Santa Barbara County Community Corrections Partnership. (2013, April). 2011 Public Safety Realignment Act (Assembly Bills 109/117): FY 2013-14 Plan.

Alternative Custody Options. "§1203.018 PC authorized EM for inmates being held in the county jail in lieu of bail for eligible inmates. §1203.016 PC expanded and authorized a program under which inmates committed to a county jail or other county correctional facility or granted probation, or inmates participating in a work furlough program, may voluntarily participate or involuntarily be placed in a home detention program during their sentence in lieu of confinement in the county jail or other county correctional facility or program under the auspices of the Probation Officer." [2]

Alternative Punishment Options. The PSRA "authorized counties to use a range of community-based punishment and intermediate sanctions other than jail incarceration alone or traditional routine probation supervision." [2]

California Assembly Bill 117 (AB117)

AB117 was passed as a companion bill to AB109. AB117 provides information on the legal guidelines and on funding allocations for implementing the PSRA.

Penal Code Section 1230.1

As part of AB117 efforts, section 1230.1 of the California Penal Code (PC) was added. This penal code required that county Community Corrections Partnership (CCP) agencies be established. CCPs are required to submit a plan for implementing Realignment efforts in their county, which is then voted on by a CCP executive committee. The county board of supervisors votes on the approved plans for final approval. "Consistent with local needs and resources, the plan may include recommendations to maximize the effective investment of criminal justice resources in evidence-based correctional sanctions and programs, including, but not limited to, day reporting centers, drug courts, residential multiservice centers, mental health treatment programs, electronic and GPS [Global Positioning System] monitoring programs, victim restitution programs, counseling programs, community service programs, educational programs, and work training programs." [3] Emphasis is placed on the use of evidence-based assessments and programs. In addition, the CCP "oversees and reports on the progress of the implementation plan," and makes recommendations for funding allocations within the plan.

Penal Code Section 1170(h)

Penal Code Section 1170(h)(5) was initially adopted in 1976 and was amended by AB109 in 2011. This code outlines the felony sentences as reconstructed through the adoption of the PSRA. PC§1170(h)(5) states that the terms of imprisonment can be reconsidered if the client is not determined to pose a threat to public safety, [4] and outlines the time to be served in realignment felony sentencing for clients falling under category (1) under the PSRA description. PC§1170(h)(5) does not change the prior felony sentences, it designates how they will be addressed within the local agencies now in charge of implementing them.

Proposition 47 (Prop. 47)

Proposition 47 (Prop 47), which was passed by voter initiative on November 4, 2014, reclassified many property and substance crimes from felony to misdemeanor status. A number of the offenses reclassified under Prop 47 were previously sentenced pursuant to PC§1170(h)(5). Since the passage of Prop 47, the number of clients sentenced under PC§ has decreased, resulting in reductions of the number of clients from the 1170(h)(5) population in jail and on supervision caseloads. Some clients from the PRCS population also petitioned the Courts under Prop 47 and were released earlier than projected; these clients will only be on supervision for one year whereas ordinarily PRCS clients remain on supervision for three years. Consequently, there will be some fluctuations in the number of clients being served under PSRA due to Prop 47. Furthermore, outcome data will also reflect the new penal classification system: new convictions that are sentenced under Prop 47 will be classified as misdemeanors whereas previously they would have been considered felonies.

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[3] California Penal Code 1230.1
[4] http://www.ohii.ca.gov/chili/content/penal-code-1170-1976-amended-ab-109-2011

SANTA BARBARA COUNTY'S REALIGNMENT PLAN

Community Corrections Partnership (CCP) of Santa Barbara County

In order to assist local counties prepare for the changes implicated by the PSRA, all California counties were legally required to establish a "Community Corrections Partnership (CCP)" comprised of representatives from all branches of the local criminal justice system. In Santa Barbara County, the CCP is comprised of an Executive Committee and At Large Members. The CCP is required to develop a plan for addressing issues related to Realignment each year. As part of this report, the CCP frequently acknowledges efforts at evaluating outcomes and data related to Realigned clients. Other objectives in the 2015-2016 fiscal year report related to identifying the most at-risk clients, refining pre-trial assessment tools, providing increased access to appropriate treatment services, and keeping in line with relevant best practices in all aspects of Realignment.

Data Analysis and Program Evaluation

In order to support the objectives established by the CCP in Santa Barbara County, program outcomes and data must be regularly evaluated. This type of evaluation informs transformation of the local criminal justice system due to the PSRA implementation into a systemic approach to service delivery. The evaluation process involves identifying points where data can be collected, and using continuous management of data to identify strengths and weaknesses in the system. Goals include building capacity through less restrictive options, thereby reducing reliance on incarceration, and identifying ways to improve the efficiency of the criminal justice system that PSRA clients move through.

In order to complete these program assessments, a partnership was forged between Santa Barbara County Probation Department (Probation) and the University of California Santa Barbara (UCSB) Evaluation Team. Within this partnership, Probation is continuously developing and updating a comprehensive evaluation plan, which includes obtaining regular data reports from Probation, the Jail, and other components of the legal system. After the appropriate criminal system data are collected, they are then de-identified by Probation and transferred to UCSB on a regular basis. Once the UCSB Evaluation Team receives the data, they clean and analyze the data that are downloaded from Probation and provide annual reports regarding indicators. The present report is one of the ways in which these data are communicated to Probation, and also to CCP and the community.

Assessment of Risk and Needs of PSRA Clients

In line with the CCP's objectives, Santa Barbara County utilizes an evidence-based risk and needs assessment with both the PRCS and 1170(h)(5) populations. The following section describes the risk and needs assessment used by Probation, the Correctional Client Management Profiling for Alternative Sanctions (COMPAS) scale.

Best Practices in Criminal Justice

Evidence-based practices have become increasingly commonplace in criminal justice. Risk and needs assessments provide one avenue of incorporating best practices into everyday procedures. Risk and needs assessments can be used by courts, parole boards, probation, prisons, and jails to determine sentencing, conditions of supervision, levels of supervision, and appropriate specialized programs.[5] A recent review of meta-analyses of risk and needs

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[5] Pew Center on the States. (2011, September). Risk/needs assessment 101: Science reveals new tools to manage clients. Washington, D.C.: The Pew Charitable Trusts.

assessments (such as the Correctional Client Management Profiling for Alternative Sanctions [COMPAS]) indicated that these tools have high predictive validity for recidivism and may be effective tools in guiding treatment and intervention plans.[6]

The current theoretical model for using risk and needs assessments to guide interventions is the Risk-Needs-Responsivity Model. According to this model, programs should target clients with moderate to high risk levels, should target criminogenic needs, and should be responsive to the clients' specific motivation levels and learning styles.[7] Criminogenic needs refer to dynamic risk factors that directly contribute to criminal behavior, such as antisocial personality patterns, procriminal attitudes, social supports for crime, substance abuse, poor family/marital relationships, school/work failure, and lack of prosocial recreational activities.[8] The Risk-Needs-Responsivity Model has been found to reduce recidivism by up to 35%.[9]

The Correctional Client Management Profiling for Alternative Sanctions (COMPAS) Scale

The Correctional Client Management Profiling for Alternative Sanctions (COMPAS; Northpointe Institute for Public Management, 1996) is decision-support software that combines risk and needs assessment with other case management, sentencing, and recidivism data. The COMPAS assesses criminogenic needs and has demonstrated promise in past reliability and validity studies. Brennen, Dieterich, and Ehret (2009) found that COMPAS scales generally have good internal reliability with ten of the fifteen scales having alpha scores of .70 or greater and the other five between .59 and .70.[10] Likewise, Farabee, Zhang, and Yang (2011) found the test-retest reliability of COMPAS to be .66 overall.[11] Moreover, multiple studies have found the predictive accuracy of COMPAS in predicting recidivism to be similar to or better than other correctional needs assessments (Brennen, Dieterich & Ehret, 2009; Fass, Heilbrun, Dematteo & Fretz, 2008)[12] However, independent findings regarding use of the COMPAS within criminal justice populations have been limited.

Four COMPAS scales were used during the course of the present evaluation: Recidivism Risk, Violence Risk, Criminal Thinking, and Residential Instability. All four COMPAS scales generate an interval score between 1 and 10 that is used to assess client risk and/or needs.

Two of the COMPAS scales utilized in the present evaluation were used to assess client risk levels in relation to other program variables and recidivism (i.e., Violence Risk, Recidivism Risk). The Violence Risk subscale provides information on the potential risk for violence of a client, based on prior history of violence and violent crimes. Similarly, the Recidivism Risk subscale provides information on the potential risk for recidivism of a client based on prior criminal history. Both of these risk scales factor in such variables as client's current age while computing their scores. Scores on this scale between 1-4 are low, 5-7 are medium, and 8-10 indicate a high level.

The other two COMPAS scales utilized in the present evaluation are considered to be measures of client needs (i.e., Criminal Thinking, Residential Instability). In contrast to the COMPAS risk scales, the needs scales represent areas in which intervention could be targeted (i.e., cognitive-behavioral, housing) in order to improve client outcomes for those with identified needs. The Residential Instability subscale of the COMPAS measures the extent to which an individual has a stable and verifiable address, local telephone, and long-term local ties. A high score on this subscale indicates if the person has no regular living situation, has lived at the present address for a short time, is isolated from family, has no telephone, and frequently changes residences. The Criminal Thinking subscale measures the extent to which a person holds attitudes and beliefs that justify, support, or rationalize criminal behavior, including moral

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[6] Andrews, D.A, Bonta, J., & Wormith, J.S. (2006). The recent past and near future of risk and/or needs assessment. *Crime and Delinquency, 52,* 7-27. doi: 10.1177/0011128705281756.

[7] Andrews, D.A., & Bonta, J. (2010). Rehabilitating criminal justice policy. *Psychology, Public Policy, and Law, 16*(1), 39-55.

[8] Bonta, J., & Andrews, D.A. (2007). Risk-need responsivity model for client assessment and rehabilitation. Ottawa: Public Safety Canada.

[9] Andrews, D.A., & Bonta, J. (2010). Rehabilitating criminal justice policy. *Psychology, Public Policy, and Law, 16*(1), 39-55.

[10] Brennen, T., Dieterich, W., & Ehret, B. (2009). Evaluating the predictive validity of the COMPAS Risk and Needs Assessment System. *Criminal Justice and Behavior, 36*(1), 21-40.

[11] Farabee, D., Zhang, S., & Yang, J. (2011). A preliminary examination of client needs assessment: Are all those questions really necessary? *Journal of Psychoactive Drugs, 43,* 51-57.

[12] Fass, T.L., Heilbrum, K., Dematteo, D., & Fretz, R. (2008). The LSI-R and the COMPAS: Validation data on two risk-needs tools. *Criminal Justice and Behavior, 35*(9), 1095-1108.

justifications, failure to accept responsibility, blaming the victim, and creating excuses that minimize the seriousness and consequences of criminal activity. A high Criminal Thinking score indicates that the client tends to rationalize their criminal behavior and minimize the severity of these actions, while a lower score indicates the inverse. For both Residential Instability and Criminal Thinking, scores of 1-5 indicate low needs, 6-7 indicate medium needs, and 8-10 indicate high needs.[13]

Clients are usually administered these COMPAS scales at the beginning of their supervision period. At any later time, the agencies can input additional client dispositions that should be considered and that have changed since the initial scores were generated. In Santa Barbara County, score changes can occur during a routine supervision review with clients, or after a major event occurs with the client (e.g., an official supervision violation, new convictions). Due to the generally stable nature of the variables used to calculate the risk scales (i.e., Recidivism Risk, Violence Risk), risk scores tend to see few changes during the clients' time on supervision. However, the client needs scales (i.e., Criminal Thinking, Residential Instability) can vary often and drastically over the course of their supervision period.

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[13] According to Northpointe, the anchors for the Criminal Thinking and Residential Instability scores are: Unlikely, Probable, and Highly Probable. However, the anchors Low, Medium, and High needs (respectively) will be used to describe the scoring cutoff points throughout the present report, for ease and continuity of interpretation.

OVERVIEW OF PUBLIC SAFETY REALIGNMENT IN SANTA BARBARA COUNTY

Client Demographic Information

All data presented in this report describe PSRA clients who entered Santa Barbara County's caseload between October 1, 2011 and December 31, 2015. These clients include: (a) prisoners released at the completion of their sentence to local supervision instead of state parole (PRCS population); and (b) NX3 clients sentenced under PC§ to serve their sentence in County Jail, or serve a "split" sentence of jail time served in County Jail followed by a period of mandatory post-sentence supervision by local Probation.

There were a total of 955 client entries into PRCS and 717 clients who obtained 1170(h)(5) convictions in Santa Barbara County between October 2011 and December 2015 (some clients entered both PRCS and 1170(h)(5) multiple times).[14] Figure 1 indicates the approximate number of clients released into PSRA by year. Note that in 2011 the data are only representative of the months October through December, as PSRA went into effect in October of that year. The graph indicates that the number of clients released onto PSRA each year has decreased overall since 2012, with the first year and a half (2011-2012) of implementation of PSRA yielding the highest number of client releases into Santa Barbara County per year. Since 2012, the number of clients entering PRCS locally has plateaued, with a slight downtick; however, the number of 1170(h)(5) clients with new convictions did not dramatically start to decline until 2013. Decreases in the overall number of 1170(h)(5) convictions in 2014 in particular is likely a reflection of the impact of Prop 47 on Realignment.

Figure 1. **Number of PSRA clients entering Santa Barbara County's caseload by year, from October 2011 through December 2015.**

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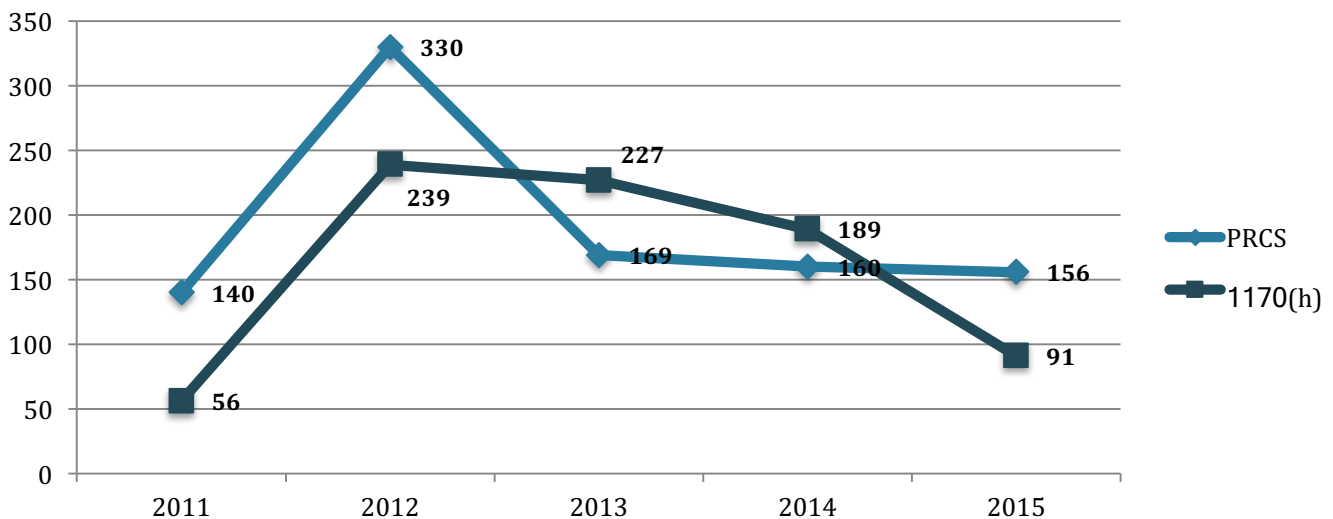
[14] Data in the PRCS and 1170(h)(5) sections are reported differently within the report, due to nuanced differences in their data and programs. For example, data within the PRCS section examines data by entry into PRCS, due to the fact that PRCS entries cannot overlap. However, overlap is a common occurrence within the 1170(h)(5) population, and as such, the 1170(h)(5) data are examined at the individual level (versus by discrete entry, as occurs in PRCS).

Participant demographic information for both populations of PSRA clients is presented in Figures 2 to 4. Aside from gender, most of the basic demographic information between the two populations is very similar. Overall, the population of clients in both PRCS and 1170(h)(5) are predominantly male, Hispanic or White, and between ages 25-45 years at entry to their respective PSRA program.

Figure 2. **Gender of clients in PRCS (N=955) and 1170(h)(5)(N=717).**
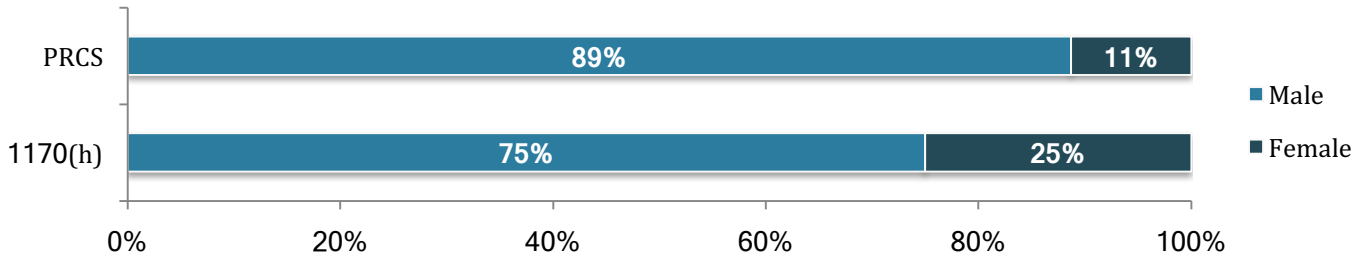
Figure 3. **Ethnicity of clients in PRCS (N=955) and 1170(h)(5)(N=717).**
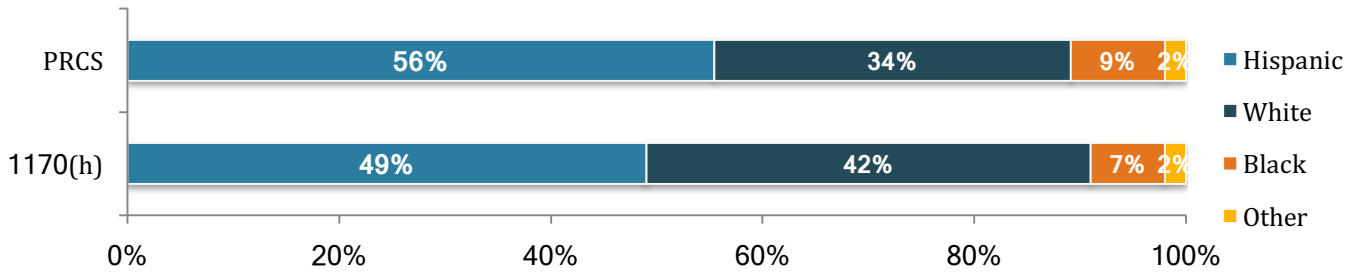
Figure 4. **Age categories of clients in PRCS (N=955) and 1170(h)(5)(N=717).**
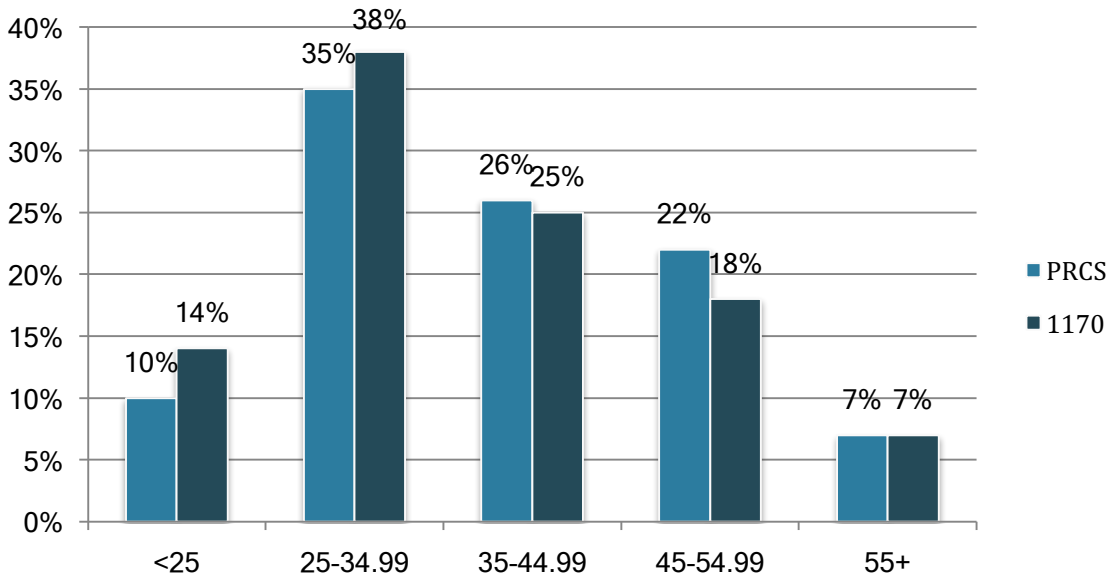
Examination of the charge descriptions for PRCS and 1170(h)(5) clients of their PSRA-eligible offenses is provided in Figure 5 and Figure 6 below. Direct comparisons are not recommended; available information on PRCS clients' PSRA-eligible offenses included only their "most serious" PSRA-eligible offense (i.e., one offense, regardless of how many PSRA-eligible offenses were committed), while all PSRA-eligible offenses were available for analysis for 1170(h)(5) clients.

Figure 5. **Breakdown of type of charge of the initial of the most serious of the PRCS eligible offenses (N=955).**
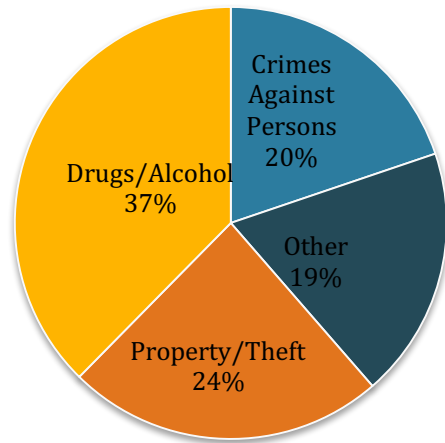
Figure 6. **Percentage of entering PC§1170(h)(5) offenses by charge category (N=1,521 total offenses; N=717 clients).**
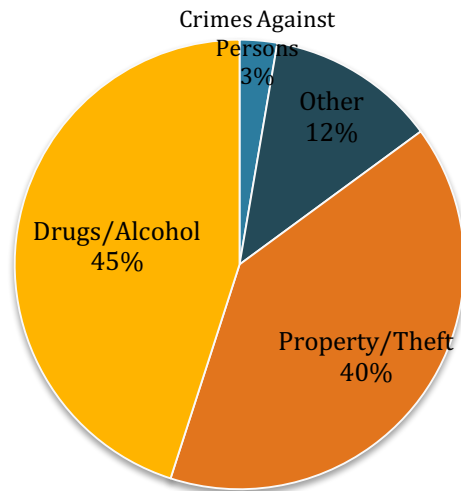
COMPAS data were obtained for completed clients, whenever COMPAS data were available for the clients. Data in the PRCS clients' section includes all clients for whom COMPAS data were collected during their supervision period; however, only PSS clients are reflected within the 1170(h)(5) population statistics. Figure 7 and Figure 8 depict client COMPAS scores for completed PRCS and 1170(h)(5) clients. These figures indicate that both 1170(h)(5) and PRCS clients were likely to score in the high risk range for Violence Risk and Recidivism Risk.

Figure 7. **COMPAS Violence Risk level of completed PRCS (N=483) and 1170(h)(5) (N=244) clients.**
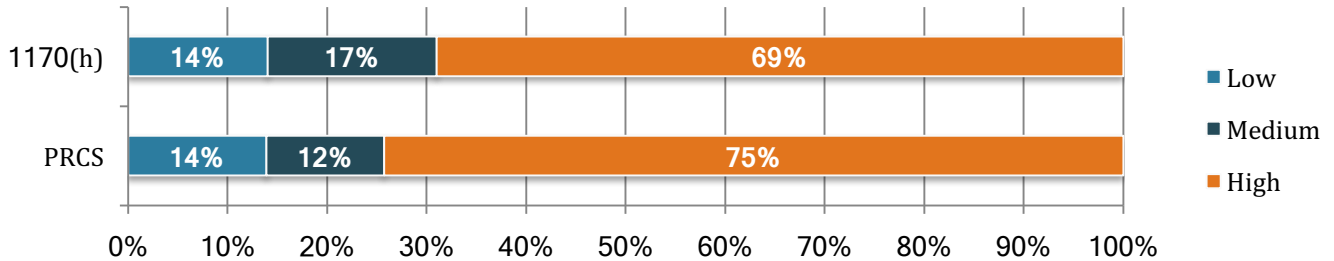
Figure 8. **COMPAS Recidivism Risk level of PRCS (N=483) and 1170(h)(5) (N=244) clients.**
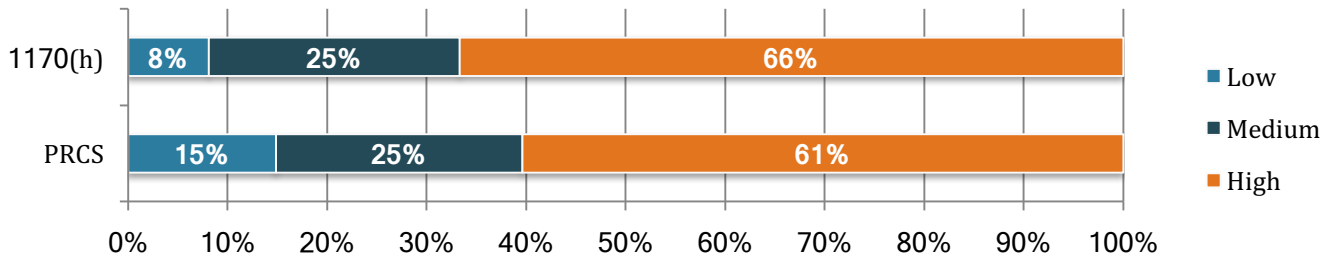
POST-RELEASE COMMUNITY SUPERVISION (PRCS)

Overall Demographics

Between October 2011 and December 2015, there were a total of 955 client entries onto Post Release Community Supervision (PRCS) in Santa Barbara County. Among these 955 entries were 30 clients who released onto PRCS twice, and one client was released onto PRCS three times.[15] The majority of the clients were male (90%; N=855) and Hispanic (56%, N=534; see Figure 9). The average age of PRCS clients was 38 years old, with client ages ranging from 18 to 82 years old (see Figure 10 for a breakout of clients by age category). Most clients are designated as being supervised in the Santa Maria area (44%; N=423), followed by the Santa Barbara area (36%; N=338), and the Lompoc area (20%; N=192).[16] Additional client characteristics are as follows: 4% (N=22) were convicted of a sex crime, 25% (N=242) have been identified as gang affiliated, and 16% (N=150) had been designated as having mental health needs prior to release from prison (i.e., they received either special housing or medication in prison due to their identified mental health needs). Each client's most serious crime that contributed to their PRCS case was classified as being within the following charge classifications: narcotics/drugs (32%; N=305), property offenses (24%; N=227), crimes against persons (20%; N=186), other (19%; N=183), and alcohol (6%; N=54).

Figure 11 indicates the approximate number of clients released onto PRCS by year. Note that in 2011 the data are only representative of the months October through December, as PSRA went into effect in October of that year. The graph indicates that the number of clients released onto PRCS each year has decreased overall since 2012, with the first year and a half (2011-2012) of implementation of PSRA yielding the highest number of client released into Santa Barbara County per year. Since 2012, the number of clients entering PRCS locally has plateaued, with a slight downtick.

Figure 9. **Breakout of PRCS client race categories (N=955 clients).**

Figure 10. **Breakout of PRCS clients by age category (N=955 clients).**
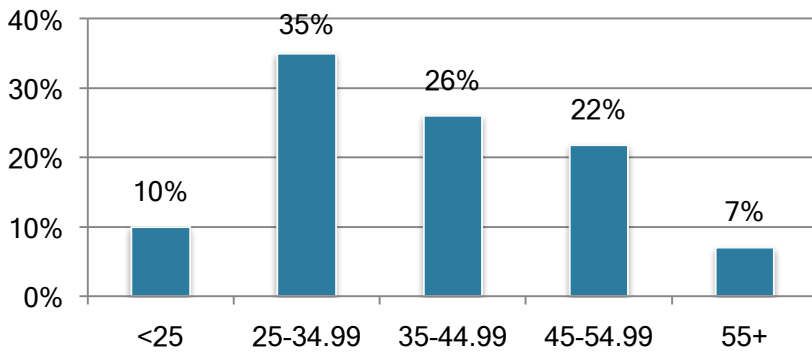
Figure 11. **Number of PRCS clients entering Santa Barbara County's caseload by year, from October 2011 through December 2015 (N=955 clients).**
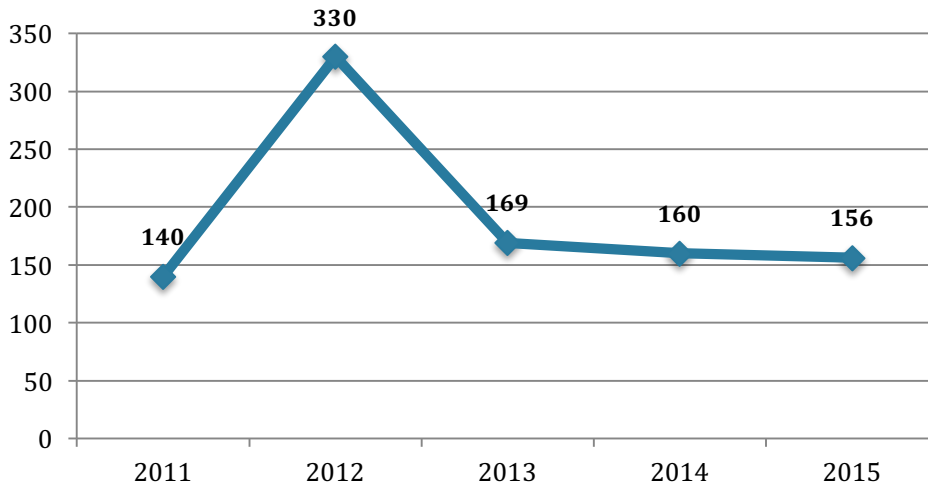
Program Completion

Between the reporting period of October 2011 through December 2015, data were available on 702 client completions from Santa Barbara County's PRCS program. A client may be exited from the County's PRCS supervision for any of the reasons outlined in Table 1. According to state legislation outlining the terms of PSRA, a client must be released from supervision after a 12-month consecutive period of compliant behavior, and shall not be maintained on community supervision for a term exceeding three years. Client exit statuses are defined around these terms and conditions, as described below. Clients who are complying with all terms of supervision for a 12-month consecutive period receive a state-mandated early termination of their PRCS terms; therefore, these clients are considered "Successful" program completers. If a client is not adhering to all terms of PRCS but has not been sentenced to a prison-eligible new felony and has not resulted in their supervision being revoked, they are exited from PRCS at the end of the three-year maximum term and described as "Expired." Finally, a designation of "Unsuccessful" is allocated to clients who have either: (a) incurred a new prison-eligible felony and/or are sent back to ("Unsuccessful – New Felony" in Table 1), or (b) had a judge terminate their supervision terms due to significant noncompliance ("PRCS Court Ordered" in Table 1).

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. Some of these reasons include: undocumented clients who are deported upon completion of their prison term; clients who are taken into the custody of Immigration and Customs Enforcement (ICE) during any portion of their supervision; clients with an arrest warrant in another state; clients committing offenses in multiple counties; clients requesting permission to move to another jurisdiction upon release; and clients' sentences revoked due to the passage of Proposition 47. Seventy of the exited clients were deported/in ICE custody and 79 were transferred to another county. An additional 12 clients became deceased prior to serving out their PRCS term, one client became deceased after being deported, and 32 clients' supervision cases were terminated due to the passage of Proposition 47. These 194 total transferred, deported, deceased, and Proposition 47-terminated PRCS clients are not considered to possess enough data representative of an experience of supervision in the County, and as such are reported on separately from the other 508 clients.

Table 1. **Description of PRCS program completion categories.**

PRCS Exit Status	Description	Reported in Completion Section?
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.[17]	✓
Expiration of PRCS Term	The client was terminated after a full three years of supervision.[18]	✓
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[19]	✓
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 are clients with cases that 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.	

Successful, Unsuccessful, and Expired PRCS Clients

Of the 702 clients who were exited from PRCS supervision, 508 clients received a PRCS exit status of Successful Early Termination (used interchangeably with "Successful" throughout the report), Expiration, or Unsuccessful. These populations reflect clients who had served their PRCS supervision term primarily in Santa Barbara County. The majority of these clients completed their PRCS terms with a completion status of Successful Early Termination (65%, N=329), followed by Unsuccessful (25%; N=125), and Expired (11%; N=54). Within the group of Unsuccessful clients (N=125), 104 received a new prison-eligible felony and 21 received court ordered termination of their supervision by a judge.

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[17] 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.

[18] 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.

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

Discussions from prior reports led to the hypothesis that variability in Successful clients may warrant a further breakdown of the Successful client category. Successful clients *must* be exited from PRCS supervision if they are displaying a pattern of compliant and productive behaviors for a period of 12 consecutive months during any point of their supervision terms, at any point prior to the 3-year PRCS expiration period. Thus, clients who successfully complete their supervision terms within the initial 12-month period post-release from prison 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).

In order to investigate possible differences between these two populations within Successfully completing PRCS clients, the Successful exit status was divided into Successful – 1 Year and Successful – 1+ Year completions. Clients who completed their PRCS terms within 372 days[20] of release from prison and with a Successful exit status were considered within the Successful – 1 Year category; those that completed their PRCS terms after 372 days and with a Successful exit status were captured within the Successful – 1+ Years category. The overall breakout of exit statuses with the Successful completion statuses parsed out can be found in Figure 12.

Figure 12. **Exit status of PRCS clients who have been exited from the PRCS program (N=508 clients).**
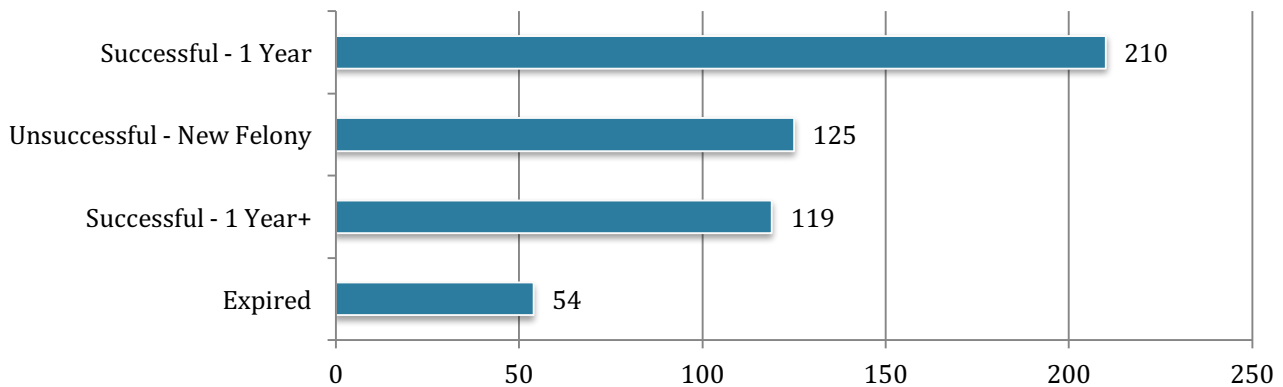
Of the 508 completed clients reported on, the majority of clients were male (87%; N=443) and Hispanic (54%; N=273). The average age of completed PRCS clients was 38 years old, with client ages ranging from 18 to 74 years old. Almost half of the clients were supervised in Santa Maria (44%; N=225), followed by Santa Barbara (35%; N=178), and Lompoc (21%; N=104).[21] Of these 508 clients, 17% (N=84) received mental health intervention while in prison, 4% (N=22) were convicted of a sex crime, and 27% (N=139) were identified as gang affiliated. All of these demographic characteristics are consistent with the overall PRCS population.

Demographic variables were examined in relation to exit status (see Table 2), with only a few notable relationships between these variables emerging. Gender, region of supervision, and gang identification indicated significant differences within these variables and client exit statuses;[22] females had a higher percentage of successful completion statues than male clients, and non-gang members exhibited a higher percentage of successful completion than gang members. However, these results should be interpreted with caution due to the low number of overall females and gang members compared to the overall sample. There were also differences in region of supervision, with Santa Barbara having the lowest number of Unsuccessful clients, and Lompoc having the highest percentage of clients completing within one year.

Despite not yielding statistically significant differences, there were other noteworthy comparisons observed in Table 2. First, the comparison by age category indicates a stronger success rate for clients ages 55 years old and older as

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[20] The number 372 was chosen in order to account for a one-week "grace" period for which clients would have to initially report to Probation post-release from prison, in addition to the required 365 days (12 months) on supervision in order to being eligible for release from PRCS supervision.
[21] Region information was unavailable for approximately <1% of completed clients.
[22] See Appendix B for an explanation on significance interpretations.

compared to those younger than 35 years old. Second, individuals who had been convicted of a sex crime had higher rates of success than those who were not. Failure to yield statistical significance for the latter finding could be due to the low numbers of clients convicted of sex crimes as compared to the larger population of exited clients.

Table 2. **Exit status of PRCS clients who have been exited from the PRCS program by various demographic variables (percentage and raw number of clients).**[23]

Demographic	Successful (1 Year)	Successful (1+ Years)	Expiration of Supervision Term	Unsuccessful	Significant Differences?[24]
Ethnicity (N=501)					No
Hispanic	39% (105)	23% (63)	9% (25)	29% (80)	
Black	41% (17)	19% (8)	17% (7)	24% (10)	
White	44% (82)	26% (48)	11% (21)	19% (35)	
Age Group (N=508)					No
Up to 25	37% (19)	22% (11)	12% (6)	29% (15)	
25-34.99	40% (74)	21% (40)	9% (17)	30% (56)	
35-44.99	44% (54)	20% (24)	12% (15)	24% (29)	
45-54.99	38% (43)	30% (34)	12% (14)	20% (22)	
55 and over	57% (20)	29% (10)	6% (2)	9% (3)	
Gender (N=508)					Yes*
Male	40% (176)	23% (101)	12% (52)	26% (114)	
Female	52% (34)	28% (18)	3% (2)	17% (11)	
Region (N=507)					Yes*
Santa Maria	39% (88)	22% (50)	9% (20)	30% (67)	
Santa Barbara	39% (70)	28% (50)	15% (26)	18% (32)	
Lompoc	50% (52)	18% (19)	8% (8)	24% (25)	
Sex Crime (N=508)					No
Yes	59% (13)	18% (4)	14% (3)	9% (2)	
No	41% (197)	24% (114)	10% (50)	25% (123)	
Gang Affiliated (N=508)					Yes**
Yes	33% (46)	25% (34)	8% (11)	35% (48)	
No	44% (164)	23% (85)	12% (43)	21% (77)	
Mental Health in Prison (N=508)					No
Yes	37% (31)	27% (23)	13% (11)	23% (19)	
No	42% (179)	23% (96)	10% (43)	25% (106)	

*Note. *p<.05. **p<.01. ***p<.001.*

COMPAS Risk and Needs Scores

Data from the COMPAS Risk and Needs Assessment (described on pages 25-26) were available for the majority of the 508 clients exiting PRCS under Successful, Expired, or Unsuccessful statuses. COMPAS data for clients who have been exited from PRCS are detailed below in Table 3 and Figure 13.

Figure 13 and Table 3 depict the mean scores and range of scores of two COMPAS risk indicators (Recidivism Risk, Violence Risk). Scores reflect client ratings for the last time the client took the COMPAS after being released from prison. These particular COMPAS scale scores are unlikely to change significantly across administrations, and thus is assumed to be representative of the client's risk status throughout their duration on PRCS. The risk scores generally indicated lower mean scores for clients successfully completing within one year, followed by clients successfully completing in over one year; higher mean scores were observed for expired and unsuccessful clients. Additionally,

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[23] Percentages add up to 100% going across by rows. Demographic information may not have been available for all exited clients; hence, the total "N" for each group may not equal 508.
[24] Using chi-square test of significance. See Appendix for description on chi-square tests.

while the mean scores between successful clients (i.e., clients successfully completing within one year and those successfully completing in more than one year) were markedly different on both risk scales, the average risk scores between expired and unsuccessful clients were extremely similar to one another.

Figure 13. COMPAS indicator scores by PRCS exit status.[25]

Figure 13 bar chart showing Recidivism Risk and Violence Risk scores: Successful (1Yr): 6.5, 7.1; Successful (1Yr+): 7.7, 8.5; Expired: 8.2, 9.4; Unsuccessful: 8.4, 9.4.
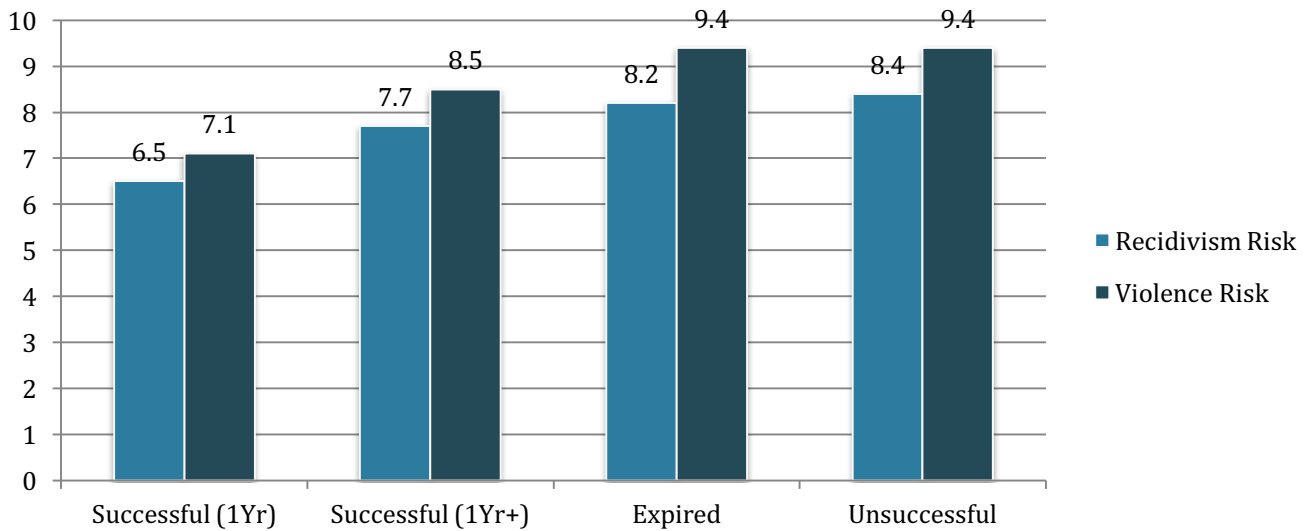
Table 3. COMPAS indicator scores by PRCS exit status.[26]

Risk Scores*	Successful (1 Year)	Successful (1+ Years)	Expiration	Unsuccessful
Recidivism Risk				
Mean	6.53	7.66	8.21	8.41
Minimum	1	1	3	1
Maximum	10	10	10	10
N=	*201*	*116*	*52*	*114*
Violence Risk				
Mean	7.13	8.47	9.44	9.40
Minimum	1	1	6	4
Maximum	10	10	10	10
N=	*201*	*116*	*52*	*114*

*Note. Ranges: 1-4=low, 5-7=medium, 8-10=high.

The data illustrated in Figure 14 and Figure 15 corroborate the differences observed within risk score means above, in relation to exit status. In these figures, the majority of PRCS clients overall fell into the high-risk categories for both Recidivism Risk and Violence Risk (61% and 75%, respectively). The majority of clients within the low-risk category for Recidivism Risk (86%) achieved a Successful Early Termination status. The majority of clients who fell within the medium- and high-risk categories also achieved Successful Early Termination exit statuses from PRCS as well, albeit at lower rates (78% and 55%, respectively). The difference between the risk categories (i.e., low, medium, high) on the distribution of completion statuses was significantly different;[27] low-risk clients had a higher percentage of a successful exit status than high- or medium-risk clients. Similar patterns were found for the Violence Risk categories; Successful Early Termination status was achieved by 97% of low-risk clients, 75% of medium-risk clients, and 58% of

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[25] COMPAS indicator information was not available for all of the exited clients; see Table 3 for information on *N* information per scale.

[26] COMPAS indicator information was not available for all of the exited clients; see Table 3 for information on *N* information per scale.

[27] Using chi-square analysis; *p*<.001.

high-risk clients; the difference in rates of successful completion was statistically significant for low-risk compared to high-risk clients.[28]

Figure 14. **COMPAS Violence Risk level by PRCS exit status (N=483 clients).**
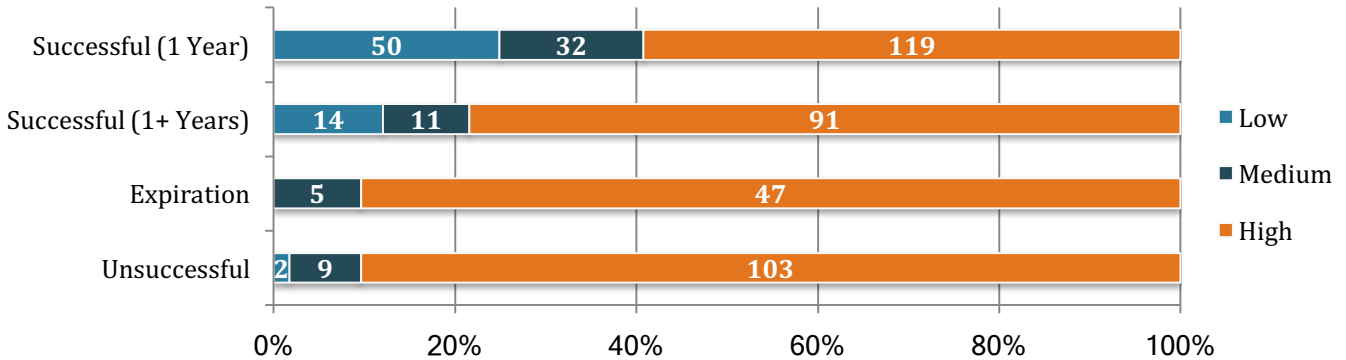
Figure 15. **COMPAS Recidivism Risk level by PRCS exit status (N=483 clients).**
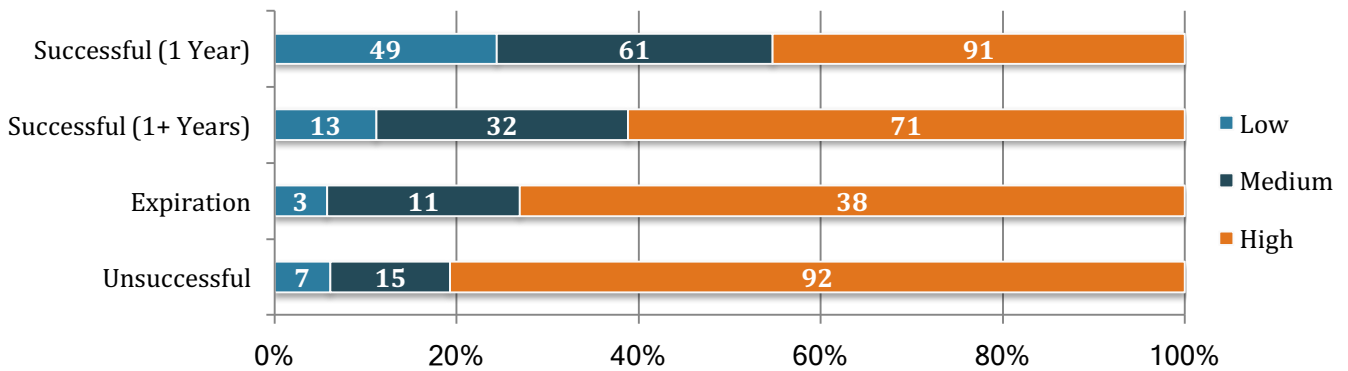
COMPAS and Demographic Variables

As indicated by Table 4 below, there were differences based on demographic variables on client risk levels, with many of these differences reaching statistical significance. However, it is important to keep in mind that several of the variables in the comparisons have fewer individuals in one group than another (i.e., gender, sex crime status, gang affiliated); thus, it is not recommended that strong conclusions on these differences be inferred in these instances.

Significant differences in distributions of risk levels within demographic groups were found for all demographic variables except for region of supervision and receipt of mental health services in prison, based on either Recidivism Risk or Violence Risk categories (i.e., low, medium, high). In particular, older age, being female, having been convicted of a sex crime, and not being identified as gang-affiliated were more indicative of lower Recidivism Risk and Violence Risk levels than their counterpart categories. Of interest, nearly all clients under 25 years of age (94%) fell within the high Violence Risk category. White clients were more likely to be in the low Recidivism or Violence risk levels, and less likely to fall within the high risk levels than Hispanic or Black clients; race is highly correlated with gang status, which might explain this result.

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[28] Using chi-square analysis; $p<.001$.

Table 4. **Recidivism Risk and Violence Risk levels of PRCS clients who have been exited from the PRCS program by various demographic variables (percentage of clients).**[29] [30]

Demographic	Recidivism Risk			Violence Risk		
	Low	**Med**	**High**	**Low**	**Med**	**High**
Ethnicity (N=476)	Significant Differences**			Significant Differences**		
Hispanic	11%	20%	69%	11%	10%	79%
Black	10%	33%	58%	8%	5%	88%
White	21%	29%	50%	19%	17%	64%
Age Group (N=483)	Significant Differences***			Significant Differences***		
Up to 25	2%	10%	88%	2%	4%	94%
25-34.99	7%	24%	68%	9%	14%	77%
35-44.99	12%	26%	62%	14%	11%	75%
45-54.99	28%	27%	45%	19%	12%	69%
55 and over	44%	38%	19%	38%	13%	50%
Gender (N=483)	Significant Differences**			Significant Differences***		
Male	13%	24%	63%	10%	11%	79%
Female	26%	29%	45%	35%	20%	45%
Region (N=483)	No Significant Differences			No Significant Differences		
Santa Maria	14%	22%	64%	14%	12%	75%
Santa Barbara	18%	24%	57%	14%	10%	76%
Lompoc	12%	30%	58%	13%	14%	73%
Sex Crime (N=483)	Significant Differences***			Significant Differences***		
Yes	55%	23%	23%	55%	5%	41%
No	13%	25%	62%	12%	12%	76%
Gang Affiliated (N=483)	Significant Differences***			Significant Differences***		
Yes	3%	16%	81%	2%	4%	94%
No	20%	28%	52%	18%	15%	67%
Mental Health in Prison (N=483)	No Significant Differences			No Significant Differences		
Yes	11%	23%	66%	10%	16%	74%
No	16%	25%	59%	15%	11%	75%

*Note. *p<.05. **p<.01. ***p<.001.*

Changes in COMPAS Scores Over Time

Data were also available on changes in client COMPAS data during their supervision period for the majority of clients, specifically for COMPAS needs scales (i.e., Criminal Thinking, Residential Instability).[31] Due to the relatively stable nature of the Recidivism Risk and Violence Risk scales, only changes in client ratings on the Criminal Thinking and Residential Instability scales were monitored; the latter two scales are more dependent on present-state characteristics and are likely to change often and/or over time.

Many clients were administered portions of the COMPAS on one or more additional occasions after their initial COMPAS report, as part of ongoing supervision efforts to monitor client progress. Two of the scales that were often re-administered were the Criminal Thinking, Residential Instability scales. The following types of changes in client scores on these two scales were recorded: Positive Change (their score changed in a favorable direction), Negative Change (their score changed in an unfavorable direction), No Change (there was not any reported change in their score), and Resolved (their score became stable or achieved a desired level). Because clients often take these subscales multiple times, the clients' scores can be characterized as falling within one or more of these categories; having ever exhibited one type of change is not mutually exclusive with having ever exhibited another type of change in scores.

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[29] Significant differences for each group were calculated using chi-square statistical tests of significant group differences.
[30] Percentages add up to 100% going across by rows. Demographic information may not have been available for all exited clients; hence, the total "N" for each group may not equal 508.
[31] COMPAS change data are available for N=430 clients for the Criminal Thinking scale and N=398 for the Residential Instability scale.

Analysis of changes in client COMPAS ratings indicate that the most common type of change experienced in the Residential Instability scale was No Change, followed by Positive Change (48% and 37% respectively; see Figure 16). Similarly, the most common type of change experienced in the Criminal Thinking scale was No Change, followed by Positive Change (52% and 41% respectively; see Figure 16).

Figure 16. **Percentage of clients with each type of change in their Residential Instability and Criminal Thinking levels.[32]**
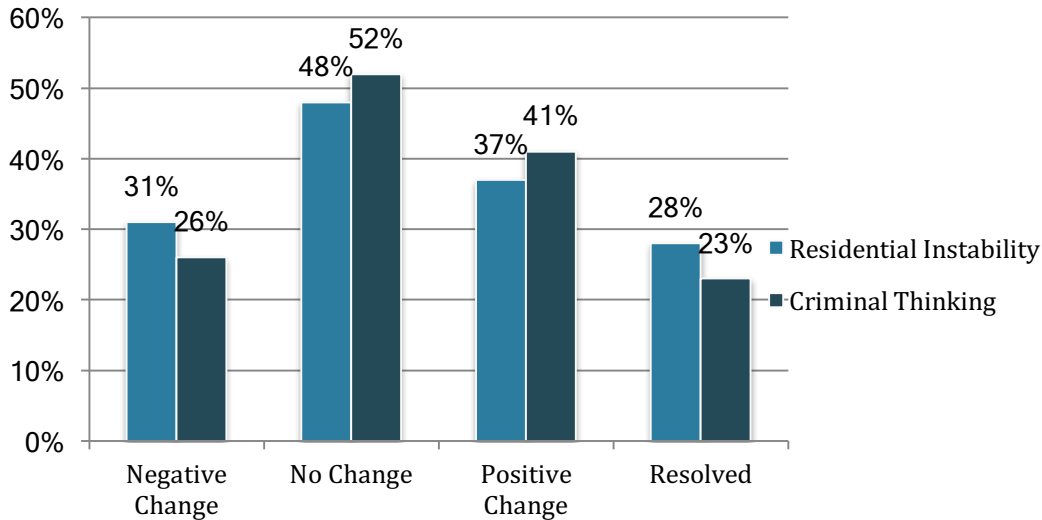
The data depicted in Figure 17 and Figure 18, as well as Tables 4-7 suggest that there are significant differences in the distributions of client exit status in association with changes in client COMPAS scores. Clients who had never reported a Negative Change in their Residential Instability score were more likely to achieve a Successful completion status than those who at some point did report a Negative Change, and clients who had ever reported a Positive Change or a Resolution of their Residential Instability score were more likely to achieve a Successful completion status from PRCS. Similar results were found for the Criminal Thinking scale; clients who had ever received a Positive Change or a Resolution in their scores, and clients who had never reported a Negative Change or No Change were more likely to report a Successful completion status than their counterpart categories. The findings suggest that monitoring changes in client Criminal Thinking and Residential Instability status may be a useful tool for County officials working with Realigned clients.

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[32] N=430 for Criminal Thinking scale; N=398 for Residential Instability scale.

Figure 17. **Percentage of clients with each type of change in Residential Instability scores, by exit status (N=356).**
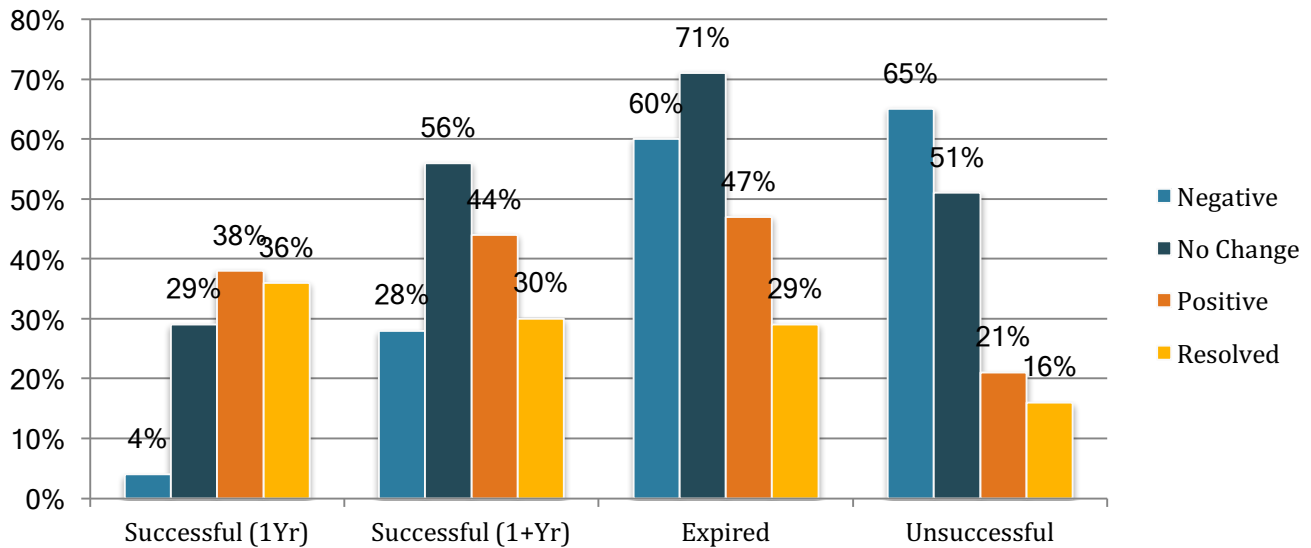
Table 4. **Exit status of PRCS clients who have been exited from the PRCS program by types of changes observed in client Residential Instability scores (percentage and raw number of clients; N=356).**[33]

Exit Status	Ever having reported a Negative Change in their score			Ever having reported No Change in their score		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Year)	4% (5)	96% (128)	**100% (133)**	29% (39)	71% (94)	**100% (133)**
Successful (1+ Years)	28% (29)	72% (74)	**100% (103)**	56% (58)	44% (45)	**100% (103)**
Expired	60% (27)	40% (18)	**100% (45)**	71% (32)	29% (13)	**100% (75)**
Unsuccessful	65% (49)	35% (26)	**100% (75)**	51% (38)	49% (37)	**100% (45)**
Significant Differences?[34]	Yes***			Yes***		

*p<.05. **p<.01. ***p<.001.

Table 5. **Exit status of PRCS clients who have been exited from the PRCS program by types of changes observed in client Residential Instability scores (percentage and raw number of clients; N=356).**[35]

Exit Status	Ever having reported a Positive Change in their score			Ever having reported a Resolution/Stabilization of their score		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Year)	38% (51)	62% (82)	**100% (133)**	36% (48)	64% (85)	**100% (133)**
Successful (1+ Years)	44% (45)	56% (58)	**100% (103)**	30% (31)	70% (72)	**100% (103)**
Expired	47% (21)	53% (24)	**100% (45)**	29% (13)	71% (32)	**100% (45)**
Unsuccessful	21% (16)	79% (59)	**100% (75)**	16% (12)	84% (63)	**100% (75)**
Significant Differences?[36]	Yes**			Yes*		

*p<.05. **p<.01. ***p<.001.

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[33] Percentages add up to 100% going across by rows.
[34] Using chi-square test of significance. See Appendix for explanation on interpretation.
[35] Percentages add up to 100% going across by rows.
[36] Using chi-square test of significance. See Appendix for explanation on interpretation.

Figure 18. **Percentage of clients with each type of change in their Criminal Thinking scores, by exit status (N=388).**
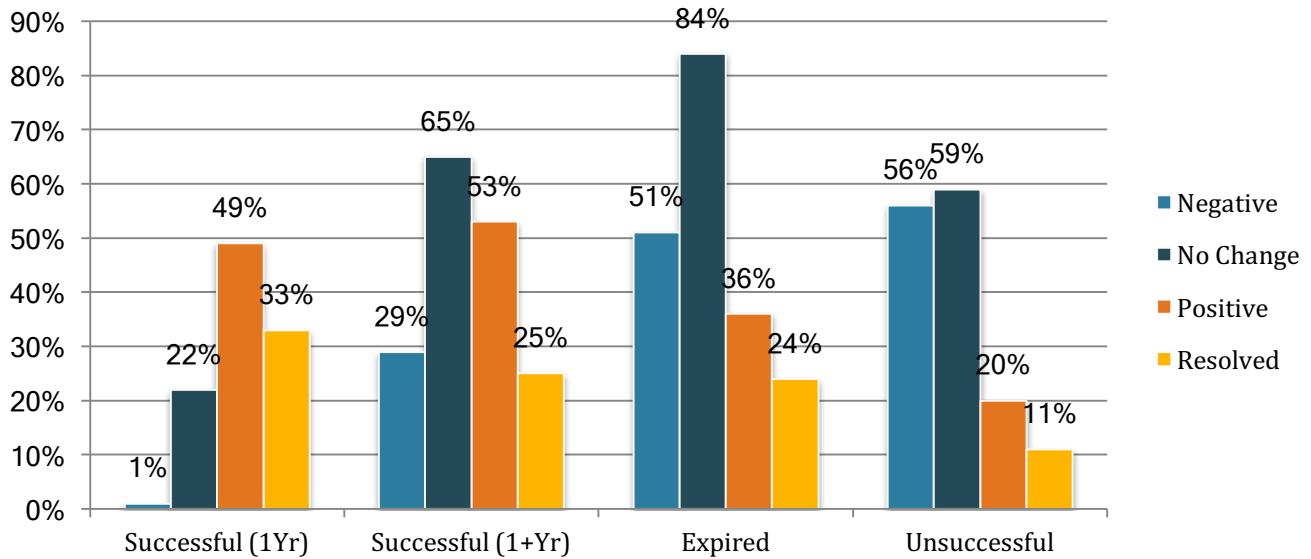
Table 6. **Exit status of PRCS clients who have been exited from the PRCS program by types of changes observed in client Criminal Thinking scores (percentage and raw number of clients; N=388).[37]**

Exit Status	Ever having reported a Negative Change in their score			Ever having reported No Change in their score		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Year)	1% (2)	99% (152)	**100% (154)**	22% (34)	78% (120)	**100% (154)**
Successful (1+ Years)	29% (31)	71% (77)	**100% (108)**	65% (70)	35% (38)	**100% (108)**
Expired	51% (23)	49% (22)	**100% (45)**	84% (38)	16% (7)	**100% (45)**
Unsuccessful	56% (45)	44% (36)	**100% (81)**	59% (48)	41% (33)	**100% (81)**
Significant Differences?[38]	Yes***			Yes***		

*p<.05. **p<.01. ***p<.001.

Table 7. **Exit status of PRCS clients who have been exited from the PRCS program by types of changes observed in client Criminal Thinking scores (percentage and raw number of clients; N=388).[39]**

Exit Status	Ever having reported a Positive Change in their score			Ever having reported a Resolution/Stabilization of their score		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Year)	49% (75)	51% (79)	**100% (154)**	33% (50)	68% (104)	**100% (154)**
Successful (1+ Years)	53% (57)	47% (51)	**100% (108)**	25% (27)	75% (81)	**100% (108)**
Expired	36% (16)	64% (29)	**100% (45)**	24% (11)	76% (34)	**100% (45)**
Unsuccessful	20% (16)	80% (65)	**100% (81)**	11% (9)	89% (72)	**100% (81)**
Significant Differences?[40]	Yes***			Yes**		

*p<.05. **p<.01. ***p<.001.

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[37] Percentages add up to 100% going across by rows.
[38] Using chi-square test of significance. See Appendix for explanation on interpretation.
[39] Percentages add up to 100% going across by rows.
[40] Using chi-square test of significance. See Appendix for explanation on interpretation.

Treatment Services Provided to PRCS Clients

PRCS clients often receive a number of rehabilitation services while completing their supervision in the community. The present report evaluated treatment data on PRCS clients who have completed the PRCS program and that had available treatment data. 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 and diagnosis, as well as information on treatment services received from other local community-based organizations and treatment providers. The following does not represent a comprehensive list of all potential services that a PRCS 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 PRCS clients.

Mental Health Characteristics

Of the 508 PRCS clients who exited the program under Successful, Expired, or Unsuccessful statuses, a total of 84 (17%) clients entered the PRCS program 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 these 84 individuals, 82 (98%) received treatment from either Behavioral Wellness or another participating community-based agency in the County. This indicates that only 2% of clients released from prison to PRCS supervision in Santa Barbara County with identified mental health needs did not seek or receive treatment within the county from any participating agency from the time of their release from prison to completion of PRCS supervision. Of the 424 individuals entering PRCS without identified mental health needs from prison, 342 (81%) also participated in treatment or services within the County upon release from prison. The differences between the distribution of clients with mental health needs and others who did not seek any form of treatment or services in the County upon release from prison was significant;[41] clients with identified mental health needs from prison were more likely to enroll in treatment services within the County than those without that designation.

In addition, a total of 219 of the 508 exited PRCS clients had an available mental health or substance-related diagnosis.[42] A total of 286 diagnoses across the 219 clients were recorded; clients had between one and three recorded diagnoses. Diagnoses included disorders in the following categories: Mood Disorders; Adjustment Disorders; Personality Disorders; Substance Related Disorders; Anxiety Disorders; Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence; Impulse-Control Disorders; and Psychotic Disorders. A breakout of specific diagnoses can be found in Table 1-A in Appendix A.

Treatment Services Received

Of the 508 exited PRCS clients reported on, 424 (84%) received any form of treatment services from either Behavioral Wellness or another local treatment agency; 330 (65%) clients received either at least one Behavioral Wellness service or at least one treatment service from another agency, 94 clients (19%) received treatment from *both* Behavioral Wellness and an outside treatment agency, and 84 (17%) clients did not receive either. Behavioral Wellness represents County-provided services, while other treatment services are provided by a number of local partnerships. Broken down further, 102 (20%) of the 508 exited PRCS clients received treatment services from Behavioral Wellness, and 416 (82%) clients received services from other agencies.[43] There were not any significant differences in exit status based on who received any form of treatment services compared to those who did not receive any treatment (see Figure 19).

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[41] Using chi-square test of significance; p<.01.

[42] Diagnoses were only available for some clients; however, clients could have received a diagnosis not accounted for in the present analysis.

[43] Note that clients could receive services from Behavioral Wellness and outside agencies; receiving services from one is not mutually exclusive from receiving services from another.

Figure 19. Comparison of PRCS clients who received one or more treatment service (from any agency) to those who did not receive any treatment services, by PRCS exit status (N=508 clients).
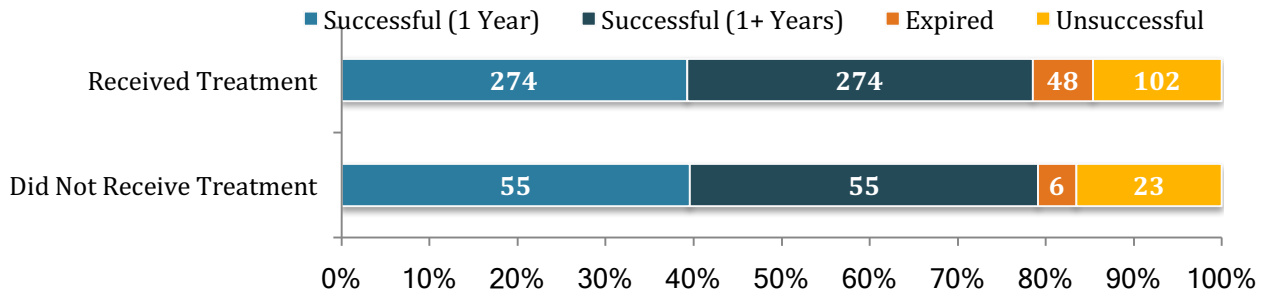
Behavioral Wellness Services

Of the 508 clients that exited the program, 102 (20%) PRCS clients received treatment services from Behavioral Wellness, ranging between 1 to 96 services provided per person, receiving a total of 1,139 interventions across participating clients. Of these 102 clients, 51 (50%) had identified mental health needs in prison. In particular, 51 of the 84 clients with mental health needs from prison (61%) received any Behavioral Wellness services, and 51 of the 424 clients without identified mental health needs from prison (12%) received any Behavioral Wellness services. The difference in percentage between those with and without identified mental health needs from prison that received any Behavioral Wellness services was significant; those with identified mental health needs from prison were significantly more likely to have received at least one service from Behavioral Wellness than those without identified mental health needs in prison.[44] The average length of time from release from prison to the first Behavioral Wellness service received was 139 days (with a range of 1 to 1,102 days). Delay in receiving treatment can be caused by many factors including individuals going on warrant or being violated and returning to incarceration.

Behavioral Wellness services were categorized as either being medication, crisis, or other therapeutic services. Of the 102 completed clients receiving Behavioral Wellness services: 16 (16%) received crisis-related services, 90 (88%) received medication-related services, and 69 (68%) received other therapeutic services. Of those receiving Behavioral Wellness services within each of the categories, clients received between 1 and 67 instances (N=744 total instances) of individual medication-related services, between 1 and 38 instances (N=111 total instances) of crisis-related services, and between 1 and 38 instances (N=284 total instances) of other therapeutic services. The most common type of Behavioral Wellness services received was medication-related services, followed by other therapeutic services.

When comparing the PRCS completion statuses of clients who received the different types of Behavioral Wellness services with those who did not receive any Behavioral Wellness services, clients did not appear to differ based on type of Behavioral Wellness service received (or not receiving services; see Figure 20).

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[44] Usng chi-square test of significance; *p*<.001.

Figure 20. **Comparison of PRCS clients who received one or more Behavioral Wellness service to those who did not receive any Behavioral Wellness services, by PRCS exit status (N=508 clients).**
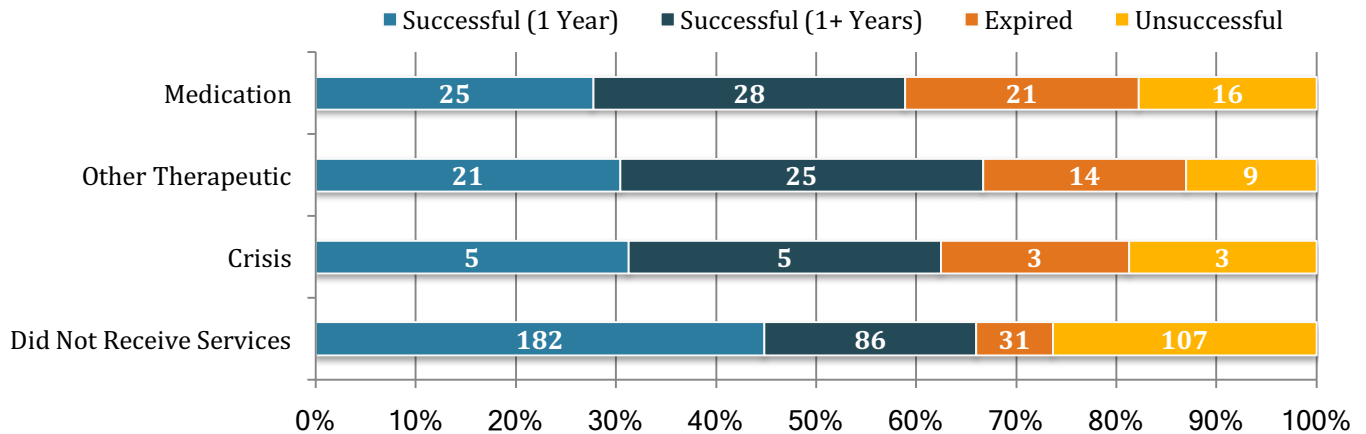
Other Treatment Services

Clients could also elect to services from local community-based treatment agencies other than Behavioral Wellness. A total of 416 (82%) of the 508 exited PRCS clients enrolled in treatment from agencies other than Behavioral Wellness. These "other" treatment services consisted of many forms of rehabilitative outpatient and residential/sober living treatment services. Services included drug and alcohol treatment, education and employment services, cognitive-behavioral treatment services, and/or services that include a therapeutic component.

Of the 84 individuals who completed their PRCS terms and who were identified as having mental health needs from prison, 77 (92%) received treatment from an agency other than Behavioral Wellness within the County. Of the 424 individuals entering PRCS without identified mental health needs from prison, 339 (80%) also participated in treatment from another agency within the County upon release from prison. The differences between clients with mental health needs and those without mental health needs seeking other treatment services in the County upon release from prison was significant;[45] clients with identified mental health needs from prison were more likely to seek other services in the county than those without that designation.

A list of other treatment providers providing services to PRCS clients can be found in Table 2-A in Appendix A. This list highlights the partnership of Santa Barbara County Probation Department with other local agencies in a joint effort to treat PRCS clients in Santa Barbara County. In addition, a list of the various types of treatment services clients received, as well as the number of services of each type provided are provided in Table 3-A in Appendix A. From these other treatment agencies, clients received 27 different forms of interventions across a total of 2,278 interventions[46] received between October 2011 and December 2014.

Treatment/services were categorized as either being: residential, outpatient treatment, detoxification, or a drop-in program. Of the 416 clients receiving treatment from outside agencies, 405 (97%) enrolled in outpatient program services, 139 (33%) enrolled in residential/sober living services, 111 (27%) enrolled in drop-in services, and 73 (18%) enrolled in detoxification services. It is worth noting that the 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).

PRCS exit status was examined in relation to the type of treatment service that clients engaged in (see Figure 21).[47] There did appear to be some differences in PRCS exit status based on the type of treatment that clients engaged in. For instance, clients who engaged in detoxification services were less likely to complete their supervision in less than one

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[45] Using chi-square test of significance; *p*<.001.
[46] See Appendix B for descriptions of treatment intervention programs.
[47] Note that clients could engage in multiple types of treatment.

year than to complete successfully in over one year; though this might be expected, as clients who are struggling with substance use may require detoxification services to establish sobriety and may take longer for sobriety to be maintained. In addition, there appeared to be a lower percentage of clients who engaged in drop-in services and residential services that completed successfully in one year, as compared to those who did not receive any treatment services. Again, this may be due to clients requiring additional opportunities to achieve stabilization in their lives, as compared to clients with fewer needs, which may account for these differences. However, due to extreme differences in sample sizes across groups, statistical significance was not examined. Additionally, future reports would benefit from examining more information on client needs to determine if the difference in clients who do and do not engage in treatment is related to client needs.

Figure 21. **Comparison of PRCS clients who received one or more treatment services from other agencies to those who did not receive any services, by PRCS exit status (N=508 clients).**
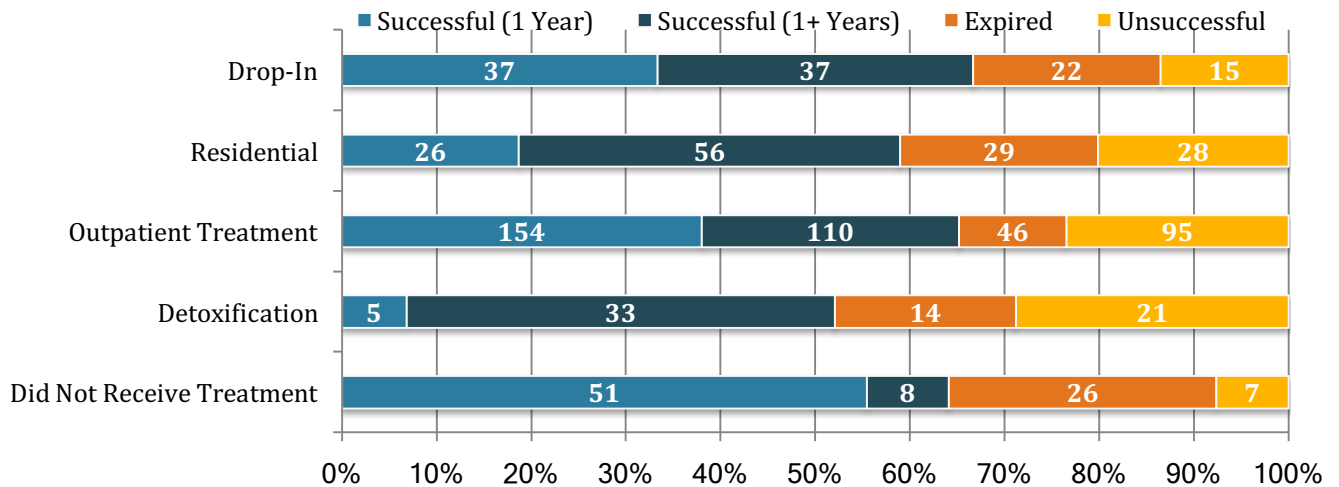
Treatment data were also categorized as providing one or more of these service elements: Drug/Alcohol (D/A) Treatment, Other Mental Health (MH) Treatment (than Behavioral Wellness), Vocational, and/or CBT/Skill Building. Of the 508 exited PRCS clients, 60% (N=307) received D/A treatment, 17% (N=87) received other MH services, 44% (N=222) received vocational services, and 60% (N=306) received CBT/skill building treatment. PRCS exit status was examined in relation to the type of treatment service that clients engaged in (see Figure 22).[48] There were not any significant differences noted between those who received drug and alcohol treatment as compared to those who did not. However, differences were observed in PRCS exit status based on participation in Other MH treatment, Vocational treatment, and CBT/skills building treatment. Clients who participated in Other MH treatment (than Behavioral Wellness) had lower percentages of Unsuccessful and Successful exit statuses, and higher percentages of Expired exit statuses than those who did not participate. Clients who participated in vocational treatment exhibited lower rates of Unsuccessful completion status and higher rates of Expired completion status as those who did not participate in such services. Lastly, clients who participated in CBT/skill building treatment services exhibited lower rates of Unsuccessful completion statuses, higher rates of Successful completion statuses, and slightly higher rates of Expired completion statuses.

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[48] Note that clients could engage in multiple types of treatment, and that treatments could be classified under multiple categorizations. Differences were tested using chi-square tests of significance, comparing those engaging in that type of treatment service as compared to those who did not.

Figure 22. **Comparison of PRCS clients who received one or more treatment services by category and PRCS exit status (N=508 clients).**
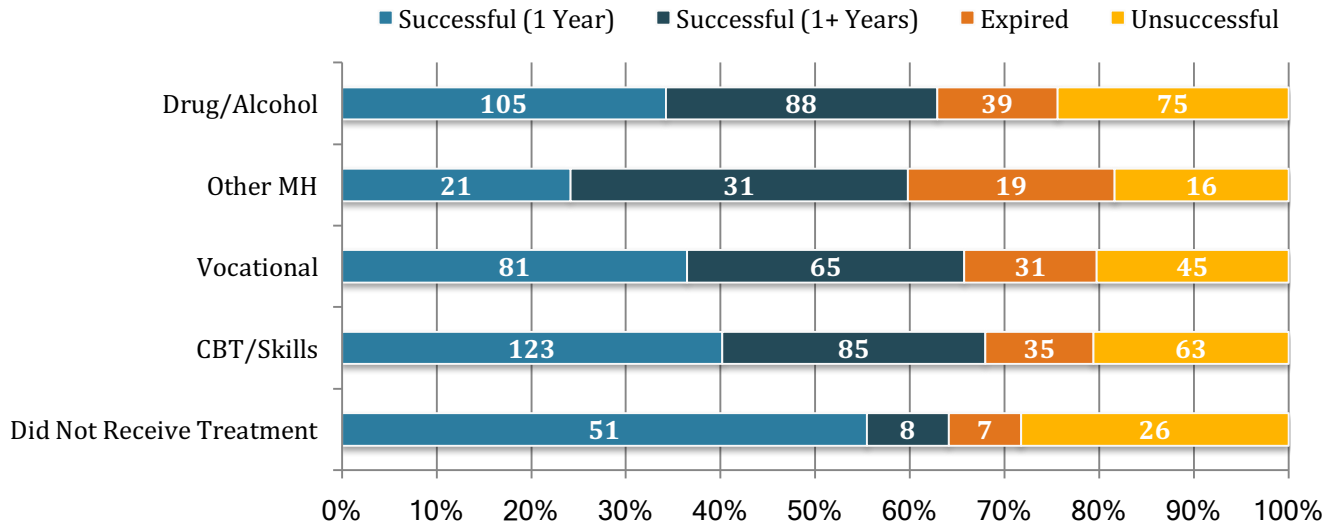
Treatment and Time

Data were also analyzed in terms of time spent in treatment at local treatment programs.[49] Treatment duration for clients enrolled in local treatment programs other than Behavioral Wellness was 243 days, on average. Treatment durations ranged from 1 to 1,091 days, with the majority of clients spending less than a year in treatment during their longest treatment interval (see Table 8). The mean difference between clients successfully exiting PRCS within one year (N=159; M=187 days), clients successfully exiting PRCS in more than one year (N=110; M=322 days), expired clients (N=47; M=329 days), and unsuccessful clients' (N=98; M=202 days) longest treatment duration in agencies outside of Behavioral Wellness was statistically significant.[50] In general, clients who successfully completed within one year had less time in treatment than clients of other exit statuses, followed by unsuccessful clients; clients successfully completing PRCS in over one year and expired clients appeared to remain in treatment for significantly longer than both unsuccessful and successful clients.

Table 8. **Breakout of longest treatment duration for client attendance in treatment agencies other than Behavioral Wellness (N=414 clients).**

Time Period	*N=*	Percentage
0 thru 91	95	23%
92 thru 182	97	23%
183 thru 273	70	17%
274 thru 365	76	18%
366 thru 456	31	8%
457 thru 547	17	4%
548 thru highest	28	7%

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[49] Time to first treatment excludes time to detoxification services.
[50] Using an ANOVA, at p<.001.

Treatment Exit Status

Of the four categories of other treatment services (Outpatient, Residential, Detox, and Drop-in Programs), treatment exit statuses were examined as a predictor of other outcomes for Outpatient and Residential programs. Due to the long-term nature of Outpatient and Residential programs, treatment exit status from these programs was hypothesized to be a strong predictor for PRCS exit status, recidivism, and violations acquired.

Treatment exit statuses were first examined in relation to PRCS exit status, for clients enrolling in Outpatient and Residential programs. There were significant differences between clients who participated in Outpatient treatment programs based on their exit status of completion from those programs (see Table 9). Specifically, the vast majority of clients successfully completing their PRCS supervision within one year were likely to have obtained at least one successful treatment completion status from outpatient treatment during their supervision term; the majority of clients successfully exiting PRCS after one year and expired PRCS clients also received at least one successful treatment completion status from outpatient treatment, but to a lesser degree than clients successfully completing PRCS within one year. Clients exiting PRCS unsuccessfully were much less likely to have ever obtained a successful treatment exit status from outpatient treatment than all of the other counterpart PRCS exit groups. In regards to unsuccessful outpatient treatment exit status, clients who successfully completed their PRCS supervision within one year were less likely to have ever received an unsuccessful treatment completion status than the other counterpart PRCS exit statuses; over half of clients successfully completing their PRCS supervision after one year's time, expired PRCS clients, and unsuccessfully exiting PRCS clients received at least one unsuccessful treatment exit status from outpatient treatment No association was found between clients receiving a no fault treatment completion status from outpatient treatment and PRCS supervision exit statuses.

Table 9. **Comparison of exit status from Outpatient treatment programs to client exit status from PRCS (N=405 clients).**[51]

Exit Status	Ever Having Received a **_Successful_** Treatment Exit Status			Ever Having Received a **_No Fault_** Treatment Exit Status			Ever Having Received an **_Unsuccessful_** Treatment Exit Status		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Yr)	95% (147)	5% (7)	**100% (154)**	29% (45)	71% (109)	**100% (154)**	11% (17)	89% (137)	**100% (154)**
Successful (1+ Yr)	78% (86)	22% (24)	**100% (110)**	28% (31)	72% (79)	**100% (110)**	60% (66)	40% (44)	**100% (110)**
Expired	74% (34)	26% (12)	**100% (46)**	26% (12)	74% (34)	**100% (46)**	83% (38)	17% (8)	**100% (46)**
Unsuccessful	31% (29)	69% (66)	**100% (95)**	21% (20)	79% (75)	**100% (95)**	88% (84)	12% (11)	**100% (95)**
Significant Differences?[52]	Yes***			No			Yes***		

*p<.05. **p<.01. ***p<.001.

Significant differences were also found for exit statuses of clients who participated in Residential treatment programs, based on their completion status from those programs (see Table 10). The results generally mimicked those found for Outpatient treatment exit statuses above. Most of clients successfully completing their PRCS supervision within one year also obtained at least one successful treatment completion status from residential treatment during their supervision term; while around half of clients successfully exiting PRCS after one year received at least one successful treatment completion status from residential treatment, and expired and unsuccessfully exiting PRCS clients were much less likely to have ever obtained a successful treatment exit status from outpatient treatment. In addition, clients who successfully completed their PRCS supervision within one year were less likely to have ever received an unsuccessful treatment completion status from residential treatment than the other counterpart PRCS exit statuses; over half of clients successfully completing their PRCS supervision after one year's time, and the vast majority of expired and unsuccessfully exiting PRCS clients received at least one unsuccessful treatment exit status from residential treatment.

In the Residential treatment program completion status analyses, obtaining a No Fault treatment exit status was significantly related to PRCS exit status. Clients successfully completing PRCS within one year did not have any No

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[51] Percentages add up to 100% going across by rows. Some information may not have been available for all exited clients.
[52] Using chi-square test of significance. See Appendix for explanation on interpretation.

Fault exits from treatment, with a larger distribution of expired and unsuccessfully completing PRCS clients receiving at least one No Fault exit status. However, rates of no Fault exit statuses were generally minimal overall.

Table 10. **Comparison of exit status from Residential treatment programs to client exit status from PRCS (N=139 clients).[53]**

Exit Status	Ever Having Received a *Successful* Treatment Exit Status			Ever Having Received a *No Fault* Treatment Exit Status			Ever Having Received an *Unsuccessful* Treatment Exit Status		
	Yes	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*	*Yes*	*No*	*TOTAL*
Successful (1 Yr)	81% (21)	19% (5)	**100% (26)**	0% (0)	100% (26)	**100% (26)**	23% (6)	77% (20)	**100% (26)**
Successful (1+ Yr)	55% (31)	45% (25)	**100% (56)**	7% (4)	93% (52)	**100% (56)**	64% (36)	36% (20)	**100% (56)**
Expired	35% (10)	65% (19)	**100% (29)**	21% (6)	79% (23)	**100% (29)**	90% (26)	10% (3)	**100% (29)**
Unsuccessful	14% (4)	86% (24)	**100% (28)**	25% (7)	75% (21)	**100% (28)**	96% (27)	4% (1)	**100% (28)**
Significant Differences?[54]	Yes***			Yes*			Yes***		

*$p<.05$. **$p<.01$. ***$p<.001$.

Treatment Attendance

New data points began being collected during recent reporting periods, including clients' attendance at their respective treatment agencies (i.e., show rates). Attendance at treatment is an important variable, in that it allows a better approximation of treatment engagement than is afforded by duration in treatment; while treatment duration is valuable information, there are questions as to whether or not some clients may be attending infrequently over long periods of time, thereby inflating the appearance of treatment engagement when using treatment duration as a proxy for this estimation. Future reports will investigate this variable to determine if treatment attendance is predictive of client outcomes.

Supervision of PRCS Clients

PRCS clients are supervised by the Santa Barbara County Probation Department. As such, the Probation department utilizes multiple methods to ensure appropriate supervision of PRCS clients while they are completing their PRCS term in the community. Methods specifically examined within this section are: GPS monitoring, drug testing, and supervision violations of PRCS clients.

GPS Monitoring

Santa Barbara County Probation department utilizes global Positioning Systems (GPS) in order to track certain sects of client populations that are supervised in the community. GPS can be utilized immediately upon PRCS clients' discharge from prison as a proactive measure (i.e., as a measure of prevention), and can also be used later during clients' community supervision as a method for addressing non-compliant behavior while on supervision (i.e., as a measure of intervention). GPS is often used as a prevention method with clients who fall within the following high-risk populations: clients who are released from a discipline unit upon discharge from prison, are documented gang members, have been assessed as likely to reoffend violently, or are registered sex offenders.

Of the 508 clients exiting PRCS to date,[55] 177 were placed on GPS monitoring during their PRCS supervision. The majority of clients placed on GPS were male (90%), between 25 and 45 years old (64%; *M*=36.3 years), and Hispanic (59%). In addition, 41% were gang affiliated, 17% had identified mental health needs from prison, and 10% were identified sex offenders. Of the 22 clients of sex offender status exiting PRCS to date, 18 of them were placed on GPS; there was a significantly higher proportion of sex offenders than non-sex offenders on GPS (82% and 33%,

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[53] Percentages add up to 100% going across by rows. Some information may not have been available for all exited clients; hence, the total "N" for each group may not equal 508.
[54] Using chi-square test of significance. See Appendix for explanation on interpretation.
[55] Of the Successful, Expired, and Unsuccessful clients.

respectively).[56] Significant differences in proportions of clients placed on GPS were also found based on gang status; a higher proportion of exited gang affiliated clients were placed on GPS than those not identified as gang affiliated (52% and 29%, respectively). There were no other significant differences in demographic variables.

Of the 177 exited clients who were placed on GPS, 17 of these clients were placed on GPS twice, and 3 of these clients were placed on GPS three times. For clients on GPS during PRCS their first time, 119 (67%) individuals successfully completed the terms of their GPS monitoring, 10 (6%) were taken off GPS for No Fault[57] circumstances, and 48 (27%) unsuccessfully completed the terms of their GPS monitoring. For clients on GPS during PRCS for the second time, 12 (60%) individuals successfully completed the terms of their GPS monitoring, 2 (10%) of the clients were taken off GPS for no fault circumstances, and 6 (30%) unsuccessfully completed the terms of their GPS monitoring.

Client exit statuses from PRCS were examined for differences between clients who were put on GPS at least once during their supervision period and those who were not. The distribution of clients' PRCS exit statuses appeared to be similar across clients that received GPS; the highest percentage of clients placed on GPS successfully completed their PRCS supervision in more than one year (31%; N=54), followed by unsuccessfully exiting clients (28%; N=49), clients successfully completing within one year (24%; N=43), and expired clients (18%; N=31). Clients' PRCS exit status was significantly correlated with whether they had ever been put on GPS or not;[58] a higher percentage of clients who had never been put on GPS successfully exited PRCS within one year (51%) than those who were put on GPS at some point (24%), more clients who had been put on GPS successfully completed PRCS in more than one year (31%) than those who were not put on GPS (20%), and more expired clients were represented among those who had ever been put on GPS (18%) than those who had never been put on GPS (7%). There were minimal observable differences between the rates of clients placed on GPS that later obtained an unsuccessful PRCS exit status (28%) compared to those who had not been placed on GPS and also obtained an unsuccessful PRCS exit status (23%).

GPS and Time

GPS data were examined both in terms of time to first GPS event, as well as GPS duration. Statistics on time to placement on GPS for clients' first, second, and third times on GPS can be found in Table 11. The length of time to clients' first GPS event was found to be significantly related to PRCS exit status, with clients who exited PRCS successfully within one year (*M*=14 days) demonstrating significantly shorter time periods to being placed on GPS than unsuccessful clients (*M*=162 days), successfully completing clients in more than one year (*M*=194 days), and expired clients (*M*=337 days)[59]. Additionally, expired clients demonstrated significantly longer times to first GPS occurrence than all of the other counterpart exit statuses, and the time to first GPS for both unsuccessful clients and clients successfully completing after one year were not significantly different.

Table 11. **Descriptive statistics on time to clients' first, second, and third times on GPS, in days (N=177 clients).**

Event on GPS	N	Min	Max	Mean	Standard Deviation
First time	177	0	878	167	220
Second time	20	186	973	476	210
Third time	3	581	1011	837	226

Information on GPS duration for clients' first, second, and third times on GPS can be found in Table 12. The length of time spent on GPS (for clients' first time on GPS) was found to be significantly related to PRCS exit status; clients who successfully exited PRCS within one year (*M*=138 days) exhibited significantly shorter durations on GPS than clients successfully completing PRCS in over one year (*M*=257), unsuccessful clients (*M*=280), and expired clients.[60]

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[56] Using chi-square test for significance; *p*<.001. Please note the very low numbers of sex offenders as compared to non-sex offenders when interpreting the numbers.

[57] No Fault circumstances could include such events as transferring to another county, or becoming deceased during their GPS supervision period; however, this is not an exhaustive or representative list of all possible No Fault circumstances of these particular clients.

[58] Using chi-square test for significance; *p*<.05.

[59] Using an ANOVA; *p*<.00 1for overall model; *p*<.001 to *p*<.01 for post hoc statistics. Statistics refer to clients' first GPS instance.

[60] Using an ANOVA; *p*<.01 for overall model; *p*<.05 for successful versus expired post hoc test, and *p*=.07 for successful versus unsuccessful post hoc test. Statistics refer to clients' first GPS instance.

Differences were not found on first GPS duration between clients successfully completing PRCS in over one year, expired clients, and unsuccessful clients.

Table 12. **Descriptive statistics on duration of clients' first, second, and third times on GPS, in days (N=177 clients).**

Event on GPS	N	Min	Max	Mean	Standard Deviation
First time	177	1	1105	243	198
Second time	20	3	618	183	158
Third time	3	147	476	301	166

Similar findings emerged in an analysis of clients' maximum GPS duration (across all GPS events per client); clients that exited PRCS successfully within one year exhibited significantly shorter maximum durations on GPS (M=138 days) than clients who exited PRCS successfully in over one year (M=261 days), unsuccessful clients (M=287 days), or expired clients (M=348 days).[61] Further analyses on maximum duration on GPS in relation to PRCS exit status suggest that GPS durations of six months are significantly correlated to successful completion statuses; 73% of clients placed on GPS for six months or less also obtained a successful completion status (see Table 13).[62]

Table 13. **PRCS exit status by maximum time spent on GPS, by time breakout categories (N=177 clients).**

Maximum Duration on GPS	Successful (1 Year)	Successful (1+ Years)	Expired	Unsuccessful	TOTALS
6 Months (0-182 days)	42% (34)	31% (25)	6% (5)	21% (17)	**100% (81)**
6 Months – 1 Year (183-365 days)	16% (9)	32% (18)	19% (11)	33% (19)	**100% (57)**
1 Year + (366 days and up)	0% (0)	28% (11)	39% (15)	33% (13)	**100% (39)**

Next, time on GPS was examined as a function of exit status from GPS. Significant differences were observed between clients who successfully completed GPS (M=211 days) and clients who completed GPS with an unsuccessful status (M=316 days).[63] There were not any significant differences observed between clients who completed GPS with a successful completion status compared to those who completed GPS with a no fault exit status (M=266 days).

Findings appear to suggest that a shorter time to being placed on GPS may be beneficial for some clients, and that being placed on GP for longer durations may not be as beneficial. However, findings that demonstrate longer durations on GPS for clients with expired and/or unsuccessfully PRCS exit statuses, and for clients who unsuccessfully were exited from GPS may be a function of compliant clients being taken off of GPS sooner, while clients that are less compliant having their GPS term extended for longer periods of time.

Prevention and Intervention

GPS monitoring was further classified as either being used as an intervention or prevention method. GPS was considered to be a prevention method when a client was placed on GPS within seven days of their release from prison, and an intervention when a client was placed on GPS eight days or later after being released from prison. During clients' first duration on GPS, a total of 66 (37%) clients of the 171 total clients on GPS were placed on GPS for the purposes of prevention, and 111 (63%) were placed on GPS as a means of intervention. All of clients' second duration on GPS (N=20) and third duration on GPS (N=3) were utilized as a means of intervention. Clients placed on GPS as a method of prevention achieved significantly higher rates of successfully completing their GPS terms than those placed on GPS as an intervention (see Figure 23).[64] Similarly, clients on GPS as a prevention method achieved significantly higher levels of successful PRCS exit statuses than clients who were on GPS as an intervention (see Figure 24).[65] Of particular notice in Figure 24 is the differences in distributions between clients successfully completing PRCS within one year to those successfully completing in over one year; a larger proportion of clients who achieved a successful

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[61] Using an ANOVA; p<.01 for overall model; p<.01 to p<.05 for post hoc statistics. Statistics refer to clients' maximum duration on GPS.

[62] As indicated by chi-square tests of statistically significant differences between groups.

[63] Using an ANOVA; p<.001 for overall model; p<.001 for post hoc statistics. Statistics refer to clients' first GPS instance.

[64] Using chi-square test for significance; p<.05 This may be due to the very low overall numbers of individuals on GPS; comparing groups with small numbers is not often statistically viable or recommended. Statistics refer to clients' first GPS instance.

[65] Using chi-square test for significance; p<.001. Statistics refer to clients' first GPS instance.

PRCS completion status within one year were placed on GPS as a prevention method versus as an intervention, while a larger proportion of clients successfully completing PRCS in over one year were placed on GPS as an intervention versus as prevention.

Figure 23. **GPS exit status of clients when GPS is used as prevention versus as an intervention (N=177).**
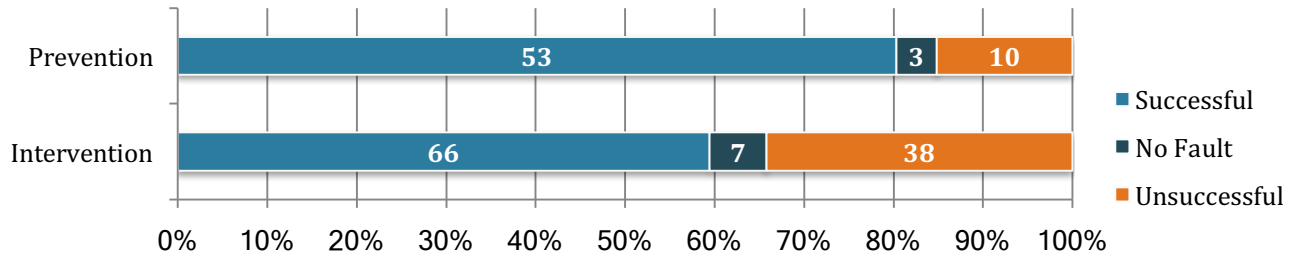
Figure 24. **PRCS completion status of clients when GPS is used as prevention versus as an intervention (N=177).**
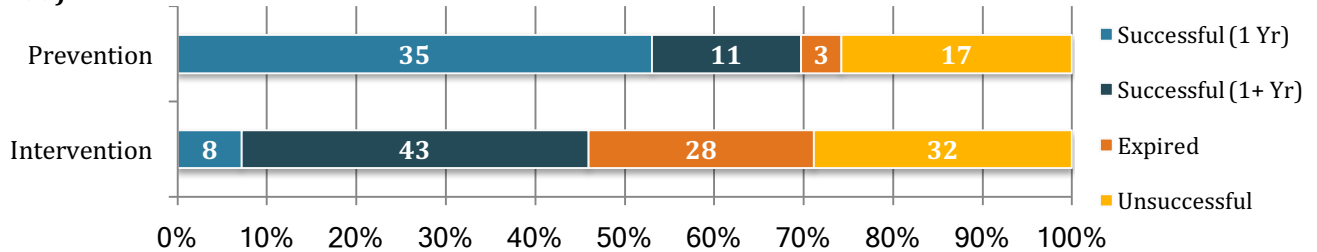
Prevention and intervention data were further analyzed in terms of time on GPS. On clients' first time on GPS, those placed on prevention were on GPS for significantly shorter average times (N=66; M=204 days) than those placed on GPS as an intervention (N=111; M=265 days).[66] For all 200 collective GPS entries across all 177 clients placed on GPS, total duration on GPS as prevention versus intervention were examined (see Figure 25). The figure indicated that almost half (44%) of the instances of GPS utilized as a prevention method lasted from zero to three months in duration, whereas almost half (45%) of the instance of GPS utilized as an intervention method lasted from zero to six months. Thus, it appears that GPS as a prevention method is utilized for somewhat shorter time frames than GPS utilized as an intervention.

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[66] Using an ANOVA to test for group mean differences, *p*<.05.

Figure 25. Comparison of time on GPS as prevention as compared to intervention, in months (N=200 GPS occurrences; N=177 clients).
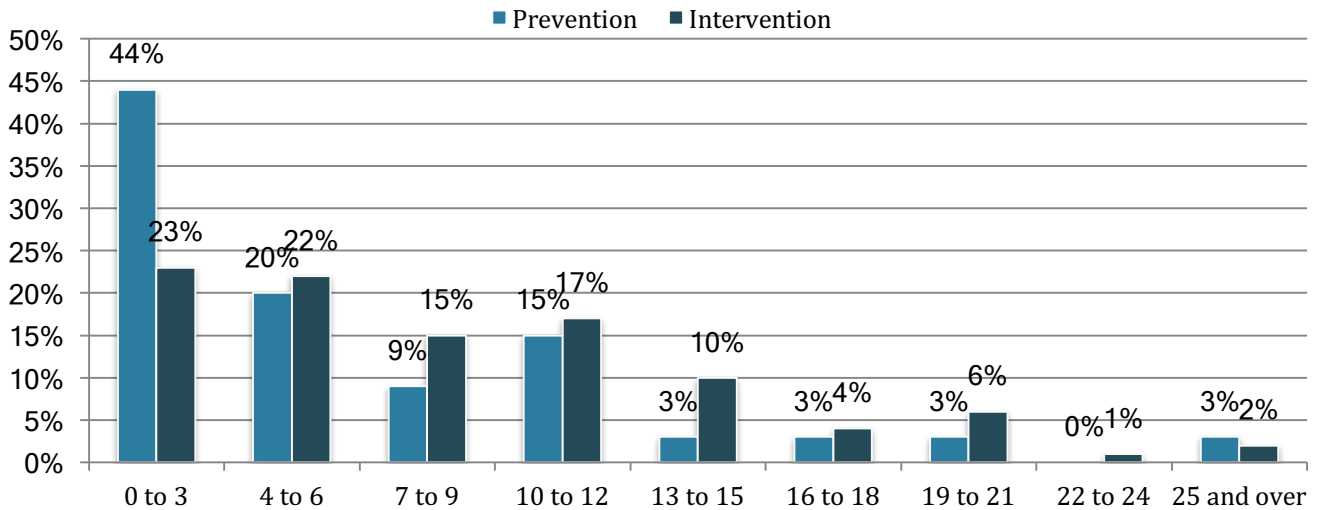
GPS and Recidivism

Preliminarily there appears to be differences in outcomes based on the method in which GPS is used (i.e., prevention versus intervention) in terms of new convictions, supervision violations, and positive drug tests. Of those clients placed on GPS as a prevention method, a significantly smaller proportion went on to commit and be convicted of one or more new convictions (32%) than those who were placed on GPS as a method of intervention (75%).[67] There were also significant differences between clients based on whether or not clients acquired supervision violations; those who were placed on GPS as a method of prevention were significantly less likely to exhibit noncompliance that resulted in one or more supervision violations (47%) than those placed on GPS as a method of intervention (87%).[68] Finally, there were significant differences also found for whether or not clients received any positive drug tests; clients placed on GPS as a prevention method were less likely to have a positive drug test during supervision (52%) than clients placed on GPS as an intervention (75%).[69] However, at this time it is unclear whether or not the initial criminal charge led to the individual being placed on GPS (and thus, the new conviction rates are unrelated to being placed on GPS as an intervention), or if the criminal charges that led to the new convictions were not a factor in the individual being placed onto GPS (and thus, the new conviction rates would be related to being placed on GPS as an intervention).

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[67] Using chi-square test for significance; *p*<.001.
[68] Using chi-square test for significance; *p*<.001.
[69] Using chi-square test for significance; *p*<.01.

Drug Testing

PRCS clients were subject to drug screenings conducted by Santa Barbara County Probation as part of their supervision terms. The results of these screenings are outlined within this section. Clients in treatment were often routinely screened for substances as part of their treatment program, the results of which may have been formally or informally communicated to the supervising officers at the Probation Department; however, drug screening results from treatment agencies were not available for the present report.

Of the 508 clients exiting PRCS to date,[70] drug test results were available for 443 clients. Clients drug tested through the Santa Barbara County Probation agency were drug tested anywhere from 1 to 122 times during their PRCS supervision period, with the majority of clients being drug tested between 1 and 30 times (73%; see Figure 26), at an average of 22 times per person. Clients tested positive for illicit substances between 0 and 40 times, with an average of 4 positive drug tests per person. The percentages of positive client drug tests are outlined in Figure 27. Almost half (45%) of clients never had a positive drug test, and 40% of clients tested positive between 1% to 25% of their tests.

Figure 26. **Total number of drug test results available for PRCS clients during their supervision period (N=443).**
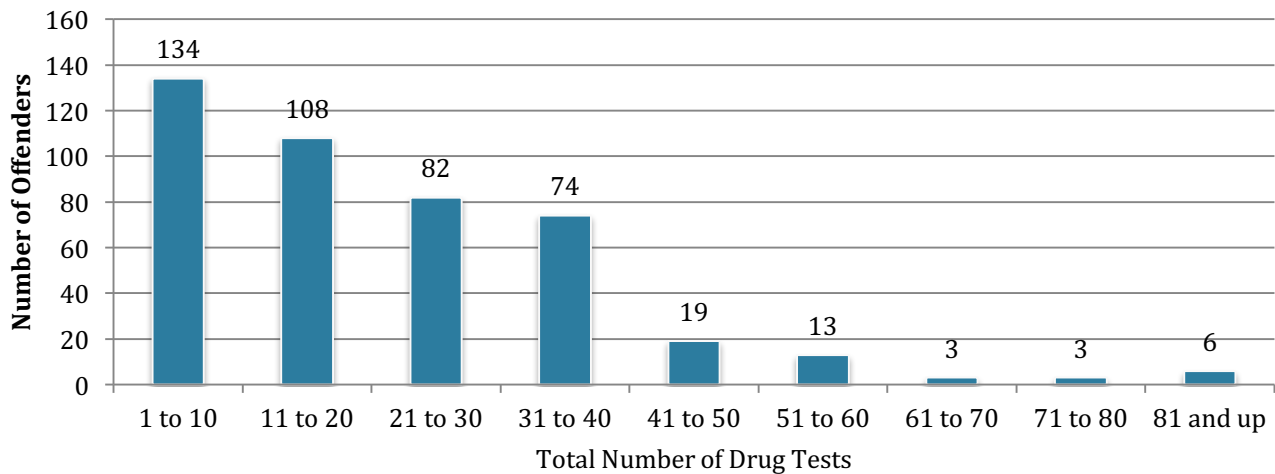
Figure 27. **Percentage of positive drug test results for PRCS clients during their supervision period (N=443).**

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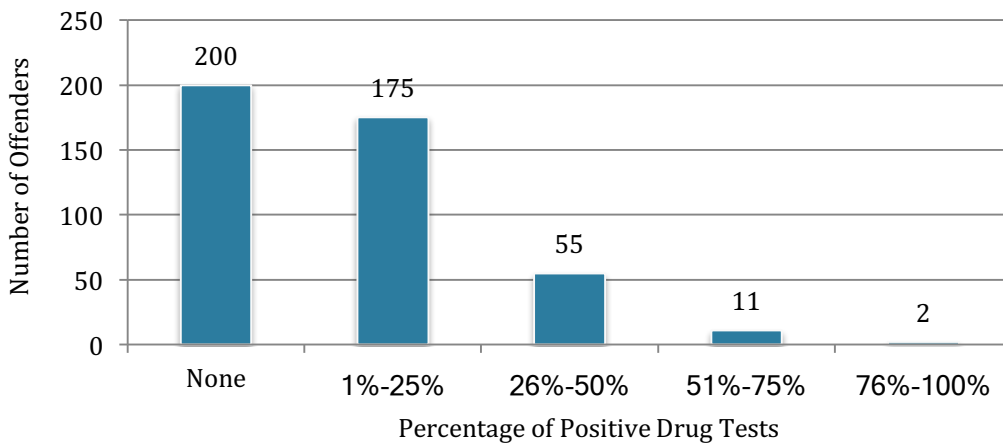
[70] Of the Successful, Expired, and Unsuccessful clients.

Drug Tests and Time

Positive drug tests were further investigated by time at positive test, with a particular focus on the first year of supervision.[71] Of the clients with available drug test results (N=443), 25% (N=109) had a positive drug test in the first three months of their supervision period post-release from prison, 23% (N=100) had a positive drug test three to six months post-release from prison, 19% (N=83) had a positive drug test six to nine months post-release from prison, and 17% (N=76) had a positive drug test nine to twelve months post-release from prison. Cumulatively, 25% (N=109) of clients had a positive drug test in the first three months of their supervision period post-release from prison, 37% (N=167) had a positive drug test by six months post-release from prison, 44% (N=196) had a positive drug test by nine months post-release from prison, and 49% (N=215) had a positive drug test by twelve months post-release from prison. These differences in time point versus cumulative percentages are depicted in Figure 28.

Figure 28. **Percentage of positive drug test results for PRCS clients during the first year of supervision, at each time point and cumulatively (N=443).**
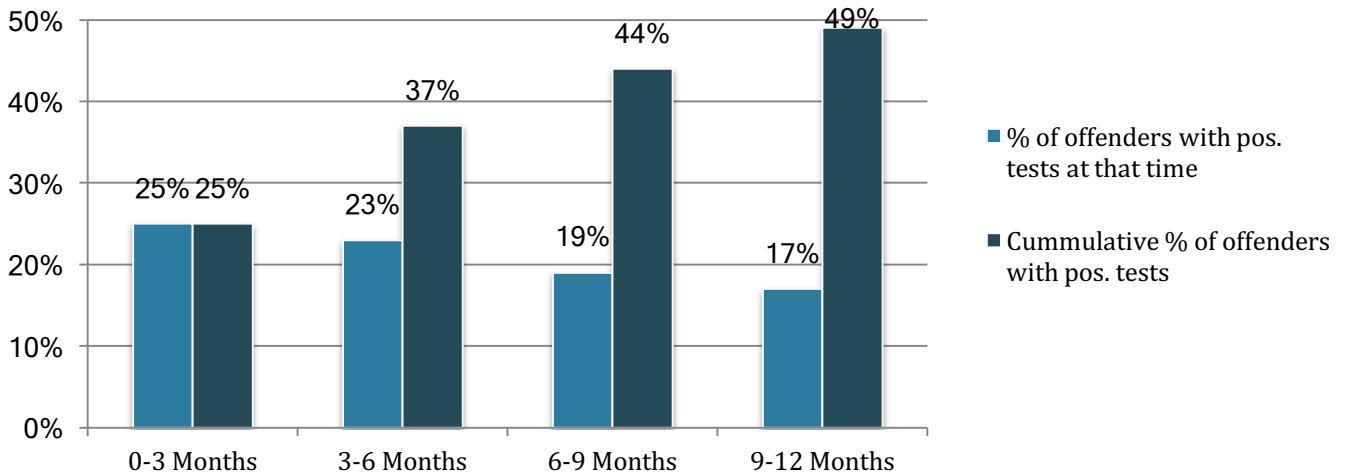
Drug Tests and Recidivism

The presence of a positive drug test was examined in terms of supervision violations and new convictions, for clients with available drug testing data (N=443). Clients with at least one positive drug test were more likely to also exhibit noncompliance that resulted in a supervision violation (66%) than those who did not have any positive drug tests (35%)[72], and were more likely to be convicted of a new crime (60%) as compared to those without any positive drug tests (44%).[73] Differences between PRCS exit statuses were observed between those who did and did not have any positive drug tests; clients completing their supervision successfully within one year had lower rates of ever having a positive test (39%) than all of the counterpart exit status categories (successful over one year, 70%; expired, 63%; unsuccessful, 63%).[74] Similar results were found in an investigation of differences between PRCS exit statuses and percentage of positive drug tests, with the percentage of positive drug tests derived from the overall number of drug tests administered by Probation. Clients who successfully completed within one year demonstrated significantly lower overall percentages of positive drug tests (6%) than clients who exited PRCS within all three of the counterpart categories (successful over one year, 14%; expired, 14%, unsuccessful, 16%). Significant differences were not found between clients within the latter three counterpart categories, when compared to one another. However, the time period in which clients obtained a positive drug test did not appear to be reliably related to outcomes; mixed results

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[71] Most clients spent at least one year on PRCS supervision, making first year calculations the most reliable; after one year, successful clients are more likely to be exited and thus not reflected in subsequent yearly calculations, making additional time analyses skewed toward expired and/or unsuccessful clients.

[72] Using chi-square test of significance, *p*<.001.

[73] Using chi-square test of significance, *p*<.01.

[74] Using chi-square test of significance, *p*<.001.

were found when examining the relation between timing of positive drug test results and PRCS exit status, when various time points within the first year were examined.

Violation of PRCS Supervision Terms

Official supervision violations were examined as a measure of client non/compliance of their supervision terms while on PRCS. Noncompliant behavior of PRCS 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.

Of the 508 exited clients in the PRCS program from October 2011 through December 2015, 253 (50%) obtained supervision violations. Whether or not clients acquired supervision violations was not predicted by ethnicity, age, region of supervision, gender, age, or sex offender status (see Table 14). However, being gang affiliated did predict the likelihood of clients obtaining at least one violation.

Table 14. **Demographic variables of PRCS clients who have engaged in noncompliant behaviors that resulted in one or more violations as compared to PRCS clients who did not acquire any violations (percentage and number of clients).[75]**

Demographic	Clients Receiving 1+ Violations	Clients Not Receiving Any Violations	Significant Differences?[76]
Ethnicity (N=508)			No
Hispanic	51% (140)	49% (133)	
Black	48% (20)	52% (22)	
White	50% (92)	51% (94)	
Age Group (N=508)			No
Up to 25	47% (24)	53% (27)	
25-34.99	54% (101)	46% (86)	
35-44.99	45% (55)	55% (67)	
45-54.99	54% (61)	46% (52)	
55 and over	34% (12)	66% (23)	
Gender (N=508)			No
Male	51% (226)	49% (217)	
Female	42% (27)	59% (38)	
Region (N=507)			No
Santa Maria	51% (115)	49% (110)	
Santa Barbara	53% (95)	47% (83)	
Lompoc	40% (42)	60% (62)	
Sex offender (N=508)			No
Yes	36% (8)	64% (14)	
No	51% (245)	49% (239)	
Gang Affiliated (N=508)			Yes[77]
Yes	60% (83)	40% (56)	
No	46% (170)	54% (199)	
Mental Health in Prison (N=508)			No
Yes	56% (47)	44% (37)	
No	49% (206)	51% (218)	

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[75] Percentages add up to 100% going across by rows. Demographic information may not have been available for all exited clients; hence, the total "N" for each group may not equal 508.
[76] As indicated by chi-square tests of significant differences between groups. See Appendix for an explanation of chi-square interpretations.
[77] Using chi-square test of significance, $p<.01$.

Of the exited clients, 1180 official supervision violations were reported across a total of 253 noncompliant clients, ranging from 1 to 23 official violations per client (see Table 15). Clients who were violated on their PRCS terms were violated for one or more possible reasons each time they received an official violation: substance abuse, treatment, failure to report (FTR), GPS, abscond, do not Molest, Annoy, Threaten, or Harm (MATH; a no contact/restraining order condition), and gang-related. The total number of reasons a client was ever violated were added together to provide a total violation 'reason' count per client.[78] Clients could receive multiple official violations for the same and/or different reasons; clients' total reason count could include multiple endorsements of the same reason. Of those who engaged in behaviors that resulted in violations, a total of 2,218 violation 'reasons' were recorded. Anywhere between 1 and 33 total violations 'reasons' were documented per client, across all official violations each client acquired (many with multiple of the same reasons). The majority of clients were cited for between 1 to 10 violation 'reasons' cumulatively (68%; see Figure 29), with the highest proportion of violation 'reasons' being for substance-related violations (40%; see Figure 30). Of the 253 clients violating their PRCS terms, clients received up to 21 substance-related violations; up to 9 treatment-related violations, up to 11 FTR-related violations, up to 5 GPS-related violations, up to 8 absconding-related violations, up to 6 MATH-related violations, and up to 3 gang-related violations per client. Of clients receiving violations, the largest percentage of clients received substance-related violations (79%), followed by acquiring a new offense (65%), absconding (63%), FTR (60%), treatment-related (41%), GPS-related (25%), gang-related (8%), MATH-related (7%).[79]

Table 15. **Total number of official violations per client (N=253 clients).**

Number of Violations	Number of Clients	Percentage of Clients
1	59	23%
2	47	19%
3	26	10%
4	20	8%
5	25	10%
6	14	6%
7	10	4%
8	12	5%
9	3	3%
10	7	3%
11	4	2%
12	6	2%
13	2	1%
14	5	2.0%
15	1	0.4%
16	4	1.6%
19	2	0.8%
23	1	0.4%
TOTAL	*253*	*100%*

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[78] Note that clients receiving multiple official violations with multiple violation categories marked for each as the reason for the violation will have a higher total number of types of violations. The rationale behind this is that if a client has multiple reasons for a violation but only receives one violation, and is compared to another person who was violated for one less serious reason, merely counting the number of official violations received by clients is insufficient to capture the variance occurring within each official violation themselves.

[79] Clients could receive a violation of their PRCS terms under multiple categories.

Figure 29. **Total number of violation 'reasons' recorded per client (N=253 clients).**
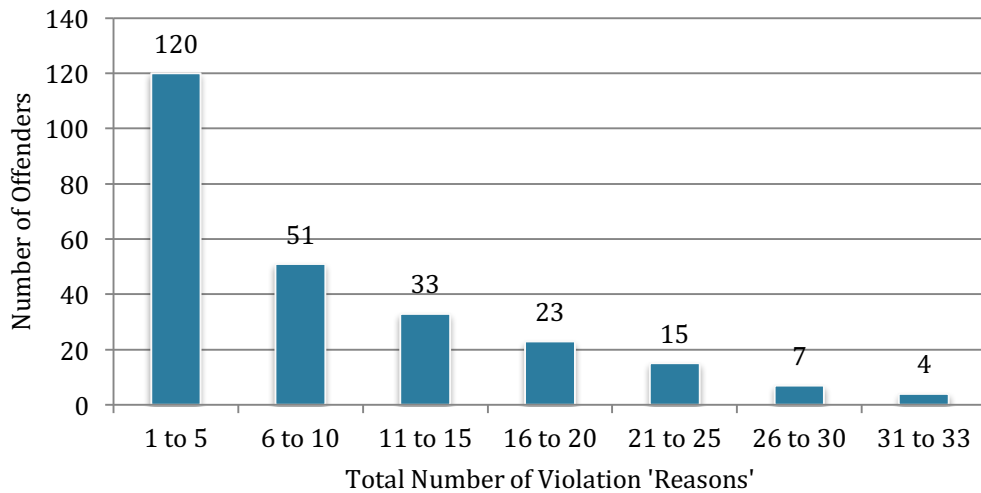
Figure 30. **Percentage of each violation 'reasons' represented within the total number of violation 'reasons' (N=2,218 violation reasons).**
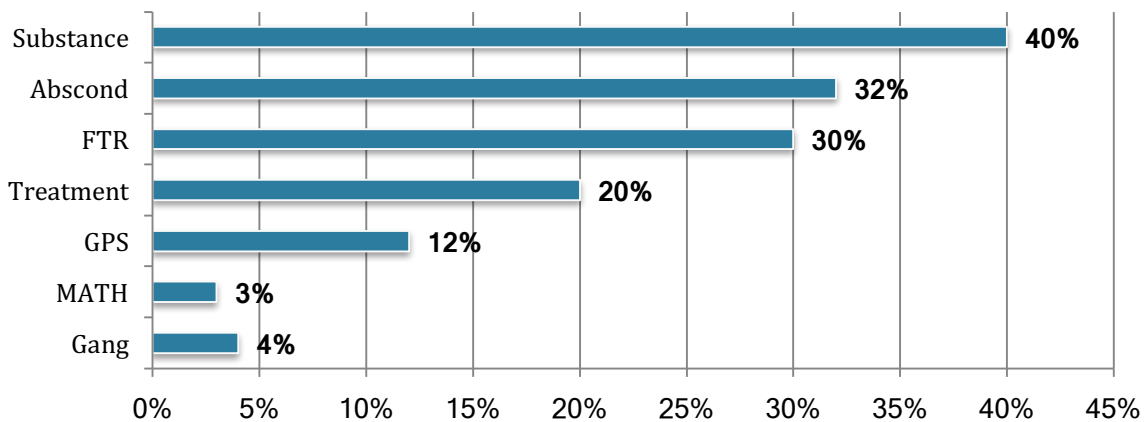
COMPAS Scales

The following tables outline differences between PRCS clients by Recidivism Risk level (Table 16) and Violence Risk level (Table 17), in terms of number of official supervision violations acquired.[80] For both the Recidivism Risk and Violence Risk COMPAS scales, the mean number of violations was gradient based on risk level; the Low risk group had the highest mean number of violations, followed by the Medium risk group, and finally by the High-risk group. Additional analyses revealed that statistically significant differences between the total number of client violations acquired, based on client categorizations as low, medium, and high risk for either of the COMPAS scales;[81] within both risk scales, Low risk clients had significantly less total number of supervision violations than High risk clients.[82]

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[80] This is analyzed using the total number of official times they were violated by Probation.
[81] Using ANOVA; $p<.05$ for overall group analysis for Recidivism Risk, and ; $p<.001$ for overall group analysis for Violence Risk.
[82] Using Scheffe's post-hoc test; $p<.05$ for the comparison within Recidivism Risk, and ; $p<.001$ for the comparison within Violence Risk.

Table 16. **Mean number of violations committed by Recidivism Risk level (N=483).**

Risk Level	Number of Clients in Risk Level	Mean Number of Violations	Minimum Number of Violations	Maximum Number of Violations
Low	72	1.35	0	16
Medium	119	2.24	0	19
High	292	2.78	0	23
TOTAL	*483[83]*	*7.43*	*0*	*23*

Table 17. **Mean number of violations committed by Violence Risk level (N=483).**

Risk Level	Number of Clients in Risk Level	Mean Number of Violations	Minimum Number of Violations	Maximum Number of Violations
Low	66	0.86	0	10
Medium	57	1.84	0	16
High	360	2.81	0	23
TOTAL	*483[84]*	*8.24*	*0*	*23*

PRCS Completion Status

Client violations were also examined in terms of their PRCS completion status (see Figure 31). Clients whose noncompliant behavior resulted in one or more violations had a significantly different distribution of completion statuses than those without any violations.[85] Almost none of the clients who successfully completed PRCS within one year obtained an official supervision violation (2%), compared to clients who successfully completed their supervision in over one year (87%), expired clients (91%), and unsuccessful clients (77%). This finding seems intuitive; clients who do not violate their PRCS terms would logically seem more likely to successfully complete their supervision. These findings were corroborated by an analysis of differences in average number of official supervision violations obtained between PRCS exit statuses; clients with a one-year successful exit status had significantly fewer violations on average (M=0.0) than clients successfully completing in over one year (M=3.5), unsuccessful clients, (M=3.0) and expired clients (M=7.2).[86] In addition, expired clients had significantly higher averages of number of official violations acquired than both the successful in over one year group and unsuccessful group; no significant differences were found between the successful in over one year group and unsuccessful group.

Figure 31. **PRCS completion status of clients with one or more violation versus those without any violations (N=508 clients).**

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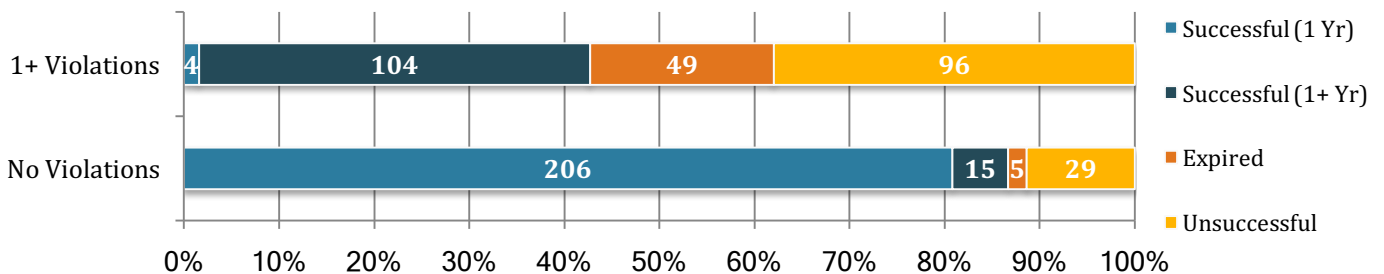
[83] Of the 508 PRCS clients completing PRCS under examined exit statuses, Recidivism Risk data were available for 483 clients.
[84] Of the 508 PRCS clients completing PRCS under examined exit statuses, Violence Risk data were available for 483 clients.
[85] Using chi-square test of significance, *p*<.001.
[86] Using ANOVA; *p*<.001 for overall group analysis and post hoc comparisons.

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Sanctions

For every client violation, there was a sanction associated with that violation; the client was either sentenced to a flash incarceration period or a supervision revocation. In the case of flash incarcerations, the sanction is not to exceed 10 days in jail, and serves the purpose of a brief form of punishment for the indicated client noncompliance. In the instance of a supervision revocation, the client's community supervision terms are revoked and the client is to serve the remainder of their supervision term in the County jail, for up to 180 days. Revocation terms far exceed the 10-day incarceration limit imposed by flash incarceration regulations.

Clients acquired a total of 1,180 official PRCS violations across 2,218 different types of violation types associated within these official violations, and among 253 violating clients. Of these 1,180 official violations, 943 resulted in flash incarcerations and 237 resulted in supervision revocations. Clients who obtained any supervision violations received between 0 and 20 flash incarcerations, and between 0 and 6 revocations (see Table 18);[87] note that a client can receive a violation and have zero flash incarcerations because they may receive a revocation in response to a violation and never receive a flash incarceration, or vice versa.

Table 18. **Total number of flash incarcerations and revocations acquired among clients who acquired one or more supervision violations (N=235).**

Total Number	Flash Incarcerations		Revocations	
	Number of Clients	*Percentage of Clients[88]*	*Number of Clients*	*Percentage of Clients[89]*
0	**6**	**2%**	**146**	**58%**
1	70	28%	51	20%
2	**45**	**18%**	**20**	**8%**
3	**33**	**13%**	**16**	**6%**
4	**19**	**8%**	**7**	**3%**
5	**26**	**10%**	**8**	**3%**
6	**15**	**6%**	**5**	**2%**
7	**11**	**4%**	--	--
8	**7**	**3%**	--	--
9	**6**	**2%**	--	--
10	**2**	**1%**	--	--
11	**1**	**<1%**	--	--
12	**4**	**2%**	--	--
13	**1**	**<1%**	--	--
14	**2**	**1%**	--	--
15	**3**	**1%**	--	--
16	**1**	**<1%**	--	--
20	**1**	**<1%**	--	--
TOTAL	*253*	*100%*	*253*	*100%*

Flash incarcerations were imposed for 1 to 10 days (M=9.1 days), with the majority (80%) of flash incarcerations resulting in a 10-day jail sanction (see Table 19). Supervision revocations resulted in jail terms between 0 and 180 days (M=147.80 days), with the majority (55%) of revocations resulting in a 180-day jail term (see Table 19). Data were then examined in terms of the total number of days spent in jail for both flash incarcerations and revocations combined, per client (and when applicable). Of clients with one or more supervision violations (N=253), clients spent an average of 173 days in jail for violations (SD=226), ranging between 2 to 989 cumulative days spent in jail across all violations. Figure 32 shows the distribution of total number of days spent in jail for official supervision violations;

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[87] These statistics reflects the number of flash incarcerations and revocations per individual, and only among clients who obtained one or more supervision violations.
[88] Percentage of clients receiving one or more violations (N=253).
[89] Percentage of clients receiving one or more violations (N=253).

approximately half (51%; N=130) of clients spent 50 days or less in jail on probation violations, 29% (N=72) spent 51 to 300 days in jail for probation violations, and 20% (N=51) spent over 300 days in jail for probation violations.

Significant mean differences in total days spent in jail[90] were also found between clients based on exit status, when analyzing data with all clients (N=508); one-year successful clients spent significantly less time in jail due to sanctions (*M*=0.6 days), as compared to clients within the other counterpart exit categories (successful in over one year, *M*=100.5 days; expired, *M*=268.3 days; unsuccessful, *M*=137.2 days).[91] The number of days spent in jail due to violations was also significantly different for unsuccessful and expired clients; no significant differences were found between clients who successfully completed in over one year and unsuccessful clients. There were not any significant differences in PRCS exit statuses based on time to first official violation.[92]

Table 19. **Distribution of jail days per violation, by flash incarcerations and revocations (N=235 clients).**

Flash Incarcerations		
Jail Days	*Number of Violations*	*Percentage of Violations*
1	4	<1%
2	14	1%
3	10	1%
4	17	2%
5	46	5%
6	13	1%
7	25	3%
8	49	5%
9	47	5%
10	718	80%
TOTAL	*943*	*100%*

Revocations		
Jail Days	*Number of Violations*	*Percentage of Violations*
0	2	1%
10	1	<1%
14	1	<1%
16	1	<1%
23	1	<1%
40	1	<1%
42	1	<1%
44	1	<1%
56	1	<1%
60	4	2%
68	1	<1%
77	1	<1%
84	2	1%
85	1	<1%
86	1	<1%
90	19	8%
92	1	<1%
100	2	1%
101	1	<1%
118	1	<1%
120	31	13%
136	1	<1%
137	1	<1%
144	1	<1%
150	22	9%
156	1	<1%
160	2	1%
170	2	1%
180	131	55%
TOTAL	*237*	*100%*

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[90] When considering jail time received due to sanctions during the clients' supervision period.
[91] Using ANOVA; *p*<.001 for overall group analysis and all post-hoc comparisons.
[92] Using ANOVA; *p*>.05 for overall group analysis.

Impact of Violations

We are unable to determine the overall impact of flash incarcerations on recidivism or other client outcomes at this time. This is primarily due to the fact that all *recorded* supervision violations resulted in a sanction of jail time; thus, it was unclear if the effect was due to a flash incarceration and/or revocation or if the effect was due to the client being violated in itself. Further, there were not any clients who did not receive jail time in response to an official supervision violation to compare those who received flash incarcerations with, because information on supervision violations that do not lead to jail time was unavailable for analyses.

Recidivism of PRCS Clients

Santa Barbara County's CCP Implementation Plan includes a variety of data variables to assess clients' risk to the community following release from prison. The evaluation plan tracks both felony and misdemeanor crimes committed during clients' PRCS supervision in Santa Barbara County[93] and for several years after exit from PRCS supervision.

Data in the current section are reported in terms of new criminal convictions during PRCS supervision for all exited clients (Successful, Expired, and Unsuccessful). A focus is placed on analyzing data for clients who had data available for at least one year since they had been exited from PRCS; longer latency times from time to completion allow for more stable data estimates when comparing recidivating and non-recidivating clients.

There are four important considerations to bear in mind when interpreting the outcomes presented within the following sections:
1. Criminal justice research typically requires many years of data collection to capture the complete picture of the impact of such legislations as PSRA on client recidivism and public safety; evaluating the impact of PSRA in Santa Barbara County is no exception.
2. The following data are only provided for clients who have already been exited from PRCS supervision; data on clients still completing their term will not be reported on, in order to ensure the most complete (and thereby, most accurate) reporting of outcomes.
3. There is often lag time associated with conviction data; a client may commit a crime but not be convicted of that crime for some time afterward. Thus, time-related recidivism data are not reflective of the time the recidivism occurred, but rather when the individual was convicted of the crime.
4. Similarly, readers should be mindful that conviction data are just that; it does not reflect arrests, suspicions of committing crimes, or pending investigations. Therefore, the conviction data may under-reflect the number of crimes being committed.
5. Lastly, the present data reflect new convictions within Santa Barbara County only. Clients can and do commit crimes in other counties; however, data limitations are such that outside conviction information is only available for clients who receive prison-eligible felonies in other Counties during their PRCS supervision period (and thus obtain an Unsuccessful completion status for PRCS exit).

Overview of New Convictions

Of the exited PRCS clients (N=508), half of these clients had new conviction charge data (N=254; 50%). Analyses were conducted comparing clients with and without new charge convictions at one year post-completion. An analysis of demographic variables in relation to clients being convicted of new crimes revealed three of the demographic variables with significantly different distributions within their groupings (see Table 20). Specifically, age group (younger than 25 years old), gender (male), and gang affiliation all represented significantly larger distributions of being convicted of a new offense than their counterpart categories within those variables.

Table 4-A (in Appendix A) reflects the charge descriptions for the 459 new charge convictions that PRCS clients received in Santa Barbara County post-release from prison. Conviction charges varied widely in nature, with a total of 50 different charge descriptions present among the 459 new convictions. Figure 32 shows the breakdown of percentages of convictions by charge category, with the most number of new charge convictions being drug/alcohol

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[93] Recidivism data are not available for out-of-county events.

related-crimes (39%). Of clients acquiring one or more new convictions, 50% acquired one or more narcotic-related crime, 44% for 'other' crimes, 34% for one or more crimes against persons, 27% for one or more property crimes, and 10% for one or more alcohol-related crimes.

Figure 32. **Percentage of new PRCS convictions falling under the different charge categories (N=459 offenses).**
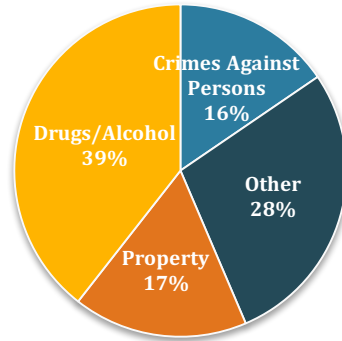
Table 20. **Demographic variables of PRCS clients who have been convicted of one or more new crimes as compared to PRCS clients who have do not have any new convictions (percentage and raw number of clients).[94]**

Demographic	Clients Receiving 1+ Convictions	Clients Not Receiving Any Convictions	Significant Differences?[95]
Ethnicity (N=356)			No
Hispanic	56% (110)	44% (85)	
Black	50% (14)	50% (14)	
White	53% (71)	47% (62)	
Age Group (N=361)			Yes*
Up to 25	72% (28)	28% (11)	
25-34.99	57% (74)	44% (57)	
35-44.99	50% (45)	50% (45)	
45-54.99	55% (43)	45% (35)	
55 and over	30% (7)	70% (16)	
Gender (N=361)			Yes**
Male	58% (181)	42% (133)	
Female	34% (16)	66% (31)	
Region (N=361)			No
Santa Maria	53% (85)	47% (76)	
Santa Barbara	50% (61)	50% (60)	
Lompoc	64% (50)	36% (28)	
Sex offender (N=361)			No[96]
Yes	38% (6)	63% (10)	
No	55% (191)	45% (154)	
Gang Affiliated (N=361)			Yes*
Yes	64% (58)	36% (32)	
No	51% (139)	49% (132)	
Mental Health in Prison (N=361)			No
Yes	51% (33)	49% (32)	
No	55% (164)	45% (132)	

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[94] Percentages add up to 100% going across by rows. Demographic information may not have been available for all exited clients.

[95] As indicated by chi-square tests of statistically significant differences between groups. See Appendix for a description on chi-square tests.

[96] Using chi-square test for significance; p=.16 (standard significance threshold is p<.05). The association between sex offender and convictions may have failed to reach significance due to the large disparity in population between sex offenders and non-sex offenders.

Client conviction data were further examined in relation to the number of cases associated with client convictions; this was intended to serve as a proxy for recidivism "events," in that the case number could be associated with numerous charges but reflect an isolated event of recidivism. The number of cases a client had associated convictions for post-release from prison is displayed in Table 21. The data indicate that of clients receiving new convictions, the majority of clients (75%) were convicted of charges related to one or two cases. An analysis of misdemeanor and felony charge breakouts suggested that 73% (N=185) of the 254 clients acquiring new convictions were convicted on misdemeanor charges, and 54% (N=137) were convicted for felony charges. Clients were convicted on between 1 to 11 misdemeanor cases, and between 1 to 4 felony cases.

Table 21. **Number of cases clients received convictions on, post-release from prison (N=508 clients).**

Number of Cases	Number of Clients	Percentage of All Clients (N=508)	Percentage of Clients with New Convictions (N=254)
0	254	50%	--
1	121	24%	48%
2	69	14%	27%
3	31	6%	12%
4	15	3%	6%
5	9	2%	4%
6	3	1%	1%
7	2	<1%	1%
9	2	<1%	1%
10	1	<1%	<1%
11	1	<1%	<1%
TOTAL	*508*	*100%*	*100%*

Data were also examined in terms of actual number of charges clients were convicted of. The number of total convictions a client had post-release from prison is displayed in Table 22. The data indicate that, of clients receiving new convictions, the majority of clients (67%) were convicted of one or two new charges. Clients were convicted of between 1 to 12 total misdemeanor charges, and between 1 to 6 total felony charges.

Table 22. **Number of total convictions per client, post-release from prison (N=508 clients).**

Number of Convictions	Number of Clients	Percentage of All Clients (N=508)	Percentage of Clients with New Convictions (N=254)
0	254	50%	--
1	97	19%	38%
2	72	14%	28%
3	35	7%	14%
4	22	4%	9%
5	12	2%	5%
6	7	1%	3%
7	2	<1%	1%
8	2	<1%	1%
10	1	<1%	<1%
11	2	<1%	1%
12	2	<1%	1%
TOTAL	*508*	*100%*	*100%*

The average number of days between release from prison and first post-release conviction was 419 days (SD=326 days; range= 10 to 1349 days; N=197 clients). Table 23 further breaks down the time from release from prison to first post-release conviction by time categories of 3 months apart. The time frame where the highest percentage of clients were convicted of their first post-release offense was after two or more years post-release (19%), followed by the first six to nine months (17%). Overall, over half (54%) of clients who were convicted of a new crime post-release from prison were convicted within one year of release from prison.

Table 23. **Time to conviction for PRCS clients' first post-release conviction by time categories (N=361 clients).**

Time Category	Number of Clients	Percentage of Clients
0-91 days	28	14%
92-182 days	28	14%
183-273 days	34	17%
274-365 days	18	9%
366-456 days	12	6%
457-547 days	17	9%
548-638 days	14	7%
639-730 days	8	4%
Over 730 days	38	19%
Total	*197*	*100%[97]*

Charge Convictions During PRCS

Of the 508 clients who exited the PRCS program with Successful, Unsuccessful, or Expired PRCS statuses, a total of 177 clients (35%) were charged with new convictions during their supervision period (see Table 24). These 177 clients were convicted of a total of 404 different crimes during their supervision period, across 348 different cases. The majority of clients received one or two convictions (70%) and were convicted of charge(s) on one or two cases (77%).

Table 24. **Number of convictions committed by clients during PRCS, by number of new cases and number of total charge convictions.**

Total Number	Cases Convicted			Charges Convicted		
	Number of Clients	Percentage of All Clients (N=508)	Percentage of Clients with Convictions (N=177)[98]	Number of Clients	Percentage of All Clients (N=508)	Percentage of Clients with Convictions (N=177)
0	**331**	**65%**	**--**	**331**	**65%**	**--**
1	89	18%	50%	73	14%	41%
2	48	9%	27%	53	10%	30%
3	19	4%	11%	22	4%	12%
4	9	2%	5%	11	2%	6%
5	8	2%	5%	8	2%	5%
6	2	<1%	1%	6	1%	4%
7	--	--	--	1	<1%	<1%
8	--	--	--	--	--	--
9	2	<1%	1%	1	<1%	<1%
10	--	--	--	--	--	--
11	--	--	--	1	<1%	<1%
12	--	--	--	1	<1%	<1%
TOTAL	*508*	*100%*	*100%*	*508*	*100%*	*100%*

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[97] Due to rounding, the whole numbers depicted in the table add up to 99%; however, the full percentage numbers reflect a sum of 100%.
[98] Of clients with new convictions during their PRCS supervision.

Charge Convictions by Years Post–Completion of PRCS

A subset of the client data was examined more in-depth; these were clients that had at least one year post-supervision at the time of the report. Data for the present report were analyzed for clients who had one year post-supervision, as well as clients who had two years post-supervision data available. Throughout this section, data will be examined in terms of both post-supervision (i.e., the time period after the client completed their PRCS term), as well as post-release (i.e., the time period after the client was released from prison onto PRCS supervision).

Of the 508 exited clients, a total of 361 clients (71%) had at least one year since their exit from supervision at the time of the report. Of these 361 clients, 197 (45%) had new convictions (see Table 25); 120 (33%) had a new conviction during their supervision period, and 70 (19%) had a new conviction during the first year after exiting their PRCS supervision.[99]

Table 25. **Number of cases convicted during or after PRCS (N=361 clients).**

Number of Cases Convicted	During PRCS		1 Year Post-PRCS		Cumulative (During + 1 Year Post-PRCS)	
	Number of Clients	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*
0	241	67%	291	81%	197	55%
1	69	19%	49	14%	88	24%
2	27	7%	16	4%	41	11%
3	14	4%	3	1%	19	5%
4	4	1%	1	<1%	7	2%
5	5	1%	1	<1%	4	1%
6	1	<1%	--	--	1	<1%
7	--	--	--	--	2	<1%
9	--	--	--	--	1	<1%
10	--	--	--	--	1	<1%
TOTAL	*361*	*100%*	*361*	*100%*	*361*	*100%*

Of these 361 clients with at least one year post-supervision, a total of 217 clients also had at least two years since their exit from supervision at the time of the report. Of these 217 clients, 25% (N=55) were convicted of a new crime during their supervision period, 17% (N=37) of clients were convicted of a new crime between exit from PRCS and one year after exiting PRCS supervision, and 21% (N=46) of clients were convicted of a new crime between their first and second year post-supervision (see Table 26). When considering these new conviction rates cumulatively, 25% (N=55) were convicted of a new crime during their supervision period, 37% (N=81) were convicted of a new crime within one year post-release from supervision, and 50% (N=109) were convicted of a new crime within two years post-release from supervision.

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[99] Some clients received new convictions during both time periods; the numbers do not add up to 361 total clients.

Table 26. **Number of cases convicted during or after PRCS (N=217 clients).**

Number of Cases Convicted	During PRCS		Year 1 Post-PRCS		Cumulative (During + Year 1 Post-PRCS)		Year 2 Post-PRCS		Cumulative (During + Year 1 + Year 2 Post-PRCS)	
	Number of Clients	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*	*Number of Clients*	*Percentage of Clients*
0	162	75%	180	83%	136	63%	171	79%	108	50%
1	37	17%	26	12%	50	23%	30	14%	62	29%
2	9	4%	8	4%	16	7%	12	5%	22	10%
3	7	3%	1	<1%	11	5%	4	2%	16	7%
4	--	--	1	<1%	1	2%	--	--	4	2%
5	2	1%	1	<1%	1	1%	--	--	2	1%
6	--	--	--	--	--	--	--	--	1	<1%
7	--	--	--	--	1	<1%	--	--	--	--
9	--	--	--	--	1	<1%	--	--	1	<1%
11	--	--	--	--	--	--	--	--	1	<1%
TOTAL	***217***	***100%***	***217***	***100%***	***217***	***100%***	***217***	***100%***	***217***	***100%***

Charge Convictions by Years Post–Release from Prison

An overview of the charge convictions of PRCS clients reported above for one-, two-, and three-years post release from prison can be found in Figure 33, with cumulative new conviction rates found in Figure 34. Data were analyzed for clients who had completed PRCS with an eligible completion status, and that had at least one year post-release from prison (N=505). Clients were classified as Cohort 1 if the time since their release from prison was greater than four years (i.e., the first cohort of clients released under PSRA after enactment of the legislation; N=108), clients in Cohort 2 were clients with greater than three years but less than four years since release from prison (N=224), clients in Cohort 3 were clients with greater than two years but less than three years since release from prison (N=91), clients in Cohort 4 were clients with greater than one year but less than two years since release from prison (N=82).

Figure 33. **Percentage of clients with new convictions one-, two-, and three-years post-release from prison, by time period (N=505).**

	Year 1	Year 2	Year 3
Cohort 1	38%	31%	23%
Cohort 2	31%	30%	21%
Cohort 3	26%	21%	
Cohort 4	11%		
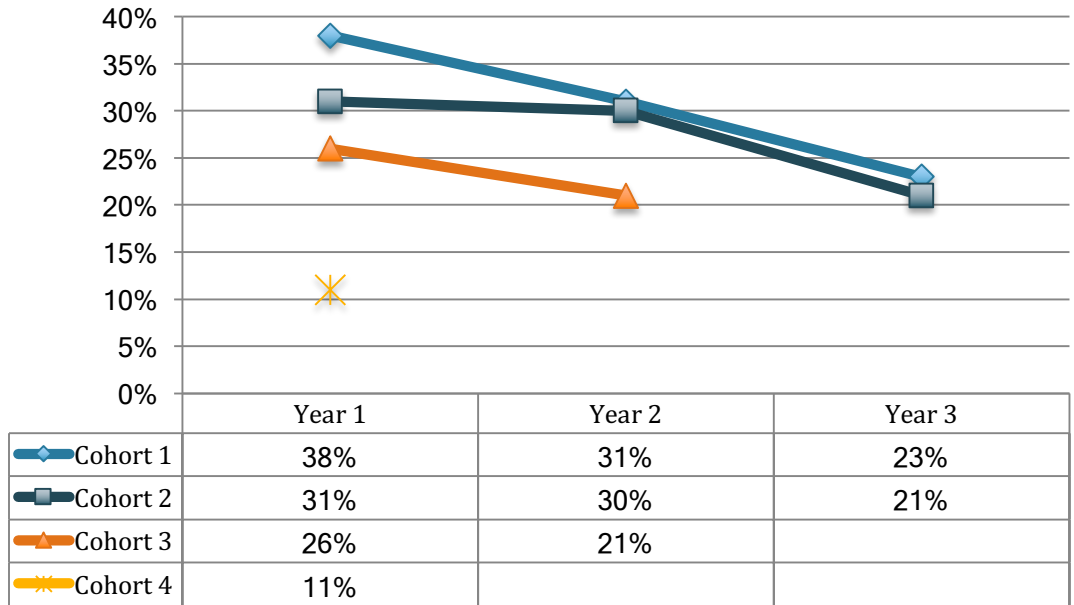
The data in in Figure 33 suggest that rates of reoffending by time post-release from prison appear to widely differ, by number of years post-release from prison. In particular, one-year post-release rates appear to be dramatically decreasing over time, with two-year and three-year recidivism rates appearing to decrease over time, as well. These statistics are corroborated by data in Figure 34 that indicate that cumulative percentages of clients recidivating over time appears to be on the decrease as well, with clients being released from prison closer to the implementation of Realignment having higher cumulative recidivism rates than those released later. It may be that the implementation of Realignment was subject to an adjustment period for both clients and counties, where counties have become better over time at adapting to the high demands and levels of resources required to supervise clients in the community. This includes providing targeted treatment modalities and improving efficiencies in assessing client needs.
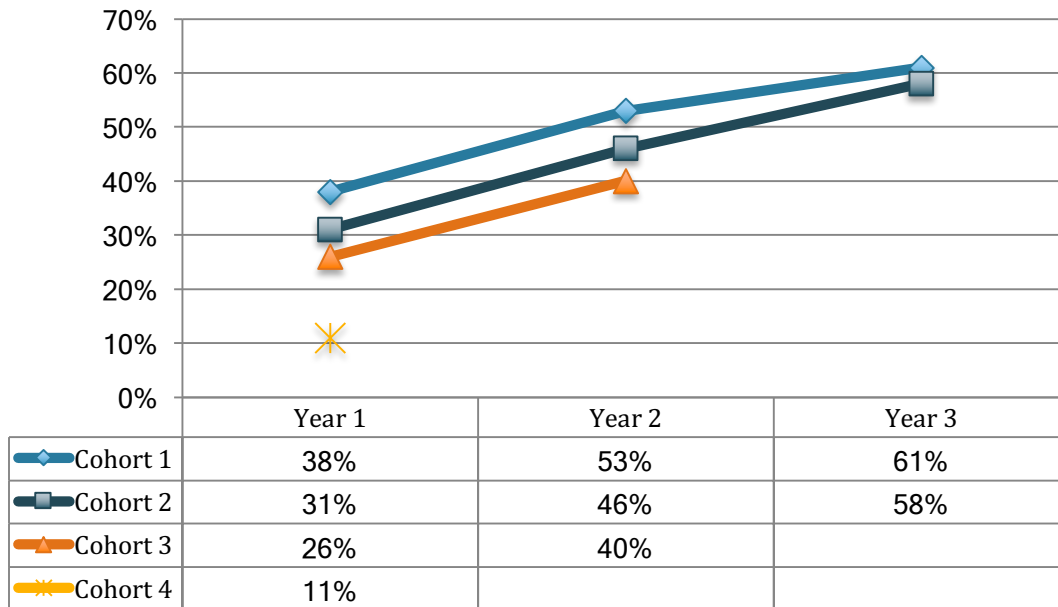
Figure 34. **Cumulative percentages of clients with new convictions one-, two-, and three-years post-release from prison, by time period (N=505).**

	Year 1	Year 2	Year 3
Cohort 1	38%	53%	61%
Cohort 2	31%	46%	58%
Cohort 3	26%	40%	
Cohort 4	11%		

Charge Convictions and Other Variables

Table 29 displays analyses of the association between new convictions and exit status, COMPAS scores, receipt of treatment services, GPS, and violations. Of these variables, client exit status, Recidivism Risk, Violence Risk, being put on GPS supervision, and noncompliance resulting in supervision violations were associated with differences in whether or not clients were also convicted of new crimes. The analyses indicated that clients with lower Recidivism Risk and Violence Risk scores were more likely to not have a new conviction than clients with higher scores on either. The analyses also indicated that clients whose noncompliance resulted in one or more violations, clients who had been placed on GPS, and clients who completed PRCS with an Expired exit status had higher distributions of also being convicted of one or more new crimes than those in the counterpart categories. All of these findings appear to be intuitive; clients who are more at risk of recidivism are likely to recidivate at higher rates, unsuccessful and expired clients may be receiving these exit statuses due to new convictions, and clients may be placed on GPS and/or obtain supervision violations due to new convictions.

Table 29. **Additional predictor variables of PRCS clients who have been convicted of one or more new crimes, as compared to PRCS clients who have do not have any new convictions (percentage and raw number of clients).**[100]

Variable	Clients Receiving 1+ Convictions	Clients Not Receiving Any Convictions	Significant Differences?[101]
Exit Status (N=361)			Yes***
Successful (1 Year)	35% (55)	65% (204)	
Successful (1+ Years)	64% (56)	36% (32)	
Expired	81% (21)	19% (5)	
Unsuccessful	74% (65)	26% (23)	
Recidivism Risk (N=340)			Yes***
Low	28% (15)	72% (39)	
Medium	49% (41)	51% (42)	
High	66% (134)	34% (69)	
Violence Risk (N=340)			Yes***
Low	19% (10)	82% (44)	
Medium	54% (22)	46% (19)	
High	65% (158)	36% (87)	
Received Behavioral Wellness Services (N=361)			No
Yes	58% (42)	43% (31)	
No	54% (155)	46% (133)	
Received Other Treatment Services (N=361)			No
Yes	56% (158)	44% (122)	
No	48% (39)	52% (42)	
Received Behavioral Wellness or Other Treatment (N=361)			No
Yes	56% (161)	44% (127)	
No	49% (36)	51% (37)	
Placed on GPS (N=361)			Yes*
Yes	65% (67)	35% (36)	
No	50% (130)	50% (128)	
Received Violations (N=361)			Yes***
Yes	77% (126)	23% (38)	
No	36% (71)	64% (126)	

*p<.05. **p<.01. ***p<.001.

Recidivism: Convictions and Unsuccessful Completion Status

Clients were compared on a final measure of recidivism. Clients who were convicted of a new crime or had an exit status of Unsuccessful were compared to clients who did not receive any of those designations. Of the 361 exited clients in the PRCS program that had one year post-release at the time of the report, 220 (61%) received new convictions or an Unsuccessful exit status. This measure of recidivism was not predicted by ethnicity, region of supervision, or whether or not they had mental health needs in prison. However, age group, being male, gang affiliation, and not having a sex offender status did predict the likelihood of recidivating. These results should be interpreted cautiously; the number of individuals identified as gang affiliated and of sex offender status are very low compared to their counterpart categories.

Additional analyses were conducted using this measure of recidivism, comparing recidivating clients to those who had not recidivated. Outcomes examined were: total number of violations, total number of outpatient treatment services received (from other treatment agencies), the maximum time spent in any of the treatment programs (from other treatment agencies), and time from release from prison to receipt of first treatment service (from any treatment

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[100] Percentages add up to 100% going across by rows. Some information may not have been available for all exited clients; hence, the total "N" for each group may not equal 361.
[101] As indicated by chi-square tests of statistically significant differences between groups. See Appendix for a description on chi-square tests.

agency). Results indicated that there were significant mean differences between those who recidivated compared to those who did not recidivate based on all of the outcomes examined except for time to first treatment service received (see Table 30). In particular, clients who recidivated obtained more total violations, had more treatment entries, and spent more time in treatment than clients who did not recidivate. The higher number of violations is intuitive, whereby the treatment findings may require further investigation. It may be that clients who recidivate are struggling with their circumstances and/or addiction, and as such are entering treatment multiple times and spending longer in treatment while attempting to ameliorate any issues.

Table 30. **Comparison of clients receiving one or more new convictions or an Unsuccessful completion status to those who received neither, on treatment-related variables and violations.**

Outcome	1+ New Convictions or Unsuccessful Exit		No New Convictions or Unsuccessful Exit		
	N	Mean	N	Mean	*p*-value
Total Violations	135	3.96	29	2.31	.020
Total Treatment	170	2.91	109	2.62	.000
Max. Time in Treatment	169	241.18	109	206.84	.009
Time to Treatment	169	53.51	109	47.08	.816

Key Statistics of PRCS Evaluation

Overall Demographics

- Between October 2011 and December 2014, a total of 955 clients were placed on PRCS in Santa Barbara County upon their release from prison. Thirty of these clients were released onto PRCS twice.
- The majority of the clients were male (90%) and Hispanic (56%). The average age of PRCS clients was 38 years old, most of clients were supervised in the Santa Maria area (44%), 4% have a sex offender status, 25% have been identified to be gang affiliated, and 16% had been designated as having mental health needs upon release from prison.
  - These statistics have remained consistent year-to-year.
- The first year and a half (2011-2012) of implementation of PSRA yielded the highest number of client released into Santa Barbara County per year. Since 2012, the number of clients entering PRCS locally has plateaued, with a slight downtick.

Program Completion

- A total of 702 clients had exited Santa Barbara County's PRCS program at the time of the report. A total of 194 of the exited clients were deported, transferred, became deceased, or had their sentence terminated due to the passage of Proposition 47. Thus, a total of 508 clients were reported on as having completed the PRCS program.

Successful, Unsuccessful, and Expired PRCS Clients

- The majority of the 508 exited PRCS clients completed their PRCS terms with a completion status of Successful Early Termination (65%), followed by Unsuccessful (25%), and Expired (10%).
- The Successful client category was parsed out further, to reflect clients completing successfully within the first 12 consecutive months from release from prison (Successful – 1 Year; N=210) and clients with 12 months of consecutive compliance after the first 12 months post-release from prison (Successful – 1+ Years; N=119). This was due to confirmed hypotheses that there are differences between these two groups on multiple variables within the report.

- There were differences within demographic variables on client exit status for gender, region of supervision, and gang affiliation; females and non-gang affiliated clients had higher rates of successful completion than their counterpart categories, and clients supervised in Santa Barbara had lower rates of unsuccessful completion and clients in Lompoc had higher rates of successful completion than their counterpart categories.

COMPAS Risk and Needs Scores

- Lower mean scores on Recidivism Risk and Violence Risk were observed for clients successfully completing within one year, followed by clients successfully completing in over one year; higher mean scores were observed for expired and unsuccessful clients.
    - Mean scores between clients with Successful – 1 Year and Successful – 1+ Years statuses were markedly different on both risk scales.
    - The average risk scores between expired and unsuccessful clients were extremely similar to one another.
- The majority of PRCS clients overall fell into the High categories for the COMPAS scales Recidivism Risk (61%) and Violence Risk (75%).
- *Recidivism Risk*
    - Low-risk clients had a significantly higher percentage of a successful exit status than high- or medium-risk clients.
    - 41% of Successful-1 Year clients had a low or medium risk level, compared to 21% of Successful-1 Year+ clients, 10% of Expired clients, and 10% of Unsuccessful clients.
- *Violence Risk*
    - Low-risk clients had a significantly higher percentage of a successful exit status than high-risk clients.
    - 55% of Successful-1 Year clients had a low or medium risk level, compared to 39% of Successful-1 Year+ clients, 27% of Expired clients, and 24% of Unsuccessful clients.
- Significant differences in distributions of risk levels within demographic groups were found for the following demographic variables on COMPAS scales:
    - Older age, being female, having a sex offender status, and not being identified as gang-affiliated were more indicative of *lower* Recidivism Risk and Violence Risk levels than their counterpart categories.
    - 94% of clients under 25 years of age fell within the high Violence Risk category.
    - White clients were more likely to be in the low Recidivism or Violence risk levels, and less likely to fall within the high risk levels than Hispanic or Black clients.
- Changes in Criminal Thinking and Residential Instability scores over time indicate that the most common type of changes experienced on both scales were No Change and Positive Change.
    - Clients who had *never* reported a Negative Change, who had *ever* reported a Positive Change, or had *ever* reported a Resolution in either of these scores were more likely to achieve a Successful completion status than their counterpart categories.

Treatment Services Provided to PRCS Clients

Mental Health Characteristics

- Of the 508 PRCS clients who exited the program under Successful, Expired, or Unsuccessful statuses, a total of 84 (17%) clients entered the PRCS program with identified mental health needs from their prison record.
    - Of these 84 individuals, 82 (98%) received treatment from either Behavioral Wellness or another participating community-based agency in the County.
    - Of the 424 individuals entering PRCS without identified mental health needs from prison, 342 (81%) also participated in treatment or services within the County upon release from prison.
- A total of 219 of the 508 exited PRCS clients had an available mental health diagnosis, across 286 different diagnoses. The most common disorders were Substance-Related Disorders.

Treatment Services Received

- 424 (84%) received any form of treatment services from either Behavioral Wellness or another local treatment agency.
    - 330 (65%) clients received either at least one Behavioral Wellness service or at least one treatment service from another agency, 94 clients (19%) received treatment from *both* Behavioral Wellness and an outside treatment agency, and 84 (17%) clients did not receive either.
- Clients did not appear to differ on exit status, based on whether or not they received treatment from any agency.
- *Behavioral Wellness Services*
    - 102 (20%) of the 508 exited PRCS clients received treatment services from Behavioral Wellness.
    - 51 of the 84 clients with mental health needs from prison (61%) received any Behavioral Wellness services, and 51 of the 424 clients without identified mental health needs from prison (12%) received any Behavioral Wellness services.
    - Of the 102 clients receiving Behavioral Wellness services: 16 (16%) received crisis-related services, 90 (88%) received medication-related services, and 69 (68%) received other therapeutic services.
    - Clients did not differ based on exit status from PRCS and type of Behavioral Wellness treatment service received.
    - The average length of time from release from prison to the first Behavioral Wellness service received was 139 days (with a range of 1 to 1,102 days).
- *Other Treatment Services*
    - 416 (82%) clients participated in treatment from other community-based treatment agencies, including 77 (92%) of the 84 clients identified as having MH needs from prison, and 339 (80%) of the 424 clients without identified mental health needs from prison.
    - Treatment types included drug and alcohol treatment, education and employment services, cognitive-behavioral treatment services, and/or services that include a therapeutic component.
    - The majority of clients receiving treatment from outside agencies enrolled in one or more outpatient services (97%), followed by residential/sober living services (33%), drop-in services (27%), and detoxification services (18%).
    - Treatment data were also categorized as providing one or more of these service elements; of the 508 exited PRCS clients, 60% (N=307) received D/A treatment, 17% (N=87) received other MH services, 44% (N=222) received vocational services, and 60% (N=306) received CBT/skill building treatment.
    - Some differences were observed based on exit status from PRCS and type of treatment service received; enrollment in drop-in services, outpatient services, and CBT services were related to higher distributions of Successful completion statuses than other treatment categories. However, disparities in sample sizes across groups limits generalizability.
    - Treatment duration (for services other than detoxification) was 243 days, on average.
    - Clients who successfully completed within one year had less time in treatment than clients of other exit statuses, followed by unsuccessful clients; clients successfully completing PRCS in over one year and expired clients appeared to remain in treatment for significantly longer than both unsuccessful and successful clients
    - Treatment exit status and PRCS completion status appeared to be related.
        - Successful – 1 Year PRCS clients had higher rates of ever having a Successful treatment exit status, and lower rates of ever having an unsuccessful treatment exit status from both Outpatient and Residential treatment programs than the other PRCS completion statuses. The converse was true for Unsuccessful clients.
        - Rates of treatment exit statuses generally followed a pattern of most favorable to least favorable on a continuum of Successful - Year, Successful – 1 Year+, Expired, to Unsuccessful PRCS exit status.

Supervision of PRCS Clients

GPS Monitoring

- 177 clients were placed on GPS monitoring during the PRCS program; 17 individuals were placed on GPS twice, and 3 individuals were placed on GPS three times.
- The majority of clients received a successful completion status from GPS for their first and second time on GPS (67% and 60%, respectively).
- Clients' PRCS exit status was significantly correlated with whether they had ever been put on GPS or not:
    - 24% of clients who had ever been put on GPS also successfully exited PRCS within one year, as compared to 51% of clients who had never been placed on GPS;
    - 31% of clients who had ever been put on GPS successfully completed PRCS in more than one year, as compared to 20% of clients who had never been placed on GPS;
    - 18% of clients who had ever been put on GPS exited PRCS with an expired completion status, as compared to 7% of clients who had never been placed on GPS; and
    - 28% of clients who had ever been put on GPS unsuccessfully exited PRCS, as compared to 23% of clients who had never been placed on GPS.
- Clients who successfully exited PRCS within one year (M=138 days) exhibited significantly shorter durations on GPS than clients successfully completing PRCS in over one year (M=257), unsuccessful clients (M=280), and expired clients. Differences were not found on first GPS duration between clients successfully completing PRCS in over one year, expired clients, and unsuccessful clients.
- GPS durations of six months or less are significantly correlated to successful PRCS completion statuses; 73% of clients placed on GPS for six months or less also obtained a successful completion status, as compared to 48% of clients placed on GPS for six months to one year, and 28% of clients placed on GPS for over one year.
- *Prevention and Intervention*
    - During clients' first duration on GPS, a total of 66 (37%) clients of the 171 total clients on GPS were placed on GPS as prevention, and 111 (63%) were placed on GPS as a means of intervention.
    - Clients placed on GPS as a method of prevention achieved significantly higher rates of successfully completing their GPS terms (80%) than those placed on GPS as an intervention (60%).
    - Clients on GPS as a prevention method achieved significantly higher levels of successful PRCS exit statuses (70%) than clients who were on GPS as an intervention (46%).
    - GPS as a prevention method is utilized for somewhat shorter time frames than GPS utilized as an intervention; 44% of the instances of GPS utilized as a prevention method lasted from zero to three months, whereas 45% of the instance of GPS utilized as an intervention method lasted from zero to six months.
    - Fewer clients placed on GPS as a prevention method obtained one or more new convictions (32%) than those who were placed on GPS as a method of intervention (75%).
    - Clients were placed on GPS as a method of prevention were significantly less likely to have one or more supervision violations (47%) than those placed on GPS as a method of intervention (87%).
    - Clients placed on GPS as a prevention method were less likely to have a positive drug test during supervision (52%) than clients placed on GPS as an intervention (75%).

Drug Testing

- 443 clients were drug tested through the Santa Barbara County Probation agency; clients were drug tested anywhere from 1 to 122 times during their PRCS supervision period, with the majority of clients being drug tested between 1 and 30 times (73%).
- Clients tested positive an average of 4 times per person, with almost half (45%) of clients never having a positive drug test and 40% of clients testing positive between 1% to 25% of their overall drug tests during their supervision period.
    - The first three months of supervision was when the highest percentage of clients obtained positive drug tests; 25% of clients obtained a positive drug test within the first three months of supervision.
    - 49% of clients obtained a positive drug test within the first year of supervision.

- Clients with at least one positive drug test were more likely to have a supervision violation (66%) than those who did not have any positive drug tests (35%).
- Clients with at least one positive drug test were more likely to be convicted of a new crime (60%) as compared to those without any positive drug tests (44%).
- Differences between PRCS exit statuses were observed within positive drug test result reporting:
  - Clients completing their supervision successfully within one year had lower rates of ever having a positive test (39%) than all of the counterpart exit status categories (successful over one year, 70%; expired, 63%; unsuccessful, 63%)
  - Clients who successfully completed within one year demonstrated significantly lower overall percentages of positive drug tests (6%) than clients who exited PRCS within all three of the counterpart categories (successful over one year, 14%; expired, 14%, unsuccessful, 16%).
  - The time period in which clients obtained a positive drug tests did not appear to be reliably related to PRCS exit status.

Supervision Violations

- 253 (50%) clients engaged in behaviors that resulted in official violations of the terms of their supervision, across a total of 1,180 official violations and a sum of 2,218 violation 'reasons.'
  - Of those with violations, over half (70%) had between 1 and 5 total violations.
- Being gang affiliated appeared to predict the likelihood of clients committing at least one violation; no other demographic variables were predictive of having supervision violations.
- Of clients receiving violations, the largest percentage of clients received one or more substance-related violations (79%), followed by absconding (63%), and FTR (60%).
- For both the Recidivism Risk and Violence Risk scales, the Low risk group had the lowest mean number of violations, followed by the Medium risk and the High risk group.
  - Within both risk scales, Low risk clients had a significantly lower total number of supervision violations than High risk clients.
- Clients with a one-year successful exit status had significantly fewer violations on average (M=0.0) than clients successfully completing in over one year (M=3.5), unsuccessful clients, (M=3.0) and expired clients (M=7.2).
  - In addition, those without any violations appeared to have a much higher percentage of Successful completion statuses (87%) than those with one or more violations (43%).
- Of these 1,180 official violations, 943 resulted in flash incarcerations and 237 resulted in supervision revocations.
  - Flash incarcerations were imposed for 1 to 10 days (M=9.1 days), with the majority (80%) of flash incarcerations resulting in a 10-day jail sanction.
  - Supervision revocations resulted in jail terms between 0 and 180 days (M=147.8 days), with the majority (55%) of revocations resulting in a 180-day jail term.
- There were significant mean differences in total days spent in jail between clients based on exit status, when analyzing data with all clients (N=508); one-year successful clients spent significantly less time in jail due to sanctions (M=0.6 days), as compared to clients within the other counterpart exit categories (successful in over one year, M=100.5 days; expired, M=268.3 days; unsuccessful, M=137.2 days).
  - The number of days spent in jail due to violations was also significantly different for unsuccessful and expired clients.
  - No significant differences were found between clients who successfully completed in over one year and unsuccessful clients.
  - There were no significant differences in PRCS exit statuses based on time to first official violation.

Recidivism of PRCS Clients

Overview of New Convictions

- Of the 508 clients who exited the PRCS program with successful, unsuccessful, or expired PRCS statuses, a total of 254 clients (50%) were convicted of new charges.
- Among demographic variables, age group (younger than 25 years old), gender (male), and gang affiliation all represented significantly larger distributions of being convicted of a new offense than their counterpart categories within those variables.
- 459 new charge convictions were recorded among the 254 PRCS clients with new convictions, among 50 different charge descriptions.
  - By charge category, the most number of new charge convictions were drug/alcohol related-crimes (39%).
- 73% (N=185) of the 254 clients acquiring new convictions were convicted on misdemeanor charges, and 54% (N=137) were convicted for felony charges.
- The average number of days between release from prison and first post-release conviction was 419 days (SD=326 days; range= 10 to 1349 days).
  - Over half (54%) of clients who were convicted of a new crime post-release from prison were convicted within one year of release from prison.
  - By time frame breakout, the highest percentage of clients were convicted of their first post-release offense was within two or more years post-release (19%), followed by the first six to nine months (17%).

Charge Convictions During PRCS

- Of the 508 clients who exited the PRCS program with Successful, Unsuccessful, or Expired PRCS statuses, a total of 177 clients (35%) were charged with new convictions during their supervision period.

Charge Convictions by Years Post–Completion of PRCS

- Of the 508 exited clients:
  - A total of 361 clients (71%) had at least one year since their exit from supervision.
    - 197 of these 361 clients (45%) had new convictions; 120 (33%) had a new conviction during their supervision period, and 70 (19%) had a new conviction during the first year after exiting their PRCS supervision.
    - Cumulatively, 45% of these 361 clients had one or more convictions by one year post-completion.
  - A total of 217 clients had at least two years since their exit from supervision.
    - 25% (N=55) were convicted of a new crime during their supervision period, 17% (N=37) were convicted of a new crime between exit from PRCS and one year after exiting PRCS supervision, and 21% (N=46) were convicted of a new crime between their first and second year post-supervision.
    - Cumulatively, 37% (N=81) were convicted of a new crime within one year post-completion, and 50% (N=109) were convicted of a new crime within two years post-completion.

Charge Convictions by Years Post–Release from Prison

- Rates of reoffending by time post-release from prison appear to widely differ, by number of years post-release from prison.
- One-year post-release rates appear to be dramatically decreasing over time, with two-year and three-year recidivism rates appearing to decrease over time, as well.
  - Clients with 1 Year Post-Release from prison recidivated at a rate of 11% within that one year, whereas clients with 4 Years Post-Release from prison recidivated at a rate of 38% within their first year post-release.

- These statistics are corroborated by cumulative percentages of client recidivism, with clients being released from prison closer to the implementation of Realignment having higher cumulative recidivism rates than those released later.
    o Year 2 cumulative rates: 40% for clients with 2 Years Post-Release, 46% for clients with 3 Years Post-Release, and 53% for clients with 4 Years Post-Release.
    o Year 3 cumulative rates: 58% for clients with 3 Years Post-Release, and 61% for clients with 4 Years Post-Release.

Charge Convictions and Other Variables

- Client exit status, Recidivism Risk, Violence Risk, being put on GPS supervision, and noncompliance resulting in supervision violations were associated with differences in whether or not clients were also convicted of new crimes.

Recidivism: Conviction and Unsuccessful Completion Status

- Of the 361 exited clients in the PRCS program that had one year post-release at the time of the report, 220 (61%) received new convictions or an Unsuccessful exit status.
- Age group, being male, gang affiliation, and not having a sex offender status predicted the likelihood of recidivating.
- There were significant mean differences between those who recidivated (using this definition) compared to those who did not recidivate based on the following:
    o Clients who recidivated obtained more total violations, had more treatment entries, and spent more time in treatment than clients who did not recidivate.

PC§1170(H)(5)

Data Considerations

Due to the structure of PC§1170(h)(5) sentences, there are still **relatively low numbers of individuals who have accumulated enough post completion time** to accurately draw conclusions regarding outcomes of these clients. Preliminary data findings may disproportionality represent unsuccessful clients who reoffend quickly. This makes conclusions regarding the data preliminary, the present report also provides important insights into tentative patterns within the data and potential areas for programmatic changes.

Overall Demographics

The data presented in this section of the report describe PC§1170(h)(5) clients who entered Santa Barbara County's caseload between October 1, 2011 and December 31, 2015. There was a total of 802 entries for 717 clients sentenced pursuant to a PC§1170(h)(5) sentence during this time period. Entries into 1170(h)(5) were defined as clients with new sentencing dates where clients were sentenced to either PC§1170(h)(5)(A) or PC§1170(h)(5)(B). Seventy-four clients were sentenced pursuant to PC§1170(h)(5) multiple times. Clients sentenced pursuant to PC§1170(h)(5)(A) served the entirety of that particular felony sentence in a county jail; clients sentenced pursuant to PC§1170(h)(5)(B) served a portion of that particular felony sentence in county jail, followed by a period of mandatory post-sentence supervision (PSS). Participants sentenced to receive PSS supervision were supervised in the community by Santa Barbara County Probation Department. Participant demographic information for the overall populations is presented in Figures 35 and 36. Clients were predominately male (75%), Hispanic (49%) or White (42%), and had an average age of 36.2 years old (with a range of 19 to 72 years) at age of first 1170(h)(5) entry.

Figure 35. **Ethnicities of 1170(h)(5) clients (N=717).**
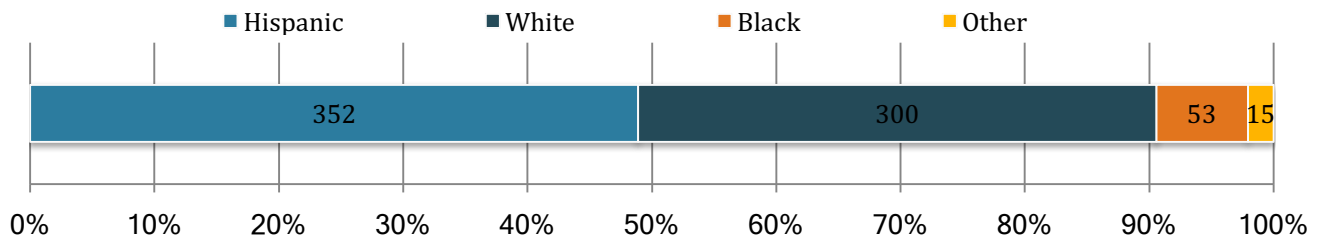
Figure 36. **Age groups of 1170(h)(5) clients at first entry (N=717).**
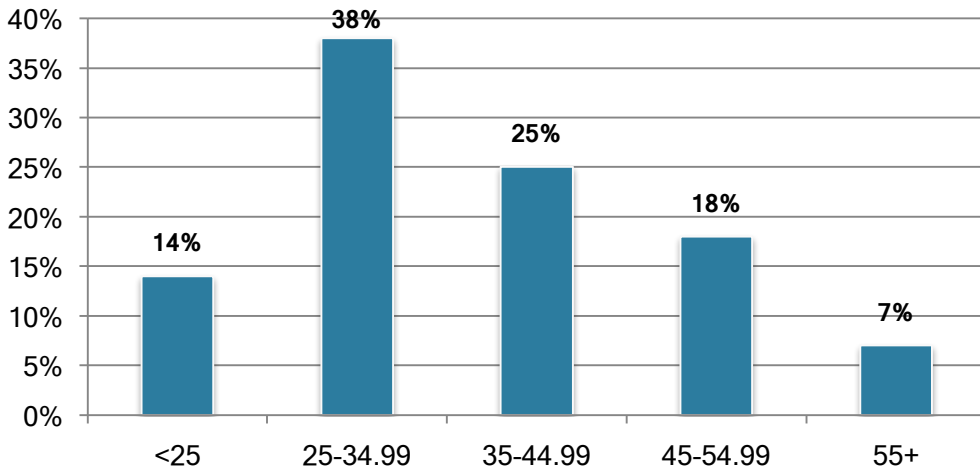
Annual Rates of PC§1170(h)(5) Sentences

The total number of new entries pursuant to PC§1170(h)(5) per year (see Figure 37) are graphed below. The greatest number of new entries was found in October 2012 (*n*=33), and the least number of new entries was in May 2015 (*n*=2). Between October and December 2011, 56 new entries were sentenced pursuant to PC§1170(h)(5) in Santa Barbara County, followed by 239 entries for all of 2012, 227 entries in 2013, 189 entries in 2014, and 91 entries in 2015. The data indicate a decreasing trend in the annual number of new clients sentenced pursuant to PC§1170(h)(5) since 2012. It is important to note that the number of 1170(h)(5) sentences in Santa Barbara County started to dramatically decrease beginning in November of 2014; this is likely to be mainly attributed to the passage of Proposition 47.

Figure 37. **Number of new entries sentenced pursuant to PC§1170(h)(5) per year, from October 2011 through December 2015 (N=802 total entries).**
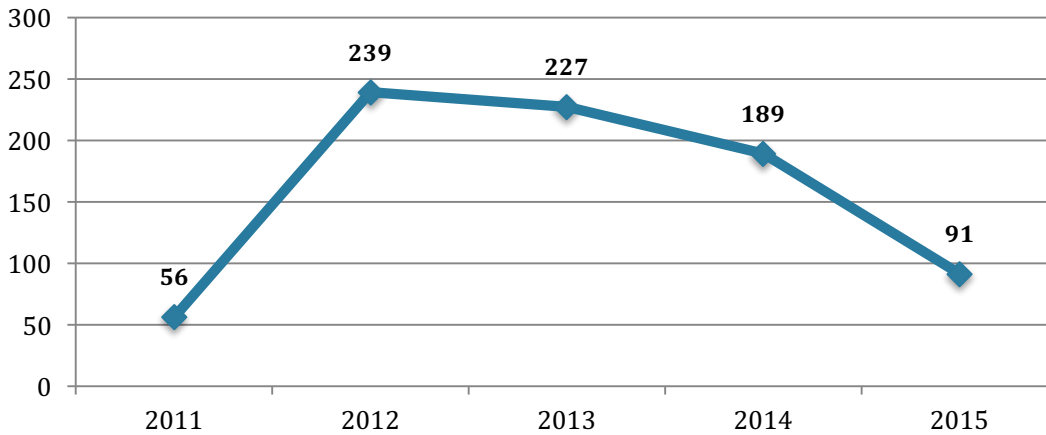
1170(h)(5) Sentence Information

The following reflects sentencing information for convicted PC§1170(h)(5) offenses between October 2011 and December 2015 in Santa Barbara County. There were 802 new PC§1170(h)(5) entries with sentences pursuant to PC§1170(h)(5), across 717 different clients. These entries were comprised of 1,521 offenses across 81 different charges (see Table 5-A in Appendix A). The 81 charges were further delineated into four charge categories: crimes against a person, property crimes, substance-related crimes, and other types of offenses. Figure 38 depicts the number of offenses for each charge category. The majority of entering PC§1170(h)(5) offenses were classified as substance-related offenses (45%) or property offenses (40%); whereas, a smaller percentage fell into the categories of crimes against a person (3%) or "other" crime offenses (12%). [102] Noteworthy patterns included: the number of 1170(h)(5) sentenced crimes for bringing a controlled substance/alcohol into jail more than doubled since last reporting year, and the number of 1170(h)(5) sentenced crimes for auto theft increased by around 1.5 times the number from the previous report.

Figure 38. **Percentage of entering PC§1170(h)(5) offenses by charge category (N=1,521 total offenses).**
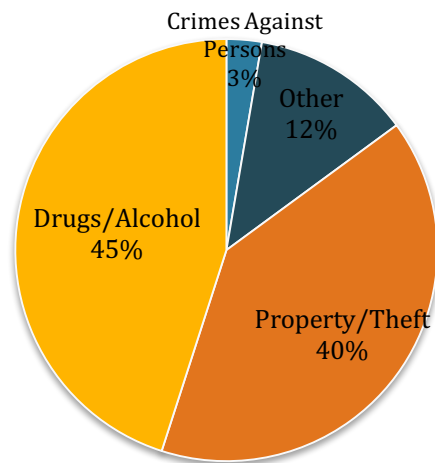
Sentences pursuant to PC§1170(h)(5) are categorized as either a "Split Sentence" (i.e., PC§1170(h)(5)[B]) or a sentence of "Jail Only." (i.e., PC§1170(h)(5)[A]). A Split Sentence indicates that the client received a sentence of jail time to be served in the Santa Barbara County Jail, followed by a sentence of community supervision (Post-Sentence Supervision; PSS) to be overseen by Santa Barbara County Probation upon the client's release from County Jail. Conversely, individuals sentenced to a Jail Only sentence serve out their entire sentence in the County Jail, which is not followed by a period of supervision upon release into the community. Clients with multiple entries into 1170(h)(5) could receive Split Sentences and/or Jail Only. The findings reported within the 1170(h)(5) section by sentence type are reported for any individual receiving that sentence type, regardless of whether or not that individual also received the other 1170(h)(5) sentence type.

Of the 802 1170(h)(5) sentences handed down in Santa Barbara County between October 2011 and December 2015, 463 (58%) were sentenced to a Split Sentence and 339 (42%) received Jail Only. There were no statistically significant differences in the likelihood of receiving a Jail Only or Split Sentence by race or ethnicity, age, or gender.[103] Many entries into 1170(h)(5) included multiple charges; there were between 1 and 18 different charges per entry (M=2.0, SD=1.3; see Table 31). Clients sentenced to Split Sentences had a larger mean number of charges than clients sentenced to Jail Only (2.5 and 1.4, respectively). These group differences were statistically significant.[104] There were no statistically significant differences in the number of charges clients had at sentencing by race and ethnicity, gender,

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[102] Clients' first (or any) entry could comprise of charges from one case, or could be a combination of charges from multiple cases sentenced on the same day.

[103] Using Chi Square test of significance; p > .05.

[104] Using ANOVA; p<.001.

or age.[105] There were also no significant differences between charge groups of offenses and sentence type (Jail Only, Split Sentence) received, though a higher percentage of entries related to crimes against persons and alcohol offenses received Jail Only than Split Sentences (see Figure 39). [106]

Table 31. **Number of charges 1170(h)(5) clients were sentenced on at the time of each PC§1170(h)(5) sentencing (N=781).**[107]

Number of *Total* Charges	Number of Clients	Percentage
1	295	38%
2	317	41%
3	78	10%
4	55	7%
5	21	3%
6	8	1%
7	3	<1%
8	2	<1%
9	1	<1%
18	1	<1%

Figure 39. **Breakout of charge category of clients' most serious crime at eat 1170(h)(5) entry, by sentence type (N=801 total offenses).**

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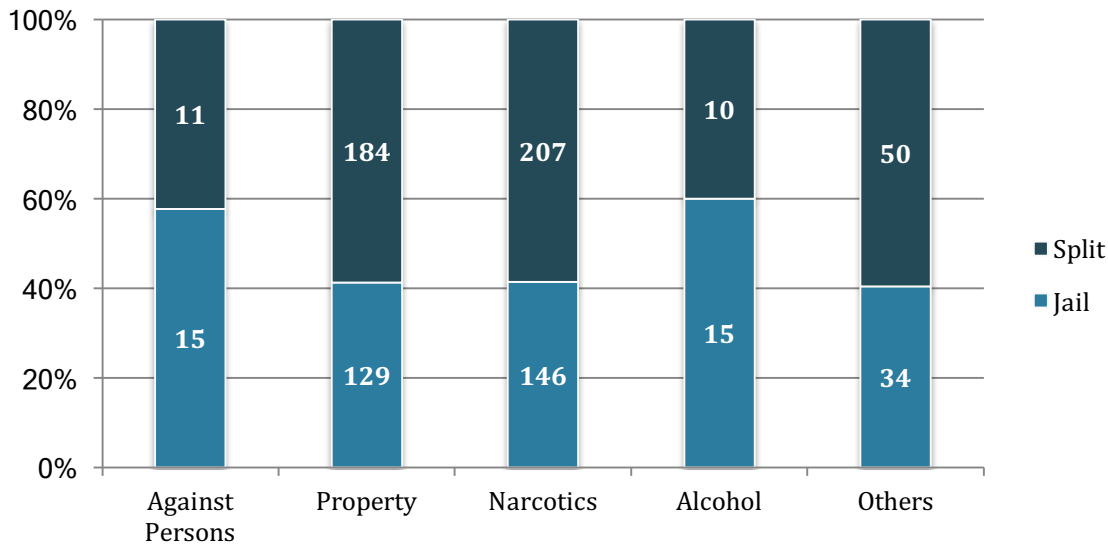
[105] Using ANOVA; *p* > .05 for all group analyses.
[106] Using Chi Square test of significance; *p* > .05.
[107] Charge information was available for 781 of the 801 total 1170(h)(5) entries.

• 75 •

Of the 802 entries sentenced pursuant to PC§1170(h)(5) with available sentencing information,[108] the average cumulative sentence length at initial entry was 47.2 months. There was a statistically significant difference between the average cumulative sentence length for Jail Only sentences and Split Sentences (calculated by cumulative sentence length per sentencing date), with the average Jail Only sentence being shorter than the average Split Sentence (M= 21.4 months and M= 59.8 months, respectively; see Table 32).[109] There was greater variability for cumulative sentence length for Split Sentences (SD = 63.9 months) than Jail Only sentences (SD = 21.4 months). Mean time in supervision (M = 35.4 months) was longer than mean time in jail (M = 28.3 months) for those with Split Sentences.

Table 32. **Minimum, maximum, and mean of the sentence length in months[110] for each client (N=785).[111]**

Sentence Type	N Clients	N Sentences	Mean # Sentences per Client	Length in Months (per sentence)			Length in Months (cumulative per sentencing date)		
				Min	Min	Mean	Min	Max	Mean
Jail Only	**344**	**479**	**1.4**	**4**	**108**	**22.3**	**4**	**168**	**21.4**
Split Sentence	**441**	**1,122**	**2.5**				**2**	**1,080**	**59.8**
Jail Sentence	383	562	1.5	0	84	19.3	0	384	28.3
Supervision	439	560	1.3	0	216	27.7	0	1,080	35.4

Clients with Multiple Entries into PC§1170(h)

Of the 717 total 1170(h)(5) clients, 74 had multiple entries; 65 clients had two entries into 1170(h)(5), 7 clients had 3 entries into 1170(h)(5), and 2 clients had four entries into 1170(h)(5). In other words, these clients were convicted of (an) additional PC§1170(h)(5) crime(s) after their original sentencing date into the program.[112] Of these 74 clients with multiple entries, 38 (51%) received multiple Split Sentences, 10 (14%) received multiple Jail Only sentences, and 26 (35%) received both Split Sentences and Jail Only sentences.

1170(h)(5)(A) Outcomes

Of the individuals sentenced pursuant to PC§1170(h)(5)(A) (i.e., Jail Only), 268 completed their jail sentence and have one year post-release at the time of this report, 193 have two years post-release, and 100 have three years post-release. Outcomes within this section will be reported on clients who have at least one year post-release from jail on their first Jail Only sentence. Note that clients with multiple entries could be reported within this section as long as one of their entries into 1170(h)(5) was a Jail Only entry, and that time frames for post-sentencing crimes are calculated using clients' first Jail Only release date.

Additionally, it is worth noting that, at this time, there is not any way to distinguish between which offenses are a result of incidents from events that occurred prior to the initial 1170(h)(5)(A) entry crime; thus, some of the new convictions represented within this section will not be a representation of new recidivism.

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[108] Sentencing information was available on N=785 clients. There are some minor data nuances due to obtaining data in a timely manner from various outside agencies that may have contributed to complications in obtaining complete data by the time of data reporting. Additionally, it is worth noting that most entries involved multiple charges, and clients sentenced to Split Sentences received both an jail and a supervision sentence. Thus, the number of total sentences far exceeds N=802.

[109] Using ANOVA; *p*<.001 for overall group analysis.

[110] *Note*: in months; assumes a 30-day month.

[111] Sentence length information was available for 785 clients of the 802 entries into 1170(h)(5).

[112] Clients could be sentenced on charges from more than one case, or for charges on multiple cases at each sentencing date. Each separate sentencing date, not separate cases, is considered a subsequent "entry" into PC§1170(h)(5).

New Convictions Post-Sentencing

Of the 268 individuals who had been released into the community for at least one year, 101 (38%) acquired at least one new conviction. Of these 101 re-offending individuals, 79 (79%) acquired at least one new misdemeanor and 48 (48%) acquired at least one new felony. Among clients who had new convictions, there was a range between 1 and 10 new charge convictions (see Table 33). No demographic variables (i.e., race/ethnicity, gender, age) predicted which clients were convicted of new crimes. [113]

Table 33. **Number of new convictions for each 1170(h)(5)(A) client with at least one conviction post-sentencing (N=101).**

Number of *Total* Charge Convictions	Number of Clients	Percentage
1	54	54%
2	22	22%
3	8	8%
4	5	5%
5	5	5%
6	3	3%
7	2	2%
9	1	1%
10	1	1%

Figure 40 shows the breakdown of the percentage of clients with one or more new convictions within each charge category. Clients with new convictions were most likely to receive one or more narcotics-related crimes (57%) than any of the other categories of crimes. This was followed by "other" crimes (45%) and property crimes (41%). A much smaller number of clients committed one or more crimes against persons (16%) or alcohol-related crimes (5%). Table 6-A in Appendix A reflects the charge descriptions for the 254 new charge convictions that 1170(h)(5)(A) clients received in Santa Barbara County post-release from jail. Conviction charges varied in nature, with a total of 50 different charge descriptions present among the 254 new charge convictions. There is some overlap in these numbers; some clients committed multiple new offenses after being released from jail.

Figure 40. **Percentage of 1170(h)(5)(A) clients with one or more new conviction within each charge categories (N=101 clients).**

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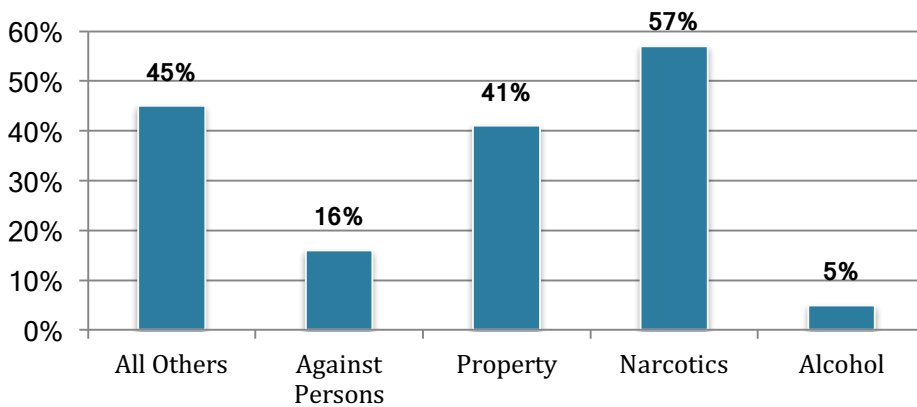
[113] Using chi-square analyses, *p*>.05.

Noteworthy patterns in new charge convictions of 1170(h)(5)(A) clients included: a 2.5 times increase in the number of disorderly conduct convictions (due to drug/alcohol intoxication), a 1.7 times increase in the number of convictions for being under the influence of a controlled substance, and a 2.4 times increase in the number of convictions for possession of a controlled substance. The increase specifically in these substance-related convictions is consistent with clients who struggle with substance abuse issues, such as is indicative of the 1170(h)(5) population as a whole. Furthermore, these increases highlight the continued struggle that these clients continually grapple with, even after their initial 1170(h)(5) conviction.

Time and New Convictions Post–Release

It is important to be mindful of the fact that new convictions within the 1170(h)(5) population are sometimes not reflective of new recidivism, but rather may be a prior offense that is being convicted after their first 1170(h)(5) case conviction was received. Thus, not all of the new convictions should be interpreted as recidivism per se; new convictions should be interpreted as a combination of prior crimes being convicted post-first conviction, as well as new recidivism.

Analyses were also conducted to investigate when clients sentenced pursuant to PC§1170(h)(5)(A) were most likely to recidivate. These post-release analyses were conducted based on the amount of time a client had post-release from jail.[114] As of December 31, 2015, there were 268 1170(h)(5)(A) clients who had been released from jail for at least one year. These 268 clients were further classified into cohort groups; a client was delineated as belonging to Cohort 1 if the time since their release from prison was greater than three years (i.e., the first cohort of clients released under 1170(h)(5)[A] after enactment of the legislation; N=100), clients in Cohort 2 had greater than two years but less than three years since release from prison (N=93), and clients in Cohort 3 had greater than one year but less than two years since release from prison (N=75).

General trends of new convictions by grouping of years post release can be seen depicted in Figure 41 and Figure 42. These figures represent the percentage of clients receiving new convictions among the entire 1170(h)(5) population; all three of these depictions are only representative among clients with one or more years post release. Note that in the figures below, "Year 1," "Year 2," and "Year 3" reflect the year post-release from jail for each cohort group.

Figure 41. **Percentage of clients with new convictions during their first, second, and third years post-release from jail by time since release (N=268).**

|	Year 1	Year 2	Year 3
Cohort 1	22%	27%	24%
Cohort 2	32%	20%	
Cohort 3	13%		

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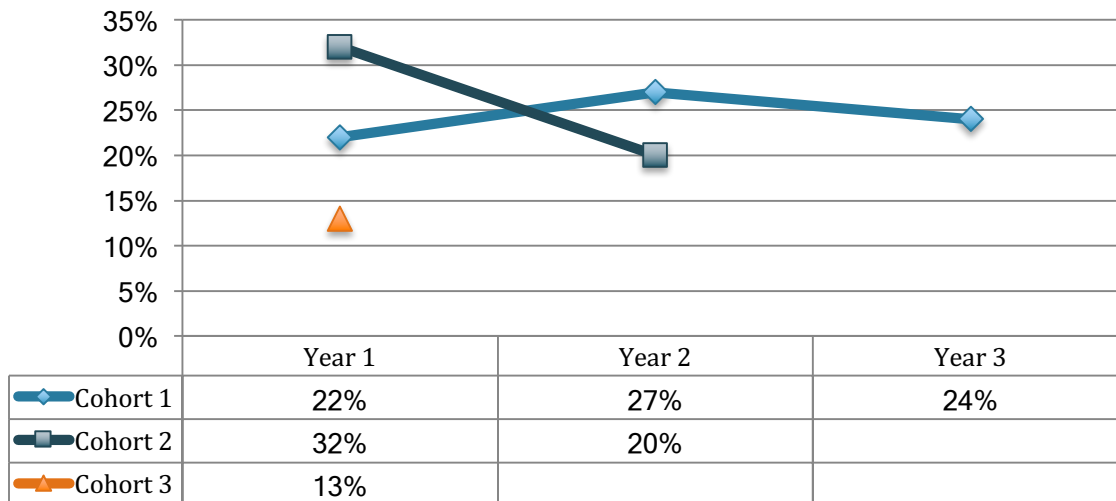
[114] In the event that a client was released from jail prior to their sentencing date, their sentencing date was used for calculations. This was anomalous and often reflected clients with a large amount of credit for time served while awaiting sentencing.

Data in Figures 41 and 42 suggest that, among all clients with at least one-year post-release from jail, the percentage of clients with new convictions continues to climb with time, but at a decreasing rate. In other words, it appears that the rate of increase in percentage of clients with new convictions overall becomes smaller with time; however, the percentage of new convictions by year post-release remains relatively stable. For example, in Cohort 1, around a quarter of clients received new convictions in Year 1, Year 2, and Year 3 (see Figure 42). However, the percentage of clients with any convictions by Year 3 was only 49% (see Figure 43), suggesting that there is a subset of clients that may be driving some of the new conviction rates year-to-year. Additionally, current analyses were unable to control for time clients spent in jail on subsequent convictions and arrests in being un/able to reoffend. Due to this and the caveat of being unable to make distinctions between new and prior recidivism, caution should be applied when extrapolating interpretations within this section.

Figure 42. **Cumulative percentage of clients with new convictions during their first, second, and third years post-release from jail by time since release (N=268).**

	Year 1	Year 2	Year 3
Cohort 1	22%	38%	49%
Cohort 2	32%	45%	
Cohort 3	13%		
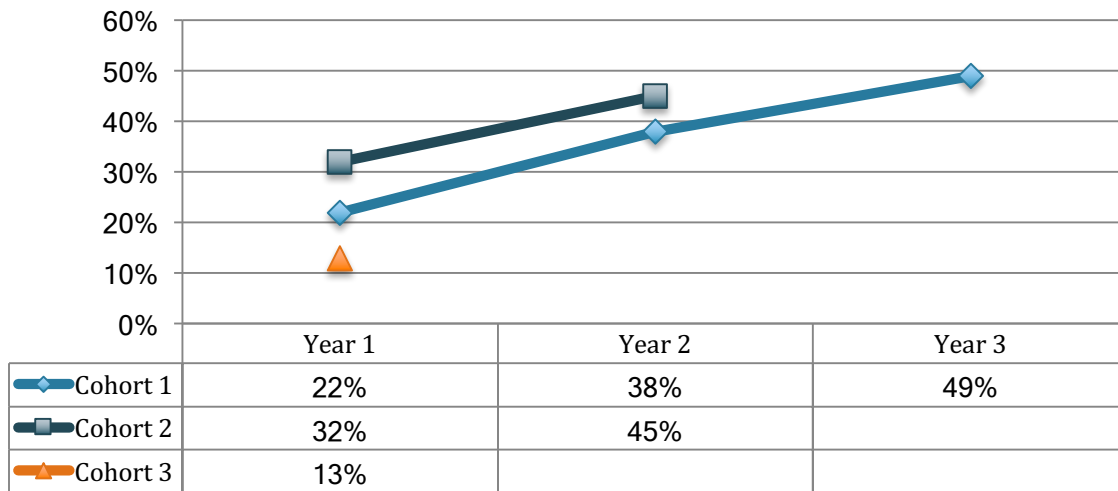
1170(h)(5)(B) Outcomes

Data in this section of the report refer to the 1170(h)(5)(B) clients who have completed their sentence (i.e., Split Sentence). If a client has multiple sentences, data related to treatment, violations, and CSR are reported on any of their 1170(h)(5)(B) entries. However, recidivism is reported in relation to the date of their first 1170(h)(5) entry. A total of 264 clients with a Split Sentence completed their sentence by December 31, 2015, and 32 of those clients completed multiple Split Sentences; a total of 303 1170(h)(5)(B) completions were recorded during this time period. The maximum number of times a client completed an 1170(h)(5)(B) sentence was four times.

When 1170(h)(5)(B) clients completed their supervision sentence (i.e., PSS), they received one of three statuses: Successful, Unsuccessful, Prop 47, Transferred, or Deceased (see Figure 43). Clients could receive multiple exit statuses if they had multiple entries into 1170(h)(5). Of clients' first exit status from 1170(h)(5)(B), 50% (N=133) received a Successful completion status, 23% (N=60) received an Unsuccessful completion status, 20% (N=53) were exited due to Prop 47, 7% (N=15) were Transferred, and <1% (N=3) were Deceased. The majority of the clients who completed their supervision received one or more completion statuses of Successful (53%), followed by Unsuccessful (26%) and by Prop 47 (22%; see Figure 44). Additionally, 15 clients were transferred and three became deceased. No demographic or offense characteristics significantly predicted who successfully completed their supervision terms. Clients' cases were reported on if they did not ever receive an exit status of Transferred or Deceased.

Figure 43. **Description of 1170(h)(5)(B) program completion categories.**

1170(h)(5)(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: (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)(5)sentence, where the remainder of their current sentence is to be served out in jail; or (4) a 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)(5)(B) sentence was terminated due to the passage of Proposition 47, which demoted the seriousness of certain 1170(h)(5) eligible offenses 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.	

Figure 44. **Cumulative completion statuses of 1170(h)(5)(B) clients across all completed 1170(h)(5)(B) sentences (N=264 clients; N=303 completions).[115]**
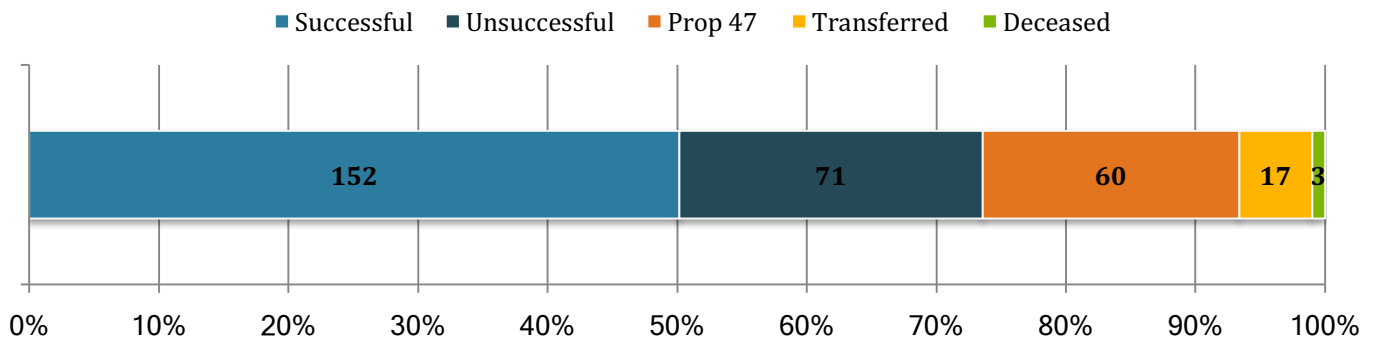
COMPAS Risk and Needs Scores

At some point during their supervision periods, 244 completed clients[116] were administered the COMPAS as a measure of their levels of risks and needs. Results from these screenings are reflected below in Figure 45. Risk levels (i.e., Recidivism Risk, Violence Risk) were measured once during each of clients' supervision periods, as they are relatively stable risk measures, and are depicted in terms of their risk level for that supervision event; needs levels (i.e., Criminal Thinking, Residential Instability) could be measured multiple times throughout clients' supervision periods and thus are examined in terms of the way in which they changed over time.

For their first entry into 1170, the majority of 1170(h)(5)(B) clients (66%, N=162) fell into the High Recidivism Risk category, followed by Medium risk level (25%; N=62), and Low risk level (8%; N=20). Similarly, the majority of 1170(h)(5)(B) clients (69%, N=168) fell into the High Violence Risk category, followed by Medium risk level (17%;

[115] Outcomes for the remaining portion of the report are reported in relation to the first supervision period.
[116] This section reports specifically on clients whose first exit status was Successful, Unsuccessful, or Prop 47 completion statuses.

N=42), and Low risk level (14%; N=34). No statistically significant differences emerged between risk levels by race or ethnicity.[117] Differences were observed between genders on Violence Risk levels; females were more likely to be in the Low or Medium Violence Risk levels than males.[118] Additionally, there was a lower distribution of clients in older age categories (i.e., older than 35 years of age) within the High risk groups for both Recidivism Risk and Violence Risk, and a higher distribution of clients in younger age categories (i.e., younger than 35 years of age) within these High risk groups.[119]

Figure 45. **COMPAS scores for clients who completed split sentences (N=244).**
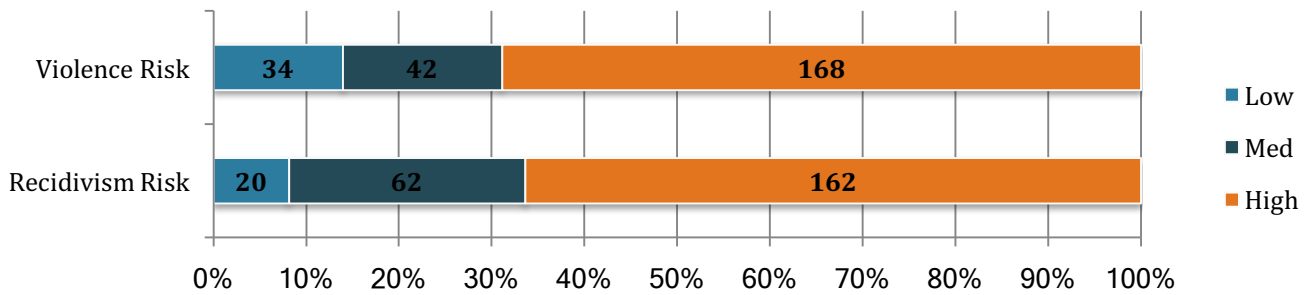
Throughout supervision, clients' needs are periodically reassessed via the COMPAS Criminal Thinking and Residential Instability scales. These particular COMPAS scales are typically re-administered for one of a few different purposes, with the primary purpose being to re-assess client status due to observed progress in the client's supervision plan, with the intention of examining if the client would be suitable for a reduction in supervision requirements as successfully completing clients make their way through their supervision sentences. This results in a caveat where not all clients thereby receive re-assessment of COMPAS needs scales during their supervision time, and thus interpretations on Criminal Thinking and Residential Instability scales is skewed toward clients who have been making progress on their supervision terms.

Of the completed PSS clients, 145 clients had available change score data on the Criminal Thinking scale and 137 clients had available change score data on the Residential Instability scale. Analysis of changes in client COMPAS ratings indicate that the most common type of change experienced in the Residential Instability scale was No Change, followed by Positive Change (44% and 41% respectively; see Figure 46); the most common type of change experienced in the Criminal Thinking scale was No Change, followed by Positive Change (50% and 39% respectively; see Figure 46).

Figure 46. **Percentage of clients with each type of change in their Residential Instability and Criminal Thinking levels.[120]**

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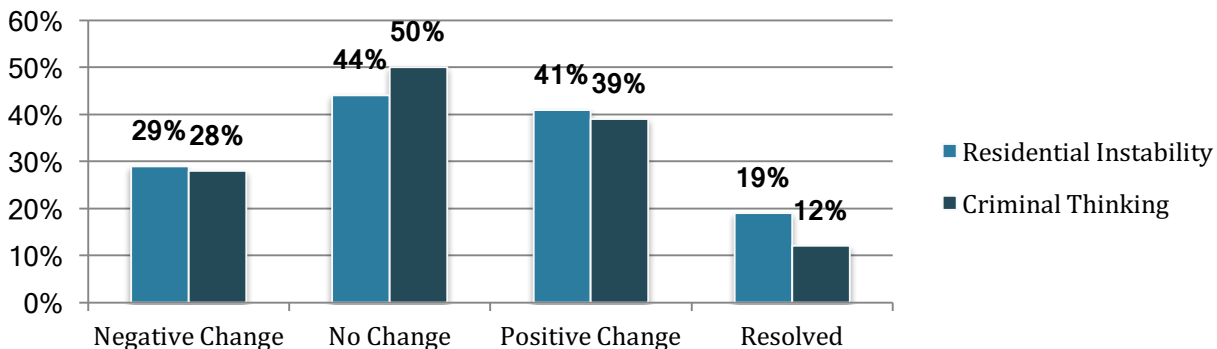
[117] Using chi-square, *p* >.05.
[118] Using chi-square, *p*<.01.
[119] Using chi-square, *p*<.001 for both Risk indicators.
[120] N=145 for Criminal Thinking scale; N=137 for Residential Instability scale.

Figure 47 and Figure 48 detail change scores in both Criminal Thinking and Residential Instability by PSS completion status. If a client ever had one of the analyzed exit statuses (i.e., Successful, Unsuccessful, Prop 47), then they were included within the change score analyses for that group; thus, clients could be in multiple exit status categories if they have been through 1170 multiple times and received different completion statuses for any of their multiple entries. Additionally, the Prop 47 completion status for PSS was included purely for descriptive comparison purposes; although it is unlikely that the impact of PSRA will be able to be fully calculated after the passage of Proposition 47, stakeholders interested in differences in clients that may have been impacted by Prop 47 may find some information on client comparisons useful.

Visual comparisons of Figure 47 and Figure 48 suggest several patterns that may exist by way of PSS completion status in terms of COMPAS change scores. First, it appears that clients with one or more Successful PSS completion status are more likely than Unsuccessful clients or clients with a Prop 47 completion status to achieve a Positive Change in their scores for either the Criminal Thinking or Residential Instability scales. Second, none of the groups of client exit statuses were predictive of receiving a Resolved/Stable status for their COMPAS score on either scale. Finally, Successful clients have a lower percentage of ever having a Negative change or No Change on either scale than Unsuccessful clients. Thus, it appears that the changing of the scores, and not the resolution of the change scores themselves, may be of interest for targeting specific clients for intervention. Furthermore, the profiles of Prop 47 exited PSS clients appear to be a somewhat combination between Unsuccessful and Successful clients in terms of change scores; they exhibited similar Negative Change rates as Successful clients, but similar Positive Change and No Change rates as Unsuccessful clients. This may be due to early termination of supervision terms that did not allow for clients to fully exercise changes in COMPAS scores over time that Successful or Unsuccessful clients did, or may represent a unique or somehow different population of clients.

Significance analyses were not examined within the present section, due to the skewing toward clients who had made progress on their supervision terms. Future reports would benefit from gathering COMPAS data and change data on all clients, not just clients who are progressing positively through their supervision, at regular intervals in order to examine if the utility of the change score data is consistent across the entire population of all 1170(h)(5) clients.

Figure 47. **Percentage of clients with each type of change in their Criminal Thinking scores, by exit status (N=145).**
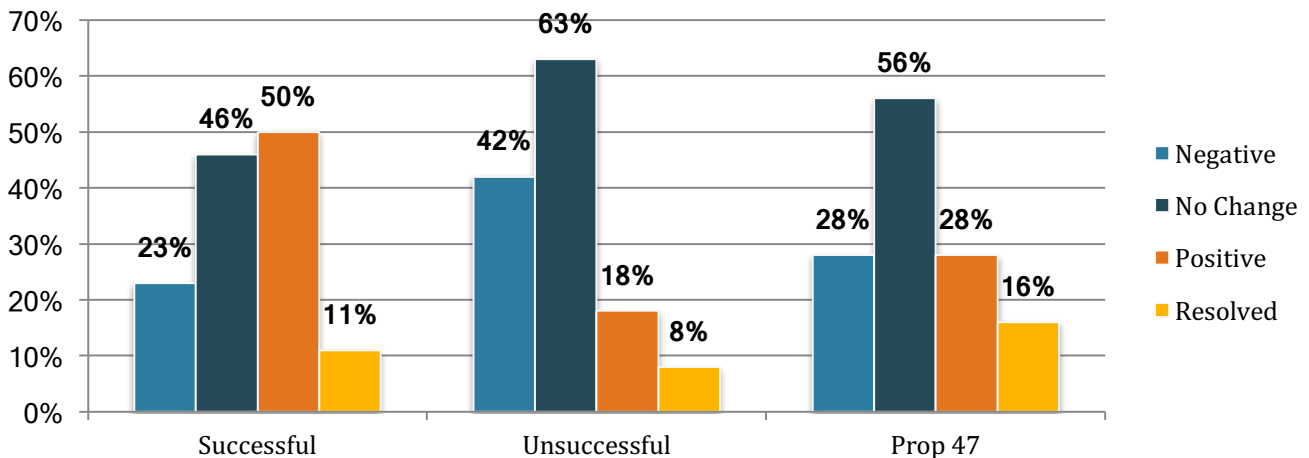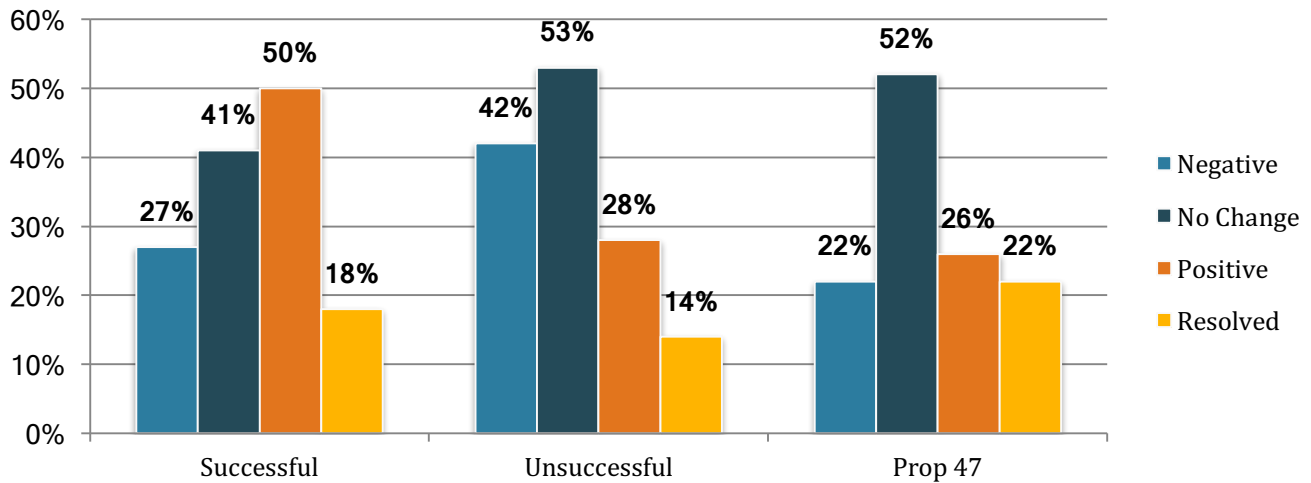
Figure 48. **Percentage of clients with each type of change in Residential Instability scores, by exit status (N=137).**

Treatment Services Received During Supervision

Of the 246 clients who completed PSS with Successful, Unsuccessful, or Prop 47 exit statuses, 182 (74%) partook in at least one treatment program during their time in supervision.[121] There were no statistically significant differences in the likelihood of receiving at least one treatment service by gender, race and ethnicity, or age.[122] There were no significant differences between clients who received one or more Successful, Unsuccessful, or Prop 47 PSS completion statuses and whether or not they attended treatment.[123]

A list of other treatment providers providing services to PSS clients can be found in Table 7-A in Appendix A. This list highlights the partnership of Santa Barbara County Probation Department with other local agencies in a joint effort to treat PSS clients in Santa Barbara County. In addition, a list of the various types of treatment services clients received, as well as the number of services of each type provided are provided in Table 8-A in Appendix A. Treatment/services were categorized as either being: residential, outpatient treatment, detoxification, or a drop-in program. From these treatment agencies, clients received 24 different forms of interventions across a total of 1,181 interventions[124] received between October 2011 and December 2015. The majority of clients receiving treatment received outpatient services; a total of 151 (61%) clients received one or more outpatient program services, 65 (26%) received one or more drop-in services, 120 (49%) received one or more residential/sober living services, and 14 (6%) received one or more detoxification services. It is worth noting that the 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).

Treatment exit statuses are depicted in Figure 49, by treatment type (i.e., Outpatient, Residential, Detox). Treatment exit statuses were not calculated for Drop-In services, as these services are one-day long and nearly all result in a default of a Successful completion status. The majority of clients receiving Outpatient and Detox treatment services received at least one successful completion status for attendance in those types of programs (78% and 79%, respectively); however, the majority of clients completing Residential treatment received one or more Unsuccessful completion statuses (65%), with less than half (47%) receiving one or more Successful treatment completion statuses. This may be due to the intensive nature of residential treatment services; clients who require a higher level of care may be the clients attending residential treatment, and thus may be at a higher likelihood for drop-out and/or re-entry into these treatment programs.

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[121] In contrast to the analysis of PRCS clients, that of 1170(h)(5)(B) clients includes only treatment services received from agencies outside of Behavioral Wellness.
[122] Using Chi Square, $p > .05$.
[123] Using Chi Square, $p > .05$ for all analyses.
[124] See Appendix B for descriptions of treatment intervention programs.

Figure 49. **Percentage of treatment exit statuses accumulated, by treatment type.**[125]
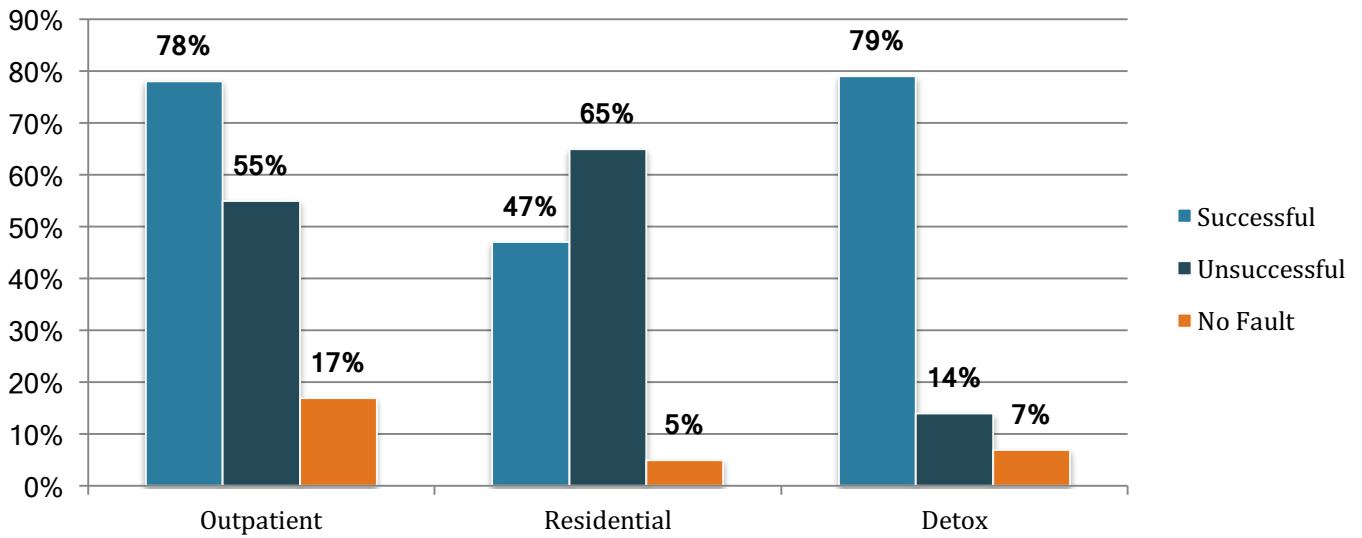
Treatment data were also categorized as providing one or more of these types of services: Drug/Alcohol (D/A) Treatment, Vocational, and/or CBT/Skill Building (see Figure 50). Of the 246 completed PSS clients, 103 (42%) received D/A treatment, 110 (45%) received vocational services, and 113 (46%) received CBT/skill building treatment.

Figure 50. **Percentage of clients by treatment component.**[126]

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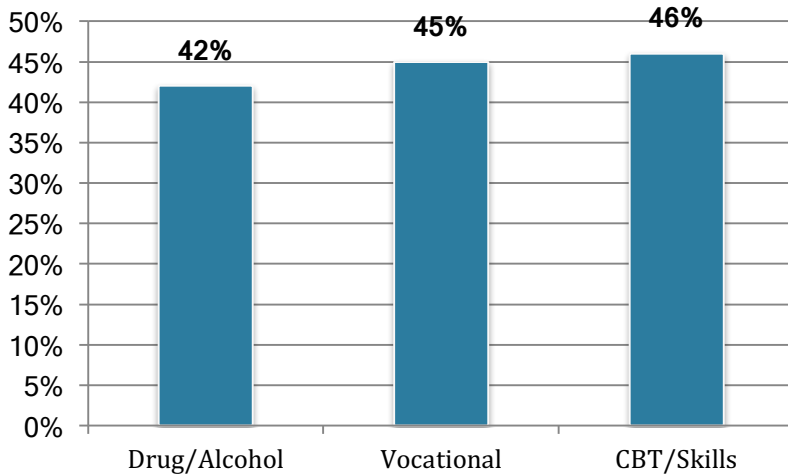
[125] N=120 clients for Residential/Sober living services; N= 151 for Outpatient services; N=14 for Detox services. Note that clients could have received multiple counts of a specific treatment type, and therefore percentages of clients receiving the exit statuses will not add up to 100%.
[126] N=120 clients for Residential/Sober living services; N= 151 for Outpatient services; N=14 for Detox services. Note that clients could have received multiple counts of a specific treatment type, and therefore percentages of clients receiving the exit statuses will not add up to 100%.

Treatment and PSS Exit Status

PSS exit status was examined in relation to the type of treatment service that clients engaged in, as well as by treatment component (see Figure 51).[127] Within these groups, the Detoxification group was not included, due to the low number of clients participating in these services compared to the overall sample. Significant differences did exist across comparisons of clients who did participate in the outlined services, as compared to those who did not; clients who participated in Drop-In Programs had a higher percentage of clients who had ever received a Successful completion from PSS (70%) than those who did not (51%),[128] clients who participated in Vocational services had a lower percentage of clients who had ever received an Unsuccessful completion from PSS (22%) than those who did not (32%),[129] clients who participated in Vocational services had a higher percentage of clients who had ever received a Successful completion from PSS (69%) than those who did not (46%),[130] and clients who participated in CBT/Skill building services had a higher percentage of clients who had ever received a Successful completion from PSS (65%) than those who did not (48%).[131]

Figure 51. **Comparison of completed PSS clients who received one or more treatment services by treatment type, treatment component, and PSS exit status (N=264 clients).**

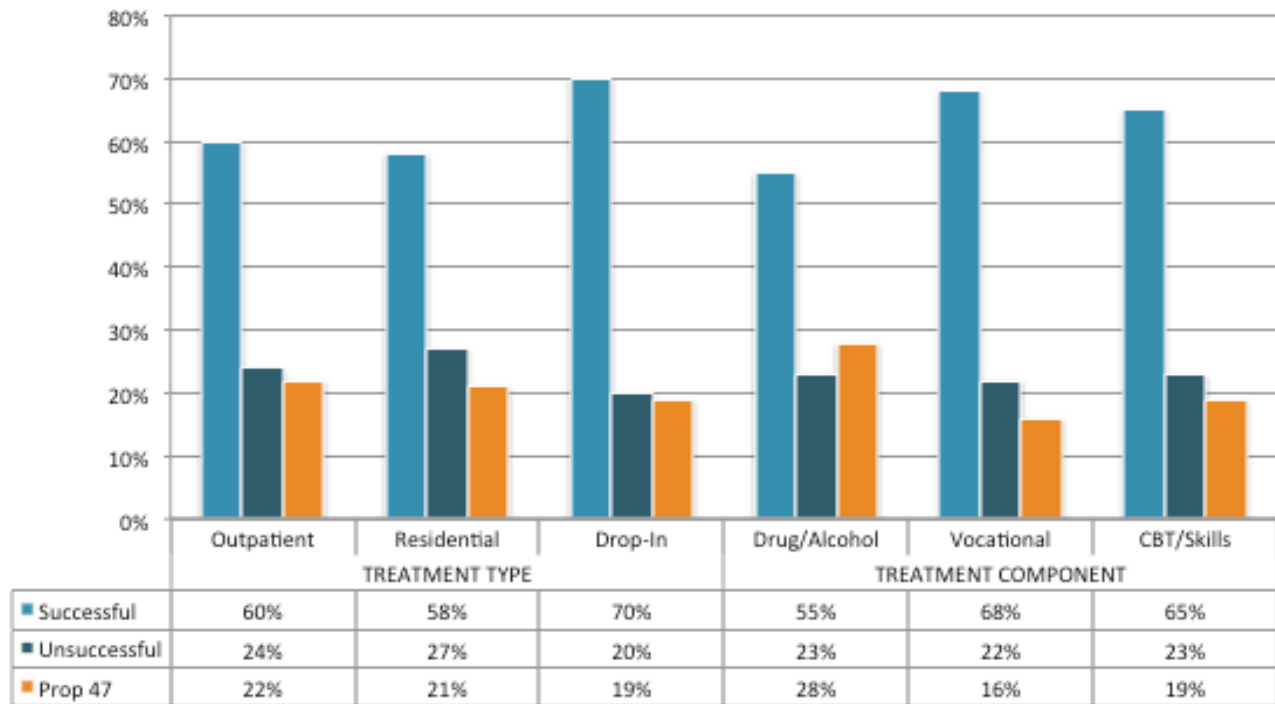|	Outpatient	Residential	Drop-In	Drug/Alcohol	Vocational	CBT/Skills
	TREATMENT TYPE			TREATMENT COMPONENT		
■ Successful	60%	58%	70%	55%	68%	65%
■ Unsuccessful	24%	27%	20%	23%	22%	23%
■ Prop 47	22%	21%	19%	28%	16%	19%

Treatment and COMPAS Scores

Participation in treatment was associated with changes in Criminal Thinking and Residential Instability scores (see Table 34 and Table 35). Clients who received any form of treatment outlined below exhibited higher percentages of ever having had a Positive Change in both their Criminal Thinking and Residential Instability scores than clients who did not participate in each respective modality; on the Residential Instability, these differences were significant for every modality. Additionally, participation in CBT/Skills training or Outpatient programs were associated with both

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[127] Note that clients could engage in multiple types of treatment, and that treatments could be classified under multiple categorizations. Differences were tested using chi-square tests of significance, comparing those engaging in that type of treatment service as compared to those who did not.
[128] Using Chi Square, $p<.05$.
[129] Using Chi Square, $p=.07$.
[130] Using Chi Square, $p<.001$.
[131] Using Chi Square, $p<.05$.

significantly lower rates of having ever had a Negative Change in their COMPAS scores, as well as having a significantly higher percentage of ever having had a Positive Change score. Other differences by program type or program component in terms of Negative Change or Resolved COMPAS scores were not observed; main differences were found for Positive Change scores on both of the COMPAS scales measured.

Table 34. **Differences between 1170(h)(5)(B) clients in change scores on the Criminal Thinking scale, by participation in treatment service type and categorization (n=145 clients).[132]**

Treatment Service	Participated	Negative Change	Positive Change	Resolved
Outpatient	Yes (108)	***20%***	**44%**	13%
	No (37)	***49%***	**24%**	8%
Residential/Sober Living	Yes (88)	27%	43%	13%
	No (57)	28%	32%	11%
Drop-In Programs	Yes (59)	25%	45%	9%
	No (86)	29%	34%	14%
Drug/Alcohol	Yes (77)	22%	***51%***	10%
	No (68)	34%	***25%***	13%
Vocational	Yes (84)	24%	**45%**	10%
	No (61)	33%	**30%**	15%
CBT/Skills	Yes (58)	***17%***	***51%***	14%
	No (87)	***43%***	***21%***	9%

Note: Numbers in **bold** represent significance at *p* < .05; numbers in ***bold italics*** represent significance at *p* < .01. Numbers in ***bold underlined italics*** represent significance at *p* < .001

Table 35. **Differences between 1170(h)(5)(B) clients in change scores on the Residential Instability scale, by participation in treatment services type and categorization (n=137 clients).[133]**

Treatment Service	Participated	Negative Change	Positive Change	Resolved
Outpatient	Yes (104)	**24%**	**46%**	22%
	No (33)	**42%**	**24%**	9%
Residential/Sober Living	Yes (86)	29%	***51%***	17%
	No (51)	28%	***24%***	22%
Drop-In Programs	Yes (58)	35%	**53%**	14%
	No (79)	25%	**32%**	23%
Drug/Alcohol	Yes (74)	24%	**50%**	24%
	No (63)	33%	**30%**	13%
Vocational	Yes (82)	31%	**49%**	18%
	No (55)	26%	**29%**	20%
CBT/Skills	Yes (84)	**23%**	***52%***	21%
	No (53)	**38%**	***23%***	15%

Note: Numbers in **bold** represent significance at *p* < .05; numbers in ***bold italics*** represent significance at *p* < .01. Numbers in ***bold underlined italics*** represent significance at *p* < .001

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[132] Clients could participate in more than one treatment service. N=145 reflects the total number of clients with available COMPAS scores.
[133] Clients could participate in more than one treatment service. N=145 reflects the total number of clients with available COMPAS scores.

Treatment and Time

Data were also analyzed in terms of time to the first date of treatment service and time spent in treatment at local treatment programs (see Table 36).[134] Time to first treatment service ranged from 5 days to 1,008 days post-release from jail, on clients' first 1170(h)(5) entry. Data indicated that PSS clients entered treatment Outpatient services the quickest (M =160 days), including Vocational (M =176 days) and CBT/Skills Training (M =180 days). Treatment durations ranged from 1 to 540 days, and were the longest for Drug/Alcohol treatment (M =164 days).

Table 36. **Descriptive statistics on time to first treatment service for clients who entered into any treatment program(s), in days (N=181 clients).**

	N	Min	Max	Mean	Standard Deviation
Time to First Treatment Service					
Outpatient	151	5	843	160	154
Drug/Alcohol Treatment	103	5	1008	200	194
Vocational	110	5	755	176	164
CBT/Skills Training	113	12	843	180	154
Drop-In Program	65	5	740	204	179
Maximum Time in Treatment					
Outpatient	155	1	540	142	118
Drug/Alcohol Treatment	103	1	540	164	110
Vocational	110	1	478	34	80
CBT/Skills Training	13	1	282	59	46

Supervision Violations

Of the 246 1170(h)(5) clients who completed their supervision sentences, 152 (62%) officially violated the terms of their sentences with a total of 328 violations. Clients with violations had anywhere from 1 to 8 violations. There were no significant differences in the likelihood of engaging in noncompliance resulting in a supervision violation by gender, race and ethnicity, or age.[135] As seen in Figure 52, of clients receiving one or more violations, the majority of clients received at least one was substance-related violation (74%), with the next highest violation type being absconding (57%), followed by failure to report (FTR; 42%).

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[134] Time to first treatment excludes time to detoxification services.
[135] Using Chi Square, $p > .05$.

Figure 52. **Percentage of clients receiving violations for each violation (N=152 clients).**
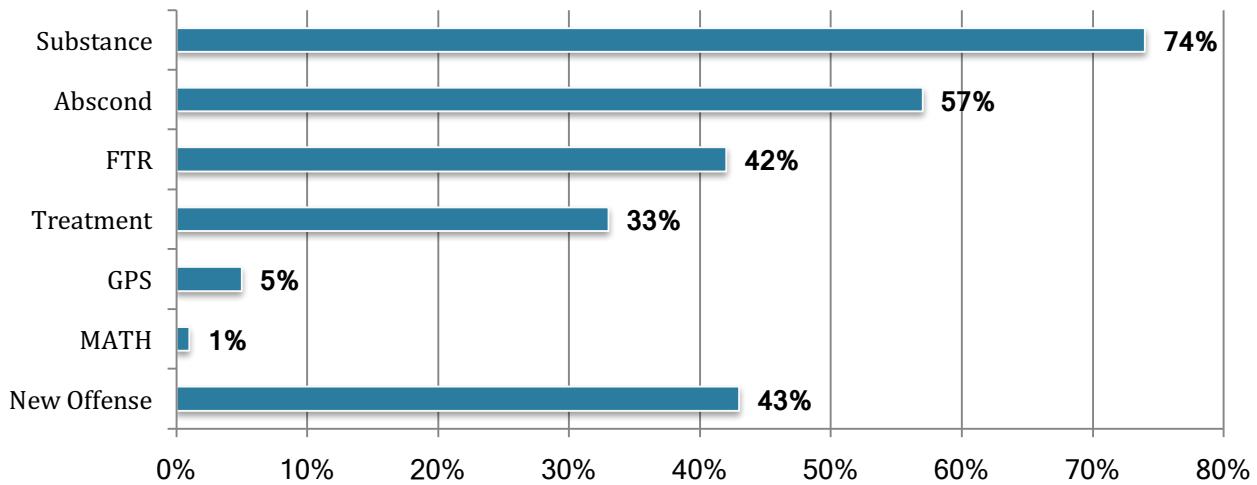
Clients with violations differed from clients without violations on COMPAS risk and needs scales. Specifically, clients with a High Recidivism Risk score had a higher percentage of receiving one or more new violations (69%) than clients with Medium (57%) or Low (30%) Recidivism Risk scores.[136] Similar results were observed with the Violence Risk categorizations; clients with a High Violence Risk score had a higher percentage of receiving one or more new violations (69%) than clients with Medium (52%) or Low (44%) Violence Risk scores.[137]

The association between acquisition of violations and changes in client COMPAS needs scores (i.e., Criminal Thinking, Residential Instability) were examined. Clients who ever had a Negative Change on their Criminal Thinking score were more likely to acquire one or more new violations (80%) as compared to those who did not ever receive a violation (20%), and were more likely to ever receive a Positive Change in their Criminal Thinking (54%) as compared to those who did not ever have a violation (46%).[138] No significant relationships with changes in Residential Instability score and acquisition of supervision violations were observed.

Analyses were also conducted to examine the association between acquisition of violations and PSS completion status. No significant differences were observed between clients who did acquire a new violation and those who did not, on having ever received a PSS Successful completion status. A higher percentage of clients who received one or more violations did also receive at least one Unsuccessful PSS completion status (71%) as compared to those who did not receive any violations (58%), though this did not reach significance.[139]

Participation in certain types of treatment was statistically significantly associated with violations. Specifically, clients who received Residential treatment or Vocational treatment were significantly *more likely* to have at least one violation than clients who did not participate in these services.[140] Visual depictions of differences between clients who received one or more violations compared to those who never acquired any violations, by treatment enrollment, is depicted in Figure 53. It is worth noting that participation in treatment may be associated with increased opportunities to accrue supervision violations through more frequent drug testing or higher levels of scrutiny, which could explain why clients involved in treatment were more likely to have violations. Alternatively, individuals who participate in treatment may have more risk factors and, therefore, be a higher risk/needs group compared to those who do not partake in treatment.

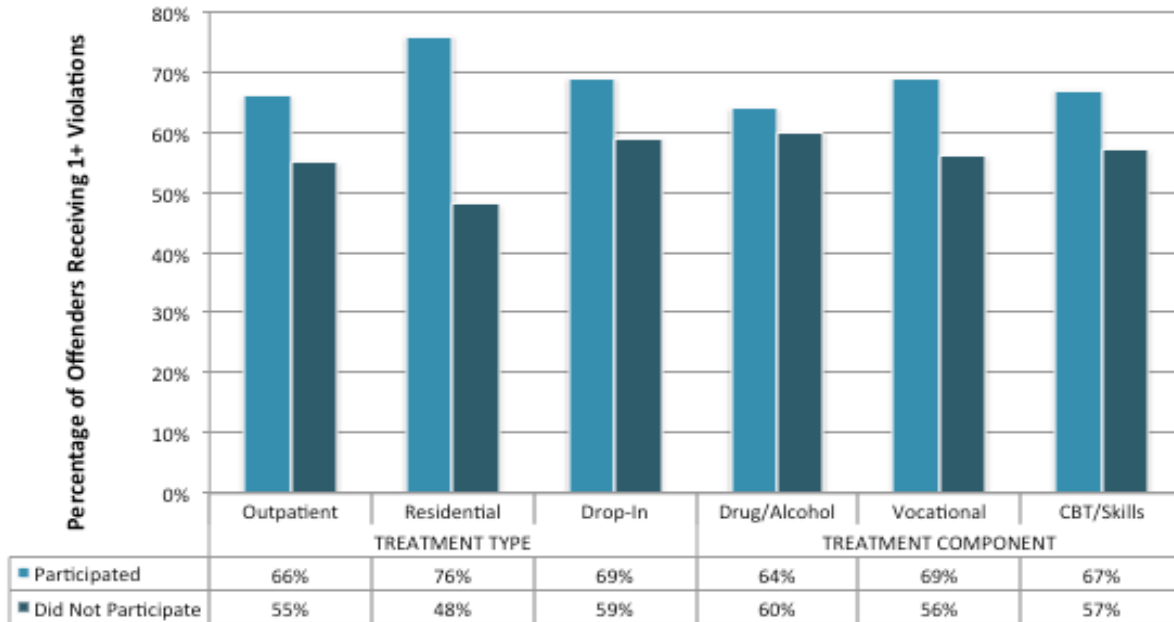[136] Using Chi Square, *p*<.01.
[137] Using Chi Square, *p*<.05.
[138] Using Chi Square, *p*<.05.
[139] Using Chi Square, *p* = .08.
[140] Using Chi Square; *p*<.001 and *p*<.05, respectively.

Figure 53. Comparison of completed PSS clients who received one or more supervision violations by treatment type and treatment component (N=264 clients).

	TREATMENT TYPE			TREATMENT COMPONENT		
	Outpatient	Residential	Drop-In	Drug/Alcohol	Vocational	CBT/Skills
■ Participated	66%	76%	69%	64%	69%	67%
■ Did Not Participate	55%	48%	59%	60%	56%	57%

GPS

Of the clients who completed their PSS supervision sentences, 28 had participated in GPS at some point during supervision, with one person participating in GPS twice (i.e., N=29 total GPS entries). Of these 28 individuals, 75% were male, 54% Hispanic, 57% were 35 years old or younger (M = 35.3 years), 76% scored High on Recidivism Risk, and 79% scored High on Violence Risk. Of the 29 GPS entries, 16 (55%) resulted in Successful GPS Exit statuses. Individuals spent anywhere from 1 to 433 days on GPS with a mean of 155 days. Individuals were placed on GPS anywhere from 0 to 631 days after their first entry into (5)(M = 168 days). Of the 28 individuals on GPS, 61% received a Successful PSS completion status for their first 1170(h)(5) entry.

GPS monitoring was further classified as either being used as an intervention or prevention method. GPS was considered to be a prevention method when a client was placed on GPS within seven days of their release from jail after their first 1170(h)(5) entry, and an intervention when a client was placed on GPS eight days or later after being released from prison. Twenty-five (86%) of the GPS entries of the 29 total entries on GPS were placed on GPS for the purposes of intervention, and four (14%) were placed on GPS as a means of prevention. Clients placed on GPS as an intervention spent less time on average (M =145 days) than clients placed on GPS as prevention (M =212 days), though the low overall number of clients on GPS and on GPS as prevention in particular warrant caution in examining this number. Further overall analyses should be conducted as the number of clients placed on GPS for 1170(h)(5)(B) offenses grows.

New Convictions Post-Release

As of December 31, 2015, 264 individuals had completed their 1170(h)(5)(B) sentences with a Successful, Unsuccessful, or Prop 47 exit status. Of these 264 individuals, 232 had at least one year since release from jail.[141] Statistics were reported in terms of time from release from jail, versus time from completion, in that clients spend widely different amounts of times on supervision; thus, time from completion serves as a somewhat arbitrary time indicator. Instead, actual "street time" of clients within the community is examined for completed PSS clients. This has the added benefit of making comparisons of recidivism rates to other populations (e.g., PRCS, 1170(h)(5)(A)) easier and more interpretable. Caution is still warranted when interpreting results from this section; it is still relatively early to assess the impacts of 1170(h)(5)(B) sentences, so this section may disproportionately represent clients who were unsuccessful in supervision or released early due to Prop 47. As more clients successfully complete supervision, recidivism rates may change.

Of the completed clients with at least one year post-release, 105 (45%) of these individuals acquired new convictions either during or after their release from supervision. Among clients who had new convictions, there was a range of 1 to 7 new conviction incidents composed of between 1 and 13 new conviction charges, with a mean number of 2.6 new conviction charges. Neither race, age, gender, or PSS completion status predicted which clients were convicted of new charges.[142]

Fifty-six clients (24%) acquired one or more new felonies across 118 new convictions, and 77 (33%) acquired one or more new misdemeanors across 155 new convictions. Figure 54 shows the breakdown of the percentage of clients with one or more new convictions within each charge category, of these 105 clients with new convictions. Clients with new convictions were most likely to receive one or more narcotics-related crimes (53%) than any of the other categories of crimes. This was followed by "other" crimes (43%). A smaller number of clients committed one or more crimes against persons (28%), property offenses (28%), or alcohol-related crimes (4%).

Figure 54. **Percentage of 1170(h)(5)(B) clients with one or more new conviction within each charge categories (N=105 clients).**
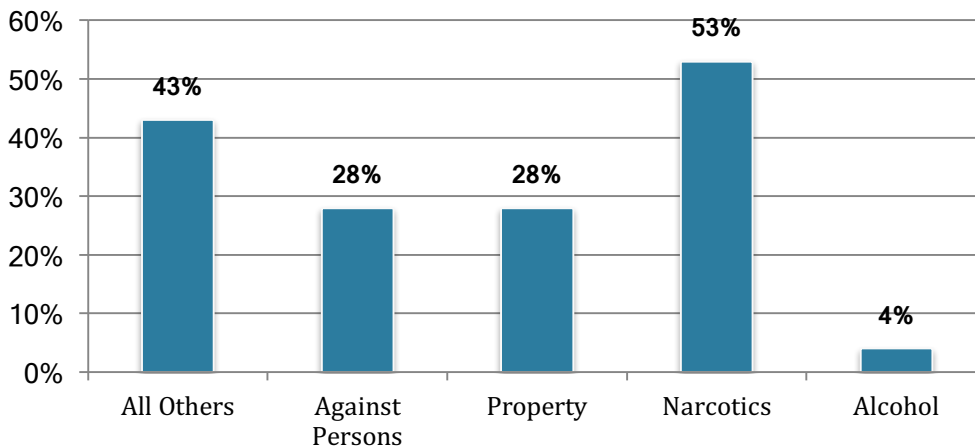
Table 9-A in Appendix A reflects the charge descriptions for the 273 new crimes that 1170(h)(5)(B) clients were convicted of in Santa Barbara County during or after their supervision sentence. Conviction charges varied in nature, with a total of 43 different charge descriptions present among the 273 new convictions. Possession of a controlled substance, obstruction of a police officer, petty theft, and disorderly conduct were the most prevalent new charge convictions.

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[141] Time from release was calculated by way of either using date of release from jail (the majority of clients) or by using sentencing date, whichever came last; some clients were released prior to sentencing, so this calculation is meant to reflect when clients were in the community, but after they had been sentenced pursuant to 1170(h)(5)(B).

[142] Using Chi Square, $p > .05$.

New Convictions and COMPAS

Clients varied by risk level in which 1170(h)(5)(B) clients were convicted of at least one new crime during or after their time on supervision (see Figure 55 and Figure 56). Clients who were rated high for Recidivism Risk and Violence Risk had higher distributions of having a new conviction than those who scored medium or low on those scales.

Figure 55. **Recidivism Risk scores for 1170(h)(5)(B) clients by whether they have at least one new conviction (N=230).**[143]
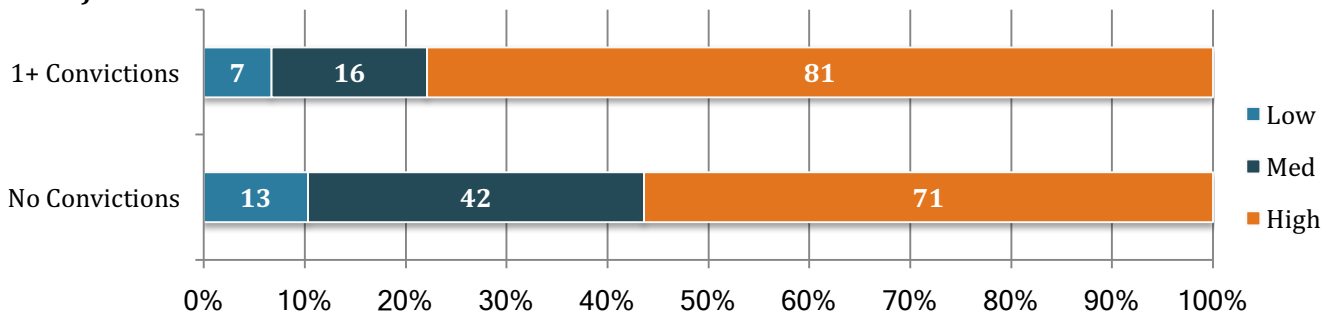
Figure 56. **Violence Risk scores for 1170(h)(5)(B) clients by whether they have at least one new conviction (N=230).**[144]
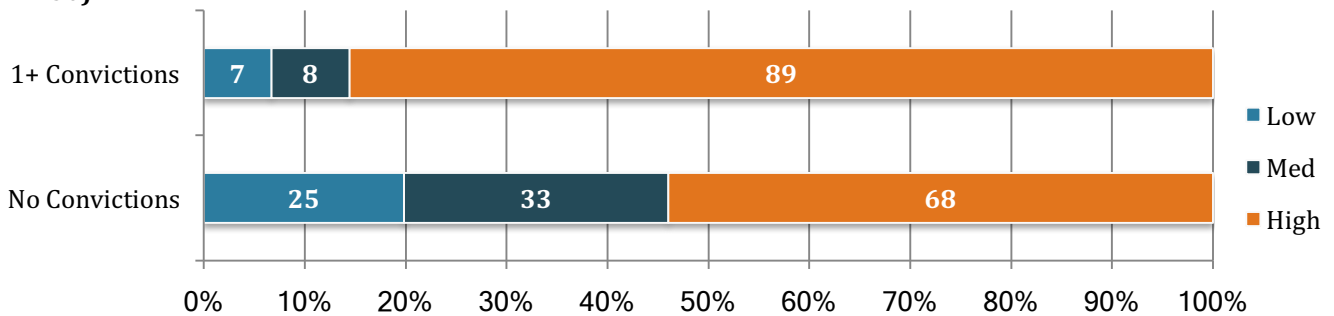
Clients also varied by clients' COMPAS needs (i.e., Criminal Thinking, Residential Instability) change scores (see Figure 57 and Figure 58). On Criminal Thinking, a significantly lower percentage of clients who had a Positive Change score received new convictions than those that did receive new convictions. With the Residential Instability change scores, a significantly lower percentage of clients who had a Resolved score received new convictions than those that did receive new convictions; and a significantly higher percentage of clients who had a Negative Change score received new convictions than those that did not receive new convictions.[145]

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[143] COMPAS data was available for 230 individuals for Recidivism Risk. Using Chi Square, *p* < .01.
[144] COMPAS data was available for 230 individuals for Recidivism Risk. Using Chi Square, *p* < .001.
[145] Using chi-square analysis; *p*<.05 for all three analyses of Criminal Thinking and Residential Instability change scores.

Figure 57. **Criminal Thinking change scores for 1170(h)(5)(B) clients by whether they have at least one new conviction (N=139).[146]**
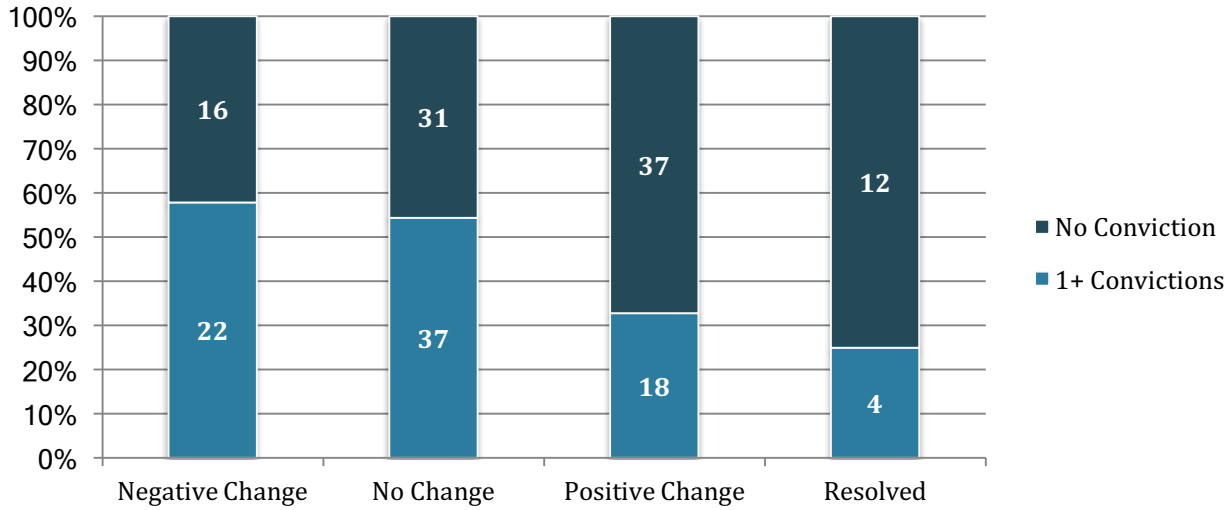
Figure 58. **Residential Instability change scores for 1170(h)(5)(B) clients by whether they have at least one new conviction (N=132).[147]**
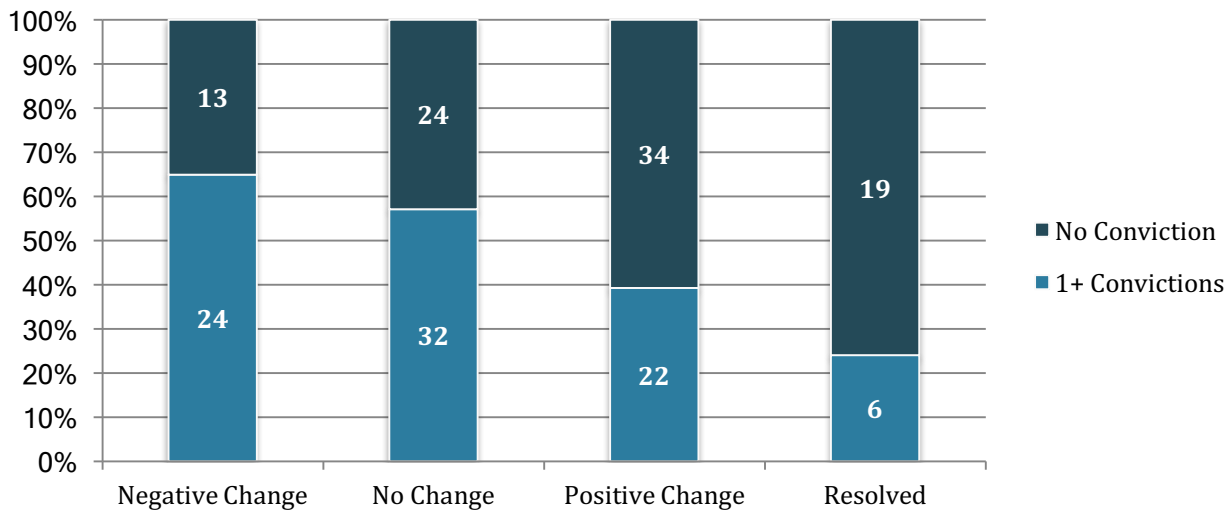
New Convictions and Treatment

In general, participation in treatment services did not predict new convictions (see Table 37).[148] The only type of treatment service that was related to significantly higher percentages of new convictions was attendance in Drop-In Programs. Treatment participation may occur after new convictions or in response to events leading to a new conviction, and therefore may not be predictive of a decrease in new convictions without accounting for time to treatment within new conviction analyses. Additionally, many clients within the 1170(h)(5) population represent a high-risk group for recidivism; thus, it may be that treatment is properly targeting higher risk clients that may be more likely to recidivate. This result should not be interpreted to mean that attendance in treatment increases the

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[146] COMPAS data was available for 139 individuals for Criminal Thinking change scores.
[147] COMPAS data was available for 132 individuals for Residential Instability change scores.
[148] Using Chi Square, *p* > .05.

propensity to acquire new convictions, but rather part of a larger and more complex issue of determining how clients who enter treatment differ than those who do not; it may be that clients who are not at risk of recidivism may not require additional treatment and therefore have lower rates of recidivism in general. Furthermore, there is a lack of availability of information on 1170(h)(5)(B) clients' participation in mental health services; participation in such services are not represented within the present analyses and may explain differences or variation observed within this section. Lastly, results should be interpreted with caution as the number of participants who completed the program and supervision is still very small.

Table 37. **Percentage of 1170(h)(5)(B) clients with new convictions by type of treatment received (N=232 clients).**

Type of Treatment Service	Participated	No Convictions	1+ Convictions
Residential/Sober Living	Yes (119)	51%	49%
	No (113)	58%	42%
Outpatient	Yes (143)	53%	47%
	No (89)	57%	43%
Drop-In Programs*	Yes (65)	45%	55%
	No (167)	59%	41%
Drug/Alcohol Treatment	Yes (97)	54%	46%
	No (135)	56%	44%
Vocational	Yes (106)	50%	50%
	No (126)	59%	41%
CBT/Skills Training	Yes (208)	53%	47%
	No (124)	57%	44%
Any Treatment	Yes (174)	56%	44%
	No (58)	52%	48%

* *p* = .053.

New Convictions and Violations

One of the only reliable predictors of new convictions for 1170(h)(5)(B) clients was having engaged in noncompliance that resulted in a supervision violation (see Figure 59). Clients who had at least one violation during supervision were statistically significantly more likely to obtain a new conviction than those without violations (53% and 31%, respectively).[149]

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[149] Using Chi Square, *p* < .01.

Figure 59. New convictions by violations while one supervision (N=232).
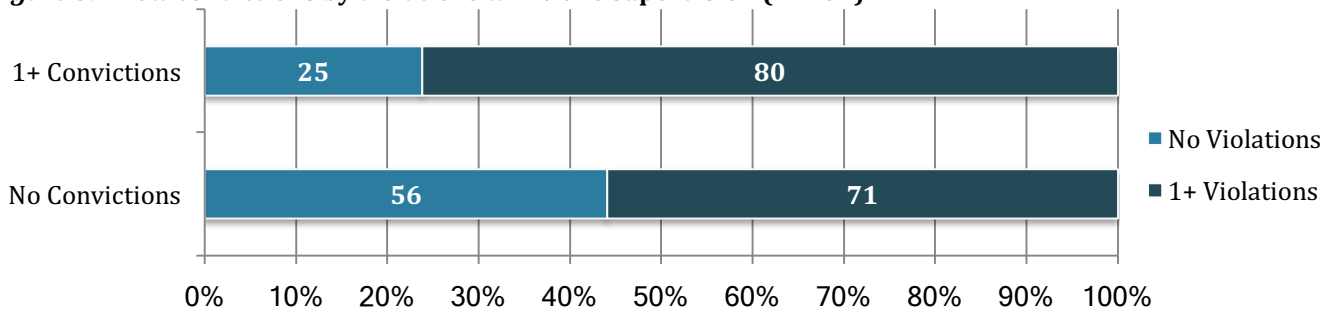
New Convictions Over Time

Analyses were also conducted to determine the number of clients who were convicted of new crimes during different time periods post-release from jail (see Figure 60 and Figure 61). Clients were grouped by the number of years since post-release from jail from their first entry into 1170. Clients were classified as Cohort 1 if the time since their release from prison was greater than three years (i.e., the first cohort of clients released under 1170(h)(5)[B] after enactment of the legislation; N=49), clients in Cohort 2 were clients with greater than two years but less than three years since release from prison (N=110), and clients in Cohort 3 were clients with greater than one year but less than two years since release from prison (N=73). Note that in the tables and figures below, "Year 1," "Year 2," and "Year 3" reflect the year post-release from jail being examined for recidivism. Figure 60 depicts the percentage of clients convicted of new charges post-release from jail by time period of each new conviction, and Figure 61 depicts the cumulative percentage of clients with new convictions post-release from jail by time period post-release from jail.

Of those who had only one total year post-release from jail from their first 1170 entry, 36% had a new conviction within the first year post-release. Of those who had a total of two years post-release from jail, 39% had a new conviction within the first year post-release and 19% had a new conviction during the second year post-release from jail, with 46% of clients having at least one new conviction within the first two years post-release from jail regardless of time frame of the conviction. Of those who had three total years post-release from jail, 22% had a new conviction within the first year post-release, 20% had a new conviction during the second year post-release from jail, and 22% had a new conviction during their third year post-release from jail. Of those with three years post-release from their first 1170 entry, 45% of clients had at least one new conviction within the first three years post-release from jail regardless of time frame of the conviction.

Figure 60. Percentage of clients with new convictions during their first, second, and third years post-release from jail by time since release (N=232).

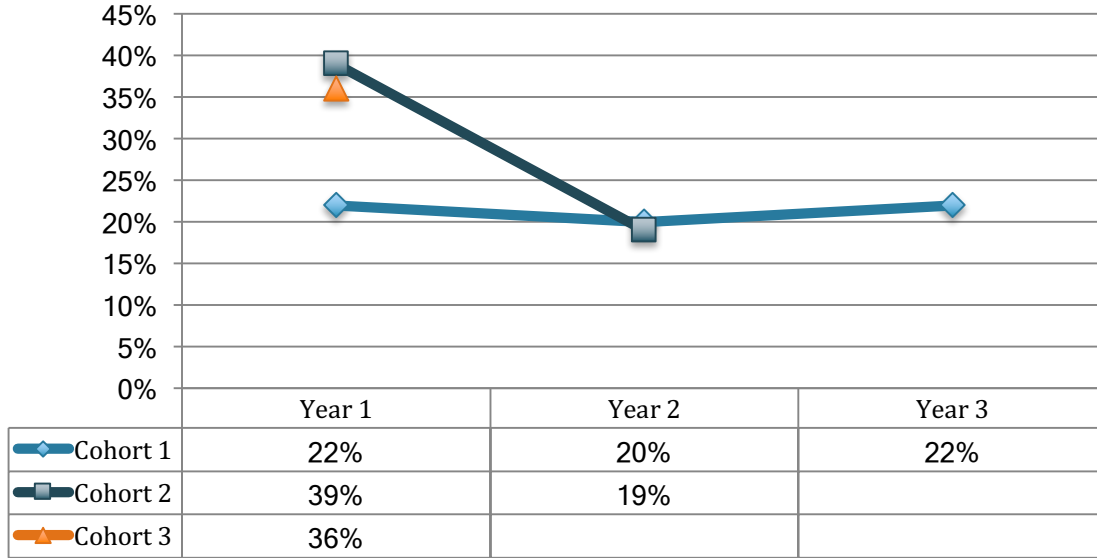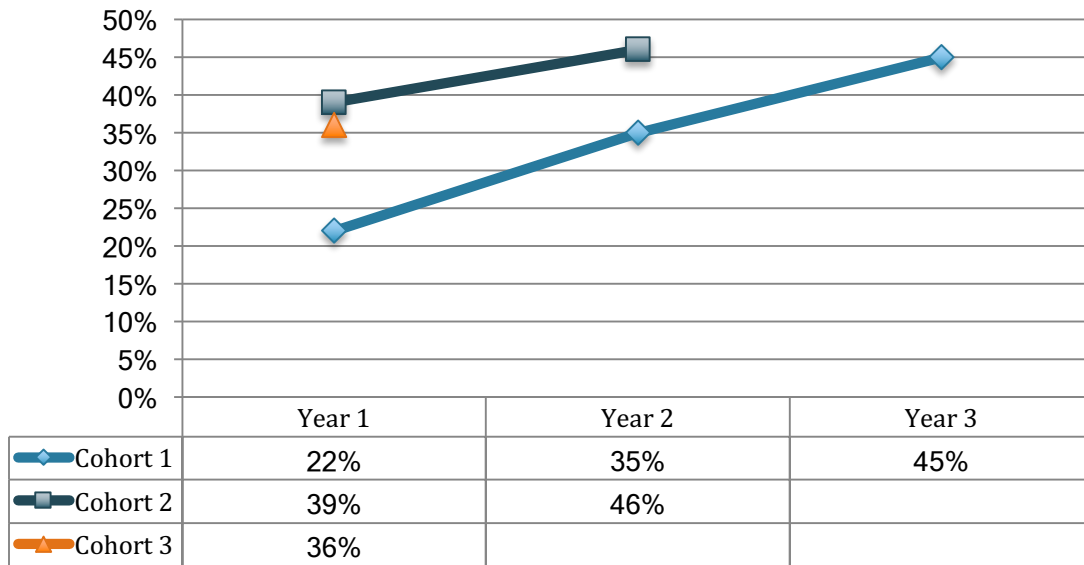|	Year 1	Year 2	Year 3
Cohort 1	22%	20%	22%
Cohort 2	39%	19%	
Cohort 3	36%		

Figure 61. Cumulative percentage of clients with new convictions during their first, second, and third years post-release from jail by time since release (N=232).

	Year 1	Year 2	Year 3
Cohort 1	22%	35%	45%
Cohort 2	39%	46%	
Cohort 3	36%		

Key Findings of PC§1170(h)(5)

Overall Demographics

- Between October 1, 2011 and December 31, 2015, there were a total of 801 entries for 717 clients sentenced pursuant to PC§1170(h)(5). Seventy-four clients were sentenced pursuant to PC§1170(h)(5) multiple times.
- Clients were predominately male (75%), Hispanic (49%) or White (42%), and had an average age of 36.2 years old (with a range of 19 to 72 years) at age of first 1170(h)(5) entry.

Annual Rates

- The number of 1170(h)(5) sentences in Santa Barbara County started to dramatically decrease beginning in November of 2014; this is likely to be mainly attributed to the passage of Proposition 47.

1170(h)(5) Sentence Information

- The majority of entering PC§1170(h)(5) offenses were classified as substance-related offenses (45%) or property offenses (40%); whereas, a smaller percentage fell into the categories of crimes against a person (3%) or "other" crime offenses (12%).
- The number of 1170(h)(5) sentenced crimes for bringing a controlled substance/alcohol into jail over doubled since last reporting year, and the number of 1170(h)(5) sentenced crimes for auto theft increased by around 1.5 times the number from the previous report.
- Of the 802 1170(h)(5) sentences handed down in Santa Barbara County between October 2011 and December 2015, 463 (58%) were sentenced to a Split Sentence and 339 (42%) received Jail Only.
- The majority of clients (79%) incurred one or two charges for their 1170(h)(5) sentencing.
- Clients sentenced to Split Sentences had a larger mean number of charges than clients sentenced to Jail Only (2.5 and 1.4, respectively).
- The average cumulative sentence length at initial entry was 47.2 months.
    - The average Jail Only sentence was shorter than the average Split Sentence (M= 21.4 months and M= 59.8 months, respectively).
    - Mean time in supervision (M = 35.4 months) was longer than mean time in jail (M = 28.3 months) for those with Split Sentences.

Clients with Multiple Entries into 1170(h)

- Of the 717 total 1170(h)(5) clients, 74 had multiple entries; 65 clients had two entries into 1170(h)(5), 7 clients had 3 entries into 1170(h)(5), and 2 clients had four entries into 1170(h)(5).
    - Of these 74 clients with multiple entries, 38 (51%) received multiple Split Sentences, 10 (14%) received multiple Jail Only sentences, and 26 (35%) received both Split Sentences and Jail Only sentences.

1170(h)(5)(A) Outcomes

- Of the individuals sentenced pursuant to PC§1170(h)(5)(A) (i.e., Jail Only), 268 completed their jail sentence and have one year post-release at the time of this report, 193 have two years post-release, and 100 have three years post-release.

New Convictions Post-Sentencing

- Of the 268 individuals that had been released for at least a year from their Jail Only sentence, 101 (38%) acquired at least one new conviction.
    - Of these 101 re-offending individuals, 79 (79%) acquired at least one new misdemeanor and 48 (48%) acquired at least one new felony.
    - No demographic variables (i.e., race/ethnicity, gender, age) predicted which clients had new convictions.

- Clients with new convictions were most likely to receive one or more narcotics-related crimes (57%), followed by "other" crimes (45%), property crimes (41%), crimes against persons (16%), and alcohol-related crimes (5%).
- Noteworthy patterns in new charge convictions of 1170(h)(5)(A) clients included:
    - A 2.5 times increase in the number of disorderly conduct convictions (due to drug/alcohol intoxication).
    - A 1.7 times increase in the number of convictions for being under the influence of a controlled substance.
    - A 2.4 times increase in the number of convictions for possession of a controlled substance.

Time and First Conviction Post–Release

- As of December 31, 2015, there were 268 1170(h)(5)(A) clients who had been released from jail for at least one year.
    - 75 clients had at least one year post-release but less than two years post-release from jail (i.e., 1-Year Post Release group).
    - 93 clients had at least two years post-release but less than three years post-release from jail (i.e., 2-Years Post Release group).
    - 100 clients had at least three years post-release from jail (i.e., 3-Years Post Release group).
- While the *overall number* of clients with one or more convictions over time increases, the *rate of increase* in percentage of clients with one or more new convictions overall becomes smaller with time;
- Current analyses were unable to control for time clients spent in jail on subsequent convictions and arrests in being un/able to reoffend.
- Cumulatively speaking:
    - 13-32% of clients obtained new convictions by the end of the first year post-release from jail;
    - 38-45% of clients had obtained new convictions by the end of the second year post-release from jail; and
    - 49% of clients had obtained new convictions by the end of the third year post-release from jail.

1170(h)(5)(B) Outcomes

- 264 clients with a Split Sentence completed their sentence by December 31, 2015.
    - 32 clients completed multiple Split Sentences (2-4 entries).
    - A total of 303 1170(h)(5)(B) completions were recorded during this time period.
- Of clients' first exit status from 1170(h)(5)(B), 50% (N=133) received a Successful completion status, 23% (N=60) received an Unsuccessful completion status, 20% (N=53) were exited due to Prop 47, 7% (N=15) were Transferred, and <1% (N=3) were Deceased.
    - The majority of the clients who completed their supervision received one or more completion statuses of Successful (53%), followed by Unsuccessful (26%) and by Prop 47 (22%).

COMPAS Risk and Needs Scores

- 264 clients with a Split Sentence completed their sentence by December 31, 2015.
- The majority of clients fell within the high-risk category for Recidivism Risk (66%) and Violence Risk (69%).
- Visual comparisons of Criminal Thinking and Residential Instability change scores suggest several patterns:
    - Clients with one or more Successful PSS completion status are more likely than Unsuccessful clients or clients with a Prop 47 completion status to achieve a Positive Change in their scores for either scale.
    - None of the exit statuses were predictive of receiving a Resolved/Stable status for their COMPAS score on either scale.
    - Successful clients have a lower percentage of ever having a Negative change or No Change on either scale than Unsuccessful clients.

Treatment Services Received During Supervision

- Of the 246 clients who completed PSS with Successful, Unsuccessful, or Prop 47 exit statuses, 182 (74%) partook in at least one treatment program during their time in supervision.
- There were no significant differences between clients who received one or more Successful, Unsuccessful, or Prop 47 PSS completion statuses and whether or not they attended treatment.
- The majority of clients receiving treatment received one or more outpatient services (61%), followed by drop-in services (26%), residential/sober living services (49%), and detoxification services (6%).
- The majority of clients receiving Outpatient and Detox treatment services received at least one successful completion status for attendance in those types of programs (78% and 79%, respectively).
- The majority of clients completing Residential treatment received one or more Unsuccessful completion statuses (65%), with less than half (47%) receiving one or more Successful treatment completion statuses.
- Treatment data were also categorized as providing one or more of these types of services: Drug/Alcohol (D/A) Treatment, Vocational, and/or CBT/Skill Building.
  - Of the 246 completed PSS clients, 103 (42%) received D/A treatment, 110 (45%) received vocational services, and 113 (46%) received CBT/skill building treatment.
- Vocational services (drop-in, and otherwise) appeared to be positively impactful on clients.
  - Clients who participated in Drop-In Programs had a higher likelihood of having ever received a Successful completion from PSS (70%) than those who did not (51%).
  - Clients who participated in Vocational services had a lower percentage of clients who had ever received an Unsuccessful completion from PSS (22%) than those who did not (32%).
  - Clients who participated in Vocational services had a higher percentage of clients who had ever received a Successful completion from PSS (69%) than those who did not (46%).
- Clients who participated in CBT/Skill building services had a higher percentage of clients who had ever received a Successful completion from PSS (65%) than those who did not (48%).
- Participation in treatment was associated with changes in Criminal Thinking and Residential Instability scores.
  - Clients who received any form of treatment had higher percentages of ever having had a Positive Change in both their Criminal Thinking and Residential Instability scores than clients who did not participate in each respective modality.
  - Participation in CBT/Skills training or Outpatient programs were associated with both significantly lower rates of having ever had a Negative Change in their COMPAS scores, as well as having a significantly higher percentage of ever having had a Positive Change score.
- Treatment durations ranged from 1 to 540 days, and were the longest for Drug/Alcohol treatment (M =164 days).

Supervision Violations

- Of the 246 1170(h)(5) clients who completed their supervision sentences, 152 (62%) officially violated the terms of their sentences with a total of 328 violations.
- Of clients receiving one or more violations, the majority of clients received at least one was substance-related violation (74%), with the next highest violation type being absconding (57%), followed by failure to report (FTR; 42%).
- Clients with a High Recidivism Risk score had a higher percentage of receiving one or more new violations (69%) than clients with Medium (57%) or Low (30%) Recidivism Risk scores.
- Clients with a High Violence Risk score had a higher percentage of receiving one or more new violations (69%) than clients with Medium (52%) or Low (44%) Violence Risk scores.
- No significant differences were observed between clients who did acquire a new violation and those who did not, on having ever received a PSS Successful completion status.
- Clients who received Residential treatment or Vocational treatment were significantly *more likely* to have at least one violation than clients who did not participate in these services.

GPS

- Of the clients who completed their PSS supervision sentences, 28 had participated in GPS at some point during supervision, with one person participating in GPS twice (i.e., N=29 total GPS entries).
- Of the 29 GPS entries, 16 (55%) resulted in Successful GPS Exit statuses.
- Clients spent anywhere from 1 to 433 days on GPS with a mean of 155 days.
- Clients were placed on GPS from 0 to 631 days after their first entry into 1170(h)(5)(M = 168 days).
- Of the 28 clients on GPS, 61% received a Successful PSS completion status for their first 1170(h)(5) entry.
- Twenty-five (86%) of the GPS entries of the 29 total entries on GPS were placed on GPS for the purposes of intervention, and four (14%) were placed on GPS as a means of prevention.
  - Clients placed on GPS as an intervention spent less time on average (M =145 days) than clients placed on GPS as prevention (M =212 days)

New Convictions Post–Release

- 264 individuals had completed their 1170(h)(5)(B) sentences with a Successful, Unsuccessful, or Prop 47 exit status. Of these 264 individuals, 232 had at least one year since release from jail.
  - Of the 232 clients, 105 (45%) of these individuals acquired new convictions either during or after their release from supervision, for a total of 273 new convictions.
  - Neither race, age, gender, or PSS completion status predicted which clients were convicted of new charges.
  - 56 (24%) acquired one or more new felonies across 118 new convictions, and 77 (33%) acquired one or more new misdemeanors across 155 new convictions
  - Clients with new convictions were most likely to receive one or more narcotics-related crimes (53%), followed by "other" crimes (43%), crimes against persons (28%), property offenses (28%), and alcohol-related crimes (4%).
  - Possession of a controlled substance, obstruction of a police officer, petty theft, and disorderly conduct were the most prevalent new charge convictions.
- COMPAS scores were related to new convictions.
  - Clients who were rated high for Recidivism Risk and Violence Risk had higher distributions of having a new conviction than those who scored medium or low on those scales.
  - A lower percentage of clients who had a Positive Change score in Criminal Thinking received new convictions than those that did receive new convictions.
  - A lower percentage of clients who had a Resolved Residential Instability score received new convictions than those that did receive new convictions.
  - A higher percentage of clients who had a Negative Change score in Residential Instability received new convictions than those that did not receive new conviction.
- In general, participation in treatment did not predict new convictions.
  - The only type of treatment service that was related to significantly higher percentages of new convictions was attendance in Drop-In Programs.
- One of the only reliable predictors of new convictions for 1170(h)(5)(B) clients was having engaged in noncompliance that resulted in a supervision violation during supervision; clients who had at least one violation during supervision were statistically significantly more likely to obtain a new conviction than those without violations (53% and 31%, respectively).
- As of December 31, 2015, there were 232 1170(h)(5)(A) clients who had been released from jail for at least one year.
  - 73 clients had at least one year post-release but less than two years post-release from jail (i.e., 1-Year Post Release group).
  - 110 clients had at least two years post-release but less than three years post-release from jail (i.e., 2-Years Post Release group).
  - 49 clients had at least three years post-release from jail (i.e., 3-Years Post Release group).
- Cumulatively speaking:
  - 22-39% of clients obtained new convictions by the end of the first-year post-release from jail;
  - 35-46% of clients had obtained new convictions by the end of the second-year post-release from jail;
  - 45% of clients had obtained new convictions by the end of the third-year post-release from jail.

FUTURE DIRECTIONS

Current Goals

Several of the goals and aims in the Future Directions from last year were addressed during the last fiscal year, some were not achieved, and new ones emerged. Outlined below are the current goals for future directions with the PSRA evaluation. Many of these are re-arranged and re-worded from prior reports, as parts of goals have been met, added, or deleted. A detailed review of the past and present future directions is provided in the section afterward.

Goal #1: Explore the best use of GPS to impact recidivism.
- We propose a "mini-study" for placing clients on GPS, due to the preliminary positive impacts examined when GPS was used as a prevention method within the PRCS population (see below for the proposal).
- Using historical comparison groups, the proposed study would allow us to evaluate the potential impacts of GPS on assisting in reducing recidivism, as well as to evaluate GPS when implemented as a prevention versus an intervention method and its subsequent impacts on recidivism.

Goal #2: Better understand the impact of treatment on recidivism.
- Continue to collect treatment attendance data and analyze in terms of recidivism once enough data are available. Report on such data with specificity on whether or not modalities are evidence-based treatments, as well as by what type of service is being offered.
- Consult with treatment agencies about the potential of collecting pre- and post-test data regarding client symptoms and outcomes, that can be tracked for specific curriculums and groups of clients
- Provide information to local agencies on the data highlighting the continued substance-related struggles of PSRA clients, in an effort to attempt to move toward more intensive service provision while clients are incarcerated in local jail.

Goal #3: Using data gathered from the consumer (i.e., client) surveys, consider the role of additional variables that may contribute to client recidivism and treatment attendance.
- Consumer survey will be reported on in-depth within the next report.
- Explore the association of consumer survey data with treatment and recidivism.
    - Assess if either are related to profiles of strengths/risks, as indicated by the consumer surveys.
- Consider implementing these surveys with clients receiving 1170(h)(5)(A) jail only sentences (while they are still incarcerated but near completion), in order to determine if clients with identified needs without the benefit of treatment funded by Realignment and/or supervision are more likely to recidivate or not compared to clients receiving this assistance (i.e., 1170(h)(5)[B] clients).

Goal #4: Continue to use more sophisticated data analysis techniques to understand the data as time goes by and a more representative sample is developed.
- GPS and treatment evaluations continue to be underway.
- Explore the availability and reliability of client data for advanced analyses, including:
    - Exploring psychometric properties of the consumer survey scales.
    - Exploring the reliability of the COMPAS scales, potentially with Northpointe, in an attempt to validate that the instrument can be useful for prediction within this population.
    - Exploring the possibility of administering client surveys at regular intervals (other than the consumer survey); otherwise, such data does not provide comparable information across clients.
- Explore if time sequence analyses (e.g., recidivism before/after treatment) are within the current scope of the evaluation, and what additional resources would be needed to conduct them.

Detailed Overview of Progress on Prior Goals

Goal #1: It is critical to continue to improve data collection both within Probation as well as between agencies in the criminal justice system.

1. *The **intention** of this future direction from within last year's report was a call to:*
    a. Improve our knowledge and reporting of treatment and intervention data across various agencies to enhance evaluations on treatment variables.
    b. Continue to collect geographical information (analysis comparing different geographical areas were not possible yet because of the non-regular distribution of clients across zip code areas).
    c. Work with the Sheriff's office to overcome challenges with their jail management systems.
        i. Report on booking data for PRCS clients, in order to better evaluate the impact of recidivism (i.e., versus reporting only on time to conviction date, which is a significantly longer and unpredictable lag time from initial booking contact).
    d. Reporting on client misconduct and subsequent consequences not captured within official supervision violations in order to evaluate the impact of flash incarceration on client outcomes.
2. ***Progress** on this goal:*
    a. Treatment attendance data has begun to be collected within programs run by the PRRC/Probation Department. This means that actual clients attendance at treatment programs, versus length of time in treatment (which can be skewed if clients attend sporadically or irregularly) will be able to help account for treatment impacts. At this time, enough data has not been collected on completed clients to make assertions regarding treatment impacts, though next year this will be examined for potential analyses if enough data points are available.
    b. Geographical information was not examined in the present report; it is unclear to what extent stakeholders may be interested in this set of analyses.
    c. During the course of data collection for the present report, the Sheriff's office's prior jail management system remained in place. However, since data collection commenced, they have reported implementation of an improved records keeping system. As such, data on clients, specifically in regards to booking data and time incarcerated while serving sentences, will be sought in future reports.
    d. It is unclear to what extent client misconduct and consequences are documented in readily available data streams. However, the use of incentives has been implemented within the Probation Department, and will be reported on accordingly once enough clients with available data have completed from the program.
3. ***Future Directions** within this goal, to carry into the next report:*
    a. Continue to collect treatment attendance data, and analyze in terms of client outcomes once enough data are available.
    b. Seek to obtain information on client booking data and general incarceration data in moving forward. Attempt to see if historical data for this information can also be reliably obtained and utilized in future reports.

Goal #2: Documenting and receiving data for decision points where they exist, and helping to document this where they do not exist. Examples include: (a) flash incarcerations versus an alternative sanction, and (b) individuals to be placed on GPS versus those who are not.

1. *The **intention** of this future direction from within last year's report was a call to:*
    a. Better understand how clients receive prevention/intervention efforts, for both the purposes of being able to evaluate effectiveness, as well as to promote more objectivity in implementation of these processes.
2. ***Progress** on this goal:*
    a. At this time there are not opportunities to evaluate the process of implementation of flash incarcerations, because individuals acquiring official probation violations do not have an alternative to incarceration from which flash incarcerations could be measured against.
    b. Data processes in terms of GPS were not documented in detail for the present report. However, this initiative is in progress in working with the Santa Barbara County Probation department.

Additionally, we propose an initiative around GPS (see below) that may alter the process of how individuals are placed on GPS in the future.

3. ***Future Directions*** *within this goal, to carry into the next report:*
    a. Discontinue efforts to evaluate the impact of flash incarcerations, due to nuances outside of the control of the County as well as the evaluators.
    b. At this time, place the portion of this goal relevant to GPS on hold, while additional efforts to evaluate the potential impacts of GPS are explored through alternative measures.

Goal #3: Better understand the impact of treatments on recidivism.
1. *The **intention** of this future direction from within last year's report was a call to:*
    a. Better understand how treatment provides positive/negative benefits to client well-being, as well as recidivism, through methods including the following:
        ▪ Evaluation of treatment characteristics (e.g., type of treatment, fidelity of treatment, evidence-based treatments, frequency of attendance).
        ▪ Determining what treatment works for whom.
        ▪ Reporting on client participation in treatment programs not captured in the report (via self-report).
        ▪ Determine if pre- and post-treatment measures can be collected at some (or all) of the treatment agencies serving PSRA clients.
2. ***Progress*** *on this goal:*
    a. Data has been begun being collected on frequency of attendance, type of treatment, and whether or not treatments attended are evidence-based. However, not all treatment agencies are providing this level of detailed information, and information on fidelity of treatment implementation remains inaccessible.
    b. Efforts to determine what treatment works for whom are heavily reliant on the utilization of needs assessments that are administered to all clients at reliable intervals. At this time, needs assessment data (e.g., via the COMPAS, or consumer survey data) are not administered in a uniform fashion to all clients at multiple standardized time points.
    c. Consumer surveys (i.e., client responses) are being collected at this time. At the time of the present report, only pilot data was available, but will be reported on more extensively within the next report.
    d. Pre- and post-test data continues to be an area where data are unavailable. Collaborative efforts across participating treatment agencies would be required in order to obtain representative sampling for clients attending any types of treatment within the County.
3. ***Future Directions*** *within this goal, to carry into the next report:*
    a. Report on treatment attendance data with specificity on whether or not modalities are evidence-based treatments, as well as by what type of service is being offered, when more data are available in future evaluations.
        i. Continue reporting on treatment data by type of treatment service offered.
    b. Administer client needs/risks surveys at standardized and recurring intervals to all clients on supervision (i.e., PRCS, PSS), in order to reliably assess what treatment works for whom.
        i. This would also be useful if the surveys could be administered for clients receiving 1170(h)(5)(A) jail only sentences, in order to determine if clients with identified needs without the benefit of treatment funded by Realignment and/or supervision are more likely to recidivate or not.
    c. Report on consumer survey data, in relation to self-reported and Probation-collected treatment data. Assess if related to client profiles of strengths/risks.
    d. Continue collaborating with agencies on the potential to collect pre- and post-test data.

Goal #4: Continue to use more sophisticated data analysis techniques to understand the data as time goes by and a more representative sample is developed.
1. *The **intention** of this future direction from within last year's report was a call to:*
    a. Continue to improve evaluation analyses to better understand factors related to recidivism and treatment, including:
        ▪ Evaluate the role of GPS, when used prior/after convictions/violations.

- ▪ Evaluate the effect of flash incarcerations.
- ▪ Evaluate the effect of drug testing, when including drug-testing results from treatment agencies.
- ▪ Evaluate treatment and outcomes.
- ▪ Use structural equation modeling to examine patterns between treatment-related variables, client characteristics, and COMPAS scores in predicting recidivism.

2. ***Progress*** *on this goal:*
   a. GPS is being examined further, and future reports will explore the ability to account for implementation before/after convictions/violations.
   b. The "effect" of flash incarceration is unable to be examined at this time (see above).
   c. The "effect" of drug testing is unable to be examined at this time, due to the lack of standardized reporting within available data reporting systems to the evaluation team on treatment-reported drug testing results. Furthermore, literature indicates that drug testing results, when used in isolation, are not reliable measures of client outcomes; they should be used in combination with multiple other forms of data.
   d. Treatment evaluations continue to be underway (see above goals).
   e. Through further investigation, the current standardized utilization and reliability of the COMPAS is not well understood; thus, at this time, advanced analyses are going to be placed on hold until reliable client needs/risk/strength data are available.

3. ***Future Directions*** *within this goal, to carry into the next report:*
   a. Future reports will explore the ability to account for implementation of GPS before/after convictions/violations.
   b. Treatment evaluations continue to be underway (see above goals).
   c. Explore the availability and reliability of client data for advanced analyses, including:
      i. Exploring psychometric properties of the consumer survey scales for potential use in advanced analyses
      ii. Exploring the reliability of the consumer survey
      iii. Exploring the possibility of administering client needs/risk/strength surveys at regular intervals; otherwise, such data does not provide comparable information across clients.

Goal #5: Develop and execute an evaluation strategy to better understand factors associated with clients who enter PRCS and/or 1170(h)(5) multiple times.
1. *The **intention** of this future direction from within last year's report was a call to:*
   a. Provide a better understanding of clients cycling through PSRA multiple times.
2. ***Progress*** *on this goal:*
   a. Further discussions on the matter resulted in an understanding that PSRA and it's two entryways (i.e., PRCS, 1170([h]) are not the only potential programs a client can be involved in. Thus, efforts to explore multiple entries into Realignment would ignore the multiplicity of other ways a client could be involved within the criminal justice system. Because statistical analyses assume that all relevant known variables are factored into the analyses (i.e., involvement in other criminal justice programs), evaluating this in isolation would provide skewed and non-representative data.
3. ***Future Directions*** *within this goal, to carry into the next report:*
   a. Discontinue this goal.

Goal #6: Consider the role of additional variables that may contribute to client recidivism, as indicated by the peer-reviewed literature, and determine how to accurately and efficiently collect this data.
1. *The **intention** of this future direction from within last year's report was a call to:*
   a. Better understand internal state variables within clients that contribute to treatment engagement and recidivism. Client self-report survey data are currently in its pilot phase, and intend to report on such variables as: Perceived social support, perceived relationship with probation officer, living situation, and vocational skills/education.
2. ***Progress*** *on this goal:*
   a. Consumer survey data has been begun to be collected. In-depth will be available at the time of the next report.
3. ***Future Directions*** *within this goal, to carry into the next report:*

      a.   Consumer survey will be reported on in-depth within the next report.

Goal #7: Determine if there are screening tools available for use with clients.

1. *The **intention** of this future direction from within last year's report was a call to:*
   a. Determine what types of services clients would benefit from, in order to improve the process of referring clients to the appropriate treatment services.
   b. Determine if there are targeted needs assessments to better identify client's specific needs once they are identified by a screening tool as being a prime candidate for intervention.
   c. Potential assessments include:
      i. Stage of readiness to change in their substance use patterns; consider tracking such data through client attendance in treatment programs.
      ii. Employment, education, housing, and mental health screenings.
2. ***Progress** on this goal:*
   a. Continued communications have occurred between the evaluation team, Probation, and other agencies separately on how to address this issue. This in ongoing and may be related to other such efforts, such as regularly implementing a needs/risk survey with clients, or gathering pre- and post-test data with clients.
3. ***Future Directions** within this goal, to carry into the next report:*
   a. Continue conversations related to efforts to find an appropriate screening tool, and/or regularly implementing a needs/risk survey with clients, or gathering pre- and post-test data with clients.

Goal #8: Address goals related to policy considerations.

1. *The **intention** of this future direction from within last year's report was a call to:*
   a. Focus on addressing questions that are directly related to policy considerations. Such questions included:
      ▪ Connect clients with CBT services earlier in supervision, as it is the core service for addressing maladaptive client thinking (which in turn can impact client behavior). In doing this, examine effects of timing; if the clients participate in this program earlier, are they more successful?
      ▪ What can we do with high risk clients to be more successful? Consider interviewing clients to find out more information on how the program can better serve them or what barriers they experience and/or perceive in their own success, as the quantitative data methods may not reveal this when used in isolation?
2. ***Progress** on this goal:*
   a. These are large-scale questions that will likely be addressed over time when addressing more narrow issues, such as the implementation of needs assessments and screening clients who are most appropriate for a particular intervention, finding profiles of client internal state-related variables (e.g., needs, risks, strengths, symptoms) that predict more high-risk functioning within the community, etc.
   b. Interviewing clients is not something that has yet occurred, but is still under consideration. At this time, this is being put 'on hold' until the results of the client quantitative consumer survey results are explored for their utility.
3. ***Future Directions** within this goal, to carry into the next report:*
   a. Continue to focus on important questions related to policy considerations; however, do so with the knowledge that many of these will not be answered within short time-frames.

Systemic Goals:

Other future directions that would improve reporting and monitoring of clients within the community, but that are outside of the scope of County-level initiatives include:

- California agencies would benefit from moving toward connecting data systems across counties in order to capture what happens to clients who move or who offend in other areas of the state.
- More in-depth information on clients being released from prison into the community under PRCS would be useful in further analyzing PRCS outcomes (i.e., provided from CDCR to the counties).

APPENDIX A:

ADDITIONAL TABLES AND GRAPHS

Table 1-A. **Mental health diagnoses of exited PRCS clients (N=219 clients).**[150]

Diagnosis Received	Number of Clients	Percentage of Clients[151]
Mood Disorders		
Major Depressive Disorder	16	7%
Mood Disorder NOS	8	4%
Bipolar Disorder NOS	5	2%
Bipolar I Disorder	6	3%
Depressive Disorder NOS	3	1%
Specified Drug / Induced Mood Disorder	2	1%
Adjustment Disorders		
Adjustment Disorder With Anxiety	2	1%
Adjustment Disorder With Depressed Mood	2	1%
Adjustment Disorder With Disturbance Of Conduct	1	.5%
Adjustment Disorder With Mixed Anxiety And Depressed Mood	1	.5%
Personality Disorders		
Antisocial Personality Disorder	1	.5%
Borderline Personality Disorder	1	.5%
Substance Related Disorders		
Amphetamine Dependence	69	32%
Polysubstance Dependence	40	18%
Opioid Dependence	21	10%
Alcohol Dependence	19	9%
Cannabis Dependence	20	9%
Amphetamine Abuse	9	4%
Cocaine Dependence	4	2%
Alcohol Abuse	4	2%
Alcohol Intoxication	1	.5%
Opioid Abuse	1	.5%
Other (Or Unknown) Substance Depend/Phencyclidine Depend	1	.5%
Anxiety Disorders		
Anxiety Disorder NOS	10	5%
Social Phobia	2	1%
Generalized Anxiety Disorder	1	.5%
Posttraumatic Stress Disorder	1	.5%
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence		
Attention-Deficit/Hyperactivity Disorder Combined Type	1	.5%
Impulse-Control Disorders		
Intermittent Explosive Disorder	2	1%
Psychotic Disorders		
Psychotic Disorder NOS	7	3%
Schizoaffective Disorder	7	3%
Schizophrenia	2	1%
V-Codes		
Adult Antisocial Behavior	1	.5%

Table 2-A. **Other treatment providers for PRCS clients receiving treatment services.**

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[150] Assumed to be based on DSM-IV classifications, as many of the diagnoses were provided prior to the release of the DSM-5.
[151] Percentage of clients with a diagnosis (N=219). Clients could have multiple diagnoses; percentages will not add up to 100%.

Service Providers	
ABBA Counseling	Goodwill Industries
Behavioral Wellness	Healing Grounds
Alan Bleiman	Karen Lake-Shampain
All Star Sober Living	Mission House
Anger Management Services	New Directions
Another Road Detox	New House III
ARC – Canoga Park	New Life Community Services
ARC - Pasadena	Northbound Treatment Services
ARC - Santa Monica	Oxnard Rescue Mission
Bethel House	Pathway To Healing
Bimini Recovery Center	Phoenix House of Santa Barbara
Bridge House	Probation Report & Resource Center
CADA Detoxification	Recovery Point
Carenet	Recovery Way Home
CARES	Rescue Mission
Casa Esperanza - Clean & Sober	Rise and Shine
Center For Change	Royal Palms
Central Coast Headway	Salvation Army Hospitality House - Clean & Sober
Central Coast Rescue Mission	Sanctuary House
Central Coast Treatment Center	Sanctuary Psychiatric Center
Charles Golodner Group	Sheriff's Day Report Center
Clare Foundation for Men Recovery Home	Sheriff's Treatment Program
Coast Valley	Stalwart - Clean & Sober
Council Alcohol Drug Abuse (CADA)	Stalwart Clean and Sober Residence
CPC - Counseling and Psychotherapy Centers	T4C Coast Valley
Dr. Rick Oliver	Transition House
Giving Tree	Victory Outreach
Good Samaritan - Clean & Sober	Volunteers of America
Good Samaritan - Detoxification	Willbridge - Clean & Sober
Good Samaritan – Shelter	Zona Seca

Table 3-A. **Treatment services provided to PRCS clients by other agencies, and total number[152] of services clients received by service (N=416 clients).**

Treatment Service	Number of Services Received
Educational/Vocational	*769*
Drop-in Education	539
Employment	155
Drop-in Employment	75
Residential	*313*
Clean and Sober	238
Good Samaritan	6
Residential Treatment Program (RTP)	42
Transitional Housing	23
Shelter	4
Outpatient Programs	*1,091*
Reasoning and Rehabilitation (R&R)	338
Drug and Alcohol Treatment	307
Mental Health Treatment	94
Treating Addictive Disorders (TAD)	175
Batterer's Intervention Program (BIP)	42
Sex offender Treatment	18
Work and Gain Economic Self Sufficiency (WAGE$$)	25
Recovery-Oriented Systems of Care (ROSC)	17
Dual Diagnosis (DDX) Drug and Alcohol Treatment	12
Parenting Wisely	10
DUI Program	5
Moral Reconation Therapy (MRT)	19
Personal Mastery Program	1
Thinking For a Change (T4C)	14
Seeking Safety	1
Telecare/ACT	1
Prop 36	12
Detoxification	*105*
Detoxification	105
Total Service Count	*2,278*

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[152] Number of services will vary dramatically on a case-by-case basis; some providers offer treatment 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 treatment services multiple times, as is especially the case for one-day treatment services.

Table 4-A. **Post-release conviction of PRCS clients with one year post-supervision, by charge group (N=177 clients).**

Crimes Against Persons		Property Offenses	
9	BATTERY	30	BURGLARY
2	BATTERY WITH SERIOUS BODILY INJURY	1	GRAND THEFT FROM PERSON/ANOTHER
5	BATTERY ON PEACE OFFICER/EMERGENCY PERSONNEL	1	GRAND THEFT: MONEY/LABOR/PROPERTY OVER $400
8	BATTERY:SPOUSE/EX SPOUSE/DATE/ETC	9	RECEIVE/ETC KNOWN STOLEN PROPERTY
14	INFLICT CORPORAL INJURY ON SPOUSE/COHABITANT	2	FRAUD TO OBTAIN AID
6	ASSAULT WITH DEADLY WEAPON: FORCE LIKELY GBI	3	PETTY THEFT
2	FALSE IMPRISONMENT WITH VIOLENCE/ETC	13	PETTY THEFT WITH PRIOR JAIL TERM
3	HIT AND RUN RESULTING IN INJURY OR DEATH	7	TAKE VEHICLE W/O OWNER'S CONSENT/VEHICLE THEF
4	HIT AND RUN:PROPERTY DAMAGE	1	AUTO THEFT
3	LEWD OR LASCIVIOUS ACTS W/CHILD UNDER 14 YRS	1	FALSE PERSONATION OF ANOTHER
2	PREVENT/DISSUADE WITNESS VICTIM BY THREAT	1	MAKE/POSSESS COUNTERFEIT PLATES
2	ASSAULT WITH FIREARM ON PERSON	3	VANDALISM $400 OR MORE
1	KIDNAPPING	3	VANDALISM LESS THAN $400
2	STALKING	1	POSSESSION OF STOLEN PROPERTY
2	THREATEN CRIME WITH INTENT TO TERRORIZE	2	UNAUTHORIZED ENTRY OF A DWELLING OR HOUSE
3	WILLFUL CRUELTY TO CHILD	All Other Crimes	
2	ROBBERY	33	OBSTRUCT/RESIST/ETC PUBLIC/PEACE OFFICER/EMER
1	VEHICLE MANSLAUGHTER W/GROSS NEGLIGENCE	8	DRIVE WITHOUT LICENSE
Drug/Alcohol-Related Offenses		1	DISORDERLY CONDUCT: LOITER/REFUSE TO IDENTIFY
29	DISORDERLY CONDUCT:INTOX DRUG/ALCOHOL	27	DRIVE WHILE LICENSE SUSPENDED
37	USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE	14	FALSE IDENTIFICATION TO SPECIFIC PEACE OFFICE
52	POSSESS CONTROLLED SUBSTANCE	3	FIGHT/CHALLENGE FIGHT PUBLIC PLACE
14	DUI ALCOHOL 0.08 PERCENT OR GREATER	3	OFFENSIVE WORDS IN PUBLIC PLACE
6	POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA	1	AGGRAVATED TRESSPASS
4	TRANSPORT/SELL NARCOTIC/CONTROLLED SUBSTANCE	1	COMMUNICATE WITH PRISONER WITHOUT CONSENT
7	DUI ALCOHOL/DRUGS	5	EVADE PEACE OFFICER WITH WANTON DISREGARD
10	POSSESS CONTROLLED SUBSTANCE FOR SALE	1	TRESPASS: LAND UNDER CULTIVATION
3	POSSESS CONTROLLED SUBSTANCE IN PRISON/JAIL/E	1	TRESPASS: REFUSE TO LEAVE PRIVATE PROPERTY
7	BRING CONTROL SUBSTANCE/ETC INTO PRISON/JAIL/	4	TRESPASS:OCCUPY PROPERTY WITHOUT CONSENT
2	POSSESS HYPODERMIC NEEDLE/SYRINGE	1	TRESPASS: DESTROY FENCE/ETC
1	DRIVING WHILE BACK GREATER .08: CAUSING INJURY	2	VIOLATE COURT ORDER TO PREVENT DOMESTIC VIOLE
3	POSSESS CONCENTRATED CANNABIS	1	TRESPASS: OBSTRUCT/ETC BUSINESS OPERATIONS/ETC
1	POSSESS CONTROLLED SUBSTANCE WHILE ARMED	1	CONSPIRACY TO COMMIT CRIME
4	POSSESS/PURCHASE FOR SALE NARCOTIC/CONTROLLED	1	CONTEMPT OF COURT: DISOBEY COURT ORDER/ETC
1	POSSESS/SALE OF SUBSTANCE W/OUT PRESCRIPTION	3	CONTEMPT OF COURT: VIOLATE PROTECTIVE ORDER
		3	DESTROY/CONCEAL EVIDENCE
		2	DISTURB BY LOUD UNREASONABLE NOISE
		1	ESCAPE JAIL/ETC WHILE CHARGED/ETC WITH MISDEM
		1	EXTORTION
		6	FORGERY
		1	OFFER/ETC FALSE/FORGED INSTRUMENT TO FILE
		1	OWNER ALLOW UNLICENSED DRIVER TO OPERATE VEHI
		3	PARTICIPATE IN CRIMINAL STREET GANG

Table 5-A. **List of sentenced PC§1170(h)(5) offenses and total number of each offense by charge group type (N=1,521 total offenses).**

Crimes Against a Person		Substance-Related Crimes (cont.)	
21	Obstruct/resist an executive/peace officer	7	Possess/purchase of cocaine base for sale
5	Assault with a deadly weapon	6	Plant/cultivate/etc. marijuana/hashish
5	Battery against custodial/police officer	5	Possession of marijuana/hashish for sale
2	Inflict injury upon a child	4	Sell/furnish/etc. marijuana/hashish
2	Spousal assault/inflict injury on spouse	2	Keep place to sell narcotic/controlled substance
2	Use of a destructive device to injure or destroy	2	Use/under the influence of a controlled substance
1	Willful cruelty to a child	2	Manufacture/etc. controlled substance
1	Elder abuse	1	Possession of drug paraphernalia
1	Threaten to use force/etc. on witness/etc.	1	Possession of concentrated cannabis
1	Battery with serious bodily injury	1	Disorderly conduct involving alcohol
Property Crimes		**Other**	
207	Burglary	47	Bring controlled substance/alcohol/etc. into prison/jail
126	Auto theft	39	Possession of cont. substance/drugs/alcohol in prison/jail
81	Receive known stolen property	30	Carrying a concealed dirk or dagger
68	Grand theft	15	Conspiracy to commit a crime
38	Petty theft with priors	8	Possession of a deadly weapon
31	Forgery	8	Accessory
11	Identity theft	7	Vandalism $400 or more
9	Theft/embezzlement from elder/dependent adult	7	False imprisonment with violence
6	Fraud to obtain aid	4	Unlawful sexual intercourse with minor
4	False impersonation	4	Possession of brass knuckles
3	Foreclosure fraud	3	Possession of dirk or dagger
3	Theft by forged/invalid access card over $400	3	Failure to provide after adjudication
3	Theft: personal property over $400	2	Carrying a concealed weapon on person
2	Prepare false evidence	2	Prisoner possessing weapons
2	Unlawful fees in real estate	2	Manufacture/etc. leaded cane/etc.
2	Possession/receipt of items as forgery	2	Manufacture/sale/possess nunchaku
2	Nonsufficient funds for check	1	Solicit specified criminal acts
2	Forge access card to defraud	1	Possession/etc. burglary tools
2	Embezzlement over $400	1	Illegal use of tear gas
1	Make or pass fictitious check	1	Violate court order: Prevent domestic violence
1	Defrauding an innkeeper over $400	1	Destroy/conceal evidence
1	Obtain money by false pretenses over $400	1	Failure to appear on own recognizance
1	Own chop shop	1	Cruelty to animals
1	Shoplifting	1	Occupant carrying concealable weapon in vehicle
Substance-Related Crimes		1	Possession of a stolen vehicle/vessel/etc.
213	Possession of controlled substance	1	Prohibited person own ammunition
183	Possess/purchase for sale narcotic/ controlled substance	1	Possession/sale of billyjack
		1	Possession/sell switchblade knife
123	Transport/sell narcotic/controlled substance	1	Prisoner manufacturing weapons, etc.
98	Possession of narcotic controlled substance	1	Dealer/etc. not determine ownership
37	Driving while under the influence	1	Drive while licenses suspended for DUI

Table 6-A. **Descriptive statistics on post-release charge convictions of 1170(h)(5)(A) clients who have one year post-release from their first Jail Only sentence (N=254 charges, across 101 clients).**

Crimes Against a Person		Property and Theft Crimes	
18	Obstruct/resist/etc. public/peace officer/ER	15	Burglary
10	Battery	13	Petty theft
3	Inflict corporal injury on spouse/cohabitant	8	Take vehicle without owner's consent/auto theft
2	Assault with deadly weapon: Force likely GBI	6	Petty theft with priors
2	Threaten crime with intent to terrorize	6	Receive/etc. known stolen property
1	Exhibit deadly weapon other than firearm	5	Robbery
1	Kidnapping	1	Identity theft
Other		1	Grand theft
7	Drive while license suspended	1	Defrauding an innkeeper (under $400)
7	Trespass	1	Appropriate lost property
6	Disorderly conduct: Loiter/refuse to identify	1	Fraud to obtain aid (under $400)
5	Participate in criminal street gang	*Substance-Related Crimes*	
5	Possession of controlled substance/alcohol in jail	39	Possession of narcotic/controlled substance
4	Bring controlled substance into prison/jail	25	Disorderly conduct: Intoxication drug/alcohol
4	Give false information to peace officer	24	Use/under influence of controlled substance
2	Disorderly conduct: Loiter/ etc. private property	4	DUI alcohol/drugs or BAC greater than .08
2	Vandalism	4	Transport/sell narcotic/controlled substance
2	Escape jail/etc while charged with a felony	3	Possess or purchase for sale narcotic or controlled substance
2	Unauthorized entry of a dwelling house	1	Driving with BAC greater than .08: Cause injury
1	Damage jail/prison property (under $400)	1	Give/transport/offer marijuana
1	Destroy/conceal evidence	1	Possess controlled concentrated cannabis
1	Evade peace officer with wanton disregard	1	Possess controlled substance paraphernalia
1	Possess/etc. burglary tools		
1	Riot in prison or jail		
1	Sell/etc. liquor to a minor		
1	Advertise as a contractor without a license		
1	Contempt of court: Violate protective order		
1	Disturb by loud/unreasonable noise		
1	Drive without license		
1	Fight/challenge fight in public place		

Table 7-A. **Treatment providers for PSS (1170(h)(5)[B]) clients receiving treatment services.**

Service Providers	
All Star Sober Living	New House III
ARC – Canoga Park	Oasis Women's Program
ARC – Santa Monica	Oxnard Rescue Mission
Bethel House	Probation Report & Resource Center (PRRC)
Bimini Recovery Center	Project Premie
Bridge House	Project Recovery
Crisis and Recovery Emergency Services (CARES)	Rescue Mission Santa Barbara
Casa Serena	Salvation Army Hospitality House
Coast Valley	Shepherd's Gate
Department of Behavioral Wellness	Stalwart Clean and Sober
Good Samaritan	Turning Point
Goodwill Industries	Victory Outreach
Grant Clean and Sober	Volunteers of America
Healing Grounds	Willbridge
Midnight Mission	Zona Seneca

Table 8-A. **Treatment services provided to PSS (1170(h)(5)[B]) clients, and total number[153] of services clients received by service (N=182 clients).**

Treatment Service	Number of Services Received
Drop-In Services	*278*
Drop-in Education	252
Drop-in Employment	26
Residential	*159*
Clean and Sober	82
Good Samaritan	1
Residential Treatment Program (RTP)	66
Transitional Housing	7
Shelter	3
Outpatient Programs	*729*
Reasoning and Rehabilitation (R&R)	131
Drug and Alcohol Treatment	103
Mental Health Treatment	5
Treating Addictive Disorders (TAD)	18
Batterer's Intervention Program (BIP)	1
Work and Gain Economic Self Sufficiency (WAGE$$)	74
Recovery-Oriented Systems of Care (ROSC)	47
Parenting Wisely	13
Good Samaritan	67
Moral Reconation Therapy (MRT)	196
Coastal Tri-Counties (CTC)	39
Thinking For a Change (T4C)	5
Seeking Safety	1
Sheriff's Treatment Program (STP)	2
Prop 36	5
Employment	22
Detoxification	*15*
Detoxification	15
Total Service Count	*1,181*

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[153] Number of services will vary dramatically on a case-by-case basis; some providers offer treatment 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 treatment services multiple times, as is especially the case for one-day treatment services.

Table 9-A. **Descriptive statistics on post-release convictions of 1170(h)(5)(B) clients (N=105 clients).**

Property and Theft Crimes		Crimes Against a Person	
18	Petty theft	21	Obstruct/resist/etc. public/peace officer/ER
11	Burglary	11	Battery
9	Prepare false evidence	3	Assault with deadly weapon: Force likely GBI
7	Take vehicle without owner's consent/auto theft	3	Inflict corporal injury on spouse/cohabitant
5	Petty theft with priors	2	Threaten crime with intent to terrorize
3	Receive/etc. known stolen property	1	AWD (not firearm) on PO/Firefighter: GBI
2	False impersonation	1	Willful cause physical/mental harm
2	Robbery	*Other*	
1	Appropriate lost property	13	Bring alcohol/drug/etc. into prison/jail
Drug and Alcohol Related Crimes		12	Drive while license suspended
42	Possession of narcotic/controlled substance	9	False identification to specific peace office
17	Disorderly conduct: Intoxication drug/alcohol	7	Possession of cont. substance/drugs/alcohol in prison/jail
14	Use/under influence of controlled substance	5	Unauthorized entry of a dwelling house
6	DUI alcohol or drugs	4	Escape jail/etc while charged with a felony
6	Forge/alter narcotic prescription	4	Evade peace officer with wanton disregard
4	Possession of concentrated cannabis	4	Possession/etc. burglary tools
4	Transport/sell controlled substance	3	Reckless driving in off-street parking facility
3	Possess/purchase controlled substance for sale	3	Attempt to/prevent/dissuade victim/witness
2	Possession of controlled substance without a prescription	3	Vandalism ($400 or more)
1	Give/transport/offer marijuana	2	Damage jail/prison/property (under $400)
1	Disorderly conduct: Loiter/refuse to identify	1	Contempt of court: Disobey court order/etc.
		1	Destroy/conceal evidence
		1	Hit and run: Property damage
		1	Riot in jail/prison/etc.

APPENDIX B:

STATISTICAL EXPLANATIONS

Explanation of Standard Deviation

Standard deviation is a statistical term that indicates how much the mean deviates in either direction (plus and minus). One standard deviation indicates the range of scores from the mean (plus and minus) that encompass 68% of the overall scores. For example, an average of 2.33 and a standard deviation of 1.97 indicate that 68% of the overall scores fell between .36 (2.33-1.97=.36) and 4.3 (2.33+1.97=4.3).

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, most likely found in the footnotes. 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:

TREATMENT 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 treatment 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 treatment through outpatient treatment, 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 Treatment:** Drug and alcohol treatment groups are facilitated by treatment staff and provide court-recognized drug and alcohol treatment 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 Treatment 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 treatment.

➤ **Mental Health Treatment**: 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 Reconation 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 treatment-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 treatment programs. Participants complete a drug treatment 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 Treatment 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 treatment 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 Treatment**: 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 clients 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 client's 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

offender treatment, and polygraph examinations to determine pre-conviction sexual behaviors and compliance with terms and conditions of probation/supervision.

➢ **Sheriff's Treatment Program (STP):** STP is a custodial and outpatient substance abuse treatment 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, operating in San Luis Obispo and Santa Barbara counties, 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 one of the following: anti-social, gang related, cause an obstacle to finding employment, and interfering with your life. Participants must be clean and sober, complete application and orientation, perform 16 hours community service for each treatment 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, social skills development, and development of 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.