

# A Data-Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services, and Advancing Equity Through Alternatives to Incarceration

Final Report

March 15, 2023

**SANDAG**

## Acknowledgments

This project would not have been possible without the assistance, collaboration, and input of numerous individuals. First, the Advisory Group members who actively contributed over the course of this project are gratefully acknowledged for sharing their time, experiences, and insights. These include Charlene Autolino, Laila Aziz, Lon Chhay, Dr. Andrea Dauber-Griffin, Manuel Enriquez, Dr. Darwin Fishman, Anthony Gonzalez, Betsy Jacobson, Bill Payne, Jackie Reed, and Wehtahnah Tucker. In addition, representatives from a variety of County and local agencies shared their perspectives, subject-matter expertise, and assistance, both as members of the project Working Group, as well as through providing access to data. These include the San Diego County District Attorney's Office, Public Defender's Office, Sheriff's Department, Probation Department, the Health and Human Services Agency (including, among others, Behavioral Health Services and Homeless Solutions and Equitable Communities), Office of Equity and Racial Justice, Public Safety Group, San Diego City Attorney's Office, San Diego Superior Court, Escondido Police Department, San Diego Police Department, 211/CIE San Diego, and the Regional Task Force on Homelessness. A heartfelt thank you is extended to everyone from the community who contributed to this project through completing the community survey and/or service provider survey, submitting comments, and participating in the community forums and listening sessions. The final recommendations that are provided here are a function of the contributions of all these entities and would not be possible without them. Finally, this project would not have been possible without the leadership and support of the San Diego County Board of Supervisors.

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## Acronyms Used in this Report

ADP:	Average Daily Population
ARJIS:	Automated Regional Justice Information System
ATI:	Alternatives to Incarceration
BHS:	Behavioral Health Services
BSCC:	Board of State and Community Corrections
C3:	Community Care Coordination
CARE:	Community Action Resource Engagement
CIE:	Community Information Exchange
CJRD:	Criminal Justice Research Division
COR:	Contracting Officer's Representative
CoSRR:	Community-Based Services and Recidivism Reduction
CPAC:	County Parole and Alternate Custody
CRD:	Community Resource Directory
CTC:	Community Transition Center
FTA:	Failure to Appear
HHSA:	Health and Human Services Agency
HSEC:	Homeless Solutions and Equitable Communities
HIPAA:	Health Insurance Portability and Accountability Act
HS:	Health and Safety
JIMS:	Jail Information Management System
MAI:	Multi-Agency Interface
MOU:	Memorandum of Understanding
MSA:	Major Statistical Area
PC:	Penal Code
PRCS:	Post-Release Community Supervision
RFP:	Request for Proposals
SAM:	Substance Abuse Monitoring
SANDAG:	San Diego Association of Governments
SIM:	Sequential Intercept Model
S.M.A.R.T.:	San Diego Misdemeanants At-Risk Track
SOW:	Statement of Work
SUD:	Substance Use Disorder
UCR:	Uniform Crime Report

## Executive Summary

### *Introduction*

On October 19, 2021, the San Diego County Board of Supervisors directed County staff to issue a Request for Proposals (RFP) entitled “A Data-Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services, and Advancing Equity through Alternatives to Incarceration: Building on Lessons Learned during the COVID-19 Pandemic.” As noted in this Board item, “mass incarceration disproportionately impacts the poor, homeless, mentally ill, and people of color and does not make us safer.” Through a competitive process, the Criminal Justice Research Division (CJRD) of SANDAG was selected to serve as the independent consultant on this effort. **This Final Report summarizes all information compiled for this project, including what was previously presented, and some additional data on law enforcement contact and information on best practices.** Finally, it outlines final recommendations which were drawn from the data analyses and input from the project Advisory Group, Working Group, and community members.

### *How the Jail Population Changed During COVID and Why*

Compared to the months before the beginning of the pandemic (January 2018 through February 2020 compared to March 2020 through December 2021), the average number of bookings into San Diego County jails dropped 42% (even though some crimes, including homicides, aggravated assaults, non-residential burglaries, and motor vehicle thefts increased). Interviews with key stakeholders revealed seven primary drivers of this reduction:

- stay-at-home orders that reduced the opportunity for some crime and changed how individuals interacted;
- court closure and modified operations;
- early releases from local jails;
- zero bail and other bail policy changes;
- changes in who could be booked into jail;
- modification to how probation supervision occurred and early release from probation; and
- inability to transfer incarcerated individuals to state prisons and hospitals.

The analysis of how bookings and the jail population changed from pre-COVID to during COVID also revealed some important takeaways.

- **Greater Proportion of Felony Bookings:** Pre-COVID, misdemeanor bookings were slightly more common (54%) than felony bookings (46%). During COVID, felony bookings were more common (59%) than misdemeanor bookings (41%).
- **The Population of Unsented Inmates Decreased to a Smaller Degree than Sentenced Inmates:** The jail population can be categorized by whether they are sentenced or unsentenced and whether the highest charge is a felony or misdemeanor. Comparing these numbers in the pre-COVID to those during COVID, there were double digit decreases in the number of sentenced felons (-47%), sentenced misdemeanants (-88%), and unsentenced misdemeanants (-59%). The only category that decreased to a much smaller degree was unsentenced felons (-5%). These statistics show that there may not be many additional changes that could further reduce jail populations than were seen during the pandemic, but also suggest (since unsentenced decreased less than sentenced) that further exploration of bail reform and how individuals are assessed for pretrial release would be helpful.
- **Greater Proportion of Violent Offenses and Fewer Drug, but “Other” Offenses Still Most Common:** The percentage of bookings for a violent offense increased during COVID (22% to 32%) and those for a drug offense decreased (27% to 16%). However, the number one offense type was “other”, representing almost two in every five bookings (39%) in both time periods. “Other” booking types include violations of supervision and the issuance of warrants. Further analyses regarding these other types of bookings, including if alternatives to jail are possible for some of those who violate probation, could be helpful.
- **Median Length of Stay During COVID for Most Bookings Was One Day:** The median length of stay for both genders, all age groups, individuals booked for a drug or other type of offense, and most races/ethnicities was one day. The fact that the median was one day supports exploring and expanding alternatives to booking for non-violent individuals with low-level charges.
- **Most Common Booking Charge Pre- and During COVID was Disorderly Conduct Involving Alcohol/Drugs:** Pre-COVID, one in three (33%) jail bookings involved a lower-level alcohol/drug offense, compared to slightly less than one in four (23%) during COVID. The most common jail booking reason during both time periods was disorderly conduct involving alcohol/drugs (12% pre-COVID and 13% during COVID), further supporting alternatives to jail that might better meet the underlying needs of these individuals that lead to detention.
- **Black/African-American Individuals had Longer Median Lengths of Stay Pre- and During COVID:** Individuals booked who were identified as Black/African-

American served a median of four days in jail pre-COVID and two days during COVID, compared to medians of one to two days pre-COVID for other races/ethnicities, and one day during COVID. Analyses exploring this disparity revealed that while there was some variation in the type of charges Black/African-American individuals were booked for (i.e., more likely to be arrested for a weapons offense than other groups), this did not account for all of the variance, suggesting the need for further analyses to better understand this difference.

- **Even Though the Detention Population was Smaller During COVID, the Need for Mental Health Services did Not Decline to the Same Degree:** While bookings decreased by 42% during COVID, indicators of the mental health needs of those detained (e.g., number of open mental health cases, number of new mental health cases, and number assigned to mental health beds) decreased to a much smaller degree (-10%, -7%, and -13%, respectively), indicating a high level of need for these types of services for this population.

### *Justice System Contact for Individuals Not Booked on Low-Level Offenses During COVID-19 Period*

To better understand how not booking an individual during COVID may be related to ongoing justice system contact, 11,904 individuals who had law enforcement contact for one of nine lower-level drug or public conduct offenses between April 1, 2020 and March 31, 2021 were tracked to understand their type of contact in the one-year prior to this instant offense<sup>1</sup>, as well as contact and booking in the one-year follow-up period. The nine charges chosen for sample selection represented input from the ATI Working Group and included possession of narcotics, including methamphetamine (HS 11377(a)), possession of drug paraphernalia (HS 11364), under the influence of a controlled substance (HS 11550(a)), possession of a controlled substance (HS 11350(a)), trespassing (PC 602), illegal lodging (PC 647(e)), disorderly conduct involving alcohol/drugs (PC 647(f)), disturbing the peace (PC 415), and possession of marijuana (HS 11357). The results of these analyses revealed that:

- **Contacts for these lower-level drug or public conduct offenses were more likely to happen in certain parts of the County:** A greater proportion of the 19,068 law enforcement contacts by these 11,904 individuals in the sampling timeframe occurred in the Central, East Suburban, and North County West areas of the County, compared to the proportion of the County's population living in these areas.
- **Most of these individuals had prior law enforcement contact prior to this instant offense:** Just over three-quarters (77%) had law enforcement contact

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<sup>1</sup> In this case and throughout the report, "instant offense" refers to the qualifying violation that resulted in an individual being included in the sample for analysis. An individual's instant offense is used as the reference point to analyze all of their involvement with law enforcement in the one year prior to that offense and the one year following.

in the one-year prior to the instant offense, with a median of three contacts during this time period; 45% of those individuals with a prior contact had four or more.

- **Just over half of these individuals had law enforcement contact in the year following the instant offense, but 45% did not:** Just over half (55%) had law enforcement contact in the one-year after the instant offense, for a total of 22,774 contacts. Of those with contact in this follow-up year, 33% had one contact, 35% two to three contacts, and 32% four or more contacts; the median for those with contacts was two. Females and Hispanic/Latino/Latina individuals represented greater proportions of those with no contact, compared to those with four or more contacts. Just over one-third (35%) of the 11,904 individuals were booked into jail in the one-year following his/her/their instant offense.
- **Almost three-quarters of these law enforcement contacts were for lower-level offenses:** Of the 22,774 contacts made by these individuals in the follow-up period, most were lower-level offenses (misdemeanors, infractions, mental health calls for service). Around one in three (31%) of these law enforcement contacts following the instant offense were for one of the nine lower-level selection offenses (including possession of narcotics, including methamphetamine, possession of drug paraphernalia, disorderly conduct involving alcohol/drugs, possession of a controlled substance, under the influence of a controlled substance, and illegal lodging). Another 20% represented other low-level offenses that could be related to an individual's financial and/or housing situation and ability to navigate the system, including fare violations, mental health calls, FTAs, and open containers.
- **Roughly one in ten individuals with law enforcement contact in the follow-up period did have a violent offense:** Of the 6,604 individuals with law enforcement contact in the follow-up period, 9% had a violent offense. Of those with a violent offense, 92% had only one such offense.
- **Individuals who had three or more contacts with law enforcement in the follow-up period did not show any substantial escalation in the type of offense over time:** When examining individuals who had three or more law enforcement contacts in the follow-up period, there was no apparent escalation of offense type over time. For example, four of the sampling offense types (possession of a narcotic including methamphetamine, disorderly conduct involving alcohol/drugs, possession of drug paraphernalia, and possession of a controlled substance) represented 20% of first contacts and 24% of third contacts for these individuals. However, when examining those with three or more bookings, felonies represented 63% of first bookings, but



only 47% of third bookings, suggesting that law enforcement may be taking other factors into account at this point of booking.

- **Males and Black/African-American individuals were disproportionately represented at various points of analysis:** Males and Black/African-American individuals were more likely to be included in this sample of justice-involved individuals relative to their proportion of the general population. In addition, they were even more likely to have had contact in the one-year prior to the instant offense, four or more contacts in the one-year follow-up period, and to be booked into jail four or more times.
- **Comparing post-pandemic period law enforcement contacts to jail bookings revealed additional racial disproportionalities:** White/Caucasian individuals represented similar proportions of those with no law enforcement contacts in the one-year follow-up period as they did of those with multiple (four or more) contacts—46% and 45%, respectively. However, their booking rates did not match contact rates, as Whites represented 47% of those with zero jail bookings but only 41% of those with four or more bookings.

### *Service Needs, Service Availability, and Service Gaps and Barriers*

A key part of this study was to provide information regarding the needs of those at-risk of incarceration and community members who have been impacted by the justice system<sup>2</sup>, understand what services are available to meet those needs, and identify gaps and barriers that may exist that prevent an individual from being able to receive services that are available. As described in the report, nine sources of information (including surveys and archival sources) were used to define need, five were used to document service availability, and three were used to identify gaps and barriers. Some key takeaways from these analyses include the following.

- **At-risk individuals have basic needs that must be met before other needs can be addressed:** Across the different data sources, a common theme emerged regarding the need for housing and housing navigation, basic necessities, and employment assistance. Additionally, one of the barriers to receiving services was the cost associated with the services, especially physical and mental health care. Medi-Cal enrollment and new Cal-AIM benefits with access to enhanced care management, sliding scales for payment, and alternative funding sources are important supports to ensure self-sufficiency for these individuals.
- **Reliable and affordable transportation is essential:** Another commonly cited need was for transportation assistance, and an inability to get to where

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<sup>2</sup> “At-risk” refers to individuals who have a history of justice involvement, as well as those with significant needs that are frequently associated with later justice involvement.

services are located was the most frequently cited barrier to receiving services. Ensuring services are located in the communities where they are most needed is important, as is ensuring they are near transit and that those without their own means of transportation have transit passes or access to Medi-Cal non-emergency transport to health-related appointments.

- **Potential clients need to know what services are available and there needs to be enough room to serve them:** According to 211 San Diego, there are over 1,000 service providers in the region, however, the second most often cited barrier to receiving services was not knowing what services were available. In addition, when asked if they received services for their most significant need, only around one in four did for housing, one in three did for employment, and two in five did for obtaining basic necessities. Prioritizing additional education and outreach in innovative ways, including the use of trusted messengers, is encouraged. In addition, it is important that service providers be funded at the level needed to meet demand for services, with long waiting lists, especially for employment and housing services, being the third most common barrier noted by individuals with a history of prior or current incarceration.
- **Evaluate the reasoning behind different program eligibility restrictions, determine if they can be changed, and advocate for change where necessary:** As previously noted, housing is one of the most common needs of this at-risk population, but it was also the need most often associated with another barrier: eligibility restrictions. Housing was also one of the least provided services for those who reported having a significant need for it. Understanding where there is flexibility in eligibility criteria and advocating for possible change could make significant differences for individuals seeking services but who currently would not qualify for them.
- **Acknowledge and address the trauma and victimization of those at risk of incarceration:** Data from the District Attorney's CARE (Community, Access, Resource, Engagement) Center revealed that 73% of formerly incarcerated clients served reported a traumatic event history, 76% of whom were still affected by it. Additionally, individuals with a history of incarceration were significantly more likely to report being the victim of a violent crime, compared to those with no history of incarceration. Understanding the unique needs of every individual and supporting them as they heal to achieve their potential are consistent with the goals of this project.
- **Address substance use and mental health issues in a coordinated approach:** Data analyzed show the high rates of both substance use and mental health issues (i.e., dual-diagnosis), often coupled with housing instability. An individual may use substances to self-medicate or have mental health issues exacerbated by substance use. Regardless, providing care coordination while

also facilitating simultaneous access to mental health and SUD treatment services for individuals with co-occurring needs is key.

- **Families have needs that also must be met:** Almost nine in every ten individuals with a history of incarceration that participated in the ATI Community Survey reported that their incarceration had a negative impact on their family—for example, financial stressors and relationship/parenting disruptions were mentioned as concerns by individuals who stated that incarceration had a negative impact on their family. Supporting these family members during incarceration and guiding them through the reentry process can have multiple benefits, including supporting desistance for the returning family member, as well as reducing the chance for additional system contact by others in the family.
- **Client engagement in services is essential:** There are multiple hurdles to getting needed services, including knowing about them and then being able to enroll in them and get to them. Another challenge is engaging clients in services they may benefit from, but which are not mandated so there is no consequence for not engaging. Individuals who felt they had successfully reentered the community after incarceration said the most important factor to positive behavior change is personal motivation. Efforts to make engagement as easy as possible, create connections to meet individuals where they are, and provide incentives and consequences where feasible are all pieces of the puzzle to ensure not only that clients enroll in needed services, but also stay enrolled so they can continue to benefit.
- **Ensure case management, advocacy, and peer mentorship are available:** Being able to navigate the system can be challenging for anyone, but especially for those who may speak English as a second language, have limited formal education, or who have a physical or mental disability. Service providers surveyed for this project noted that case management and advocacy are important parts of coordinating care delivery. In addition, having a peer mentor was one of the services some formerly incarcerated individuals received that they felt was most helpful. Teams working together to help at-risk individuals navigate the system should be made as widely available as possible.
- **Expand service delivery in custody or alternative settings where possible:** Individuals who reported receiving mental health treatment, medical services, housing assistance, substance use treatment, peer mentorship, employment assistance, transportation assistance, and assistance obtaining basic necessities and documentation were all more likely to say they got this help in the community, rather than in custody. When detention cannot be avoided, it is important that identifying the needs of clients through assessments and

reentry planning through in-reach by service providers and mentors start as soon as possible.

- **Fidelity and client feedback is important:** Service providers noted that their biggest challenges in providing services relate to hiring and retaining staff and securing stable funding. Without qualified and well-trained staff and funding necessary to provide programming, fidelity to program models is not possible. When asked how helpful different services were, less than three-fifths described most of the ones they received as helpful. Supporting programs to provide services as designed matters, as does taking feedback from clients into consideration to prioritize the user experience.
- **Cultural sensitivity matters:** Across the data available about the characteristics of clients who received services, more than half and up to 80% identified as non-White/Caucasian. The analyses on number of needs showed that individuals who identified as Black/African-American reported a significantly greater number of needs and another analysis revealed that incarcerated individuals who identified as Hispanic/Latino/Latina were less likely to have received County-funded mental health or substance use services in the 18 months prior to incarceration. These numbers could reflect not needing the service, or alternatively, that substantial barriers to receiving it exist. Ensuring that individuals in need can meaningfully connect with those providing services and that everyone's different backgrounds, needs, and concerns are acknowledged and addressed is important.

### *Alternative to Incarceration Best Practices and Policies*

A review of the literature on best practices and policies related to incarceration was also a key component of this study. The results of this effort yielded other programs nationally that are recommended for implementation locally, as well as programs already in place in San Diego County that appear promising and should be evaluated and possibly expanded. The themes that were used to guide this review included how jail populations can be safely decreased, how the needs of the at-risk population can best be met, which services and programs are most effective in addressing risk factors for justice system contact, as well as identifying practices and programs that engage hard-to-reach populations. Organized according to the Sequential Intercept Model (SIM)<sup>3</sup>, the following programs, which are discussed in fuller detail later in the report, are recommended for the County's consideration for implementation or expansion (once evaluated).

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<sup>3</sup> The Sequential Intercept Model is a conceptual tool that organizes different possible interventions at various points of potential contact with the criminal justice system.

Consider	Evaluate and Possibly Expand
<b>Intercept 0-1: Community Services &amp; Law Enforcement</b>	
<b>911 Call Triage Lines</b> – Divert 911 calls for a behavioral health-or substance use-related crisis to a nurse navigator.	El Cajon Community Care Program
<b>Community-Level Crisis Response and Diversion</b> – Depending on the model, either have specially trained law enforcement, or non-law enforcement first responders (either alone or with law enforcement) respond to behavioral health- and substance use-related calls for service.	Mobile Crisis Response Teams (MCRT)
<b>Diversion Programs</b> – Assign eligible and willing individuals at the point of arrest to a case manager for intake, assessment, and connection to needed services as an alternative to prosecution.	Psychiatric Emergency Response Teams (PERT)  San Diego Misdemeanants at Risk Track (S.M.A.R.T)
<b>Alternative Treatment</b> – Instead of booking individuals under the influence of alcohol or other drugs, transport them to a sobering services center. May be associated with an affiliate treatment program that provides case management and peer support recovery specialists with those with multiple admissions to the sobering services center.	Central San Diego Sobering Services Center  PC 1000
<b>Intercept 2-3: Initial Detention, Court Hearings, and Jails/Prisons</b>	
<b>Reducing Failures to Appear:</b> Programs that have utilized technology to remind individuals of court obligations, as well as considering the user experience when receiving court notices and refining them as necessary to be made less confusing.	Probation Pretrial Supervised Own Recognizance Monitoring Program
<b>Pre-Plea Outreach and Advocacy:</b> Assign a dedicated advocate, often through the Public Defender's Office, at the pretrial phase that helps individuals navigate the system.	Public Defender's Pretrial Advocacy and Community Connections (PACC) Program
<b>Collaborative Courts:</b> Alternative sentencing courts that emphasize rehabilitation, treatment, and court supervision in lieu of incarceration.	Drug Court, Homeless court, Behavioral Health Court, Veterans' Court, Reentry Court
<b>Correctional Therapeutic Communities:</b> Residential treatment programs that emphasize cognitive behavioral interventions within a community of individuals seeking the same goal of recovery.	Amity In-Prison Therapeutic Community  Veterans Moving Forward
<b>Educational and Vocational Programming:</b> Programming offered prior to release, possibly in tandem with cognitive behavioral and substance use treatment programs.	UCI LIFTED

#### Intercept 4-5: Reentry and Community Corrections

<b>Comprehensive Reentry Services:</b> Programs that include jail in-reach and the provision of wraparound reentry planning that begins prior to an individual's release from custody.	Vista Ranch Second Chance Project In-Reach
<b>Warm Hand-Offs to Post-Release Services:</b> Programs that connect individuals upon reentry to services and resources in the community.	Community Care Coordination programs (C3)
<b>Wraparound Healthcare Services:</b> Efforts that begin during incarceration to connect individuals to medical services upon release, as well as clinics in areas with the greatest need that emphasize a peer-to-peer approach employing community health workers with lived experience.	Transitions Clinics
<b>Post-Release Job Skills and Employment Programming:</b> Programs that focus on providing job skills training and employment placement.	Rise Up Industries
<b>Justice-Involved Housing:</b> Programs that combine subsidized housing with wraparound supportive services.	Community Care Coordination (C3) Programming

In terms of best practices, a checklist that could be useful as programs are considered for implementation or expansion might ask the following questions:

- Are peer mentors and the perspective of those with lived experience part of program delivery?
- Is there enough flexibility in service delivery to ensure that a “one-size fits all model” is not being used?
- Is the program being implemented with fidelity, and if changes are made, they will not negatively affect positive outcomes?
- Does the program employ appropriately-trained staff who can conduct needs assessments and provide services as intended?
- Is the program working collaboratively with other providers to ensure warm hand-offs and information sharing?
- Are the basic needs of program clients being met?
- Is longer-term rehabilitation a core aim of the program?
- Does the program emphasize fostering and maintaining community connections and supports?

## *Community Perception of the Justice System and Justice Issues*

What did the community think about the current state of the justice system and where change could be made? Community members who participated in the ATI Community Survey, regardless of incarceration history, expressed a consistent sentiment that there were improvements that could be made in the current justice system.

- The top three concerns individuals with no history of incarceration reported included homelessness, the availability of mental health services, and property crime. Individuals with an incarceration history also ranked homelessness and mental health service availability in their top three, but they were also very concerned with justice system inequities.
- Regardless of a prior history of incarceration, the majority of ATI community survey respondents disagreed that the current system is effective at maintaining public safety, treats everyone with fairness and equity, is effective at providing justice to victims, and rehabilitates nonviolent people and prepares them for reentry, and keeps individuals from reentering the justice system.
- When asked if more emphasis should be placed on funding services for individuals in the community with justice system contact, rather than putting them in jail, there was a difference between the two groups, with three-quarters (75%) of those with a history of incarceration indicating their agreement, while just less than half (47%) of those who said they were never incarcerated “strongly agreed” or “agreed.”

## *Conclusions and Recommendations*

A total of 52 recommendations were made as part of this Final Report. These recommendations are organized along the Sequential Intercept Model (SIM) and reflect the data analyses that were conducted, findings from a comprehensive review of best practice literature, as well as input from members of the Advisory Group, Working Group, and the community. With input from the Working and Advisory Groups, guiding principles were identified to help inform the recommendations. Outlined in full later in the report, these guiding principles reflect themes that emerged throughout conversations about alternatives to incarceration, such as the need to consistently collect and share data across sectors, emphasizing prevention and early intervention, and identifying and meeting basic needs for justice-involved individuals and their families. In addition to providing recommendations along the SIM, general recommendations are made that apply system-wide and that address infrastructural issues relevant across intercepts. It should be noted that these recommendations are intended to reduce justice system

contact in situations where there is no threat to public safety, and in no way are proposed alternatives meant to minimize the experience of crime victims or remove accountability mechanisms. The following list provides a general overview of the types of recommendations being made, with more specifics provided in the body of the report.

### *General Recommendations (16 Recommendations)*

- Continue building on countywide efforts to increase collaboration in data governance and infrastructure, with an eye toward systematically collecting data upon first justice system contact.
- Nurture an environment where there is an openness to objectively evaluate statistics and a constant desire for program improvement. Continue to conduct evaluations and studies to inform how the justice system can best meet the needs of all in our community.
- Ensure that services are culturally responsive, widely accessible, and can address the unique needs of a diverse community.
- Increase access to an array of housing options for individuals experiencing homelessness, while ensuring that additional needs can be met concurrently. In expanding these efforts, identify ways to remove barriers and increase uptake of housing supports for individuals reluctant to accept them.

### *Intercept 0-1 (10 Recommendations)*

- Increase opportunities for key stakeholders to collaboratively provide information and resources to the community, including utilization of CalAIM Enhanced Case Management benefits when possible.
- Expand existing community-level crisis response and diversion programming in the County to improve outcomes and connection to services for at-risk individuals before or as an alternative to law enforcement contact.
- Consider additional booking alternatives that increase connection to services and resources for individuals who have contact with law enforcement and for those exiting detention facilities.
- Build capacity for the expansion and regionalization of sobering services.

### *Intercept 2-3: (11 Recommendations)*

- To reduce law enforcement contact resulting from failure to appear (FTA) violations, implement low-cost behavioral interventions and reduce barriers to appearing in court.



- Increase community-based supports and advocacy at the pretrial phase, facilitating connection to services and reducing time in pretrial detention for eligible individuals.
- Increase the number of diversions and referrals to collaborative courts, where applicable, and loosen restrictions that prevent each individual client from receiving an individualized case plan.
- Determine why people are violating probation and explore options to address these issues before they result in violations.
- Expand proven and promising programs to eligible individuals as an alternative to incarceration.
- Ensure individuals are not released from custody in ways that do not support successful reentry.

#### *Intercept 4-5: (15 Recommendations)*

- Increase individuals' immediate accessibility to necessary supports upon release from custody.
- Ensure that healthcare needs are met for the most vulnerable individuals both during and following incarceration.
- Ensure that individuals reentering the community after incarceration have the skills, knowledge, and connections needed to obtain employment that pays a living wage.

## Introduction and Project Background

On October 19, 2021, the San Diego County Board of Supervisors directed County staff to issue a Request for Proposals (RFP) entitled “A Data Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services, and Advancing Equity through Alternatives to Incarceration: Building on Lessons Learned during the COVID-19 Pandemic.” As noted in this Board item, “mass incarceration disproportionately impacts the poor, homeless, mentally ill, and people of color and does not make us safer.”

The Criminal Justice Research Division (CJRD) of the San Diego Association of Governments (SANDAG) responded to this RFP and signed a contract with the County of San Diego on January 21, 2022, to serve as the independent contractor on this effort. In this role, SANDAG analyzed data and sought community input to identify the primary drivers of reduced incarceration rates during COVID-19, disaggregated the populations affected, analyzed outcomes associated with these short-term changes in incarceration policy, and recommended policy changes that could reduce jail populations safely and permanently, with the overarching goal of better protecting public safety with alternatives to incarceration.

The four goals of this project, as requested by the Board of Supervisors, included the following:

- Produce a data-driven analysis on how the use of jails changed from pre-COVID-19 versus during COVID-19, with a focus on identifying policy interventions that would cost-effectively, safely, and permanently reduce the San Diego jail populations.
- Identify the primary policy drivers of reduced incarceration rates during COVID-19, conduct a population sub-analysis by demographics and geography for the population affected by these policy changes, analyze public safety outcomes associated with these short-term changes in incarceration policy, and recommend policy changes to safely and permanently reduce jail populations and better protect public safety with alternatives to incarceration.
- Develop a set of comprehensive service recommendations for short- and long-term actions and investments to expand access to alternatives to incarceration for justice involved individuals who do not pose a public safety threat.
- Analyze the costs, savings, and long-term fiscal impacts to Public Safety Group departments, the Health and Human Services Agency, and other aspects of County operations by shifting the County approach to public safety

to prioritize “safety through services” and evidence-based alternatives to incarceration.<sup>4</sup>

On March 15, 2022, SANDAG staff presented<sup>5</sup> on the Preliminary Report for the project to the San Diego County Board of Supervisors, which included an overview of the goals, methodologies, and timeline. The Initial Interim Report was later presented to the Board of Supervisors on May 24, 2022. This Initial Interim Report provided an overview of community outreach efforts; described policy drivers of decreased incarceration rates and how the incarcerated population changed during the pandemic; and presented recent crime statistics for the region. A Second Interim Report, which focused on the results of the ATI Community Survey that was conducted in Spring 2022 and four Community Forums that were held in June and July, was completed on July 29, 2022, and a Third Interim Report was completed on October 14, 2022 that provided an overview of changes to the research design, summarized key findings and progress to date, and presented new data and information for three of the research questions. A Draft Comprehensive Report, which focused on a summary of Best Practice literature, as well as data compiled related to justice system contact for individuals not booked during COVID-19, the needs of those at risk for justice system contact and the services available locally to address them, was completed on December 16, 2022 and SANDAG staff provided an update to the Board of Supervisors on February 28, 2023.

This Final Comprehensive Report represents the culmination of the work completed over the past year (including data presented in previous reports), noting where data were not available to answer research questions of interest.

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<sup>4</sup> As described later in this report, the data were not available to answer this research question.

<sup>5</sup> All information related to this project is posted to [www.SANDAG.org/ATISStudy](http://www.SANDAG.org/ATISStudy). Between the launch of the study site on February 23, 2022, and March 1, 2023, there were 12,506 page views.

## Advisory Group, Working Group, and Community Engagement

Engaging with the community and working with project partners were key parts of this effort, underlying all of the research in an iterative process that included obtaining feedback as methodologies were designed, sharing results to discuss their validity, as well as outlining the implications.

### *Advisory Group*

On February 24, 2022, SANDAG released an application that was available in English, Spanish, and additional languages if requested. This application was reviewed prior to its release by the project's Working Group, which includes numerous County agencies. The application was distributed through its agency communication channels (i.e., social media, SANDAG Criminal Justice mailing list), as well as through other County vehicles, including the County's digital news announcements and other mailing lists and contacts the Public Safety Group (PSG) and the Health and Human Services Agency (HHSA) maintain. The deadline to provide responses was Tuesday, March 15, 2022, at 5:00 p.m. PST.

Applicants were asked to share how long they have lived in San Diego County, their occupation and place of employment, and to provide responses to six other open-ended questions/statements:

- Give a brief description of the experience or training that qualifies you for membership on this Advisory Group (if you wish, you may attach a resume or other pertinent material).
- Why do you want to become a member of this Advisory Group and what specific contributions do you hope to make?
- List the community concerns related to this Advisory Group that you would like to see addressed if you are appointed.
- Briefly describe your present or past involvement in relevant community groups or other efforts related to this topic. (Having no previous involvement will not disqualify you for appointment.)
- Are you currently serving on any Advisory Groups, Boards, or Committees? If so, which ones?
- Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County of San Diego or that might be within the purview of the Advisory Group? If yes, please specify.

A total of 88 individuals submitted applications by the deadline of March 15, 2022. A summary of these applications and all applications and supplemental materials was shared with an Advisory Group Selection Committee, which included two SANDAG staff (who do not work within the CJRD) and five community members. These individuals are listed below. Please note that the descriptions provided are accurate as of the time of application.

- **D'Andre Brooks** is a reformer, advocate, and San Diego native who is continuing to positively impact his community. As a member of San Diego's Commission on Gang Prevention and Intervention and a Juvenile Justice Program Associate at the Children's Initiative in San Diego, Brooks is fighting to provide opportunities and resources to underserved youth. While spending his young adult life years incarcerated, Brooks decided to take control of his future and began educating and manifesting a new life for himself. His resilience, despite having two strikes, is a testament to his unwavering ability to pursue a career that focuses on making an impact, not only in his life, but the lives of others. Mr. Brooks graduated from San Diego State University with a degree in Criminal Justice and is currently studying there for his Master of Public Administration.
- **Cindy Cipriani**, Senior Management Counsel and Director of Community Engagement for the U.S. Attorney's office in the Southern District of California, develops partnerships and programs to foster crime prevention and community resilience. Ms. Cipriani serves as Chair of both the San Diego Anti-Hate Crimes Coalition and the district's Project Safe Neighborhoods Task Force, two multi-disciplinary entities that strive to combat hate and gun violence. She also leads the Juvenile Smuggling Prevention team, a collaboration that received an Attorney General's award as an Outstanding Contribution to Community Partnerships for Public Safety. In addition, she co-chairs San Diego's Prescription Drug Abuse Task Force, a diverse coalition that works across sectors to raise awareness and end the vicious cycle of addiction and overdose deaths. Ms. Cipriani has organized numerous efforts to increase the resilience of at-risk youth and address targeted violence and hate incidents, earning a Juvenile Justice Commission Award and Anti-Defamation League's (ADL) Sherwood Prize for community engagement work combatting hate.
- **Robert Lewis** is currently the Director of Special Populations Family Health Centers of San Diego. Mr. Lewis has more than three decades of experience in the public health arena, focusing his efforts on the development, implementation, and evaluation of programs to meet the specific needs of disenfranchised sub-populations in our community. Groups who have

historically been impacted by significant and varying health disparities, including the homeless, substance users, communities of color, LGBT (Lesbian, Gay, Bisexual, Transgender), justice involved, refugees/asylum seekers, and those living with chronic and communicable diseases such as HIV and Hepatitis C.

- **Julian Parra** is a Pacific Southwest region executive for Bank of America. In this role, he leads client relationship teams who deliver strategic integrated financial advice and solutions to companies with \$5 million to \$50 million in annual revenues throughout California, Nevada and Hawaii. Mr. Parra earned a Bachelor of Business Administration degree from Loyola University of Chicago and a Master of Business Administration from the University of Chicago-Booth School of Business. Mr. Parra actively participates in the company's diversity and inclusion efforts and is the executive sponsor for the San Diego chapters of the Hispanic-Latino Organization for Leadership and Advancement (HOLA), Leadership Education Advocacy and Development (LEAD) for women, and Black Professionals Group (BPG). He is also the founder of the local chapter of the Bank's Military Support and Assistance Group (MSAG). He currently serves as chairman of the Board of Directors of the San Diego Regional Economic Development Corporation (EDC) and as a director of the Center for Advancing Global Business at the Fowler School of Business at San Diego State University. Julian was recognized by The Alumni Society's Class of 2018 Top 25 Latino Leaders nationwide.
- **Harold Reid** has been a San Diego Native for over 30 years and currently serves and supports SANDAG's Diversity, Equity & Inclusion Council (DEI Council). The DEI Council provides insight and suggestions for change, with the goal of improving the SANDAG employee experience. Harold has worked at SANDAG for 8 years and is currently an Associate Research Analyst for the Automated Regional Justice Information System (ARJIS) division, managing the ARJIS help desk, supporting ARJIS operations, and managing ARJIS billing.
- **Jenny Russo** lives in the City of San Diego and grew up in the City of Santee. She was a victim of two violent crimes in her youth, one of which involved a school shooting and the death of two students. As a result of her traumatic experiences, Jenny studied Criminal Justice at San Diego State University in pursuit of a career to help juveniles and stop the cycle of criminal behavior. Part of her studies included numerous research projects on various topics related to incarceration, she interviewed dozens of incarcerated individuals in southern California correctional institutions and observed numerous legal

trials and sentencings. She currently works as a Grant Program Manager for the San Diego Association of Governments.

- **Brandon Steppe** is a San Diego native and the founder of The David's Harp Foundation (DHF) where he has fostered a creative community where young people have access to industry standard media production tools, workforce training, and trusted adult relationships. As DHF Executive Director, Brandon has overseen the organization's growth from his father's garage in Southeast San Diego, to a state-of-the-art studio facility located in Downtown San Diego's East Village community. He has developed numerous corporate and community partnerships, leveraging the power of music/media production to foster an environment where his students thrive in the studio and in life.

The seven members of the Selection Committee were provided Evaluator Guidelines that asked them to rate their top 25 choices, considering the diversity of their recommendations and ensuring that individuals who were not already serving on other boards and commissions were given a chance to be heard. The ratings from the Selection Committee were aggregated and 11 individuals were recommended for inclusion on the ATI Advisory Group who actively engaged for the duration of the project.

- **Charlene Autolino** is a consultant at Outreach Consulting Services and has a bachelor's degree in Criminal Justice. Ms. Autolino is also the CEO/Chair for the San Diego Committee on Employment of People with Disabilities, the CEO/Chair of the Veterans Employment Committee of San Diego County, the Vice Chair of the San Diego Reentry Roundtable, and has been leading Prison Ministry for over 15 years.
- **Laila Aziz** is the Director of Operations for Pillars of the Community. She represented her former employer Metro Community Ministries at the San Diego Reentry Roundtable. Metro Community Ministries was one of the founding members of the San Diego Reentry Roundtable. Through her professional capacities, Laila has trained practitioners in best practices for reentry, developed diversion-oriented programming (i.e., job placement, mentoring, credential attainments), and worked in multi-disciplinary teams to combat housing, mental health, and substance abuse issues.
- **Lon Chhay** has an A.A. in Sociology, Communications and Media Languages, and Social and Behavioral Sciences. Mr. Chhay is currently a Community Organizer with Asian Solidarity Collective, a grassroots organization in San Diego with a mission focused on civic engagement, social justice, and community building among Asian American San Diegans.

- **Dr. Andrea Dauber-Griffin** has a doctorate degree in sociology and has focused her work and research (i.e., reentry-based projects in local detention facilities) on criminal justice related topics since 2012. She is also currently completing a second master's degree in Criminology and Criminal Psychology at the University of Essex in England. In addition, as a sociology lecturer at University of California, San Diego and University of San Diego, she has taught a wide variety of criminal justice and crime-related courses.
- **Manuel Enriquez** is an organizer at Mid-City CAN (Community Action Network). In addition to his relevant professional experience, Mr. Enriquez has experienced how incarceration and alternatives to incarceration can impact a family unit and their surrounding community.
- **Dr. Darwin Fishman** works as a Lecturer for the Sociology and African Studies at University of California, San Diego and the Department of Sociology and Africana Studies at San Diego State University. He has a Ph.D. in American Studies from the University of Maryland-College Park, a master's degree in Interdisciplinary Studies (Social Science) from the San Francisco State University and a bachelor's degree in Sociology from University of Victoria, British Columbia, Canada. Dr. Fishman is currently the Co-Chair for Continuing the Conversation. He is also on the leadership team for the Racial Justice Coalition of San Diego and the North County Equity and Justice Coalition. Dr. Fishman has served as a Board Member on the Community Review Board on Police Practices for San Diego City and he currently serves as the Second Vice President for the Juvenile Justice Commission for the County of San Diego. He has also worked as a Precinct Inspector for the San Diego County Registrar of Voters for the last six years.
- **Anthony Gonzales** was incarcerated for seven years and during that time, he served on a panel that provided testimonies and advice to at-risk youth. After his release, Mr. Gonzales began volunteering at local churches to teach youth ministries and is working toward a bachelor's degree in University Studies with an emphasis in Social Sciences.
- **Betsy Jacobson** has a bachelor's degree in Sociology with an emphasis in Criminology. She served as a probation officer in an innovative corrections project sponsored by the National Council on Crime and Delinquency. She is an active volunteer with Defy Ventures Inc., an organization addressing social problems of mass incarceration, recidivism, and post release well-being, by providing entrepreneurship, employment, and personal development training to individuals inside and outside prison. Ms. Jacobson co-developed a



mentoring program with a former Las Colinas inmate and developed police training programs for the City of San Diego.

- **Bill Payne** is the President and Chief Executive Officer of the San Diego Second Chance Program. Through the Second Chance program, Mr. Payne and his agency have successfully helped thousands of justice-involved participants through transitional housing, reentry services, and workforce development. Furthermore, Mr. Payne has designed multiple research-based frameworks and models to reduce recidivism and improve outcomes for the at-risk and justice-involved population in San Diego County.
- **Jackie Reed** is the Chief Executive Officer of Women Imitating Success Envisioned (WISE) and the Director of Women's Reentry for San Diego County's Urban League. In addition to her relevant professional experience, Ms. Reed also has first-hand experience with being incarcerated.
- **Wehtahnah Tucker** has been the Chief Policy and Quality Executive for the California Correctional Health Care Services/ California Department of Corrections and Rehabilitation for eleven years. During her career in the California prison system, Ms. Tucker has been committed to upending systemic injustice, ending mass incarceration and expanding advocacy, education, and community building opportunities through legal reform strategies. Specifically, Ms. Tucker has led initiatives to decrease the number of incarcerated women and increase education for incarcerated individuals.

The members of the Advisory Group were notified of their selection on March 28, 2022. An orientation was held for the members in early April, and monthly public meetings have been held on Zoom in between then and February 2023. For each of these meetings, the agenda, PowerPoint that was presented, video recording, and minutes have been posted at [www.sandag.org/ATISStudy](http://www.sandag.org/ATISStudy). No meetings were held in June 2022 and January 2023, as Advisory Group members were instead encouraged to attend at least one of the Community Forums/Listening Sessions held during that time.

Topics at the Advisory Group meetings have included an overview of upcoming evaluation components and recent research results. In each meeting, time was also allotted to provide the group the opportunity to have open discussion and sharing. Some members of the Advisory Group have expressed concern that their feedback would not make a difference. SANDAG has communicated its commitment to sharing their input and has supported the writing of an addendum where members can directly share their input on the study findings. Once complete, SANDAG will provide a direct link to the document for public review. Some members have also expressed frustration regarding the scope of the current study (i.e., wanting to

explore areas outside what was requested by the Board of Supervisors), as well as some of the study parameters that have been directed by the Working Group. While the study design was set (and could not be expanded at this time to consider other topics such as the effect of bias in policing or bail reform), recommendations for future research have been included in the final report for this project. In addition, the October 2022 and February 2023 Advisory Group meetings were joint meetings with the Working Group, where an open discussion regarding study decisions was held.

Considering these concerns and at the request of the Advisory Group, SANDAG facilitated the creation of four Subgroups for members of the Advisory Group to have the opportunity for a more direct voice in this project. Four Subgroups were formed based on discussions and trends derived from the Community Survey and Community Forums: Best Practices, Disparities, Future Research, and Law Enforcement. SANDAG staff coordinated a total of eight meetings. Some topics discussed in the initial round of subgroup meetings included practices that would have been beneficial prior to one's most recent arrest incident, successful social enterprises that may serve as good models for San Diego County, disparities created by systemic issues in existing practices and programs, barriers to implementing changes in the local criminal justice system, and aspects of ATI that fall outside of the scope of the current project. After the first eight subgroup meetings, the Advisory Group and SANDAG agreed that these Subgroups would function more efficiently if they were condensed into two groups: Best Practices/Future Research and Disparities/Law Enforcement.

### ***Working Group Update***

In addition to working with the Advisory Group, SANDAG has also met regularly (average of three to four meetings per month) with the Public Safety Group (PSG), a project Working Group (formed by the County prior to the beginning of this study), a Data Subcommittee of the Working Group, as well as intercept subcommittees of the Working Group. As described on [the project page](#), the Working Group is composed of representatives from the District Attorney, local law enforcement agencies, Health and Human Services Agency, Office of Equity and Racial Justice, Probation, Public Defender, Public Safety Group, San Diego City Attorney, San Diego Superior Court, Sheriff's Department, and the Regional Task Force on Homelessness. Because the Working Group includes members whose data SANDAG utilized for project analyses, the recommendations of the Working Group have been incorporated into the revised research design, as conversations with those members have partially informed the data availability for many of the research goals for the project.

### ***Community Engagement***

In addition to forming a project Advisory Group, the community engagement plan for this project included conducting a community survey, holding six community

forums/listening sessions, offering community members ongoing methods of communication on the project through an online comment form and dedicated email address ([ATISStudy@sandag.org](mailto:ATISStudy@sandag.org)), and sharing results on social media and email blasts. All comments received over the course of the study through this comment form can be found [here](#).

During the March 15, 2022, Board of Supervisors' meeting, concern was expressed that the current community engagement plan was heavily dependent on individuals having access to technology. SANDAG was asked to enhance the initial plan with additional efforts to engage with the community on the project in non-digital dependent ways. To date, efforts to address these concerns include:

- Coordinating with the County of San Diego to share community input opportunities through County libraries and park and recreation departments;
- Presenting to the SANDAG 2021 Regional Plan Social Equity Working Group on April 28, 2022, to ask local community-based organizations to share information about the project and opportunities to provide input throughout the course of the project;
- Soliciting the assistance of other County staff (e.g., Public Defender, District Attorney's Care Community Center) and other community-based organizations and staff through group emails and meetings (e.g., Reentry Roundtable, Proposition 47 Group, City of San Diego Gang Commission) to share information on the project through their community contacts; and
- Collaborating with the Advisory Group to think of additional strategies to enhance community engagement, including expanding distribution of the community survey and community forum opportunities through advertising in community newspapers; engaging with churches and ministries, probation and parole officers, public defenders, and local colleges, and sharing information via NextDoor.

## COVID-19 Changes in Booking and Incarceration

*What were the primary policy change drivers of reduced incarceration (e.g., zero-dollar bail, change in supervision violation policies, early release from custody) between January 2018 and December 2021 that affected jail populations and how did crime outcomes change in communities across the county? (SOW 3.2, 3.3, and 3.5.1)<sup>6</sup>*

### *Policy Change Drivers of Reduced Incarceration*

The period following the first COVID-19 stay-home order in March 2020 ushered in an unprecedented time for the entire world. Faced with uncertainty regarding the length of what was ahead of us all, public safety stakeholders at the local (immediately) and state level (shortly thereafter) began implementing policies that were both formal and informal to protect public health to the greatest degree possible. As part of this project, SANDAG staff interviewed public safety stakeholders from the San Diego County Sheriff's Department, District Attorney's Office, Public Defender's Office, Probation Department, and Superior Court to better understand what protective measures were put into place and that were associated with fewer bookings into local jails, as well as lower average daily populations (ADP). When considering the efforts described below, it is important to note that some policies and protocols may have been put into place and then removed when the number of positive cases were declining, only to be put into place again when surges in new cases were seen. It should also be acknowledged that policies by local law enforcement agencies in terms of proactive policing and level of contact with the public for all but the most serious or violent crimes also varied across the jurisdictions and contributed to declines in our jail populations. Finally, it is important to note that because formal and informal policy changes were often made simultaneously, the ability to disentangle the relative effect of one versus another is challenging.

- **Stay-at-home orders:** The State of California issued a stay-at-home order on March 19, 2020. Restrictions were eased somewhat in May/June, but non-essential businesses closed again in July and restrictions varied statewide throughout the rest of 2020 and 2021, including a surge at the end of 2021. Restrictions and other changes in how people gathered and congregated all had effects on the opportunity for crimes to occur, as described in the next section that examines crime trends over time regionally.

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<sup>6</sup> To ensure that all of the required elements described in the Scope of Work (SOW) for this project are included, reference is made throughout this report to the SOW item as possible.

- **Court closure and modified operations:** The San Diego Superior Court was closed to all operations with the exception of civil harassment temporary restraining orders, domestic violence temporary restraining orders, and gun violence protective orders between March 17, 2020, and April 3, 2020, and again between May 1, 2020, and May 22, 2020. In the weeks and months in between and that followed, the Court had reduced capacity as it transitioned to virtual hearings and was only able to process those individuals with the most serious crimes who remained in custody. As a result, individuals who were awaiting hearings out of custody may have had their hearing dates pushed back multiple times. Anecdotal information suggests that failures to appear may have increased during this time, due at least in part to confusion by some regarding when a court time was rescheduled or related to a reluctance to gather in indoor spaces with others.
- **Early releases from local jails:** In March 2020, local public safety stakeholders (i.e., District Attorney, Public Defender, Sheriff's Department, Superior Court), understanding the public health crisis that was unfolding, began meeting to creatively find ways to pivot and release as many people as possible from custody who could leave without a significant risk to public safety. These efforts were flexible and responsive to what was an ever-changing situation. One example included the District Attorney working with the Court to resentencing individuals who were not a risk to public safety and who had served the majority of their sentence, which resulted in a lower sentence and release from custody. On April 1, 2020, after local leaders had begun collaborating on the issue, the San Diego Superior Court formally implemented a 60-day accelerated release order which allowed the Sheriff to release anyone up to 60 days before his/her/their release date, provided there was no objection by either the District Attorney, City Attorney, or Public Defender because of a concern for public safety. In addition, beginning in March 2020, the District Attorney's Office, in partnership with the City Attorney and Public Defender began processing compassionate/medically driven releases for incarcerated individuals who were in custody but were considered high-risk for COVID-19 and could be released without a risk to public safety. This collaboration also entailed the partners working with the Health and Human Services Agency (HHS) to offer transportation and case management to these medically fragile individuals.
- **Zero bail and other bail policy changes:** Local partners also partnered on a local emergency bail schedule that was again followed by the state issuing an emergency bail schedule. This bail schedule effectively removed any bail requirement for release for all misdemeanor and felony offenses, including

probation violations, with the exception of serious and violent felonies and certain misdemeanors, when public safety was not at risk. The Judicial Council of the State of California rescinded this emergency bail schedule on June 10, 2020, but a temporary emergency modification to the bail schedule was reinstated by the San Diego County Superior Court on June 29, 2020, which continued through May 2022. This new bail schedule continued zero bail for non-violent individuals and restored bail for serious felonies.

- **Changes in who can be booked into jail:** During April 2020, the San Diego County Sheriff's Department changed its policy regarding local booking acceptance criteria.<sup>7</sup> This policy was changed in an effort to mitigate COVID-19 related impacts to the San Diego County jail population. In December 2020, the booking acceptance criteria were again modified by the Sheriff to process a number of non-violent crimes as "cite and release" in the field, as opposed to being "booked and released" at the facilities. This mitigation strategy was utilized to manage any potential exposure to COVID-19 within the Sheriff's Department jail facilities. The booking acceptance criteria continued to be revised throughout 2021 to align with the Sheriff's Department's Detention Services Bureau's COVID-19 operating plans being implemented at that given time.
- **Modifications to how probation supervision occurred and early release from probation:** In an effort to maintain public safety, the San Diego County Probation Department also pivoted how it managed its caseloads in the community, which included less frequent contact in person, closing the Work Furlough Center/Residential Reentry Center and releasing some clients early and others to reside at a place of residence under electronic monitoring, lowering the capacity at the Community Transition Center (CTC) and contracting for additional beds elsewhere, and having a greater amount of contact with clients by phone or virtually. These changes were initiated by Probation in coordination with and considering feedback from the Superior Court, County Counsel, the District Attorney's Office, and the Public Defender's Office. Probation officers were advised to maintain regular communication with clients that should be more check-in and engagement focused, versus enforcement. The goal of this contact changed to one of ensuring health and

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<sup>7</sup> The Sheriff's Department can determine what misdemeanors may be booked into County facilities per statute (853.6 PC), which essentially states that all misdemeanors with the exception of a few (e.g., domestic violence, driving under the influence, violations of restraining orders) shall be cited and released and do not require booking into a facility. Changes in booking acceptance criteria were summarized and shared with regional law enforcement agencies every 30 to 60 days during the pandemic. Examples of changes included not booking individuals arrested for 10851 VC, motor vehicle theft, as well as misdemeanor level drug offenses. It is also important to note that individual law enforcement agencies had the discretion to cite and release individuals and that a facility watch commander could have discretion in who to book to ensure the safety of the public.

safety. Probation also began to release individuals from the Work Furlough Center/Residential Reentry Program early who had less than 30 days left on their sentence, again in collaboration with County partners. It should also be noted that Assembly Bill (AB) 1950 went into effect January 1, 2021, which limits probation terms to one-year for most misdemeanor offenses and to two years for many felony offenses. As a result, the local Probation caseload dropped by roughly 3,000 cases within several months.

- **Inability to transfer incarcerated individuals to state prisons and hospitals:** In an effort to avoid overcrowding in their prison facilities and hospitals, the state began to refuse transfer of incarcerated individuals that would have previously been transferred to their care and custody. As a result, those individuals are currently still housed locally.

**Figure 1**  
**FACTORS THAT AFFECTED JAIL POPULATION NUMBERS IN 2020 AND 2021**

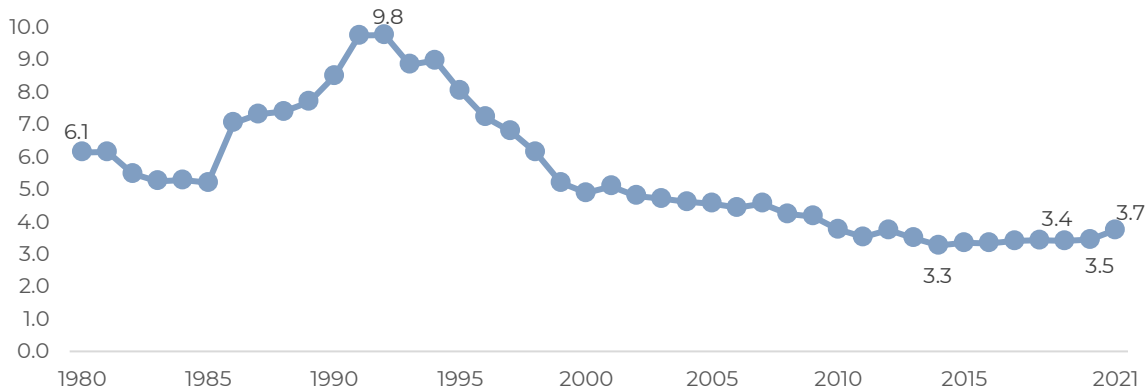


## San Diego Region Crime Rates Over Time

Since 1980, SANDAG has been reporting regional crime statistics for the San Diego region through a cooperative agreement with local law enforcement agencies. For this project, 42 years of Uniform Crime Reporting (UCR) data were available, including analyses by month during 2019, 2020, and 2021 to better understand how crime numbers varied during the pandemic. When interpreting these statistics, it is important to note that not all crime is reported to law enforcement (49% of violent and 33% of property crimes were reported in 2020) (Morgan & Thompson, 2021). and these statistics do not include all crimes other than those categorized as violent or property, such as driving under the influence, possession of drugs, or disorderly conduct. Four violent crimes are tracked as part of UCR crime reporting – homicides, rapes, robberies, and aggravated assaults. As Figure 2 shows, the region’s violent crime rate per 1,000 population has varied from a low of 3.3 in 2014 to a high of 9.8 in 1992. Pre-pandemic, the violent crime rate was 3.4, and it increased in both 2020 (3.5) and in 2021 (3.7). The 2020 rate of 3.5 was the seventh lowest rate since 1980 and the 2021 rate was the tenth lowest (and was the same rate that was seen in 2012).

While the San Diego region’s violent crime rate increased in 2020 and 2021, it was still relatively low compared to the high in the early 1990s.

**Figure 2**  
**VIOLENT CRIME RATE FOR THE SAN DIEGO REGION PER 1000 POPULATION, 1980-2021**



SOURCES: SANDAG; San Diego County local law enforcement agencies

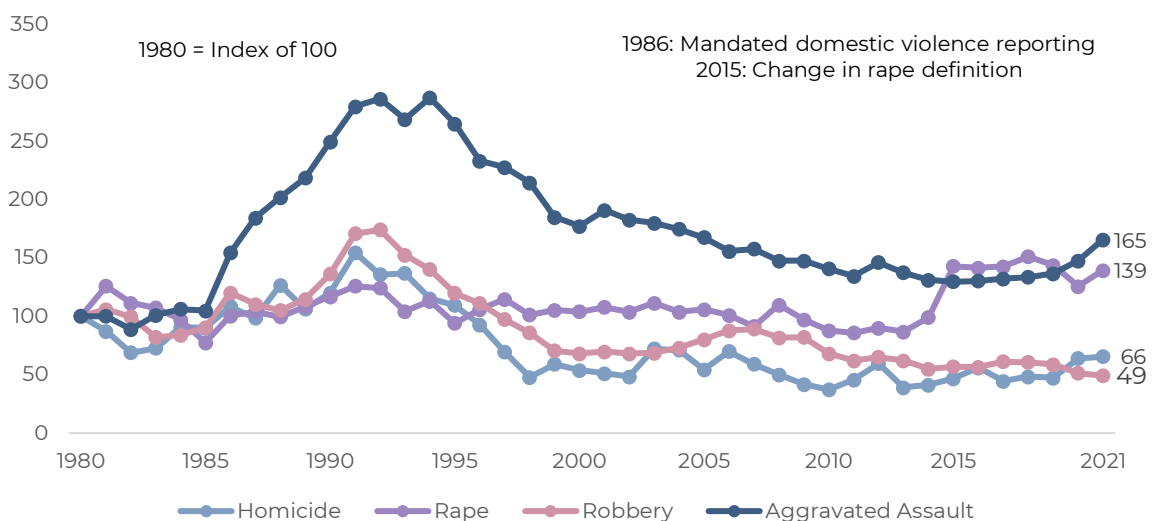
When one considers the four types of violent crime, most recently, homicides make up around 1%, rapes around one-quarter, robberies one-fifth, and aggravated assaults over two-thirds (not shown). To better compare how these four crimes have fluctuated over the past four decades plus, the number of crimes that occurred in 1980 were set at 100, with subsequent years reflecting the subsequent increase or



decrease. Thus, a number **over** 100 shows a higher number, compared to 1980 (and the larger the number, the larger the difference) and a number **less** than 100 shows a lower number, compared to 1980 (and the larger the number, the larger the difference).

As Figure 3 shows, the number of rapes (139 relative index) and aggravated assaults (165) have increased since 1980, due at least in part to mandated domestic violence reporting which was instituted in 1986 (and increased the number of aggravated assaults reported) and the new definition of rape which was instituted in 2015 that included male victims and any form of penetration (which increased the number of rapes and reduced the number of assaults). In comparison, the relative number of homicides (66) and robberies (49) have decreased.

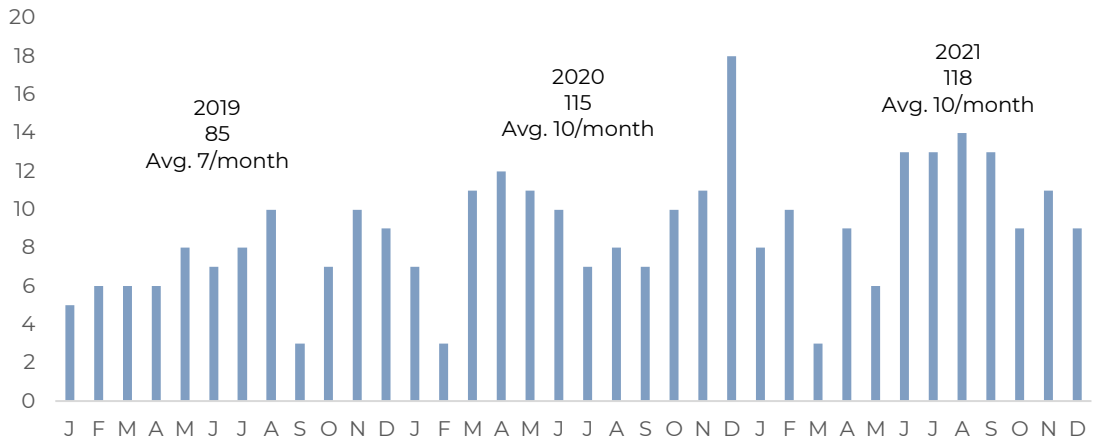
**Figure 3**  
**RELATIVE NUMBER OF HOMICIDES, RAPES, ROBBERIES, AND AGGRAVATED ASSAULTS IN THE SAN DIEGO REGION, 1980-2021**



*SOURCE: SANDAG; San Diego County local law enforcement agencies*

Looking more closely at these four violent crimes month-to-month in 2019, 2020, and 2021, some interesting trends appear which are most likely related to changes directly or indirectly tied to the pandemic. As Figure 4 shows, in 2019 there was a total of 85 homicides, which increased in both 2020 (115) and 2021 (118). The annual monthly average number of homicides was seven in 2019 (pre-pandemic) and increased to ten during the pandemic (2020 and 2021).

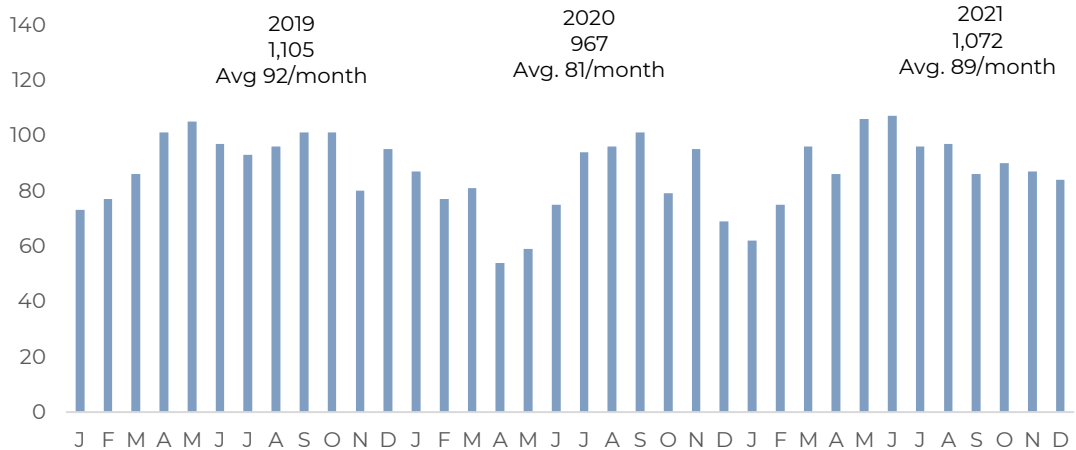
**Figure 4**  
**HOMICIDES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



SOURCE: SANDAG; San Diego County local law enforcement agencies

As Figure 5 shows, there were 1,105 rapes reported to law enforcement in 2019, with a monthly average of 92. When the stay-home order went into place in March 2020, the number of reported rapes decreased considerably to 54 (April 2020) and 59 (May 2020) and again to 69 in December 2020 and 62 in January 2021 when additional social distancing guidelines were reinstated. These decreases are not surprising when one considers that opportunities to gather in social situations were lower in these months. The monthly average number of rapes reported dropped to 81 in 2020 and increased to 89 in 2021, which was still lower than it was in 2019 (92).

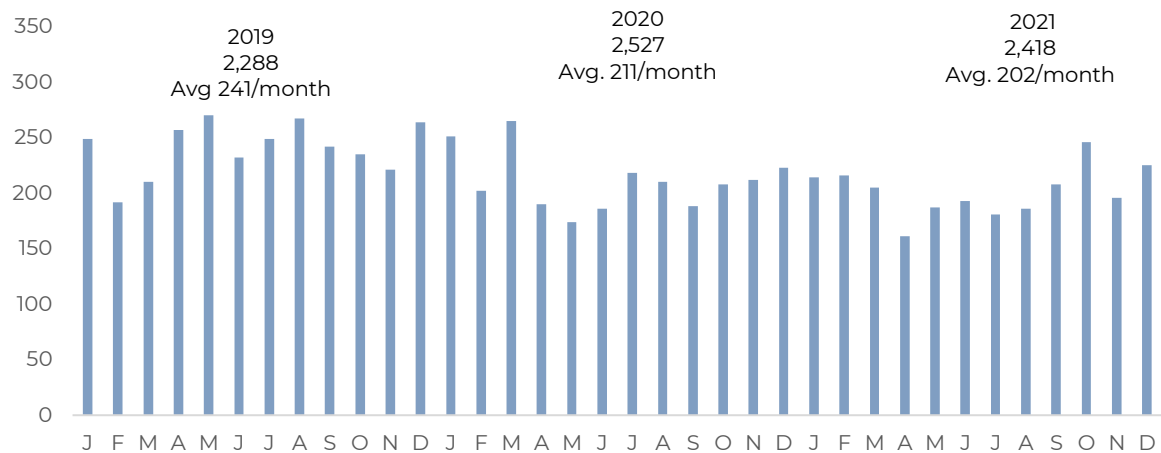
**Figure 5**  
**REPORTED RAPES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



SOURCES: SANDAG; San Diego County local law enforcement agencies

Robberies were on the decline even before the pandemic, with 2019 representing the seventh consecutive decline (to 2,888 and a monthly average of 241) and once the pandemic began, further declining to 2,527 in 2020 (monthly average of 211) (Figure 6). The number of robberies reported in the San Diego region in 2021 reached a 42-year low, with 2,418 reported, an average of 202 per month (Figure 6).

**Figure 6**  
**REPORTED ROBBERIES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



*SOURCES: SANDAG; San Diego County local law enforcement agencies*

Aggravated assaults have shown a different trend in recent years, with the number increasing (rather than decreasing) beginning in 2016. Pre-COVID, in 2019, there was a total of 7,324 aggravated assaults reported to local law enforcement, which was the third consecutive increase and represented a monthly average of 610 (Figure 7). In 2020 and 2021 these increases continued, but grew in size, to 7,913 (monthly average of 659) in 2020 and to 8,887 (741 monthly average) in 2021. It should be noted that despite these increases, the numbers are still relatively low compared to the 42-year high in 1994 of 15,406 (1,283 monthly average).

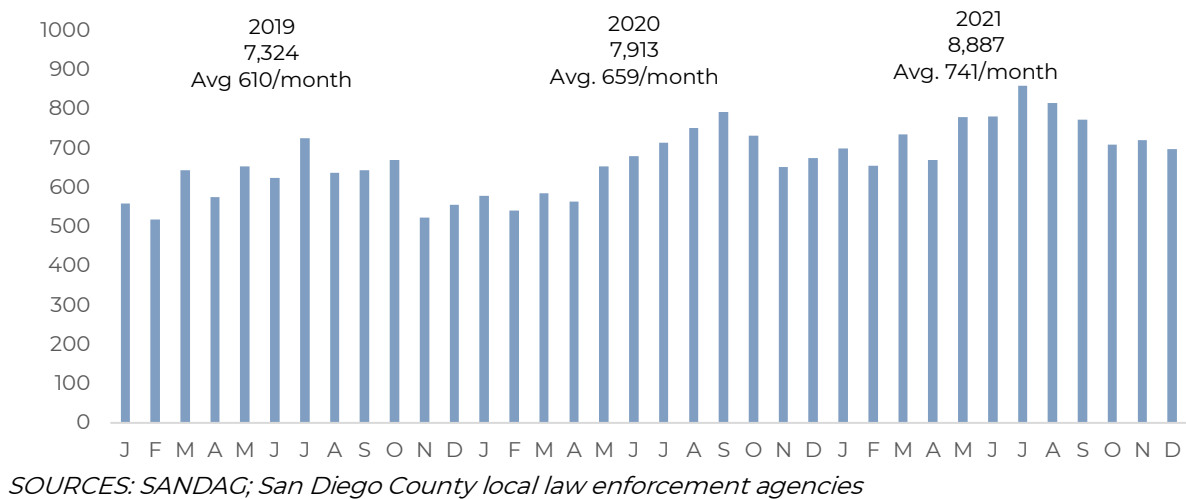
Three property crimes are tracked as part of UCR crime reporting – burglaries

The San Diego region's property crime rate also increased during the pandemic, but was still at historic lows.

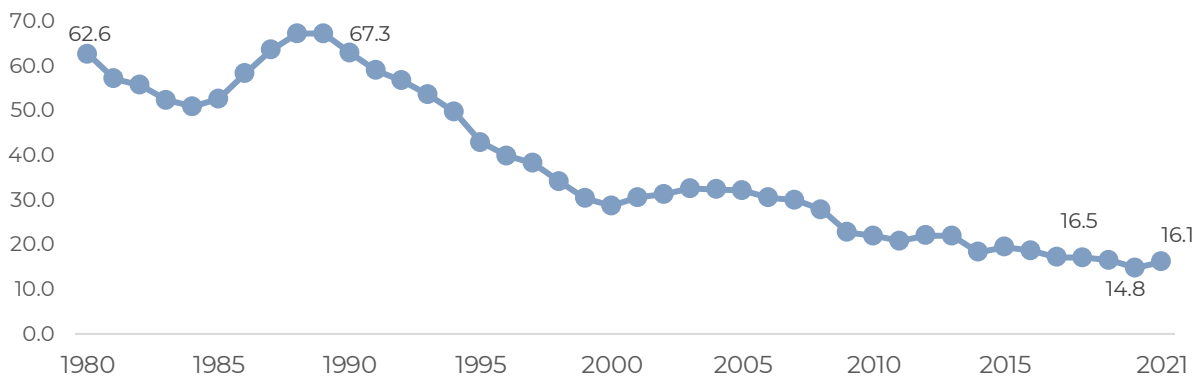
(residential and non-residential), larcenies, and motor vehicle thefts. As Figure 8 shows, the region's property crime rate per 1,000 population has varied from a low of 14.8 in 2019 to a high of 67.3 in 1989. Pre-pandemic, the property crime rate was 16.5 and this 2019 rate represented the fourth consecutive

decrease. It dropped to a 42-year low in 2020, but then increased (to the second lowest rate) in 2021 (16.1). Four-fifths (81%) of all UCR crime reported to local law enforcement in 2021 was property crime (not shown).

**Figure 7**  
**NUMBER OF AGGRAVATED ASSAULTS PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



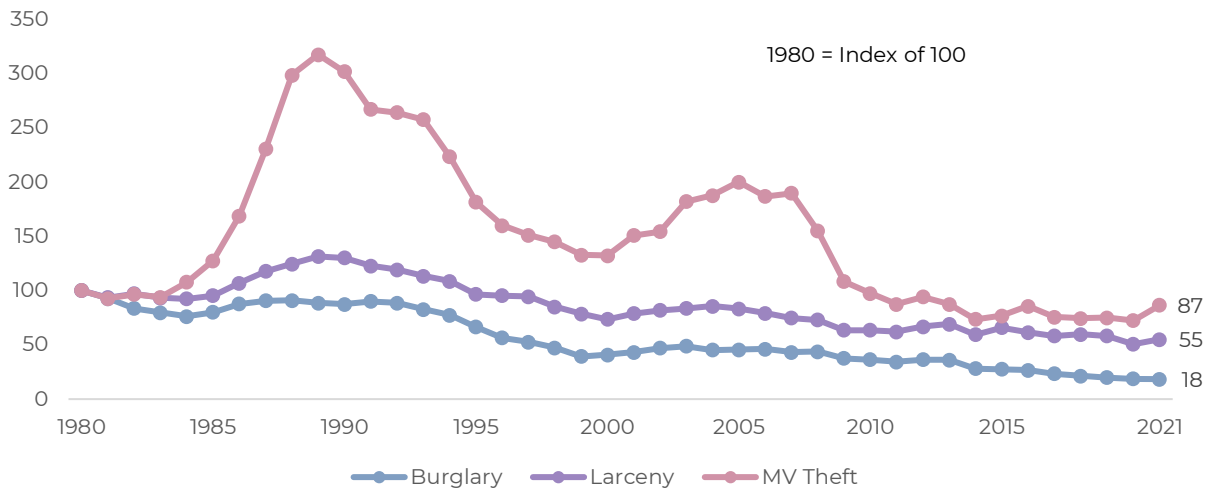
**Figure 8**  
**PROPERTY CRIME RATE FOR THE SAN DIEGO REGION PER 1000 POPULATION, 1980-2021**



When one considers the three types of property crime, most recently, burglaries make up around 13%, larcenies 66%, and motor vehicle thefts 21% (not shown). To better compare how these three crimes have fluctuated, the number of crimes that occurred in 1980 were again set at 100, with subsequent years reflecting the subsequent increase or decrease. As Figure 9 shows, all property crimes have decreased over time from the 1980 index of 100, but there is considerable variability in the amount of the decrease, with motor vehicle thefts having the least decrease

(87 relative index in 2021), followed by larcenies (55 relative index) and burglaries (18 relative index).

**Figure 9**  
**RELATIVE NUMBER OF BURGLARIES, LARCENIES, AND MOTOR VEHICLE THEFTS**  
**IN THE SAN DIEGO REGION, 1980-2021**

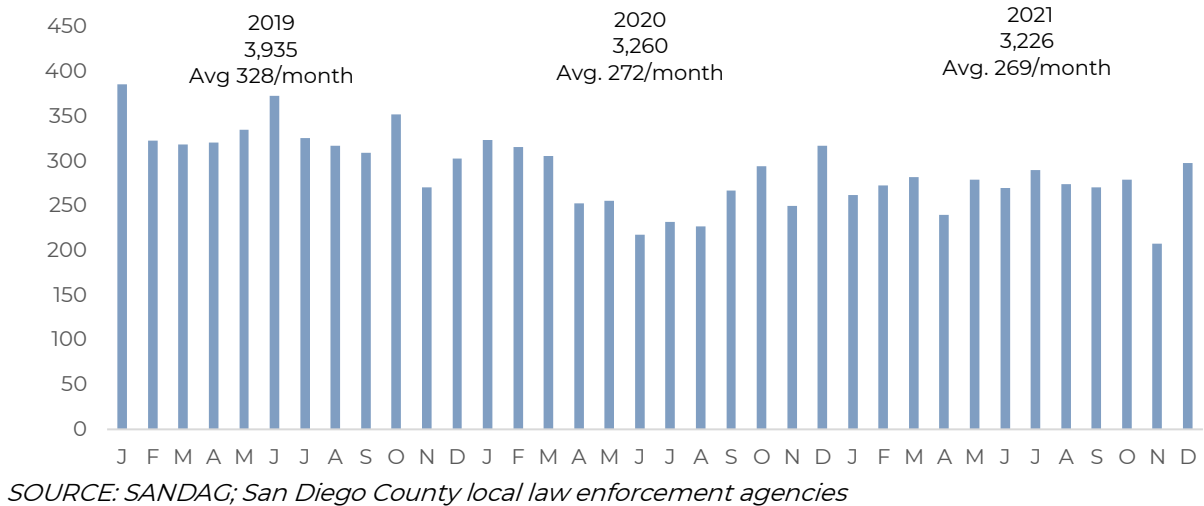


*SOURCES: SANDAG; San Diego County local law enforcement agencies*

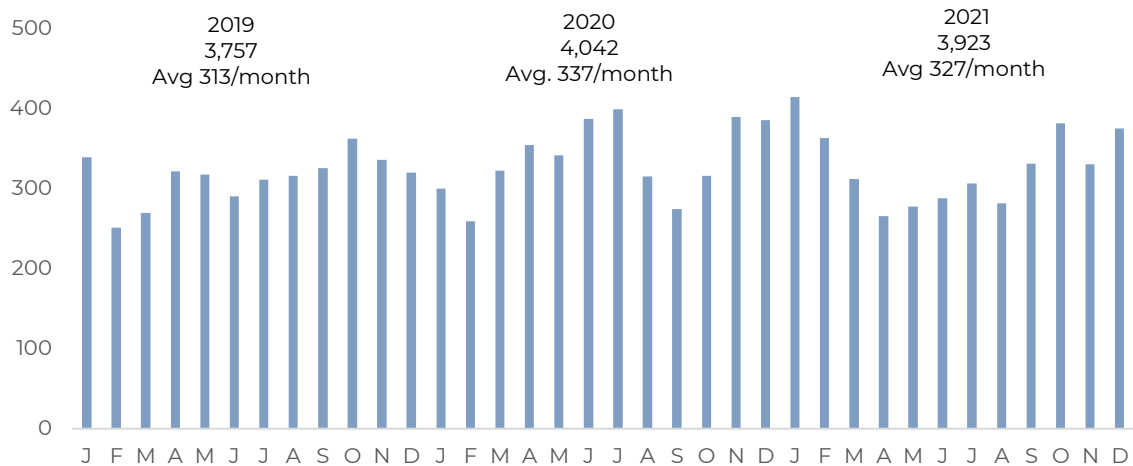
Looking more closely at these three property crimes (including residential and non-residential burglary separately) month-to-month in 2019, 2020, and 2021, some interesting trends appear which are most likely related to changes directly or indirectly tied to the pandemic. As Figure 10 shows most notably, there were significant drops in the number of residential burglaries during June-August 2020 when stay-home orders were in place and for each month, there were fewer burglaries in 2020 and 2021, compared to 2019. On average, there was a monthly average of 328 residential burglaries in 2019, 272 in 2020, and 269 in 2021. The 3,226 residential burglaries reported in 2021 represented a 42-year low and the ninth consecutive decrease.

As Figure 11 shows, the pattern for non-residential burglaries was somewhat different, with jumps in the numbers reported in April to July 2020, and again from November 2020 through February 2021, possibly when a greater number of businesses were closed for operation. On average, there was a monthly average of 313 non-residential burglaries in 2019, 337 in 2020, and 327 in 2021.

**Figure 10**  
**NUMBER OF RESIDENTIAL BURGLARIES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**

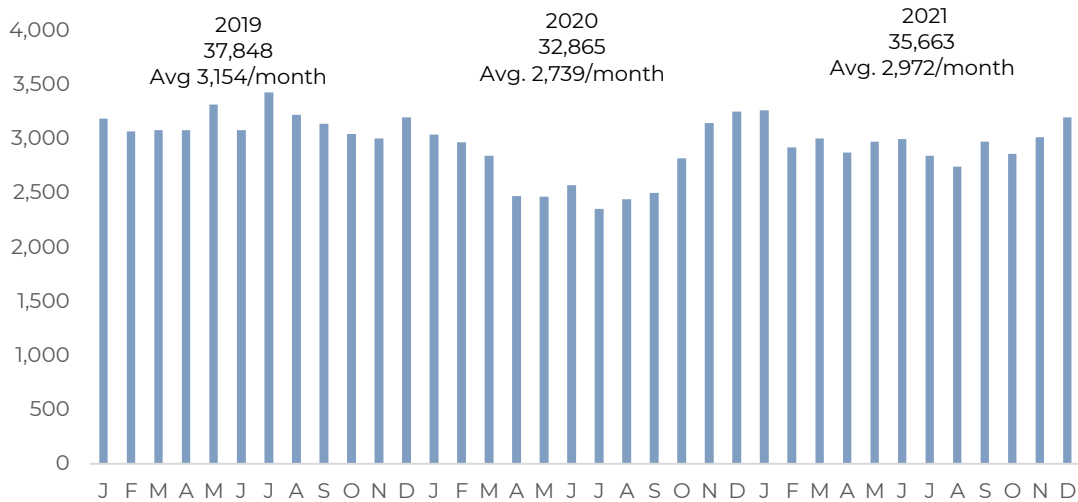


**Figure 11**  
**NUMBER OF NON-RESIDENTIAL BURGLARIES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



As Figure 12 shows, larcenies decreased in number when stay-home orders were in effect in April 2020, remaining less frequent through September, when they began to increase again. On average, there was a monthly average of 3,154 larcenies in 2019, 2,739 in 2020, and 2,972 in 2021.

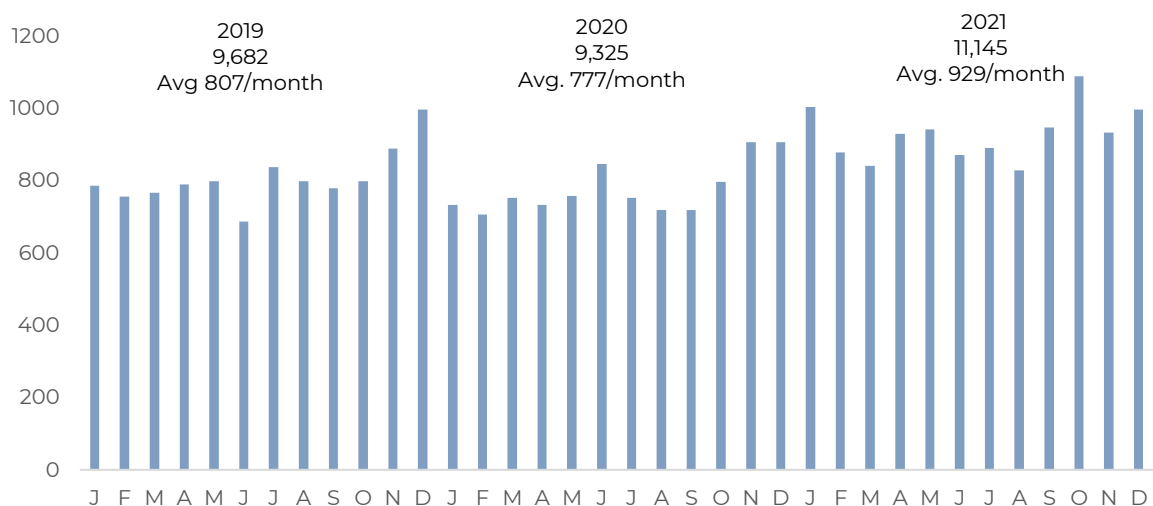
**Figure 12**  
**NUMBER OF LARCENIES PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



SOURCES: SANDAG; San Diego County local law enforcement agencies

As Figure 13 shows, there was a monthly average of 807 motor vehicle thefts in the region in 2019, before the pandemic and every comparable month in 2020 had a smaller number of motor vehicle thefts (with the exception of June), compared to that month the previous year. These consistently lower numbers resulted in the lowest number of vehicles stolen in the past 42 years and a monthly average of 777. In 2021, there were steady increases, with the 11,145 vehicles stolen representing an average of 929 per month, even higher than the monthly average in 2019.

**Figure 13**  
**NUMBER OF MOTOR VEHICLE THEFTS PER MONTH IN THE SAN DIEGO REGION, 2019-2021**



SOURCES: SANDAG; San Diego County local law enforcement agencies

## *ATI Community Survey Respondents' Perception of Crime and Issues of Concern*

An important component of this project involved engaging with the community and conducting a community survey was a significant part of this effort. This survey was created based on previous locally conducted surveys and a literature review. The survey also incorporated feedback from and pre-testing by the ATI Working Group and Advisory Group. The survey was made available in [English](#) and [Spanish](#) (and other languages upon request) and could be completed electronically (with a link or QR code) or via paper copy. Flyers and social media posts (in English and Spanish) were created and used as means to recruit survey respondents. Survey distribution methods included outreach to the media, which resulted in coverage in the San Diego Union Tribune; inclusion in the SANDAG Region Newsletter, as well as other elected officials' electronic communication; flyer distribution; social media posts; distribution through the networks of Advisory Group and Working Group members; outreach at local detention facilities, Probation offices, and the Hall of Justice; outreach through County libraries and parks; and distribution at Bike to Work Day pit stops. While the original timeline for the distribution of the community survey was the first three weeks in April, the distribution was reconsidered to ensure that the Advisory Group and Working Group were able to provide feedback and assist in pre-testing the instrument. As such, the survey was distributed on May 6, 2022. Originally, the deadline to complete the survey was May 27, 2022, however, this deadline was extended a little longer than one week, which brought the surveying to a close on June 5, 2022. A total of 1,990 surveys were completed by this due date and available for analysis.

It should be noted that this survey sample was **not random** and reflects the outreach efforts that were undertaken, as well as the level of interest in the topic by those who responded. As such, this convenience sample does **not** provide a statistically valid representation of the opinions of San Diego County residents overall, but instead it shows the opinions of those motivated to respond.

Of the 1,990 completed surveys, around one in five (21%) were completed by an individual who reported that they had ever been incarcerated (89% had been released and 11% were still incarcerated). In describing the sample of those who completed the survey, it is important to note that those who indicated a history of incarceration differed significantly<sup>8</sup> from those who did not indicate this history. Table 1 presents information about the characteristics of survey respondents by their history of incarceration. As this table shows, those who were previously incarcerated were significantly more likely to indicate that they were male, younger,

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<sup>8</sup> Findings which are statistically significant mean that the differences are most likely not due to chance introduced by sampling. In statistical analysis, a probability level of .05 is often used, and findings with a significance level of  $p < .05$  are noted as appropriate in tables and figures.



Hispanic/Latino/Latina, Black/African-American, or another race, and primarily spoke either exclusively Spanish or English and Spanish equally in their household. They were also more likely to have completed the survey in Spanish, live in the Central area of the County, as opposed to North San Diego City,<sup>9</sup> report that they had completed 12 years of education or less, and report having a disability.<sup>10</sup> There was no significant difference in the percent with a history of serving in the military (12% and 13%, respectively) (not shown).

Around two in every five survey respondents (42%) indicated that they or an immediate family member had been the victim of a crime in the previous three years – 27% were a victim themselves and 30% had a family member who was a victim (Figure 14). When asked what type of crime they were a victim of, most reported property (76% for themselves and 74% for a family member), followed by violent (27% and 33%, respectively) and other types of crime (7% and 5%, respectively).<sup>11</sup>

**Figure 14**  
**SELF-REPORTED HISTORY OF CRIME VICTIMIZATION**

42% crime victim or family member was a victim in past 3 years	
27% victim themselves 76% property 27% violent 7% other	30% family member a victim 74% property 33% violent 5% other

SOURCE: SANDAG ATI Community Survey, 2022

<sup>9</sup> Respondents were asked to provide the ZIP code in which they lived, and this information was recoded into one of seven Major Statistical Areas (MSA) that describe different geographical areas of the County. To view these MSAs on a map, please visit <https://sdgis.sandag.org/>

<sup>10</sup> The survey defined disability as a physical or mental impairment or medical condition that substantially limits major life activity.

<sup>11</sup> Of the 36 individuals who reported being the victim of another type of crime themselves, 23 said they were a victim of harassment, 7 of driving under the influence (DUI), 3 of a hate crime, and 3 of trespassing. Of the 28 individuals who reported a family member was a victim of another type of crime, 13 indicated harassment, 12 DUI, 2 trespassing, and 1 a hate crime.

**Table 1  
CHARACTERISTICS OF ATI COMMUNITY SURVEY RESPONDENTS BY HISTORY OF INCARCERATION**

	<b>Never Incarcerated</b>	<b>Incarcerated</b>
<b>Gender*</b>		
Male	40%	78%
Female	58%	22%
Non-binary	2%	<1%
<b>Age*</b>		
Under 25	2%	5%
25 to 39	27%	46%
40 and older	71%	50%
Mean age*	49.4	40.9
Identify as Hispanic/Latino/Latina*	20%	49%
<b>Race*</b>		
White/Caucasian	78%	47%
Black/African-American	7%	15%
Asian/Pacific Islander	6%	9%
Native American	2%	2%
Other	7%	28%
<b>Highest Level of education completed*</b>		
No degree	2%	15%
High school diploma or GED	3%	32%
Some college or vocation certificate	13%	28%
Associate's or Bachelor's Degree	39%	18%
Master's Degree or Higher	43%	6%
<b>Primary language spoken in household*</b>		
English	92%	71%
Spanish	2%	12%
English and Spanish equally	6%	15%
Other	1%	1%
Completed survey in Spanish*	1%	8%
<b>Residence location in the County*</b>		
Central	24%	32%
East Suburban or East County	16%	18%
North San Diego City	24%	12%
North County East	12%	15%
North County West	11%	8%
South	13%	15%
Have a disability*	10%	26%
<b>TOTAL</b>	<b>1,394-1,564</b>	<b>295-426</b>

\*Significant at  $p < .05$ .

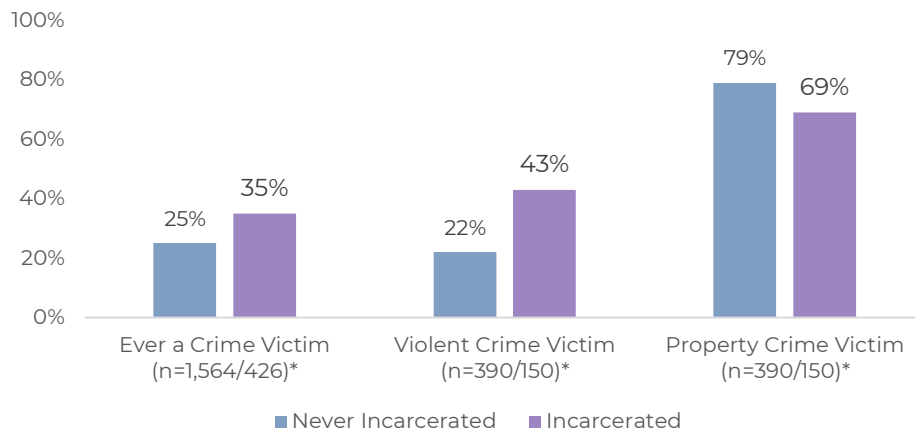
NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding.

SOURCE: SANDAG ATI Community Survey, 2022

Additional analyses indicated that those who reported ever being incarcerated were significantly more likely to report being victimized (35%), compared to those who had never been incarcerated (25%). In addition, there was variation regarding what type of crime they were a victim of, with those who were incarcerated more likely to report being a victim of a violent crime and those not incarcerated more likely to report being a victim of a property crime (Figure 15).

ATI Community Survey respondents with a history of incarceration were more likely to report being a violent crime victim, than those with no history of incarceration.

**Figure 15**  
**SELF-REPORTED HISTORY OF CRIME VICTIMIZATION BY HISTORY OF INCARCERATION**

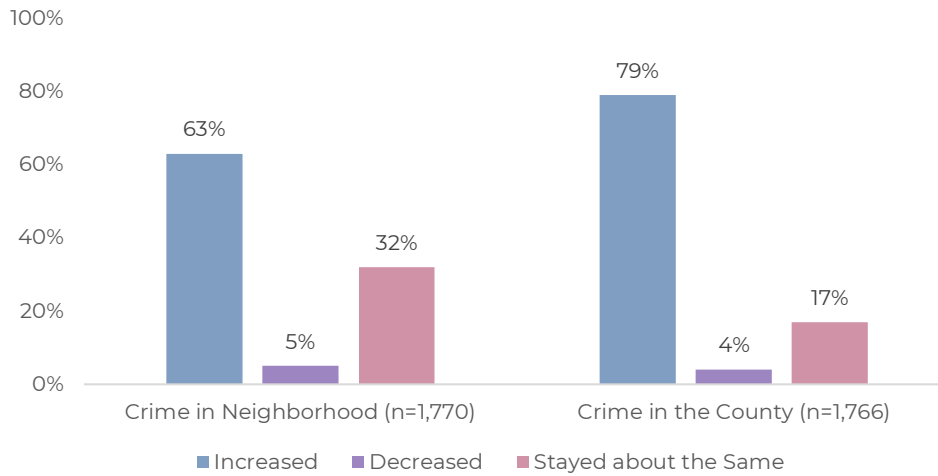


*\*Significant at p < .05.*  
 NOTE: Cases with missing information not included.  
 SOURCE: SANDAG ATI Community Survey, 2022

As described in the previous section, while both violent and property crime increased the past year,<sup>12</sup> crime rates remain at historic lows. When ATI Community Survey respondents were asked if they thought crime in their neighborhood and the County overall had increased, decreased, or stayed the same, compared to three years ago (2019, or pre-pandemic), the majority said it had increased (Figure 16).

<sup>12</sup> Pre-pandemic, the violent crime rate was 3.41, and it increased in both 2020 (3.45) and in 2021 (3.74). The 2020 rate of 3.45 was the seventh lowest rate since 1980 and the 2021 rate was the tenth lowest (and was the same rate that was seen in 2012). Pre-pandemic, the property crime rate was 16.53 and this 2019 rate represented the fourth consecutive decrease. It dropped to a 42-year low in 2020, but then increased (to the second lowest rate) in 2021 (16.14).

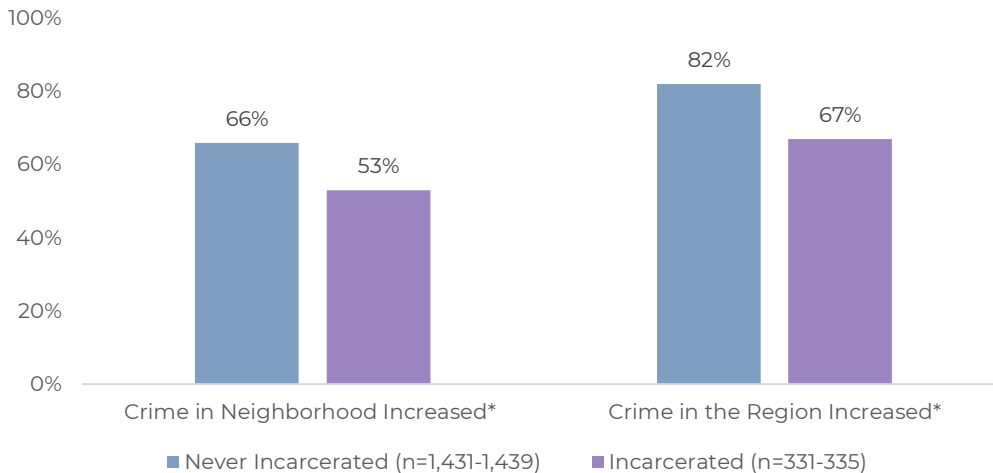
**Figure 16**  
**PERCEPTION OF CHANGES IN CRIME IN THE PAST THREE YEARS**



*NOTE: Cases with missing information not included.*  
*SOURCE: SANDAG ATI Community Survey, 2022*

Interestingly, perception of change in crime also varied by one’s history of incarceration. Those with an incarceration history were significantly less likely to perceive that crime had increased, as shown in Figure 17, and more likely to report it had decreased.

**Figure 17**  
**PERCEPTION OF CHANGES IN CRIME IN THE PAST THREE YEARS BY HISTORY OF INCARCERATION**



*\*Significant at p < .05.*  
*NOTE: Cases with missing information not included.*  
*SOURCE: SANDAG ATI Community Survey, 2022*

Individuals who reported that they or an immediate family member had been a victim of crime in the past three years were also significantly more likely to perceive that crime had increased during the same time period in their neighborhood (74% versus 55%) and the region overall (85% versus 75%) (not shown).

ATI Community Survey respondents were presented with a list of six statements about the public safety system in San Diego County and asked to rate their level of agreement with each statement on a five-point scale from “Strongly Agree” to “Strongly Disagree”. As the following series of figures show, there were significant differences in the opinions of survey respondents who reported a history of prior or current incarceration and those that did not.

First, while both groups were likely to disagree to some degree with the statements

*“There doesn’t seem to be any consequences for criminal behavior these days. Without accountability, crime will increase at the expense of residents. Criminals cause trauma and other damage and victims get nothing. Victims struggle for years, while the criminal is out on the streets”.*

*-Community Survey Respondent*

that the current system is effective at maintaining public safety (Figure 18) and in providing justice to crime victims (Figure 19), those who said they were never incarcerated were more likely to disagree, compared to those who were previously or currently incarcerated.

A portion of both groups were also likely to disagree with the statements that the current system keeps individuals

from reentering the criminal justice system (Figure 20) and that nonviolent people are rehabilitated and prepared to reenter society (Figure 21), but again, those with no history of incarceration expressed significantly greater levels of disagreement. When asked if the system treats everyone with fairness and equity, both groups again were likely to express some level of disagreement, but this time, those who were previously or currently incarcerated were more likely to disagree (Figure 22).

ATI Community Survey respondents were most likely to agree there was **room for improvement** in the effectiveness of the current system in terms of equity, ability to rehabilitate, and provide justice, but there were **differences** related to whether more emphasis should be placed on **funding services in the community**.

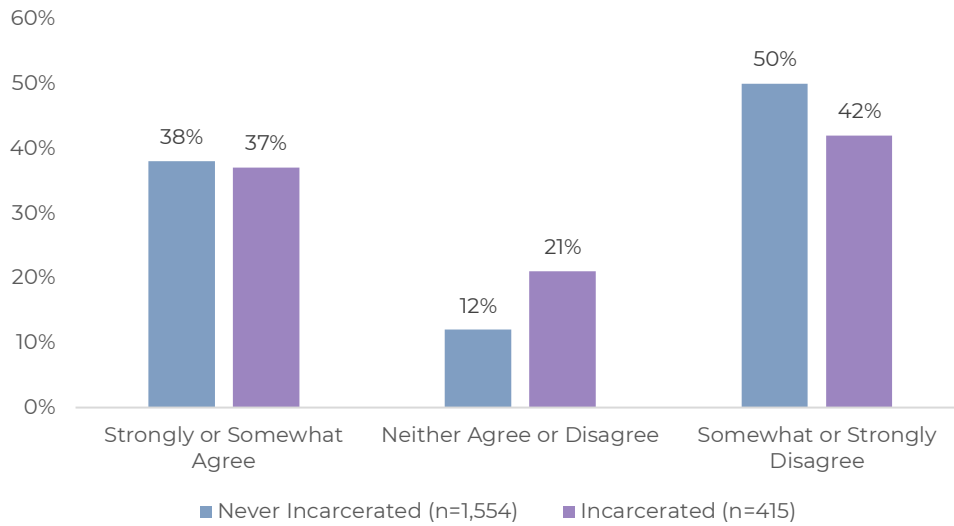
In the last of the six questions, respondents were asked if they thought “more emphasis should be placed on funding services for individuals in the community with justice system contact, rather than putting them in jail.” As Figure 23 shows,

*“Adding more services is great, but there needs to be a stick as well as a carrot approach and I do not see that anymore”.*

*-Community Survey Respondent*

while three-quarters (75%) of those previously or currently incarcerated expressed some level of agreement with this statement, just under half (47%) of those never incarcerated did.

**Figure 18**  
**“THE CURRENT SYSTEM IS EFFECTIVE AT MAINTAINING PUBLIC SAFETY”\***

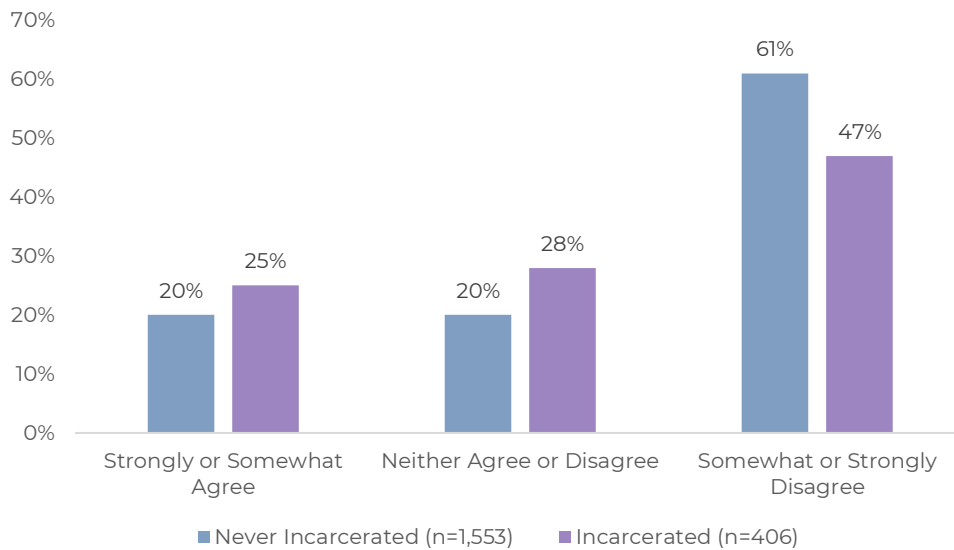


*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

**Figure 19**  
**“THE CURRENT SYSTEM IS EFFECTIVE AT PROVIDING JUSTICE TO VICTIMS”\***

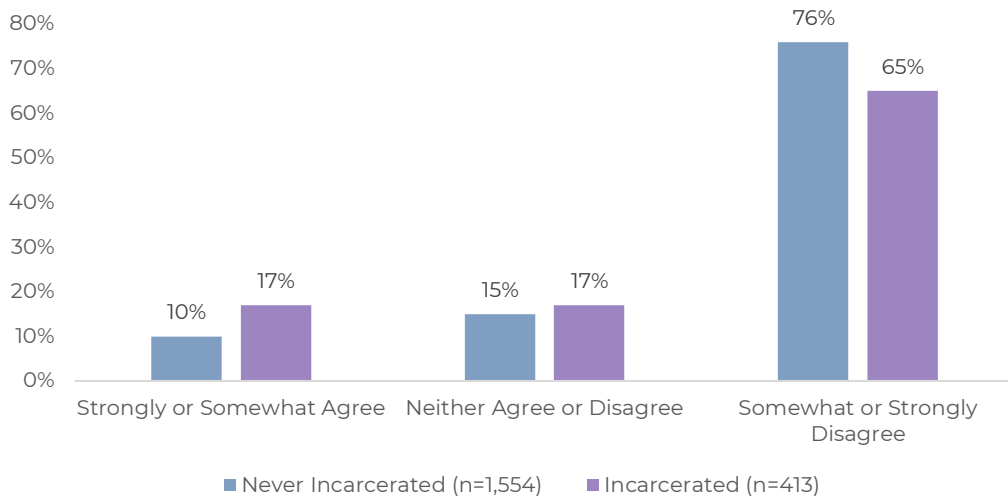


*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

**Figure 20**  
**“THE CURRENT SYSTEM KEEPS INDIVIDUALS FROM REENTERING INTO THE CRIMINAL JUSTICE SYSTEM”\***

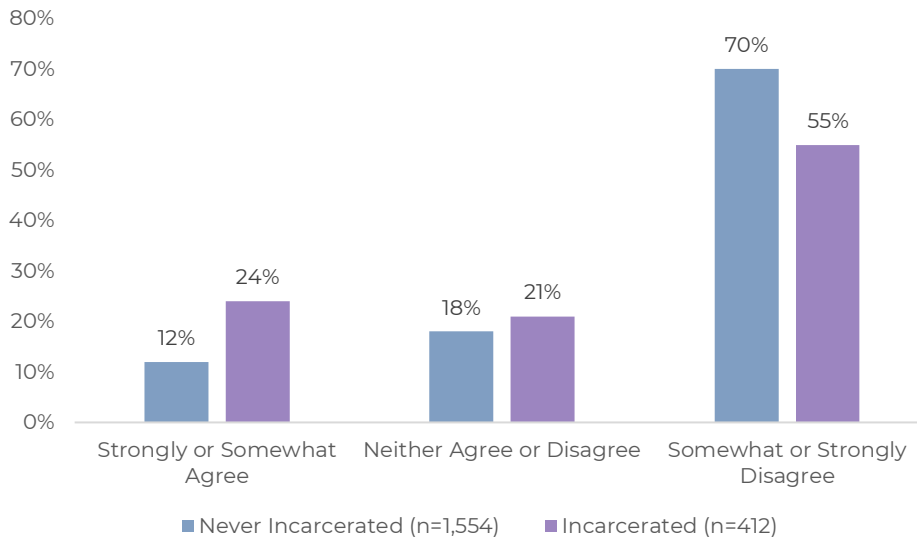


*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

**Figure 21**  
**“THE CURRENT SYSTEM REHABILITATES NONVIOLENT PEOPLE AND PREPARES THEM FOR REENTRY INTO SOCIETY”\***

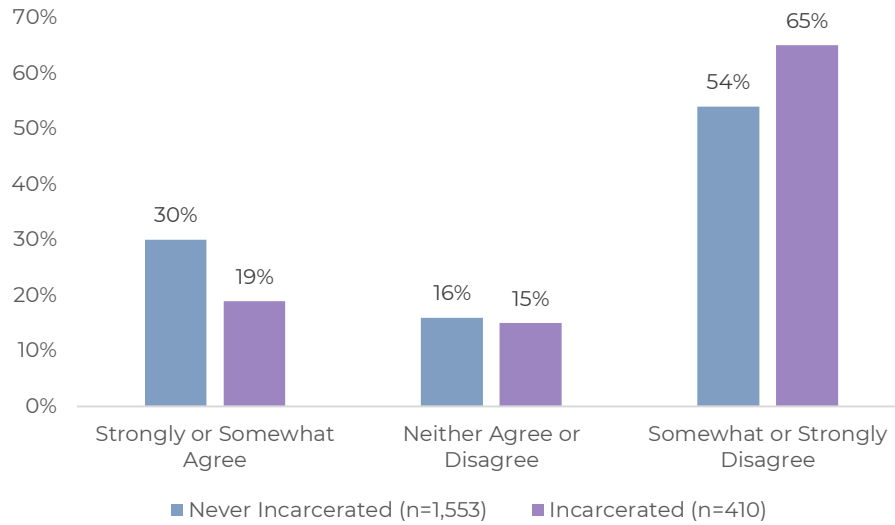


*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

**Figure 22**  
**“THE CURRENT SYSTEM TREATS EVERYONE WITH FAIRNESS AND EQUITY”\***

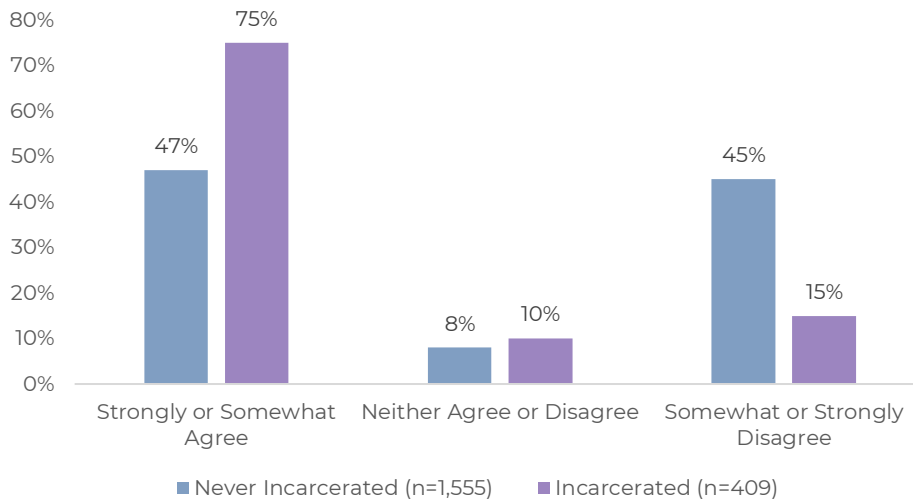


*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

**Figure 23**  
**“MORE EMPHASIS SHOULD BE PLACED ON FUNDING SERVICES FOR INDIVIDUALS IN THE COMMUNITY WITH JUSTICE SYSTEM CONTACT, RATHER THAN PUTTING THEM IN JAIL”\***



*\*Significant at  $p < .05$ .*

*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*



In another series of survey questions, respondents were asked to rate their level of concern on nine possible issues related to public safety in the San Diego region and share if they were “Very Concerned”, “Somewhat Concerned”, “Not Concerned”, or they did not know or had no opinion. Analyses were conducted to compare which issues generated the greatest level of concern and how the levels of concern varied based on respondents’ history of incarceration. As the next two figures show, there were significant differences for each of the issues, with the exception of violent crime.

Top 3 Concerns for Those Never Incarcerated:  
Homelessness  
Mental Health Services  
Property Crime

Top 3 Concerns for Those Ever Incarcerated:  
Homelessness  
Inequities in the System  
Mental Health Services

The community issue mentioned by the greatest percentage of both groups as something they were “Very Concerned” about was homelessness. However, this was given the higher rating of concern for a greater percentage of the never incarcerated group, compared to those who have been incarcerated (72% and 62%,

*“The problem of homelessness and lack of support for people with drug abuse and mental illness problems is far beyond the scope of law enforcement. It’s not only addressing those problems in a decisive way, but also creating an environment in which people feel valued and that participation is worthwhile. Our economy emphasizes efficiency at the expense of social fabric or responsibility to communities or the future - even to their own customers. I don’t see much reason for hope”.*

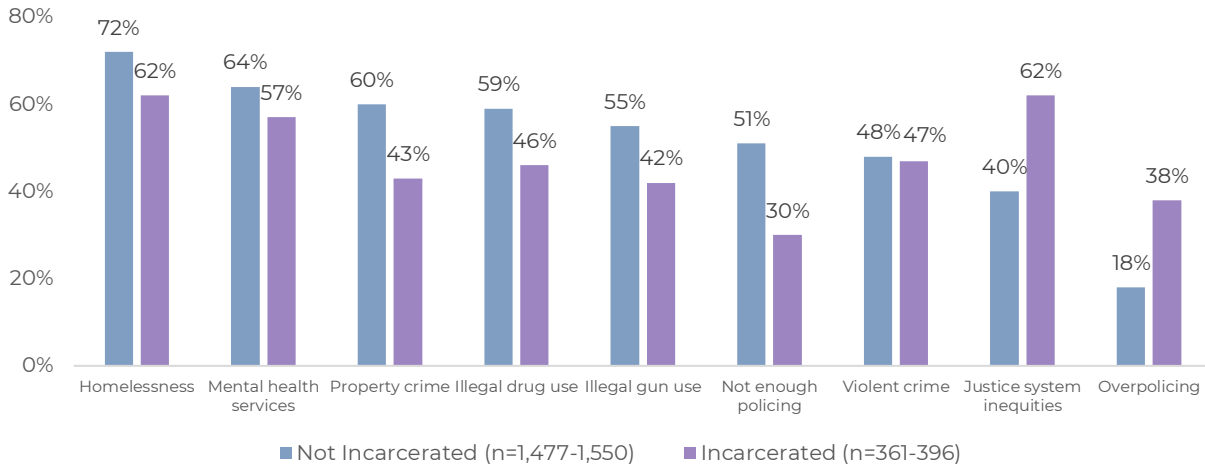
*-Community Survey Respondent*

respectively) (Figure 24). For those never incarcerated, this was followed by the availability of mental health services, property crime, illegal drug use, illegal use of guns, not enough policing, violent crime, unequitable and unfair treatment in the justice system, and over policing. In comparison, those with a history of incarceration generally expressed less concern for each of the issues listed, compared to those with no history of incarceration, with some exceptions. Specifically, those with a history of incarceration were more concerned about unequitable/unfair treatment in the justice system (their second top

concern), and over policing (their eighth top concern) than those without an incarceration history.

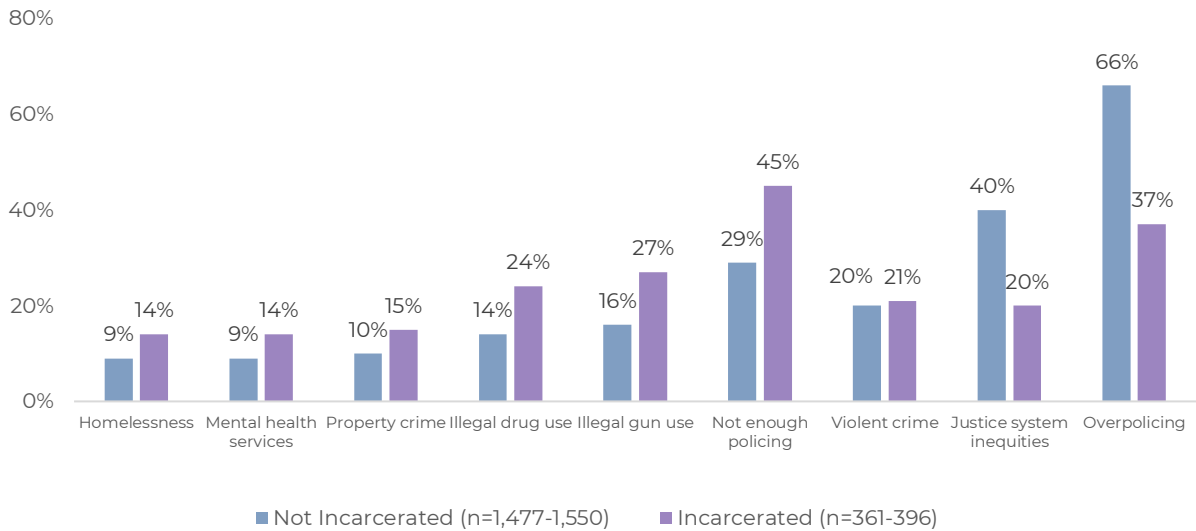
Comparing differences in regard to those who said they were “not concerned”, respondents with a history of incarceration were more likely to describe themselves this way, compared to those without a history of incarceration, with the exception of justice system inequities and over policing (Figure 25).

**Figure 24**  
**COMMUNITY SURVEY RESPONDENTS' WHO WERE "VERY CONCERNED" WITH VARIOUS COMMUNITY ISSUES BY HISTORY OF INCARCERATION\***



*\*Differences significant for all concerns except violent crime at  $p < .05$ .*  
 NOTE: Cases with missing information not included.  
 SOURCE: SANDAG ATI Community Survey, 2022

**Figure 25**  
**COMMUNITY SURVEY RESPONDENTS' WHO WERE "NOT CONCERNED" WITH VARIOUS COMMUNITY ISSUES BY HISTORY OF INCARCERATION\***



*\*Differences significant for all concerns except violent crime at  $p < .05$ .*  
 NOTE: Cases with missing information not included.  
 SOURCE: SANDAG ATI Community Survey, 2022

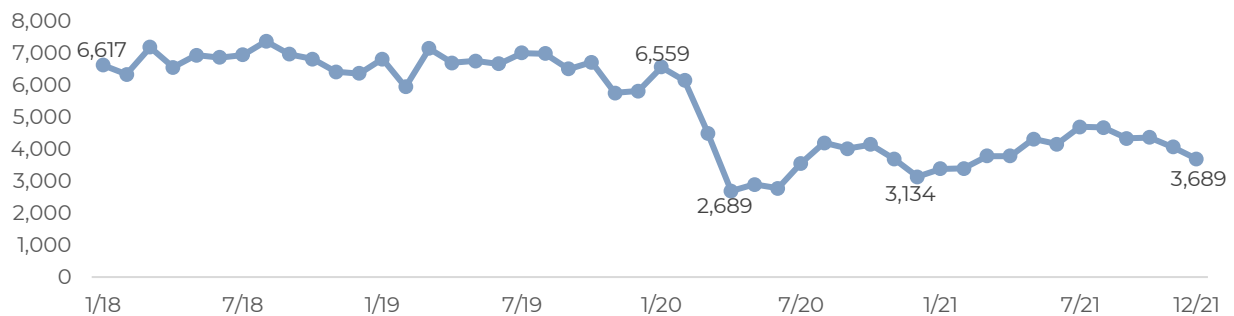
*How did the jail population change between January 1, 2018, and December 31, 2021, in terms of highest booking charge (i.e., felony/misdemeanor), charge type (i.e., violent, property, alcohol/drugs, quality of life, other), demographic characteristics (e.g., gender, race/ethnicity, age), geographically, and assessed need (e.g., housing status, mental health, substance use)? (SOW 3.1 and 3.5.5)*

**Changes in the Number and Type of Jail Bookings**

In addition to understanding why the jail population changed, analyses were also completed to understand how it changed. First, the number of individuals booked into San Diego County jails pre-COVID (January 2018 – February 2020), compared to during COVID<sup>13</sup> (March 2020 -December 2021). As Figure 26 shows, the pre-COVID monthly booking data were fairly stable with a range of 5,750 to 7,366 bookings per month. However, and not surprisingly, the number of monthly bookings began to drop more drastically in March 2020 (4,480 bookings), and then further decreased to 2,689 in April 2020. From February to March 2020, bookings per month declined by 27% and from March to April 2020, bookings per month declined again by 40%. When COVID restrictions were eased between July and October 2020, the number of bookings increased slightly, although they were still considerably lower than pre-pandemic booking levels. Bookings generally increased during calendar year 2021, varying between 3,379 and 4,691. The monthly mean number of bookings for the during COVID period was 3,826, compared to 6,644 pre-COVID.

While 6,644 individuals were booked into local jails every month on average pre-COVID, only 3,826 were during COVID. This was a 42% decrease.

**Figure 26**  
**SAN DIEGO COUNTY JAIL BOOKINGS BY MONTH**  
**JANUARY 2018 – DECEMBER 2021**



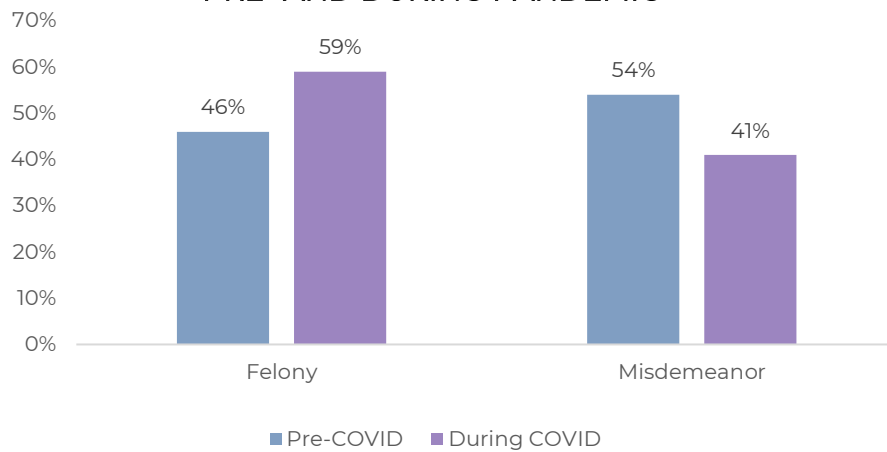
SOURCES: SANDAG; San Diego County Multi-Agency Interface

<sup>13</sup> It is important to note that while COVID-19 continued to have an effect on the community later than 2021, this research required clearly defined time periods for examination and since this project began in early 2022, December 2021 was determined to be the appropriate end date for this time period.

As Figures 27 and 28 show, the highest booking charge (or most serious) also changed during COVID-19, with a greater proportion booked for a felony, versus a misdemeanor, and fewer booked for a drug-related offense (and a greater percentage booked for a violent offense). Other offenses are everything not included in the other categories, including failure to appear (FTA), violations of community supervision (e.g., parole, probation), disturbing the peace, traffic violations, prostitution and sex-related, and city/county ordinances.

To better understand how common booking charges may have fluctuated during the pandemic, an analysis of the 20 most common charges listed on all booking records were compared pre-COVID and during COVID (Table 1). It should be noted that these top 20 charges represented the vast majority of bookings both pre-COVID and during the pandemic (80% of booking records in the Sheriff's system pre-COVID and 78% during COVID).<sup>14</sup>

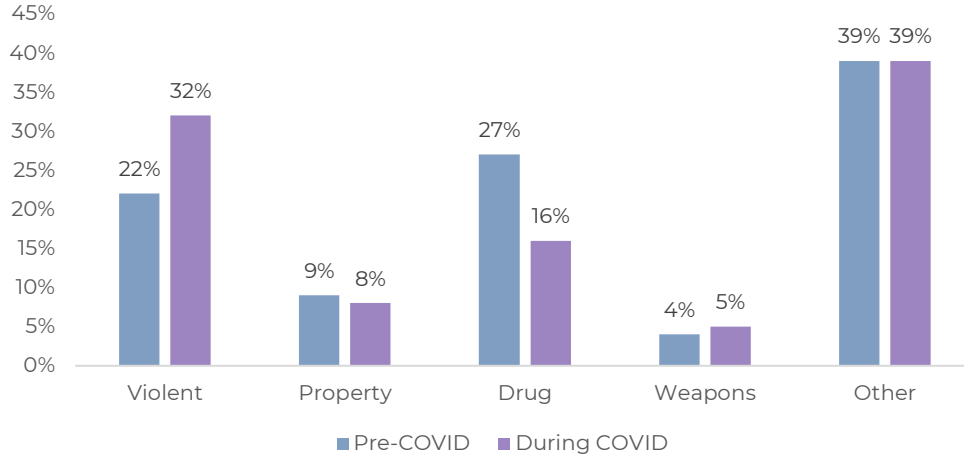
**Figure 27**  
**LEVEL OF MOST SERIOUS BOOKING CHARGE IN SAN DIEGO COUNTY JAILS**  
**PRE- AND DURING PANDEMIC**



*SOURCES: SANDAG; San Diego County Multi-Agency Interface*

<sup>14</sup> Please note that each booking may be connected to multiple arrests and each arrest may list more than 70 unique charge codes. This analysis depends on the first arrest charge listed for each booking, based on input from the San Diego County Sheriff's Department.

**Figure 28**  
**TYPE OF MOST SERIOUS BOOKING CHARGE IN SAN DIEGO COUNTY JAILS**  
**PRE- AND DURING PANDEMIC**



*SOURCES: SANDAG; San Diego County Multi-Agency Interface*

Some takeaways from Table 2 include:

- the most frequent charge both pre-COVID and during the pandemic is PC 647(f), public intoxication from alcohol or other drugs (12% of bookings pre-COVID and 13% during COVID);
- 8 of these 20 charges are somehow directly related to alcohol/drugs, 6 to a violent offense, 3 to a property offense, and 3 to a violation of supervision; and
- the charge with the greatest change pre-COVID to during COVID was for HS 11377(a), possession of a non-narcotic substance, which decreased from 12% to 2%.

**Table 2**  
**20 MOST COMMON SAN DIEGO COUNTY BOOKING CHARGES PRE-COVID AND DURING COVID (PERCENT OF TOTAL BOOKINGS WITH CHARGE LISTED)**

	Pre-COVID	During COVID
Disorderly conduct involving alcohol/drugs - PC 647(f)	12%	13%
Possession of narcotics, including methamphetamine - HS 11377(a)	12%	2%
DUI alcohol/drugs - VC 23152(a)	10%	12%
Domestic violence - PC 273.5(a)	5%	9%
Battery on spouse/ex/date - PC 2430	5%	7%
Under the influence of a controlled substance - HS 11550(a)	5%	6%
Flash incarceration – PC 3453(q)	4%	6%
Violation of parole – PC 3056	4%	4%
Possession of a controlled substance – HS 11350(a)	3%	1%
Burglary - PC 459	2%	3%
Assault with a deadly weapon – PC 245(a)(1)	2%	3%
Violation order for domestic violence – PC 273.6(a)	2%	3%
Vehicle theft – VC 10851(a)	2%	2%
Possession of controlled substance for sale – HS 11378	2%	2%
Probation violation – PC 1203.2(a)	2%	1%
Obstruct/resist police officer – PC 148(a)(1)	2%	<1%
Vandalism over \$400 – PC 594(a)(b)(1)	1%	3%
Assault with force – PC 245(a)(4)	1%	1%
Possession of drug paraphernalia – HS 11364	1%	1%
DUI alcohol – VC 23152(b)	1%	1%
<i>SOURCES: SANDAG; San Diego County Multi-Agency Interface</i>		

***Changes in Who Was Booked into Local Jails***

In terms of demographic characteristics, Table 3 presents the gender, age, and racial/ethnic distribution of individuals booked into jail pre-pandemic and during the pandemic. As this table shows, there were slightly fewer females booked during the pandemic, compared to pre-pandemic, the median age was slightly lower, and when measured as a percentage of total persons booked by race, a greater percentage of non-White (Black and Hispanic) were booked into jail during COVID. For context, current estimates are that Whites make up 46% of the region’s population, Hispanics 34%, Asians/Pacific Islanders 11%, Blacks 5%, and other ethnicities 1%.<sup>15</sup> It should also be noted that 18% of individuals booked pre-COVID and 19% during COVID were transition age youth (between the ages of 18 and 25), a population of interest as indicated by the Board of Supervisors.

Around 1 in 5 bookings pre-COVID and during COVID were individuals between the ages of 18 and 25, transition age youth.

<sup>15</sup> SANDAG, 2020 Annual Population Estimates, Retrieved: April 7, 2021

**Table 3  
DEMOGRAPHIC CHARACTERISTICS OF INDIVIDUALS BOOKED INTO  
SAN DIEGO COUNTY JAILS**

	Pre-COVID	During COVID
Gender		
Male	75%	77%
Female	25%	23%
Age		
Mean (Range)	36.5 (17-92)	36.0 (18-89)
Median	34	33
Race/Ethnicity		
White/Caucasian	41%	37%
Black/African-American	15%	16%
Hispanic/Latino/Latina	38%	41%
Asian/Pacific Islander	2%	2%
Other	4%	4%
<p><i>NOTE: According to SANDAG demographic estimates, White/Caucasian individuals represented 46% of the population, Black/African-American 5%, Hispanic/Latino/Latina 34%, Asian/Pacific Islander 11%, and other 1%.</i></p> <p><i>SOURCES: SANDAG; San Diego County Multi-Agency Interface</i></p>		

Another component of this research question was understanding where the individuals who are booked into local jails were arrested, to better understand variation in arrest patterns around the County. Unfortunately, efforts to place arrest locations on a map pre-COVID and during COVID were not successful. Almost two-thirds (64%) of the addresses for arrest locations in the Sheriff’s Booking Database were unable to be mapped due to missing information or data entry challenges.

For this report, arrests by agency were compiled to provide an overview of which agencies may or may not have changed their efforts during COVID. Table 4 shows a summary of the percent of total bookings completed by each local agency pre-COVID and during COVID. The San Diego Police Department and San Diego County Sheriff’s Department, the two largest agencies in the County, completed the largest share of bookings both before and during COVID, with roughly 59 percent of bookings completed by these two agencies pre-pandemic and 56 percent post pandemic. Other local agencies represented from <1% to 7% of bookings and no agency had more than a 2% change across the two time periods. The California Highway Patrol represented 6% of all bookings in both time periods and other agencies not shown (including state and federal) represented 7% and 8%, respectively.

**Table 4**  
**PROPORTION OF ADULT BOOKINGS BY AGENCY BEFORE AND DURING COVID**

	<b>Pre-COVID</b>	<b>During COVID</b>
Carlsbad Police Department	2%	3%
Coronado Police Department	<1%	<1%
Chula Vista Police Department	3%	4%
El Cajon Police Department	3%	5%
Escondido Police Department	5%	7%
Harbor Police Department	1%	1%
La Mesa Police Department	3%	2%
National City Police Department	2%	2%
Oceanside Police Department	5%	5%
San Diego Police Department	32%	31%
San Diego County Probation Department	2%	1%
San Diego County Sheriff's Department	27%	25%
California Highway Patrol	6%	6%
Other Agencies	7%	8%

*NOTE: Percentages may not add to 100% due to rounding and when bookings listed more than one agency on arrest sub-records.*

*SOURCES: SANDAG; San Diego County Multi-Agency Interface*

Data availability affected a number of parts of this study. When considering the availability of data in future studies, it is important to consider what data are available given privacy constraints, the challenges of matching data across data sets, and that much of the data that are compiled are captured for programmatic and not evaluation purposes.



*How did the proportion of the jail population that was detained pretrial status, sentenced, or in custody on supervision violations, holds, or other statuses vary over time and by race/ethnicity? (SOW 3.5.2)*

### ***Changes in Booking Status Over Time***

This research question presented several data challenges. An individual's status within the San Diego County jail system can change daily or even multiple times per day because of different events from the Court and/or the jail (e.g., another case becoming tied to the individual, the case moving through the system). Additionally, the data values that speak to an offender's status within the Sheriff's Booking system are transient data fields, meaning they are constantly updated as statuses change. As a result, it is impossible to reconstruct an individual's status within San Diego County jails retroactively, or to determine how status varied by race/ethnicity.

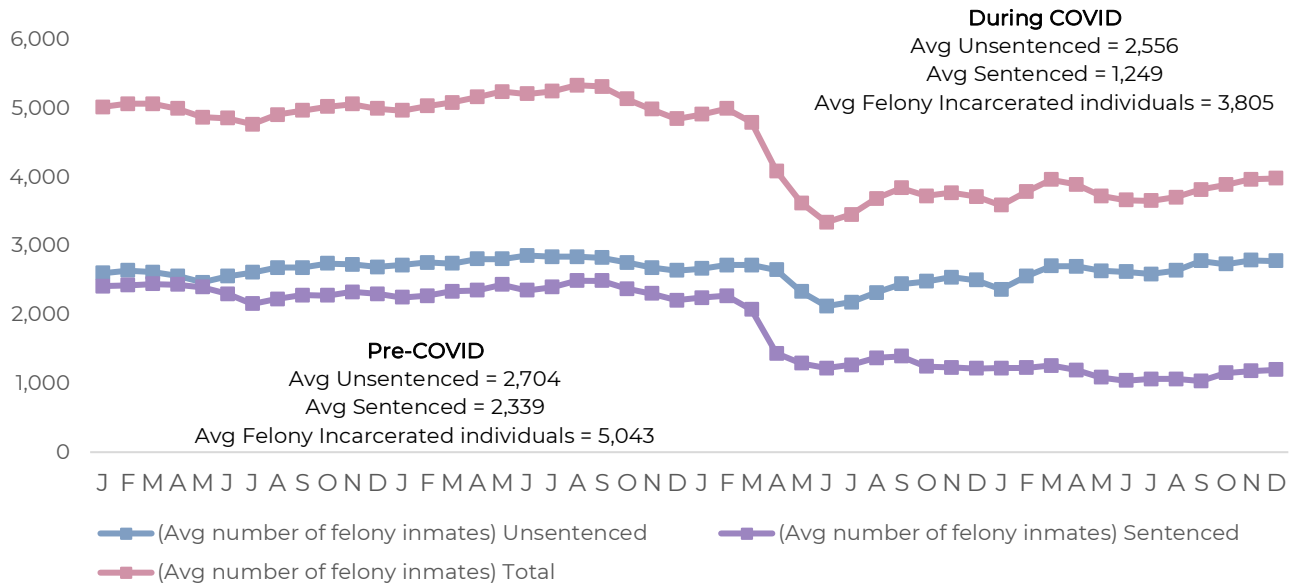
To complicate matters further, the same individual within San Diego County jails could maintain multiple statuses at one time. For example, an individual in San Diego County jails could have a sentenced status for the original offense they were arrested for while simultaneously awaiting trial for another crime, and therefore be both on a detained pretrial status and a special hold within custody due to a warrant for a second arrest. In summary, this was an extremely complex set of data values to investigate and this report takes a multi-pronged exploratory approach to document the available data on this topic.

First, BSCC Jail Profile Survey indicators were analyzed to see how the proportion of sentenced versus unsentenced individuals changed before and during COVID. Figures 29 and 30 highlight the average monthly number of sentenced, unsentenced, total felony and total misdemeanor<sup>16</sup> individuals being housed in Sheriff's Department Jail Facilities from 2018 to 2021. In these figures, "sentenced" incarcerated individuals are those who have been sentenced on all charges pending and are no longer on trial and "non-sentenced" incarcerated individuals are incarcerated individuals who still have one or more charges pending. For example, if an inmate has been sentenced on three charges, but is still being tried on a fourth charge, they are placed into the unsentenced category. It should be noted that monthly averages are calculated based on daily snapshot totals for all seven San Diego County Sheriff's facilities and these counts do not include those in alternative custody program populations or those participating in the Sheriff's Department County Parole and Alternative Custody (CPAC) programs.

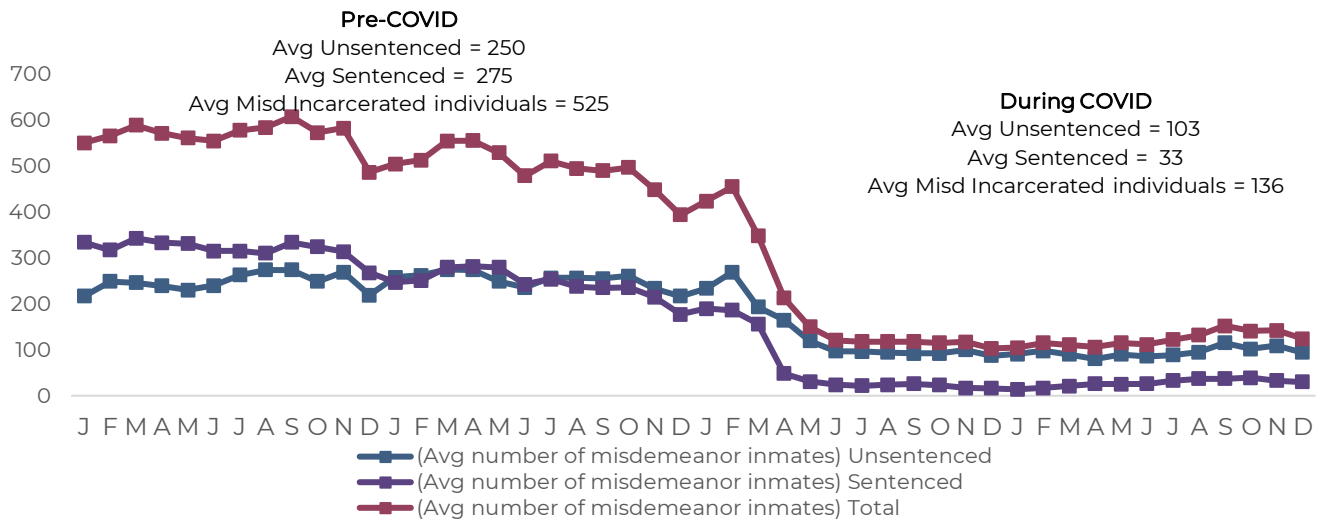
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<sup>16</sup> It should be noted that those counted as individuals with felonies have a felony as their highest charge, but could also have misdemeanors. Those counted as individuals with misdemeanors would have only misdemeanor charges, and no felony charges.

**Figure 29**  
**AVERAGE NUMBER OF FELONY INCARCERATED INDIVIDUALS (SENTENCED, UNSENTENCED AND TOTAL BY MONTH)**  
**JANUARY 2018 – DECEMBER 2021**



**Figure 30**  
**AVERAGE NUMBER OF MISDEMEANOR INCARCERATED INDIVIDUALS (SENTENCED, UNSENTENCED AND TOTAL BY MONTH)**  
**JANUARY 2018 – DECEMBER 2021**



SOURCES: SANDAG; Board of State and Community Corrections, Jail Profile Survey, Agency: San Diego Sheriff's Department, Accessed: 3/29/2022

As Figures 29 and 30 show, the average monthly population of both felony incarcerated individuals and misdemeanor incarcerated individuals declined significantly during COVID, with the largest decrease occurring between February and May 2020, with these decreases staying fairly consistent through 2021. In terms of sentenced individuals, the average number of sentenced felony incarcerated individuals housed in jails dropped 47% (2,339 pre-COVID versus 1,249 during COVID) and sentenced misdemeanor incarcerated individuals dropped even more drastically (-88%) from an average of 275 per month down to 33 per month. Unsentenced individuals remained more constant, especially in the felony category, going from an average of 2,704 pre-COVID to 2,556 during COVID (-5%), while in the misdemeanor category, the monthly average declined by 59% (dropping from 250 to 103).

The number of sentenced felony and misdemeanor individuals decreased 47% and 88%, respectively from pre-COVID to during COVID. The number of unsentenced misdemeanors also showed a large drop (-59%). The only category to not drop dramatically was unsentenced felonies (-5%).

The next data analyzed were booking status related to those in custody because of some type of violation under community supervision. As Table 5 shows, 13% of all bookings pre-COVID and during COVID were related to some type of violation of the conditions of supervision, including violations of state parole and violations of Post-Release Community Supervision (PRCS),<sup>17</sup> with little variation proportionately across the two time periods.

Table 5 PROBATION VIOLATIONS PRE-COVID AND DURING COVID AS A PROPORTION OF TOTAL BOOKINGS		
Type of Supervision Violation	Pre-COVID	During COVID
Violation of State Parole	8,772 (5%)	4,585 (5%)
Violation of Probation (Post-Release Community Supervision)	8,023 (5%)	5,329 (6%)
Violation of Probation (Probation Revocation)	5,247 (3%)	1,272 (2%)
Violation of County Parole	12 (<1%)	3 (<1%)
<b>All Supervision Violations (Percent of Total Bookings)</b>	<b>22,054 (13%)</b>	<b>11,189 (13%)</b>
<i>SOURCES: SANDAG; San Diego County Multi-Agency Interface</i>		

<sup>17</sup> PRCS individuals are those released from state custody to local supervision in the community by probation, who prior to AB 109, would have been under parole supervision.

*How did the length of detention vary over time and by other factors available for analysis (e.g., booking charge, booking reason, mental health status, and race/ethnicity)? (SOW 3.5.3)*

### **Changes in Length of Stay**

This analysis<sup>18</sup> required several key data decisions to capture the most relevant outcomes. Bookings can be connected to several arrests, each with multiple charges, which may have different lengths of stay attached to those sub-records. As a result, this evaluation analyzed the length of stay for unique bookings based on the highest or most serious charge listed on the booking to capture how long individuals remained in jail for their most serious charge. For this analysis to be run with complete data, bookings with no release dates listed were not included in the final analysis as those records did not have an end date for their stay, and those individuals were presumably still in custody. Similarly, bookings with a length of stay that were two standard deviations greater than the mean were eliminated from this analysis as they were assumed to be outliers based on feedback received from database specialists and subject matter experts. As a result, bookings with a length of stay greater than the 166-day threshold were removed from these tables summarizing the averages below, as those lengths of stay could not be verified as true or correct data points.

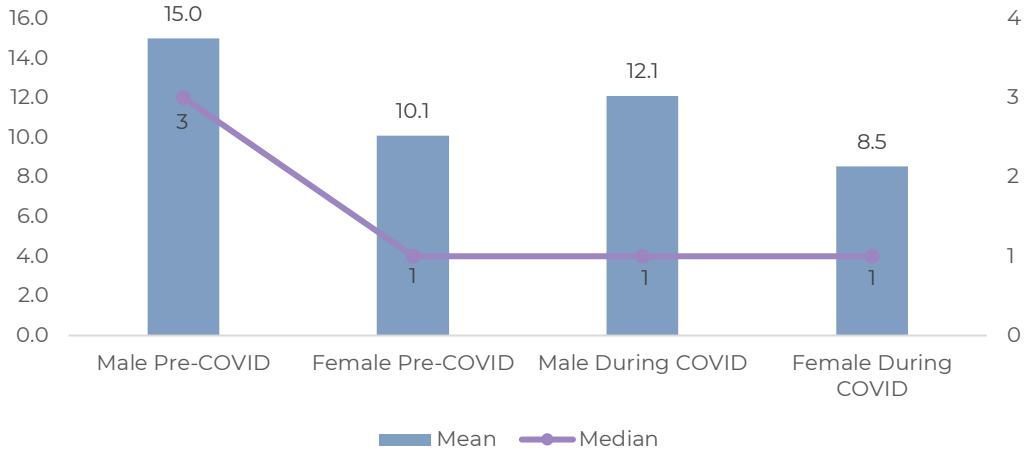
As Figures 31 through 34 show, the mean (and median<sup>19</sup>) length of detention in days varied by charge type, as well as by gender, age, and race/ethnicity. There were also decreases in length of detention generally from pre-COVID to during COVID. As Figure 31 shows, pre-COVID, males spent longer in detention (15.0 mean and 3 median, compared to 10.1 and 1, respectively). During COVID, the mean number of days detained decreased for both groups, but males still spent more time in custody (12.1, compared to females 8.5). The median for males and females during COVID was the same, however (1 day).

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<sup>18</sup> Generating average length of stay by mental health status, though included in the original scope of work for this project, was not possible to due lack of information on this type of status in the Sheriff's Booking System. All sensitive health information for incarcerated individuals is stored in a separate HIPAA compliant database which cannot be accessed for the purposes of this research.

<sup>19</sup> The mean is the total number of days divided by the number of observations. The median is the number at the 50<sup>th</sup> percentile which is the more appropriate measure of central tendency when a distribution is skewed. Both are presented here to show what is more typical, as well as how the two measures vary from one another.

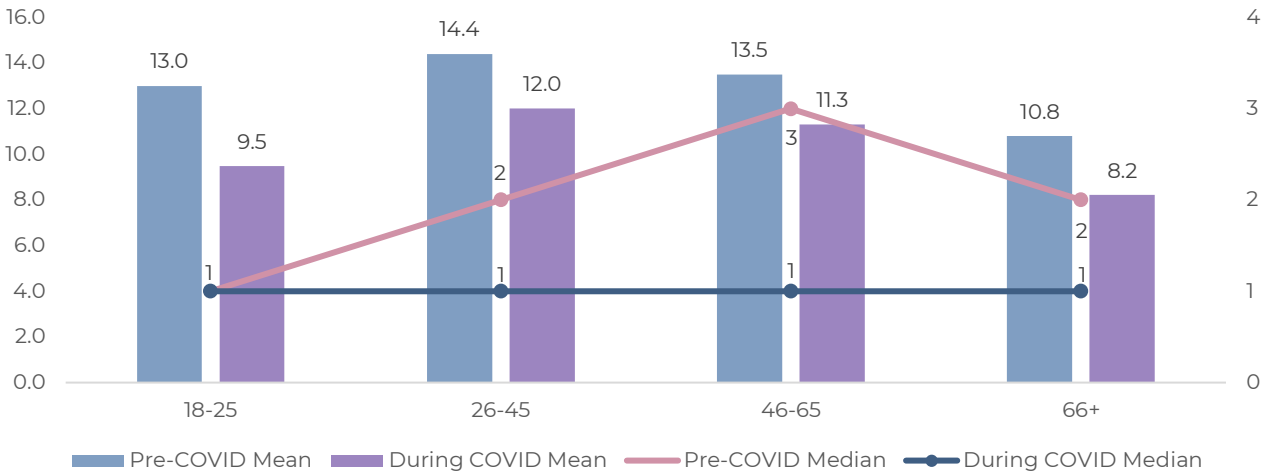
**Figure 31**  
**MEAN AND MEDIAN LENGTH OF STAY (IN DAYS) BY GENDER PRE-COVID AND DURING COVID**



*SOURCES: SANDAG; San Diego County Multi-Agency Interface*

As Figure 32 shows, individuals between 26 and 45 served the longest time in detention both pre-COVID and during COVID, while those 66 years of age and older served the shortest amount of time, on average, when means were compared. In comparison, those 46 to 65 spent the longest time detained when medians were compared (3 days compared to 2 days for those 26 to 45 and 1 day for the other two age groups). During COVID the median decreased to one day for all age groups.

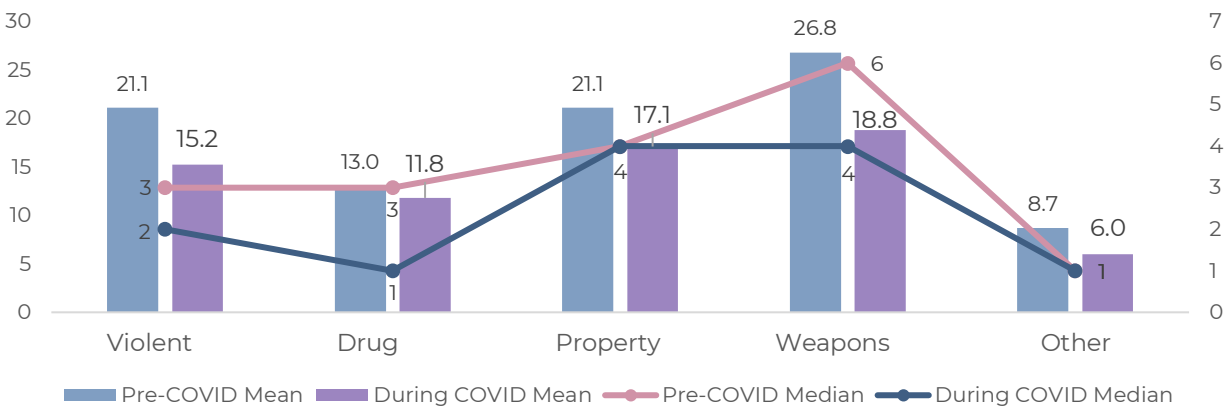
**Figure 32**  
**MEAN AND MEDIAN LENGTH OF STAY (IN DAYS) BY AGE GROUP PRE-COVID AND DURING COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

As Figure 33 shows, individuals with a highest booking charge of a weapons offense spent the greatest number of days in detention (mean of 26.8 and median of 6) pre-COVID, as well as in the during COVID period (18.8 and 4, respectively) (Figure 31). Those with a violent and property offense followed, with those with a most serious booking charge that was related to drugs or some other offense serving the least time in detention. All of these measures of average length of stay varied from pre-COVID to during COVID, with the exception of property offenses (median of 4 days both time periods) and other offenses (median of 1 day both time periods).

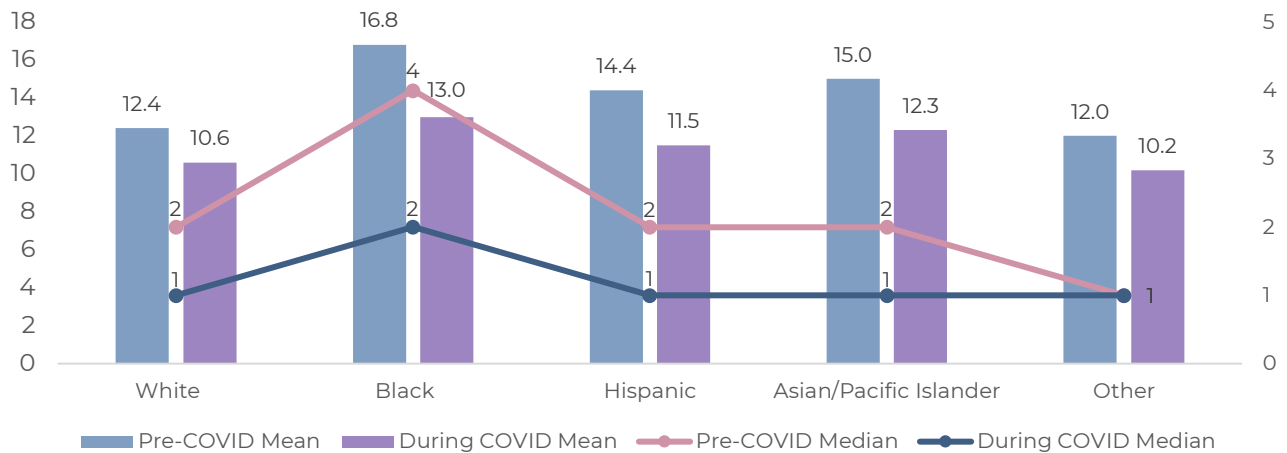
**Figure 33**  
**MEAN AND MEDIAN LENGTH OF STAY IN DAYS BY HIGHEST BOOKING CHARGE TYPE PRE-COVID AND DURING COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

As Figure 34 shows, while the mean length of detention decreased for all race/ethnic groups over time, Black individuals were detained a greater number of days on average, both pre-COVID (16.80 mean and 4 median) and during COVID (13.00 mean and 2 median), compared to the other race/ethnic groups.

**Figure 34**  
**MEAN AND MEDIAN LENGTH OF STAY IN DAYS BY RACE/ETHNICITY PRE-COVID AND DURING COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

The median length of stay decreased to one day during COVID for both genders, all age groups, all races/ethnicities, and all charges except for **violent crimes** (2 days), **property crimes** (4 days), **weapon crimes** (4 days), and individuals identified as **Black/African-American** (2 days).

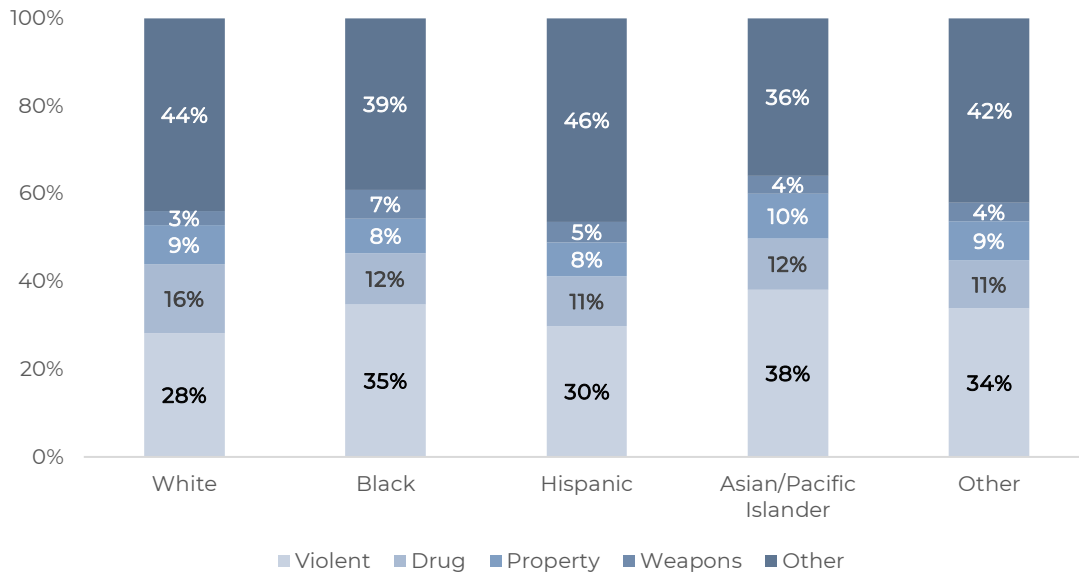
Because of overrepresentation of individuals who identify as Black in the justice system, further analyses were conducted to determine how the highest booking charge may have varied for individuals of different races/ethnicities during COVID,<sup>20</sup> and if any of the variation in race/ethnicity was related to the highest booking charge. As Figure 35 shows, while Black individuals were slightly more likely to be booked

for a weapons offense (7%, compared to 3% to 5% for the other groups) and a violent offense (35% versus 28% for White individuals and 30% for Hispanic individuals), they were less likely to be booked for a property offense than White individuals (12% versus 16%, respectively). In addition, when logistic regression models were run to account for type and level of the highest charge, a best-subsets method determined that only 9% of the variance could be affected by these three variables, with the other 91% accounted for by other factors that were not factored into the model. While it is beyond the scope of this analysis to say what these other factors (e.g.,

<sup>20</sup> Analyses with a sole independent variable of race/ethnicity only predicted around 5% of the variance in length of detention, suggesting that other factors were responsible for the other 95%.

criminal history, additional charges) could be, further exploration of inequities in detention post-COVID should be explored.

**Figure 35**  
**HIGHEST BOOKING CHARGE BY RACE/ETHNICITY DURING COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

*What are the assessed mental and behavioral health needs (including substance use and mental health acuity level) of individuals in custody and how have they varied over time, by booking charge, booking reason, and race/ethnicity? (SOW 3.5.3)*

**Changes in Mental and Behavioral Health Needs of Detained Individuals**

This research question pertained to the needs of individuals booked into local jails in terms of housing status, substance use, and mental health, both pre-COVID and during COVID. Unfortunately, these data were not reliably available for this analysis, either because they could not be shared due to client protections of health-related information or because they were not captured specifically in any of the data systems. For example, while the descriptive of being homeless or housing unstable would seem to be something that would be available, it is not. There are different definitions of what might constitute being homeless or housing unstable, and there may be contradictory information across multiple systems and variables. However, the researchers were able to compile some data that speak to mental health needs as described below, and regarding other needs from another study (that is described in a following section).



The area of interest that could be tracked in some way related to mental health needs of individuals in Sheriff's custody in local jails. These data were not available in the Multi-Agency Interface (MAI) due to HIPAA (Health Insurance Portability and Accountability Act) constraints for individual level information, but rather were provided by the Sheriff's Department as data submitted to the Board of State and Community Corrections (BSCC). Four measures of the mental health needs of incarcerated individuals were available, including the number of mental health cases open on the last day of the month, the number of new mental health cases that were opened during the month, the number of incarcerated individuals on the last day of the month who were receiving psychotropic medication, and the average number of incarcerated individuals assigned to mental health beds. These data are described over the series of four figures that follow. When interpreting these numbers, it is important to note that they do not necessarily reflect the percent of the jail population that were documented as having a mental health need or receiving a mental health service. That is, the decrease in numbers pre-COVID and during COVID for all four measures were generally smaller, than the decrease in the jail population overall, and could reflect capacity.

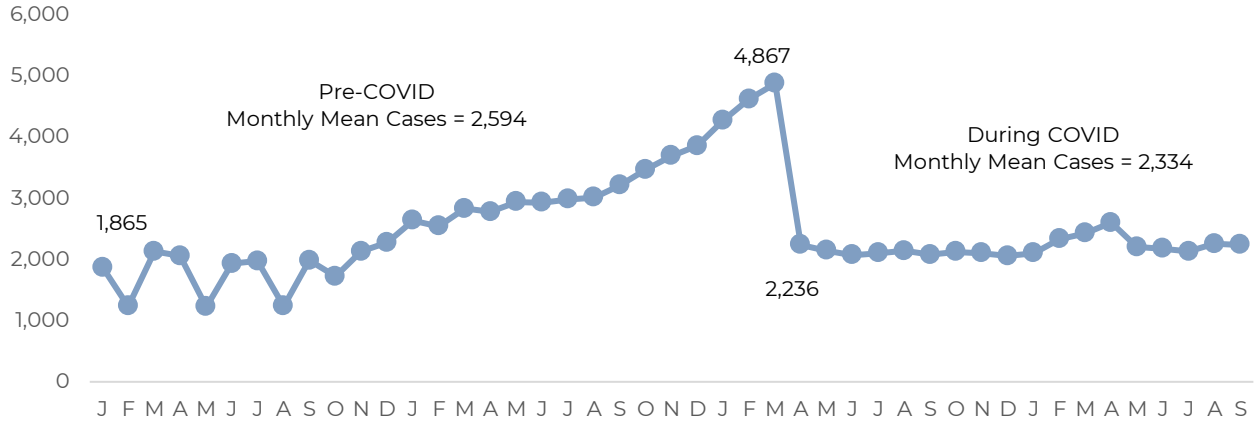
Figure 36 presents a snapshot of the number of mental health cases open on the last day of the month. This variable is operationalized as the number of patients having a face-to-face encounter with a mental health provider at any time during their detention. As this figure shows, the monthly average pre-COVID was 2,594, with monthly figures ranging from 1,221 to 4,613. This number spiked in March 2020 to 4,867, but then dropped to 2,068 by June 2020, varying from 2,101 to 2,595 through September 2021.<sup>21</sup> The monthly mean number of health cases during COVID was 2,334, 10% lower than the average pre-COVID. It should be noted that the number of bookings during the same time period decreased by 42%.

Figure 37 presents the number of new mental health cases that were opened during the month. This variable is inclusive of the number of patients that were scheduled and seen by a mental health provider (e.g., psychiatrist) and includes the number of mental health patients that only had their psychological records reviewed or medication renewed by a psychiatrist or nurse practitioner in the jail. As this figure shows, the monthly average pre-COVID was 1,234, with monthly figures ranging from 703 to 1,414. This mean dropped to 1,147 during COVID, a 7% decrease.

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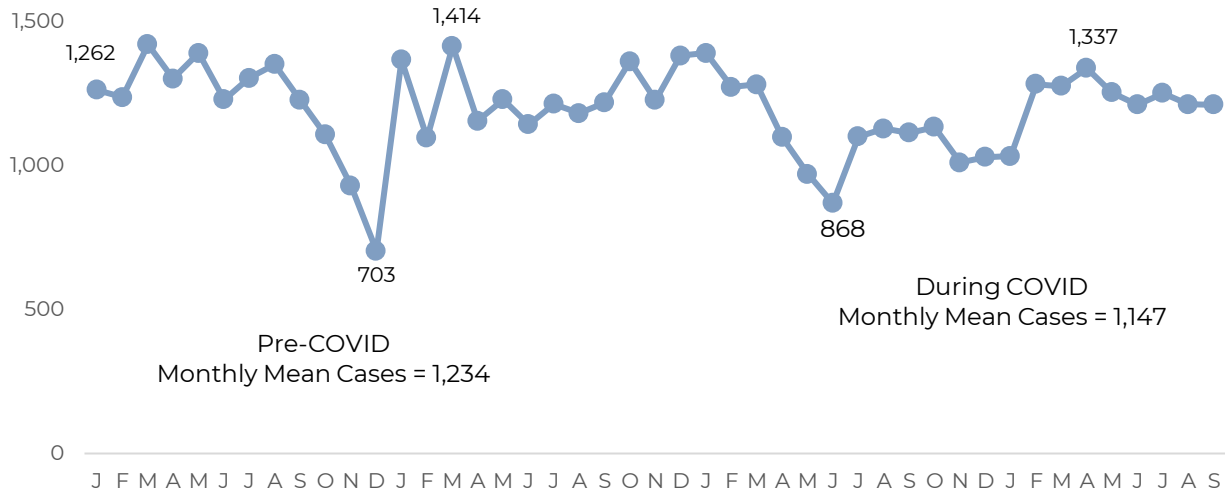
<sup>21</sup> Data for BSCC Mental Health Indicators were only available through September 2021 at the time of this analysis.

**Figure 36**  
**NUMBER OF MENTAL HEALTH CASES OPEN ON THE LAST DAY OF THE MONTH, JANUARY 2018 – SEPTEMBER 2021**



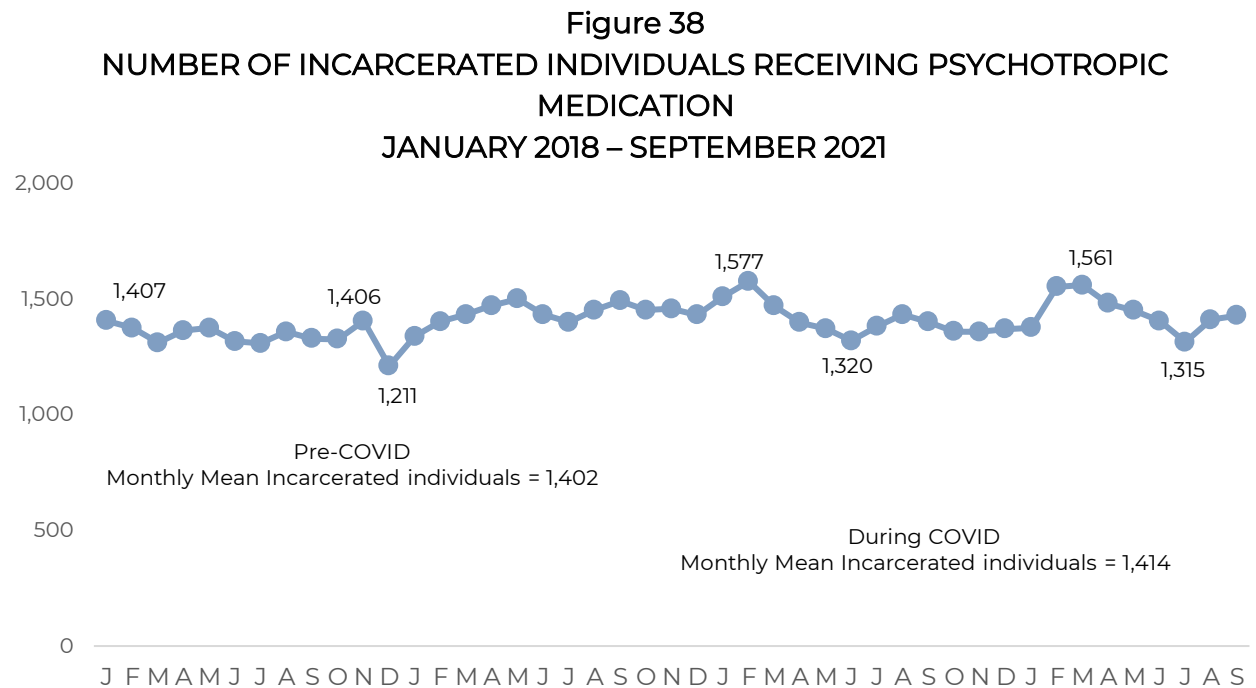
SOURCES: SANDAG; Board of State and Community Corrections, Jail Profile Survey, Agency: San Diego Sheriff's Department, Accessed: 3/29/2022

**Figure 37**  
**NUMBER OF NEW MENTAL HEALTH CASES THAT WERE OPENED DURING THE MONTH, JANUARY 2018 – SEPTEMBER 2021**



SOURCES: Board of State and Community Corrections, Jail Profile Survey, Agency: San Diego Sheriff's Department, Accessed: 3/29/2022

Figure 38 presents the number of incarcerated individuals receiving psychotropic medication on the last day of each month. As this figure shows, the monthly average pre-COVID was 1,402 incarcerated individuals, varying between a low of 1,211 and a high of 1,557 in February 2020, just prior to COVID. During COVID, the number steadily decreased to a low of 1,320 in June 2020, but was back over 1,500 in February and March 2021, helping to bring the average to 1,414 during COVID, slightly higher than the pre-COVID time period (an increase of <1%). However, given that the jail population itself decreased over this same time period, this slight increase is important to note.

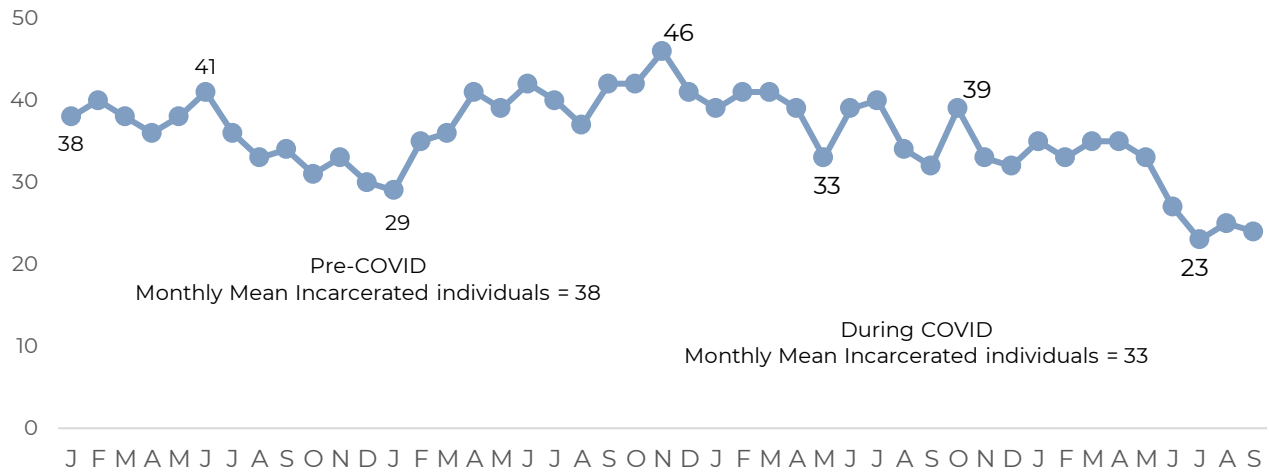


*SOURCES: Board of State and Community Corrections, Jail Profile Survey, Agency: San Diego Sheriff's Department, Accessed: 3/29/2022*

Figure 39 presents the number of incarcerated individuals assigned to mental health beds on the last day of each month. As this figure shows, the monthly average pre-COVID was 38 and ranged from 29 to 46. The monthly average during COVID of 33 represented a decrease of 13%.

While the monthly mean number of jail bookings dropped 42% from pre-COVID to during COVID, three measures of the mental health needs of those detained decreased considerably less (-7% to -13%), and one (receiving psychotropic medication) increased slightly (<1%).

**Figure 39**  
**AVERAGE NUMBER OF INCARCERATED INDIVIDUALS ASSIGNED TO MENTAL HEALTH BEDS**  
**JANUARY 2018 – SEPTEMBER 2021**



SOURCES: Board of State and Community Corrections, Jail Profile Survey, Agency: San Diego Sheriff's Department, Accessed: 3/29/2022

*What type of county-funded behavioral health services (e.g., mental health and substance use) did detained individuals receive within the 18-month period prior to their first incarceration (as identified through data analyses) and how was this related to later justice system involvement? How did receipt of services relate to an individual's race/ethnicity? (SOW 3.5.4)*

**Individuals' Receipt of Behavioral Health Services Prior to Detention**

The final research question posed as part of the first research goal related to whether individuals booked into a local jail received county-funded Behavioral Health Services (BHS) for mental health or substance use disorder treatment in the 18-month period prior to their first incarceration and if so, how this was related to later justice system involvement. Again, for this report, data were analyzed for two time periods (pre-COVID which was January 2018 through February 2020 and during COVID which was March 2020 through December 2021) and involved identifying an individual's first booking during that respective time period through Sheriff's data, and then analyzing data from BHS that included documentation of receiving behavioral health or substance use treatment.

It should be noted that an individual could be in both samples (pre-COVID and during COVID) and measuring completion of treatment and fidelity of treatment were not part of these analyses. It should also be noted that because these data are updated regularly in the MAI, this analysis is a snapshot in time. In addition, the number of bookings presented here do not correspond with those presented earlier because this analysis included individuals still detained and the analyses regarding

length of stay only included those who had been released. Finally, when interpreting these statistics, it is important to note that receiving services from BHS is not a direct indicator of need, meaning individuals who may have the need but have not been assessed, will not be included. Further, it is possible that even if the need has been identified, an individual has not been successfully engaged in treatment, or alternatively, that the individual has received services through some other way, such as a privately funded organization, which would not be documented here.<sup>22</sup>

Figures 40 and 41 present a summary of the number of individuals and bookings pre-COVID and during COVID, what percentage received County-funded treatment, and of those who received treatment, what type of treatment was received.

Takeaways from these data include:

- the majority of individuals booked into jail both pre-COVID (84%) and during COVID (89%) had *not* received County-funded treatment in the 18 months prior to their first booking in that time period;
- a greater percentage of those booked pre-COVID had a history of receiving County-funded treatment, compared to during COVID;
- for both samples, a greater percentage received mental health treatment,<sup>23</sup> and a smaller percentage received substance use treatment;<sup>24</sup>
- overall, only 13% (11,101 of 87,823) of those booked pre-COVID and 10% (3,273 of 32,457) of those booked during COVID had received mental health treatment in the 18-months prior to their booking; and
- overall, only 5% (4,662 of 87,823 individuals) of those booked pre-COVID and 2% (786 of 32,457 individuals) of those booked during COVID had received substance use treatment in the 18-months prior to their booking.

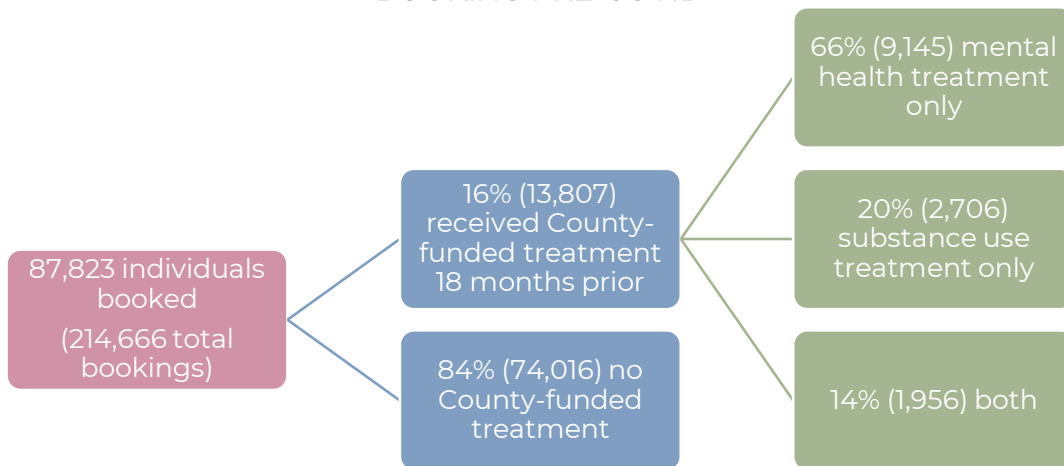
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<sup>22</sup> It should also be noted that this analysis did not distinguish services received based on level of care or acuity. For example, an inmate who received acute care through a BHS-funded crisis stabilization unit or emergency psychiatric unit would be counted in the analysis in the same way as an individual who received a low dose of psychiatric medication during their time in detention.

<sup>23</sup> The mean and median number of mental health assignments pre-COVID was 4.0 and 3.0 and 2.9 and 1.0 during COVID.

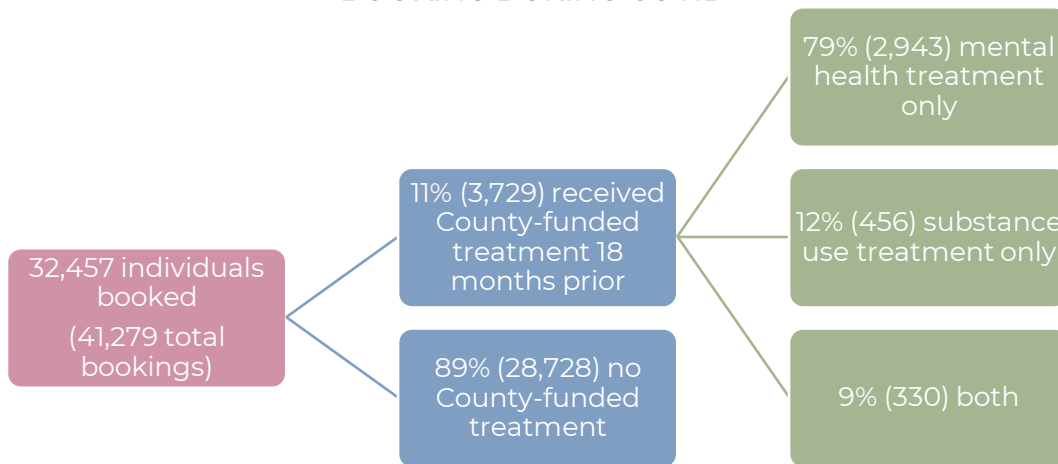
<sup>24</sup> The mean number of substance use disorder admissions pre-COVID was 1.6 and 1.7 during COVID. The median for both groups was 1.0.

**Figure 40**  
**RECEIPT OF COUNTY-FUNDED TREATMENT IN THE 18-MONTHS PRIOR TO FIRST BOOKING PRE-COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

**Figure 41**  
**RECEIPT OF COUNTY-FUNDED TREATMENT IN THE 18-MONTHS PRIOR TO FIRST BOOKING DURING COVID**



SOURCES: SANDAG; San Diego County Multi-Agency Interface

Additional analyses comparing these percentages by an individual's race/ethnicity were also conducted. As Table 7 shows:

- Regardless of race/ethnicity, less than one in seven individuals booked into jail received County-funded treatment, and of those who did, the majority received mental health treatment (as opposed to substance use treatment or both).

- A greater percentage of White/Caucasian (19%) and Black/African-American (19%) individuals received County-funded treatment in the 18-months prior to their booking, compared to Hispanic individuals (12%) and those of other races/ethnicities (13%) pre-COVID. A similar pattern was seen during COVID. This could suggest opportunities for future engagement and/or less need.
- Of those who received treatment in the pre-COVID group, Black (74%) individuals were most likely to receive only mental health treatment, and Hispanic (24%) and White (20%) individuals were more likely to receive only substance use treatment. A similar pattern was seen in the during COVID period, apart from individuals who identified as other races/ethnicities (87%) also being likely to have received only mental health treatment.

**Table 7**  
**RECEIPT OF COUNTY-FUNDED MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES IN THE 18-MONTHS PRIOR TO BOOKING BY AN INDIVIDUALS' RACE/ETHNICITY PRE-COVID AND DURING COVID**

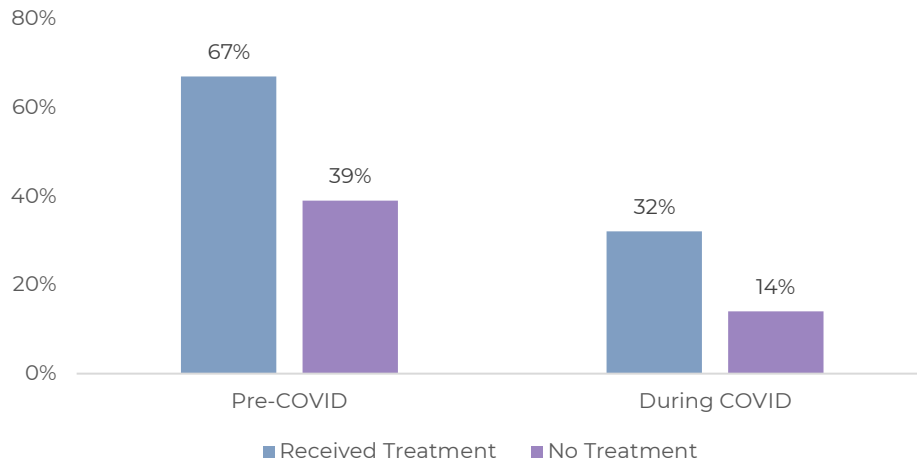
	Pre-COVID	During COVID
<b>Received Any Treatment</b>	16% (of 87,692)	11% (of 32,217)
White/Caucasian	19% (of 36,072)	14% (of 11,852)
Black/African-American	19% (of 12,843)	13% (of 4,569)
Hispanic/Latino/Latina	12% (of 33,170)	9% (of 13,591)
Other	13% (of 5,561)	12% (of 2,166)
<b>Of Those Who Received Treatment,</b>		
<b>Received Only Mental Health</b>	66% (of 13,792)	79% (of 3,703)
White/Caucasian	65% (of 6,738)	77% (of 1,663)
Black/African-American	74% (of 2,407)	86% (of 602)
Hispanic/Latino/Latina	63% (of 3,943)	76% (of 1,184)
Other	70% (of 702)	88% (of 249)
<b>Received Only Substance Use</b>	20% (of 13,792)	12% (of 3,703)
White/Caucasian	20% (of 6,738)	13% (of 1,663)
Black/African-American	14% (of 2,407)	6% (of 602)
Hispanic/Latino/Latina	24% (of 3,943)	15% (of 1,184)
Other	17% (of 702)	6% (of 249)
<b>Received Both</b>	14% (of 13,792)	9% (of 3,703)
White/Caucasian	16% (of 6,738)	10% (of 1,663)
Black/African-American	12% (of 2,407)	6% (of 602)
Hispanic/Latino/Latina	13% (of 3,943)	7% (of 1,184)
Other	13% (of 702)	6% (of 249)

*SOURCES: SANDAG; San Diego County MAI*

In terms of how the receipt of prior treatment related to later justice system contact (any time after that first contact in the time period), those who had received treatment were more likely to have more than one booking in the study period, both pre-COVID (67%, versus 39%) and during COVID (32%, versus 14%). It is important to

note that while receiving (or not receiving service) is not an indicator of need, it would suggest some relationship regarding need and ongoing justice system contact.

**Figure 42**  
**PERCENT OF INDIVIDUALS WHO HAD MORE THAN ONE BOOKING PRE-COVID AND DURING COVID BY RECEIPT OF COUNTY-FUNDED TREATMENT**



*SOURCES: SANDAG; San Diego County Multi-Agency Interface*



## *Takeaways*

During the COVID-19 pandemic study period, booking numbers into local detention facilities decreased significantly, even though some crime numbers increased. These changes were related primarily to seven factors including opportunity to commit a crime, changes in probation/parole supervision and law enforcement engagement, early releases from jail, zero bail, not booking certain offenses into jail, and not being able to transfer individuals to state custody.

The characteristics of those booked also changed, with a greater proportion of felonies and individuals booked for a violent crime. However, the most common booking charge both pre-COVID and during COVID was disorderly conduct related to alcohol/drugs. The length of time individuals were detained decreased, although there were some disparities that could not be explained merely by booking reason for Black/African-American individuals. In addition, booked individuals who identified as Hispanic/Latino/Latina were less likely than other races/ethnicities to have received mental health or substance use treatment from BHS in the 18 months prior to their booking, which could reflect either a lack of need, or opportunities for additional outreach to this population.

Regardless of an individual's incarceration issues, the majority of ATI community survey respondents felt there were areas the current justice system could improve, but there was less consensus on whether more services should be made available in the community. Homelessness and the availability of mental health services were also two of the most common concerns of survey respondents.

## Justice System Contact of Those Not Incarcerated During COVID-19

*What type of contact and for what types of offenses (including if serious or violent) did individuals (as described in SOW 3.6) not detained during COVID-19 due to policy changes have with law enforcement in the community (e.g., citations, arrests, bookings), compared to an equitable, matched control group? (SOW 3.5.6)*

As described in 3.5.6, SANDAG was asked to “determine the rate at which populations who were not incarcerated due to booking changes driven by the Public Health emergency committed new crimes or were returned to custody, using a comparison group defined by the Contractor and approved by the Contracting Officer’s Representative (COR).” This question was revised to better understand the level and type of justice system contact of individuals who had contact (misdemeanor-level arrest or citation) with local law enforcement between April 1, 2020, and March 31, 2021 for select drug use and possession (HS 11350(a)-Possession of a controlled substance, HS 11357-Possession of marijuana, HS 11377(a)-Possession of non-narcotic substance (including methamphetamine), HS 11550(a)-Under the influence of a controlled substance, HS 11364-Possession of drug paraphernalia) and/or public conduct charges (PC 415-Disturbing the peace, PC 602-Trespassing, PC 647(e)-Illegal lodging, PC 647(f)-Public intoxication) but who were not booked into jail as a result of this contact.<sup>25</sup>

To generate a representative sample of data for analysis, an inverse matching methodology was applied to Automated Regional Justice Information System (ARJIS) data between April 1, 2020, and March 31, 2021, to filter out observations where an individual was arrested or cited for one or more of these misdemeanor-level charges and then later booked into jail. To ensure that this population included only those individuals who were arrested for these charges but not booked into a detention facility, ARJIS data were cross-referenced with San Diego County Sheriff’s Jail Information Management System (JIMS) data from the MAI, using an individual’s presence in the JIMS data as the core exclusion criteria from the ARJIS data. To SANDAG’s knowledge, this is the first time that these two large datasets have been linked in such a way.

Because there is no single variable in both datasets on which to match data, the chosen sampling strategy came with some minor methodological tradeoffs but minimized the risk of unintentionally including ineligible individuals in the sample (i.e., individuals who were booked into a detention facility on those charges). To

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<sup>25</sup> The select drug-related charges are Health and Safety (HS) violations, and the select public conduct charges are Penal Code (PC) violations. This notation will be used to refer to these violations throughout the report. It should also be noted that although policy changes significantly reduced the number of individuals booked on these select charges, they were still bookable. However, these individuals were excluded from the analysis as a result of the selection criteria.

create the final data frame, any individual from the ARJIS data who was also present in the JIMS data during the April 1, 2020, to March 31, 2021, time frame was excluded by matching on five key demographic variables: first name, last name, date of birth, sex, and date of arrest. The total number of observations upon applying these filters was 11,904,<sup>26</sup> which represents the entire population of unique individuals arrested or cited for the specified violations between April 1, 2020, and March 31, 2021, but who were not booked.

To better understand the type, frequency, and timing of justice system contacts for individuals arrested or cited but not booked on the nine predefined charges, recorded contacts were analyzed for each individual one-year prior to and one-year following their pandemic-period offense. For example, if an individual was arrested on June 12, 2020, on one of the specified drug possession or public conduct charges, his/her/their criminal activity was analyzed back to June 12, 2019, and forward to June 12, 2021. Points of analysis include frequency of contact and charge type and level. In addition to these descriptive statistics, sub-analyses based on key demographic characteristics, such as race/ethnicity and age group, were conducted.

### *Population Characteristics*

Between April 1, 2020, and March 31, 2021, a total of 11,904 individuals were arrested or cited but not booked into jail for one or more of the drug use/possession and/or public conduct charges. Among these unique individuals, there were 19,068 contacts with law enforcement that resulted in an arrest or citation, but that did not ultimately result in a booking. Examining the characteristics and criminal activity of these individuals allows for a more complete understanding of the types of individuals being arrested/cited and released for these types of offenses, as well as of the effects of pandemic-era policy changes on crime patterns for this population of lower-level individuals. As Table 8 shows, over three-quarters (76%) of these individuals were male, the median age was 36, just under half were White/Caucasian (46%) and 33% were Hispanic/Latino.<sup>27</sup>

11,904 individuals were arrested or cited 19,068 times during the one-year sampling period for a drug use/possession and/or public conduct charge.

The majority (91%) of law enforcement contacts that did not result in booking were for drug-related offenses, as opposed to public conduct.

An analysis of the activity of the population during this time period indicated that a vast majority (91%) of arrests and citations that did not result in jail bookings were for narcotics-related charges. Of these, a majority were related to drug possession. The most frequent charge recorded was HS 11377(a) (possession of narcotics,

<sup>26</sup> Although the original revised plan was to sample 300 to 400 individuals arrested or cited but not booked on any of the nine charges during the pandemic period, SANDAG researchers were able to collect data for the entire population of individuals that fit these criteria.

<sup>27</sup> It should be acknowledged that these statistics do not necessarily allow for a full understanding of who in general commits these types of offenses, as the decision whether to book or cite and release is largely left to the discretion of the arresting officer. Rather, this analysis focuses only on those arrested or cited but not booked on these charges.

including methamphetamine), followed by HS 11364 (possession of drug paraphernalia), HS 11550(a) (under the influence of a controlled substance), and HS 11350(a) (possession of a controlled substance). Relative to drug possession charges, public conduct charges among the population were relatively low, comprising roughly 9% of total contacts during this period.

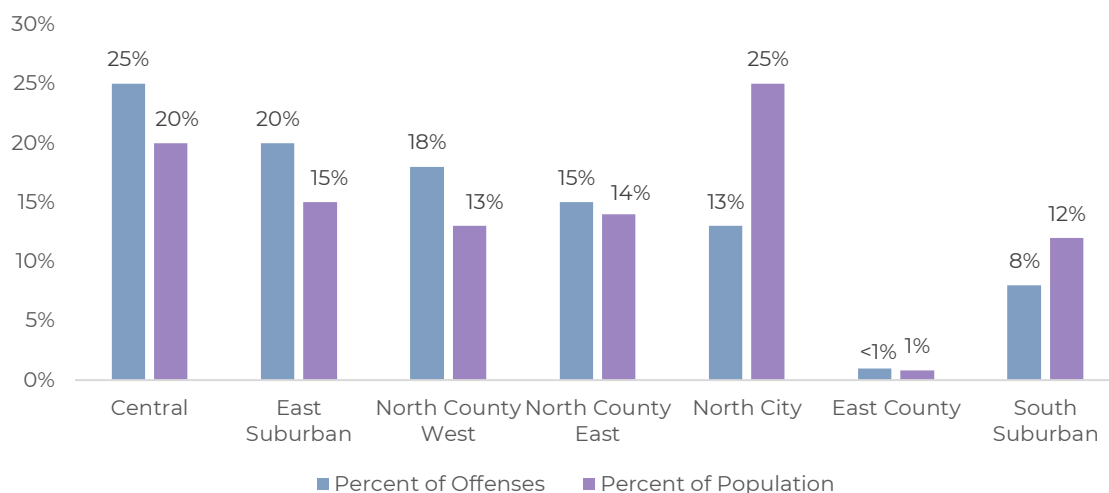
<b>Table 8 CHARACTERISTICS OF INDIVIDUALS WITH LAW ENFORCEMENT CONTACT WHO WERE NOT BOOKED DURING COVID-19 FOR A MISDEMEANOR-LEVEL DRUG OR PUBLIC CONDUCT OFFENSE</b>	
<b>INDIVIDUAL CHARACTERISTICS</b>	
Sex	
Male	76%
Female	24%
Race	
White/Caucasian	46%
Hispanic/ Latino/Latina	33%
Black/African-American	15%
Asian/Pacific Islander	2%
Other	2%
Age	
Mean (Range)	38.1 (18-88)
Mean	36
<b>TOTAL</b>	<b>11,904</b>
<b>CONTACT CHARACTERISTICS</b>	
Violation Type	
Possession of narcotics, including methamphetamine – HS 11377(a)	37%
Possession of Drug Paraphernalia - HS 11364	22%
Under the Influence of a Controlled Substance - HS 11550(a)	18%
Possession of a Controlled Substance - HS 11350(a)	13%
Trespassing - PC 602	7%
Illegal lodging - PC 647e	2%
Disorderly conduct involving alcohol/drugs - PC 647f	<1%
Disturbing the peace - PC 415	<1%
Possession of marijuana - HS 11357	<1%
<b>TOTAL</b>	<b>19,068</b>
<i>NOTE: Percentages may not equal 100 due to rounding.</i>	
<i>SOURCES: ARJIS; MAI; SANDAG</i>	

SANDAG analyzed the number of contacts that occurred during the pandemic period by major statistical area (MSA)<sup>28</sup> and compared it to the most recent SANDAG population estimates for the same area. As Figure 43 shows, a greater percentage of contacts occurred in the Central, East Suburban, and North County West MSAs,

<sup>28</sup> There are seven Major Statistical Areas (MSA) in San Diego County, all of which describe different geographical areas of the County. To view these MSAs on a map, please visit <https://sdgis.sandag.org/>

compared to the population, while a smaller percentage occurred in the North City and South Suburban MSAs.

**Figure 43**  
**PERCENT OF THE POPULATION AND DRUG/PUBLIC DISORDER CONTACTS REPORTED IN EACH OF THE COUNTY'S MAJOR STATISTICAL AREAS**



*NOTE: Percentages may not equal 100 due to rounding.*

*SOURCES: SANDAG, 2020 Annual Population Estimates, Retrieved: December 12, 2022; ARJIS; MAI; SANDAG*

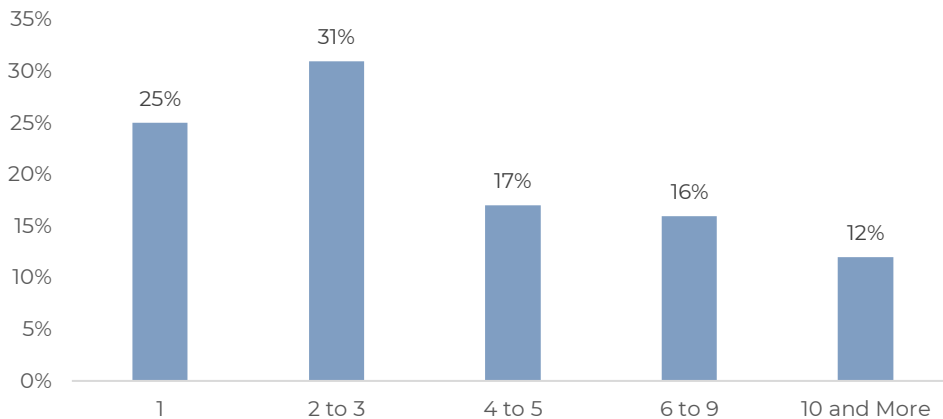
### ***Justice System Contact One-Year Prior to Instant Offense***

**3 in 4** individuals with justice system contact that did not result in a booking also had contact in the one-year prior to this instant offense.

Among the 11,904 individuals arrested or cited but not booked on eligible offenses during COVID-19, 7,600 (77%) individuals had a recorded law enforcement contact in the one-year prior to their instant offense, while 4,304 (23%) did not (Table 9). Among these 7,600 individuals with a pre-pandemic law enforcement contact, there were 36,785 law enforcement contacts in the year prior to their instant offense. Of those who had law enforcement contact in the one-year prior to their pandemic-period offense, there was a median of three contacts (mean 4.8) per person, with a range from 1 to 110. Further, as Figure 44 shows, around one in four had six or more contacts and around one in ten had ten or more. These numbers indicate that while one in four of these individuals may not have a history of continued contact, the majority do, many of whom likely have underlying needs that may need to be addressed.

Table 9 HISTORY OF LAW ENFORCEMENT CONTACT FOR ANY CHARGE IN THE ONE-YEAR PRIOR TO THE DRUG AND/OR PUBLIC DISORDER CONTACT DURING THE COVID-19 PERIOD	
<b>Contacts (Arrests/Citations)</b>	
Percent with contact in one-year prior	77%
Mean/person (Range)	4.8 (1-110)
Median/person	3
<b>TOTAL CONTACTS</b>	<b>7,600</b>
<i>SOURCES: ARJIS; MAI; SANDAG</i>	

**Figure 44**  
**NUMBER OF CONTACTS INDIVIDUALS NOT BOOKED DURING COVID-19 HAD IN THE ONE-YEAR PRIOR TO THEIR IDENTIFYING CONTACT FOR ANY TYPE OF OFFENSE**



**TOTAL = 7,600**

*NOTE: Percentages do not equal 100 due to rounding.*  
*SOURCES: ARJIS; MAI; SANDAG*

Analyses were conducted to determine if there were any noticeable differences in the demographic characteristics of these individuals, based on if they had prior contact (and how many prior contacts) with the justice system in the one-year preceding the instant offenses. As Table 10 shows, a greater proportion of individuals with four or more contacts was male (80%), compared to those with no contacts (72%). In addition, Hispanic/Latino/Latina individuals comprised a smaller percent of those with four or more contacts (29%), compared to those with none (36%), while Black/African-American individuals comprised a greater proportion (19% versus 13%).

**Table 10**  
**CHARACTERISTICS OF INDIVIDUALS WITH LAW ENFORCEMENT CONTACT WHO WERE NOT BOOKED DURING COVID-19 FOR A MISDEMEANOR-LEVEL DRUG OR PUBLIC CONDUCT OFFENSE BY NUMBER OF PRIOR OFFENSES IN THE ONE-YEAR PRIOR**

	No Contacts	1 Contact	2-3 Contacts	4 or More Contacts
Sex				
Male	72%	76%	76%	80%
Female	27%	24%	24%	20%
Race				
White/Caucasian	44%	46%	45%	47%
Hispanic/ Latino/Latina	36%	35%	35%	29%
Black/African-American	13%	12%	15%	19%
Asian/Pacific Islander	5%	5%	3%	3%
Other	2%	2%	2%	1%
Age				
Mean	38.0	38.3	38.1	38.6
Median	36	37	36	37
<b>TOTAL</b>	<b>4,307</b>	<b>1,887</b>	<b>2,321</b>	<b>3,389</b>
<i>NOTE: Percentages may not equal 100 due to rounding.</i>				
<i>SOURCES: ARJIS; MAI; SANDAG</i>				

### ***Justice System Contact One-year After Instant Offense***

When looking at the one-year following the COVID-19 instant offense, over half (55%, 6,604 of 11,904) of the individuals not booked had some type of law enforcement contact. As Table 12 shows, relative to the pre-pandemic period, this population had lower rates of law enforcement contacts in the form of arrests and citations, which could reflect changed behavior, or alternatively, changes in law enforcement response.

Among individuals with post-pandemic offenses, there were 22,774 law enforcement contacts in the one-year following the instant offense.

Over half (55%) of individuals who were not booked for a drug or public disorder offense during COVID-19 had continued law enforcement contact in the one-year following.

When looking overall at these contacts:

- around half (48%) were misdemeanors, 28% felonies, 16% infractions, and the remaining 8% were almost all initiated due to a mental health crisis (i.e., 5150);
- 22% were for an alcohol/drug offense, 15% for a property offense, 8% a violent offense, and just over half (53%) were classified as “other” (most of which were misdemeanors); and
- Within the “other” category for type of offense, the most common included disturbing the peace/trespassing/ and disorderly conduct (15%), mental health

crisis (12%), a traffic violation (6%), and a city/county ordinance (5%) (not shown).

Looking further into the type of violation section, analyses revealed that the 15 most common contact reasons represented more than half (57%) of all post-pandemic law enforcement contacts. As Table 11 shows, just under three in ten (27%) were for one of the original nine low-level offenses that this population was selected on, including drug possession, possession of drug paraphernalia, disorderly conduct involving alcohol/drugs, under the influence of a controlled substance, and illegal lodging. In addition, 20% represented what could also be considered lower-level violations (fare violation, mental health crisis, FTA, and open container in public), violations which could also be related to an individual’s financial and/or housing situation and ability to navigate the system.

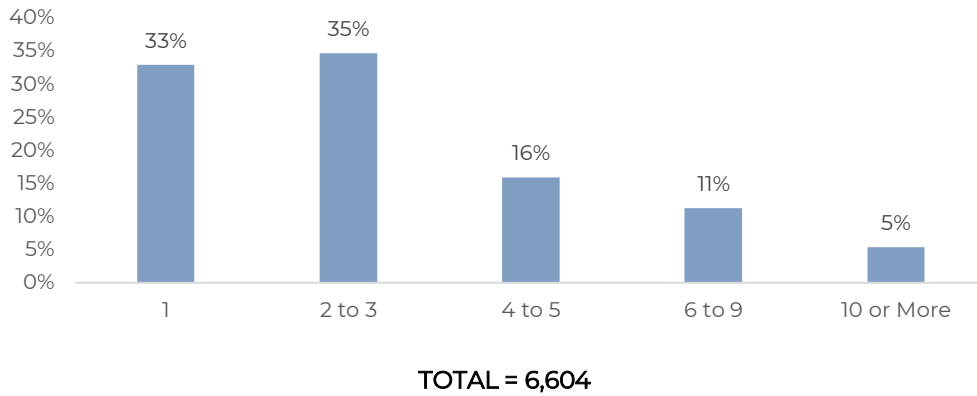
Table 11 MOST FREQUENT VIOLATION SECTIONS INDIVIDUALS NOT BOOKED DURING COVID-19 HAD IN THE ONE-YEAR FOLLOWING INSTANT OFFENSE	
Possession of narcotics, including methamphetamine*	8%
Fare violation	8%
Mental health crisis	6%
Possession of drug paraphernalia*	6%
Other agency’s warrant	6%
FTA	5%
Disorderly conduct involving alcohol/drugs*	4%
Possession of a controlled substance*	3%
Under the influence of a controlled substance*	3%
Illegal lodging*	3%
Cite and release	1%
Flash incarceration	1%
Robbery	1%
Open container in public	1%
Shoplifting	1%
<b>TOTAL</b>	<b>22,774</b>
<i>NOTE: Violation types with an * indicate one of the nine sampling charges for this population. Cite and release refers to law enforcement contacts initiated as the result of a warrant for a misdemeanor offense that ends in the individual receiving a citation and being released in lieu of physical detention.</i>	
<i>SOURCES: ARJIS; MAI; SANDAG</i>	

For those who had repeat contacts, the frequency of these contacts declined from the pre-pandemic period to a median of two (mean 3.5) (Table 12). As Figure 45 shows, one-third (33%) of these individuals only had one additional contact with law enforcement in the follow-up period, over half (51%) had two to five, just over one in ten (11%) had six to nine, and just 1 in 20 (5%) had ten or more.



Table 12 LAW ENFORCEMENT CONTACT FOR ANY CHARGE IN THE ONE-YEAR FOLLOWING THE DRUG AND/OR PUBLIC DISORDER CONTACT DURING THE COVID-19 PERIOD	
<b>Contacts (Arrests/Citations)</b>	
Percent with contact in one-year after	55%
Mean/person (range)	3.5 (1-151)
Median/person	2
<b>TOTAL INDIVIDUALS</b>	<b>6,604</b>
<i>SOURCES: ARJIS; MAI; SANDAG</i>	

**Figure 45**  
**DISTRIBUTION OF NUMBER OF CONTACTS, ONE-YEAR FOLLOW-UP PERIOD**



*SOURCES: ARJIS; MAI; SANDAG*

As Table 13 shows, similar to the characteristics of those with a greater number of pre-pandemic period contact, males represented a greater proportion of those with four or more contacts (83%), compared to their proportion of those with no contacts (71%). Black/African-American individuals also represented a slightly greater proportion of those with the highest level of post-period contact (17%, versus 13% of those with none). Because those individuals with multiple law enforcement contacts may be of most interest for where interventions are needed, additional analyses were conducted to determine if there were any patterns in the first, second, and third listed arrest/citation charge for those with repeat law enforcement contacts. As Table 14 shows, the most common charge types generally reflect those previously shown in Table 11. That is, the majority of contacts for those with three or more law enforcement contacts were related to fare violations, mental health crises, alcohol/drug possession or use, or FTA. Additionally, there was not a noticeable level of escalation to more serious offenses over time for most of this subpopulation.

Males and Black/African-American individuals were more likely to have four or more law enforcement contacts in the year after the instant offense and less likely to have none.

**Table 13**  
**CHARACTERISTICS OF INDIVIDUALS WITH LAW ENFORCEMENT CONTACT WHO WERE NOT BOOKED DURING COVID-19 FOR A MISDEMEANOR-LEVEL DRUG OR PUBLIC CONDUCT OFFENSE BY NUMBER OF OFFENSES IN THE ONE-YEAR FOLLOW-UP PERIOD**

	No Contacts	1 Contacts	2-3 Contacts	4 or More Contacts
Sex				
Male	71%	75%	79%	83%
Female	28%	25%	21%	17%
Race				
White/Caucasian	46%	46%	45%	45%
Hispanic/ Latino/Latina	34%	34%	33%	32%
Black/African-American	13%	15%	17%	17%
Asian/Pacific Islander	4%	4%	4%	4%
Other	2%	1%	2%	1%
Age				
Mean	38.9	38.3	37.7	37.0
Median	37	36	36	35
<b>TOTAL</b>	<b>5,301</b>	<b>2,175</b>	<b>2,288</b>	<b>2,140</b>
<i>NOTE: Percentages may not equal 100 due to rounding.</i>				
<i>SOURCES: ARJIS; MAI; SANDAG</i>				

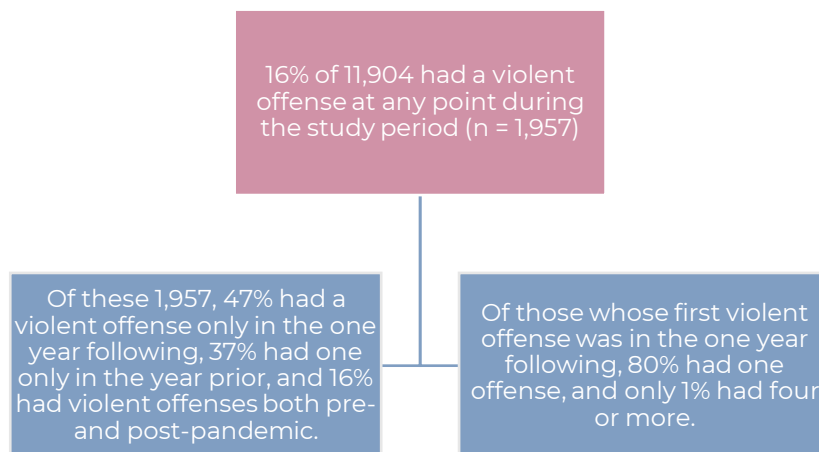
**Table 14**  
**FIRST OFFENSE FOR INDIVIDUALS NOT BOOKED DURING COVID-19 WHO HAD THREE OR MORE CONTACTS WITH LAW ENFORCEMENT IN THE ONE-YEAR FOLLOWING THE INSTANT OFFENSE**

	First Contact	Second Contact	Third Contact
Fare violation	9%	7%	3%
Possession of narcotics, including methamphetamine*	8%	9%	9%
Mental health crisis	8%	7%	9%
Other agency's warrant	5%	5%	6%
Disorderly conduct involving alcohol/drugs*	5%	4%	4%
FTA	4%	4%	6%
Possession of drug paraphernalia*	4%	6%	7%
Possession of controlled substance*	3%	4%	4%
Awaiting parole revocation	2%	<1%	<1%
<b>TOTAL</b>	<b>3,051</b>		
<i>NOTE: Violation types with an * indicate one of the nine sampling charges for this population.</i>			
<i>SOURCES: ARJIS; MAI; SANDAG</i>			

Even though most law enforcement contact in the one-year following the instant offense was related to low-level nonviolent offenses, nearly one in ten (9%) of the 11,904 individuals not booked into jail during the pandemic did go on to have a violent offense associated with one of their contacts, indicating that a small segment

of the study population went on to commit more serious offenses after their pandemic-period instant offense (Figure 46).

**Figure 46**  
**INDIVIDUALS NOT BOOKED DURING COVID-19 WHO HAD LAW ENFORCEMENT CONTACT FOR A VIOLENT OFFENSE**



*SOURCES: ARJIS; MAI; SANDAG*

Turning to an examination of how many of these law enforcement contacts resulted

in a jail booking, analyses revealed that of the 11,904 individuals, 4,184 (35%) were booked into jail in the one-year following their pandemic-period instant offense as a result of law enforcement contact, for a total of 8,994 bookings. Overall, 17% were booked once, 13% twice or three times, and 5% four or more times (not shown).

Around 1 in 3 (35%) of individuals not booked during COVID-19 for low level offenses were booked into jail in the one year following this instant offense.

As Table 15 shows, individuals who were booked four or more times were overwhelmingly male (87% compared to 72% of those with no post-period bookings). Similar to the law enforcement contact data presented in Table 13, Black/African-American individuals represented a greater proportion of those with four or more bookings, but to an even greater degree. In addition, while the proportion of White/Caucasian individuals with no contact (46%) and four or more contacts (45%) was relatively stable (as shown in Table 13), fewer individuals booked four or more times were White/Caucasian (41%), compared to those not booked at all (47%), a difference that should be explored further in future research.

*"I'm trying to not get lost in the system."  
-Listening Session Participant*

**Table 15**  
**CHARACTERISTICS OF INDIVIDUALS WITH LAW ENFORCEMENT CONTACT WHO WERE NOT BOOKED DURING COVID-19 FOR A MISDEMEANOR-LEVEL DRUG OR PUBLIC CONDUCT OFFENSE BY NUMBER OF BOOKINGS IN THE ONE-YEAR FOLLOW-UP PERIOD**

	No Bookings	1 Booking	2-3 Bookings	4 or More Bookings
Sex				
Male	72%	80%	83%	87%
Female	27%	20%	17%	13%
Race				
White/Caucasian	47%	45%	41%	41%
Hispanic/ Latino/Latina	33%	34%	36%	35%
Black/African-American	14%	15%	18%	19%
Asian/Pacific Islander	4%	4%	4%	5%
Other	2%	2%	1%	<1%
Age				
Mean	39.3	36.7	35.6	36.0
Median	38	34	34	34
<b>TOTAL</b>	<b>7,716</b>	<b>2,042</b>	<b>1,514</b>	<b>632</b>

*NOTE: Percentages do not equal 100 due to rounding.*  
*SOURCES: ARJIS; MAI; SANDAG*

Of the 8,994 bookings, two-thirds (66%) were for offenses at the felony level and 34% were at the misdemeanor level (not shown). As Table 16 shows, the most frequent booking charges represented two-thirds (66%) of all booking charges. Only three of the original sampling charges (disorderly conduct involving alcohol/drugs, under the influence of a controlled substance, and possession of narcotics, including methamphetamine) were included in these booking charge types, representing only 18% of all bookings, compared to the 27% of those that appeared among the most common law enforcement contacts in the follow-up period. In comparison, violating a term of community supervision in some way or resisting an officer represented 22% of all bookings, 10% represented property crimes, 8% violent crimes, 6% drug distribution charges, and 2% weapon offenses.

**Table 16**  
**MOST FREQUENT BOOKING CHARGES INDIVIDUALS NOT BOOKED DURING COVID-19**  
**HAD IN THE ONE-YEAR FOLLOWING INSTANT OFFENSE**

Disorderly conduct involving alcohol/drugs*	10%
Flash incarceration	9%
Under influence of a controlled substance*	6%
Awaiting parole revocation	5%
Violation of a court order	4%
Burglary	4%
Vandalism > \$400	3%
Robbery	3%
Assault with a deadly weapon (non-firearm)	3%
Taking a vehicle without consent	3%
Possession of a concealed dirk or dagger	2%
Possession of narcotics, including methamphetamine*	2%
Possession of narcotics with intent to sell	2%
Resisting an officer	2%
Domestic violence	2%
Transportation of a controlled substance	2%
Possession for sale of a controlled substance	2%
Probation violation	2%
<b>TOTAL</b>	<b>8,994</b>
<p><i>NOTE: Violation types with an * indicate one of the nine sampling charges for this population. Flash incarceration is a period of detention to be served in county jail for any violation of post-release mandatory supervision.</i></p> <p><i>SOURCES: ARJIS; MAI; SANDAG</i></p>	

To better understand why and how individuals with multiple bookings were brought to jail, analyses were conducted comparing the first, second, and third bookings of the 1,137 individuals with three or more bookings into jail. As Table 17 shows, over time, a greater percentage of bookings were at the misdemeanor level, suggesting that law enforcement may be taking this level of continued contact into consideration and bringing individuals to jail for lesser offenses over time. When comparing how the type of booking charge changed over time, it is interesting to note that fewer subsequent bookings were for disorderly conduct involving alcohol/drugs, but there were small increases for charges such as assault with a deadly weapon and taking a vehicle without the consent of the owner.

**Table 17**  
**FIRST BOOKING OFFENSE FOR INDIVIDUALS NOT BOOKED DURING COVID-19 WHO HAD THREE OR MORE BOOKINGS IN THE ONE-YEAR FOLLOWING THE INSTANT OFFENSE**

	First Booking	Second Booking	Third Booking
Level			
Felony	63%	51%	47%
Misdemeanor	36%	36%	36%
Most Common Type			
Flash incarceration	14%	10%	9%
Disorder conduct involving alcohol/drugs*	13%	7%	6%
Awaiting parole revocation	7%	6%	5%
Under influence of a controlled substance*	5%	3%	3%
Burglary	4%	2%	2%
Robbery	4%	0%	2%
Vandalism > \$400	3%	3%	2%
Violation of restraining order	4%	2%	2%
Domestic violence	2%	0%	0%
Assault with a deadly weapon	2%	2%	3%
Resisting an officer	2%	2%	1%
Possession of methamphetamine with intent to sell	2%	2%	0%
Carrying a concealed dirk or dagger	2%	1%	0%
Taking vehicle without consent	2%	2%	3%
<b>TOTAL</b>	<b>1,137</b>		
<i>NOTE: Violation types with an * indicate one of the nine sampling charges for this population.</i>			
<i>SOURCES: ARJIS; MAI; SANDAG</i>			

### **Takeaways**

Booking-related policy changes implemented during the COVID-19 pandemic period provided an opportunity to examine how these changes affected the probability of later contact with the justice system. As described in this section, 11,904 individuals had law enforcement contact for one of nine low-level offenses between April 1, 2020, and March 31, 2021 for which they were not detained. Analyses revealed that a greater proportion of these more than 19,000 contacts occurred in the Central, East Suburban, and North County West areas of the County, that three-quarters (77%) of these individuals had law enforcement contact in the one-year prior to this instant offense (median of three) and 53% had law enforcement contact in the one-year following the instant offense. Of those with law enforcement contact in this follow-up year, 33% had one contact, 35% two to three contacts, and 32% four or more contacts; the median for those with contacts was two. Females and Hispanic/Latino/Latina individuals represented greater proportions of those with no contact, compared to those with four or more contacts. Just over one-third (35%) of the 11,904 individuals were booked into jail in the one-year following their instant offense.

Of the 22,774 contacts made by these individuals in the follow-up period, most were lower-level offenses (misdemeanors, infractions, mental health calls for service) and just under three in ten (27%) of these law enforcement contacts following the instant offense were for one of the nine lower-level selection offenses (including possession of narcotics, including methamphetamine, possession of drug paraphernalia, disorderly conduct involving alcohol/drugs, possession of a controlled substance, under the influence of a controlled substance, and illegal lodging). Another 20% represented other low-level offenses that could be related to an individual's financial and/or housing situation and ability to navigate the system, such as fare violations, mental health calls, FTAs, and open containers. Slightly less than one in ten of the individuals with follow-up contact had a violent offense.

When examining individuals who had three or more law enforcement contacts in the follow-up period, there was generally no apparent escalation of offense type over time. For example, four of the sampling offense types (possession of a narcotic including methamphetamine, disorderly conduct involving alcohol/drugs, possession of drug paraphernalia, and possession of a controlled substance) represented 20% of first contacts and 24% of third contacts for these individuals. However, when examining those with three or more bookings, felonies represented 63% of first bookings, but only 47% of third bookings, suggesting that law enforcement may be taking other factors into account at this point of booking.

Males and Black/African-American individuals were more likely to be included in the data relative to their proportion of the population. In addition, they were even more likely to have had contact in the one-year prior to the instant offense, four or more contacts in the one-year follow-up period, and to be booked into jail four or more times. While White/Caucasian individuals represented similar proportions of those with no law enforcement in the one-year follow-up period, as they did of those with four or more contacts (46% and 45%, respectively), they represented 47% of those with no bookings, but 41% of those with four or more bookings.

## Needs, Services, Gaps, and Barriers

*What rehabilitative and restitutive program needs does this population have and how do needs vary by other characteristics? (SOW 3.7.6)*

*What County-funded services are available, what type of services do they provide, and where are they located? (SOW 3.7.5)*

*What are the gaps in services and facilities for justice involved individuals who are unhoused or homeless, face substance use challenges, struggle with mental and behavioral health needs, are youth or young adult offenders, or are otherwise strong candidates for diversion programs and alternatives to incarceration? What are barriers and limitations to receiving services? (SOW 3.7.5)*

A key part of this study was to provide information regarding the needs of those at-risk of incarceration, understand what services are available to meet those needs, and identify gaps and barriers that may exist that prevent an individual from being able to receive services that are available. When considering these data, it is important to note that a variety of different data sources, as shown in Tables 18 and 28, were used to answer these questions. Each of the sources provided information collected in different ways (e.g., self-reported, assessed) and with different populations, some of whom reached out to the entity in search of services, and some of whom were referred. In addition, an individual not identifying a need does not necessarily mean that need does not exist, and it is important to remember that every person is a unique individual with needs, risks, and strengths. Any attempt to suggest otherwise is an oversimplification of the human condition. As such, this analysis is more qualitative in nature. Common themes are noted as appropriate, with a summary provided at the end of this section regarding key takeaways for further discussion and possible action.

When considering these data, it is important to remember that it reflects a variety of different populations, some needs are self-reported and some are assessed, and any note of what is most common should not supersede the fact that people are individuals with a variety of different histories and needs.



**Table 18**  
**SOURCES OF NEED DATA IN THE SAN DIEGO REGION FOR THE ATI STUDY**

<b>Data Source</b>	<b>Population</b>	<b>Time Period</b>	<b>Data Description</b>
<b>211/CIE San Diego</b>	General population that contacted 211/CIE San Diego	FY 22	Needs by type and ZIP code
<b>District Attorney's CARE Community Center</b>	Individuals served by the CARE Community Center	October 2017-August 2022	Aggregate needs data by race, gender, trauma, and history of incarceration
<b>Department of Homeless Solutions and Equitable Communities</b>	Individuals with housing needs leaving Sheriff's detention facilities	November 2019-April 2022, depending on referral source	De-identified data including demographics and need for mental health or substance use disorder treatment
<b>Behavioral Health Services</b>	Justice-involved individuals who received County-funded mental health or substance use treatment <sup>29</sup>	FY 21	De-identified data including demographics and where in the region services were received
<b>Proposition 47 Evaluation</b>	Low-level individuals served through Proposition 47-funded programs	2017-2021	Self-reported needs
<b>ATI Community Survey</b>	Community Survey respondents who indicated they had been incarcerated	2022	Self-reported needs with the ability to examine by self-reported gender, age, race/ethnicity, and ZIP code
<b>ATI Service Provider Survey</b>	Service provider survey	2022	Perceived needs of adult clients they serve
<b>Substance Abuse Monitoring Study</b>	Adults booked into local detention facilities	2020	Self-reported needs related to mental health and housing instability, drug use test results
<b>Probation Community Resource Directory</b>	Individuals under Probation Supervision	FY 21 & 22	Aggregate data describing what services individuals were referred to, which reflects need

*SOURCE: SANDAG*

## ***Needs***

### ***211 San Diego – General Population***

211 San Diego is a trusted source for connecting people in need to community, health, social, and disaster services in the community. As a nonprofit organization that provides 24/7 connection to over 6,000 services and resources that are regularly updated, 211 San Diego operates and participates in the Community Information Exchange (CIE), a community-led ecosystem comprised of multidisciplinary network partners who use a shared language, resource database, and integrated technology

<sup>29</sup> Note that individuals who received referrals for mental health treatment self-reported their justice involvement, and were not directly referred by the justice system. Individuals who received referrals for substance use disorder treatment were justice-referred.

platforms to deliver enhanced community care planning. The data shared with SANDAG include information on the total number of reported needs broken down by category and reported by ZIP code.<sup>30</sup> A majority of this data is sourced by 211 San Diego services, though some data may reflect updates provided by other partners participating in the CIE. 211/CIE San Diego data provide helpful context for mapping needs among vulnerable populations across the County.

During FY 2022 (July 1, 2021-June 30, 2022), 211 San Diego, along with other CIE partners, served 290,765 clients and assessed 582,186 needs, representing an average of approximately two assessed needs per client. Understanding the demographic determinants behind needs and service referrals is necessary to gain a more nuanced understanding of which subpopulations tend to have more needs than others and where they are located. This is also necessary information for assessing whether there are gaps in service provision among high-need populations and high-need locations within the county.

As shown in Table 19, a majority of those served were female (68%), just over two in five (41%) described themselves as Hispanic/Latino/Latina, and almost three-fifths (58%) were between the ages of 30 and 59. The majority (59%) of individuals who called reported having 12 or fewer years of formal education, around two in five (39%) reported they were unemployed (and looking for work), and another 17% said they were disabled and unable to work. Not shown, 7% reported they were a veteran.

The number one need of 211 clients is related to housing.

The top four categories of needs that were self-reported and categorized by 211 San Diego included housing (26%), health care (15%)<sup>31</sup>, utilities (13%), and income support and employment (11%) (Figure 47). The fifth need, reported by less than one in ten (6%) of those who called, was criminal justice/legal assistance (not shown).

**Figure 47**  
**TOP FOUR NEED CATEGORIES REPORTED TO 211/CIE SAN DIEGO**



SOURCES: 211 San Diego; SANDAG

<sup>30</sup> These data include individuals who accessed services through calling 211 San Diego or who had consented to share their information via CIE when receiving services from a CIE partner.

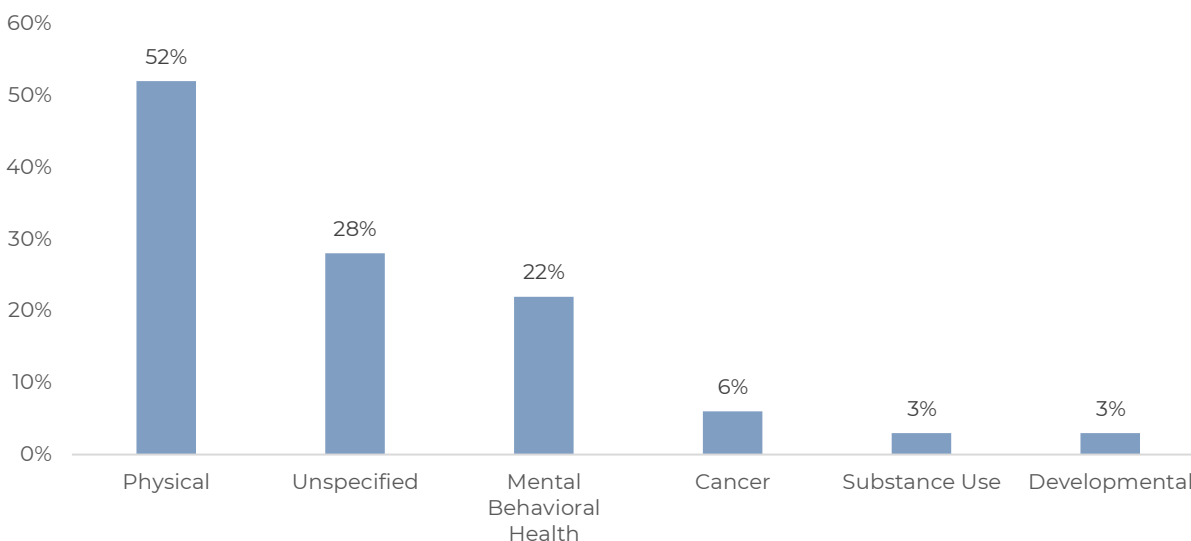
<sup>31</sup> Due to the ongoing COVID-19 pandemic and the data obtained through 211, COVID-related needs can be assumed to make up a significant proportion of these reported needs. For example, there were 25,980 referrals to County COVID-19 testing sites alone, among other COVID-related needs. Though health care is clearly a significant need and gaps certainly exist, these data should be considered with the effects of COVID-19 in mind.

Table 19 FY 22 211 SAN DIEGO CLIENT CHARACTERISTICS	
Gender	
Male	32%
Female	68%
Race	
Hispanic/Latino/Latina	41%
White/Caucasian	29%
Black/African-American	14%
Other	7%
Asian/ Pacific Islander	5%
Bi-Racial/Multi-Racial	3%
Alaska Native/Native Indian	1%
Age	
Under 20	1%
20-29	15%
30-39	22%
40-49	18%
50-59	18%
60-69	15%
70-79	7%
80-89	2%
90 and older	<1%
Employment Status	
Unemployed	39%
Disabled/Unable to Work	17%
Full-time	16%
Part-time	13%
Retired	11%
Other employment	4%
Education	
Less than high school	22%
High school or equivalent	37%
Some college	25%
Associate degree	5%
Bachelor's degree	7%
Post-Bachelor's degree	3%
<b>TOTAL</b>	<b>290,765</b>
<i>NOTE: Percentages may not equal 100 due to rounding.</i>	
<i>SOURCES: 211 San Diego; SANDAG</i>	

211 San Diego also captures specific information regarding clients' health concerns and health insurance status. According to the data provided, just over half (53%) (not shown) of clients reported having a health concern (even if it was not a top need they were calling about), which most often was physical (52%), but also included mental behavioral health (22%) (Figure 48). The majority (88%) of clients who called

reported they had health insurance, with the most common type being Medi-Cal (66%) (not shown).

**Figure 48**  
**MEDICAL CONCERNS REPORTED BY 211/CIE SAN DIEGO CLIENTS IN FY 22**



*NOTE: Percentages based on multiple responses.*  
*SOURCES: 211 San Diego; SANDAG*

Clients with reported needs were clustered by geographic area, with large proportions of clients in downtown San Diego, Chula Vista, City Heights, Logan Heights, and El Cajon (Figure 49). Whether client needs were reported was also clearly linked to socioeconomic indicators. Using median household income per ZIP code as a proxy for socioeconomic status, SANDAG conducted analyses of the relationship between income and the number of needs reported and referrals made. Statistical tests confirmed a significant negative correlation ( $r=-0.43$ ) between median household income and the number of needs reported, indicating that increases in income are negatively correlated with the number of needs per household. Put differently, with every \$1,000 increase in median household income, there is a 3% decrease in the number of needs reported per household, signifying a strong relationship between a household’s socioeconomic status and contacting the

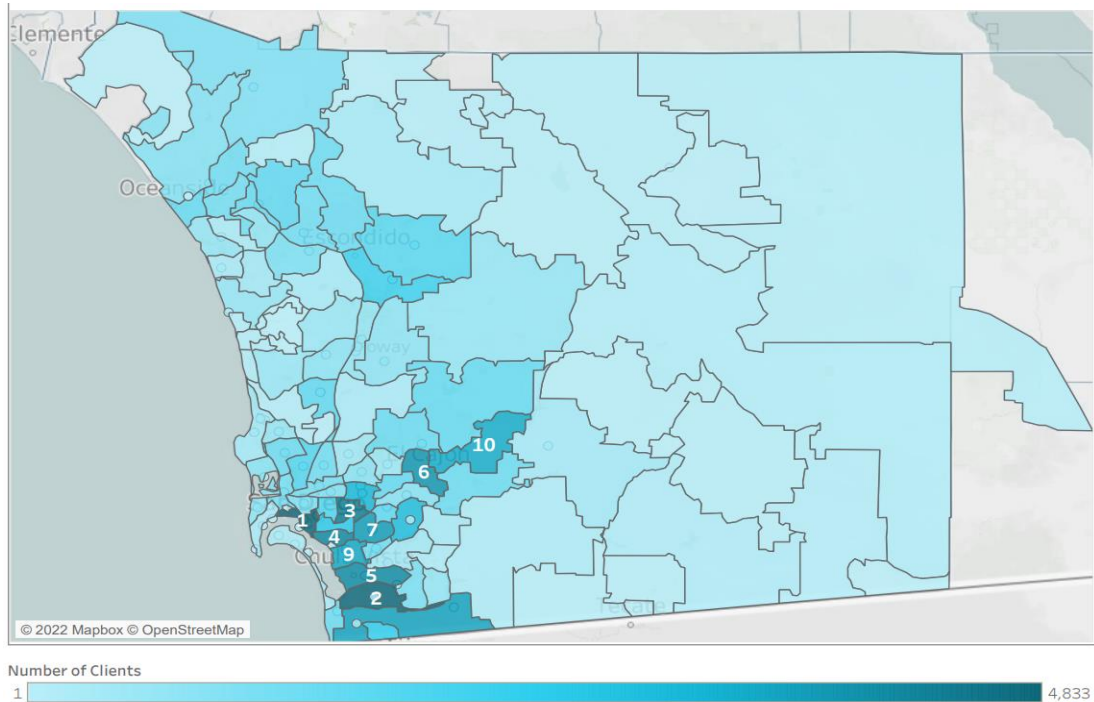
For every \$1,000 increase in median household income in a ZIP code, there is a **3% decrease** in number of needs reported per household.

211 San Diego line to report needs.<sup>32</sup> These numbers suggest that the uneven distribution of needs throughout the County can at least be partially understood by socioeconomic

<sup>32</sup> Negative binomial regression testing the statistical relationship between median household income and the number of needs reported indicated a statistically significant ( $p<0.001$ ) relationship between the two variables.

disparities, which should be considered when evaluating service availability and gaps in these services in areas where they are most needed.

**Figure 49**  
**DISTRIBUTION OF 211/CIE SAN DIEGO NEEDS REPORTED BY ZIP CODE**



*SOURCES: 211 San Diego; SANDAG*

*NOTE: The ten ZIP codes with the greatest number of reported needs include 92101 (Downtown San Diego), 91911 (Chula Vista), 92105 (City Heights San Diego), 92113 (Logan Heights San Diego), 91910 (Chula Vista), 92020 (El Cajon), 92114 (Encanto San Diego), 92154 (Otay Mesa San Diego), 91950 (National City), and 92021 (El Cajon).*

### ***District Attorney's CARE Center – Previously Incarcerated Community Members***

The second source of needs data was provided by the San Diego County District Attorney's [CARE \(Community, Action, Resource, Engagement\) Community Center](#). The CARE Center provides individuals (primarily in National City and Southeast San Diego) with evidence-based prevention and intervention support services to help improve their quality of life, reduce crime and recidivism, and promote public safety.

The CARE Center provided a summary of their data for this analysis for the period of October 2017 through August 2022. During this time period, a total of 1,136 assessments were completed by CARE Center staff, half (50%) of which were conducted with formerly incarcerated individuals. As Table 20 shows, over half of these individuals were male (55%), almost three-quarters were Black/African-American or Hispanic/Latino/Latina (70%) and a similar amount (73%) had experienced traumatic events (and most said they were still affected by them), and almost three in five were unemployed and looking for work (58%).

3 in 4 CARE Center clients who are formerly incarcerated report a history of trauma.

Characteristic	Percentage
<b>Gender</b>	
Male	55%
Female	45%
<b>Race</b>	
Black/African-American	35%
Hispanic/Latino	35%
White/Caucasian	20%
American Indian/Alaska Native	3%
Asian/Pacific Islander	3%
Other	5%
<b>Employment Status</b>	
Unemployed and looking for work	58%
Employed	23%
Unemployed and not looking	17%
Other	3%
<b>Traumatic Event History</b>	
Ever	73%
Still Affected	76%
<b>TOTAL</b>	<b>569</b>

*NOTE: Percentages may not equal 100 due to rounding.*  
*SOURCES: CARE Center; SANDAG*

Employment assistance and help paying for basic necessities were among the most frequent needs of CARE Center clients.

In terms of the most frequently identified needs of these formerly incarcerated CARE Center clients, the most common included employment counseling or training (21%), food/nutrition services (20%), mental health care (14%), and housing services (12%) (Table 21).

Table 21 NEEDS OF CARE CENTER CLIENTS WHO ARE FORMERLY INCARCERATED	
Employment counseling or training	21%
Food/nutrition services	20%
Mental health care	14%
Housing services	12%
Medical care	10%
Health coverage and insurance support	9%
Education support	7%
Childcare services	4%
Drug abuse counseling/treatment	1%
Government ID support	1%
<b>TOTAL</b>	<b>569</b>
<i>NOTE: Percentages do not equal 100 due to rounding.</i>	
<i>SOURCES: CARE Center; SANDAG</i>	

*Department of Homeless Solutions and Equitable Communities – Housing Unstable Individuals Leaving Detention Facilities*

The third source of information regarding needs was provided by the Office of Homeless Solutions, a division of the [Department of Homeless Solutions and Equitable Communities \(HSEC\)](#). The results from the data provided by the HSEC are presented in an aggregated format, but there were individuals from three different Community Care Coordination (C3) programs<sup>33</sup>: the original Community Care Coordination (C3) program, which focused on homeless clients with a serious mental illness and other complex needs; the veteran-focused C3 program; and a C3 program dedicated to individuals with complex health issues. The sample from the C3 programs included de-identified data on needs and referrals for 255 homeless individuals released from jail between November 2019 and April 2022, with demographic breakdowns by age group, race/ethnicity, and gender. As Table 22 shows, 78% of these individuals were male, just under two-fifths (37%) were between the ages of 35 and 44, and the majority described their race as White/Caucasian (61%).

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<sup>33</sup> The goal of C3 programs is to provide intensive case management and peer support to coordinate medical and behavioral healthcare, community services, and housing assistance for individuals to promote better outcomes.

Table 22 CHARACTERISTICS OF HSEC COMMUNITY CARE COORDINATION CLIENTS	
Gender	
Male	78%
Female	22%
Age	
18-24	4%
25-34	22%
35-44	37%
45-54	18%
55 and older	19%
Race <sup>34</sup>	
White/Caucasian	61%
Black/African-American	28%
Asian/Pacific Islander	4%
Multi-Racial	3%
Native American	<1%
Other	4%
<b>TOTAL</b>	<b>255</b>
<i>NOTE: Percentages may not equal 100 due to rounding.</i>	
<i>SOURCES: HSEC; SANDAG</i>	

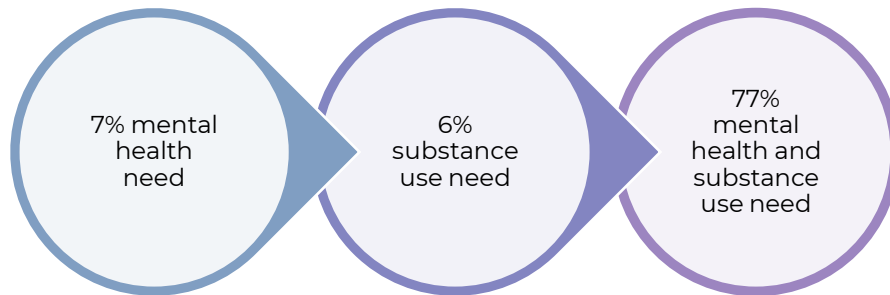
Data were also provided regarding whether an individual was assessed as having a mental health and/or substance use disorder (SUD) need. Over three-fourths (77%) were identified as having both a mental health and substance use need, while 7% had only a mental health need and 6% had only a SUD need (Figure 50).

Most C3 clients have needs related to both mental health and substance use.

<sup>34</sup> This data source does not collect Hispanic/Latino as a separate racial category, but rather as a separate variable. 27% of the sample identified as Hispanic/Latino.



Figure 50  
MENTAL HEALTH AND SUBSTANCE USE NEEDS OF HOUSING UNSTABLE  
FORMERLY INCARCERATED INDIVIDUALS



SOURCES: HSEC; SANDAG

### *Behavioral Health Services – Justice-Involved Individuals*

Behavioral Health Services (BHS) provided the fourth source of needs information through referral and intake records for justice-involved individuals who received a BHS mental health or substance use disorder referral during FY 2021. The data includes a breakdown of BHS clients referred for both mental health and substance use disorder treatment by demographic characteristics.<sup>35</sup> It should be noted that individuals referred for mental health treatment self-reported their justice involvement, while individuals with referrals for SUDs treatment noted as justice-involved were referred by justice system partners.

As Table 23 shows, a majority of clients referred for both mental health and substance use treatment were male (70% and 74%, respectively), within the age range of 25 to 44 (53% and 68%, respectively), and White (39% and 39%, respectively). The most notable difference in the characteristics of BHS mental health and SUD clients can be seen in their home region. Geographically, a greater proportion of clients with mental health needs were described as living in the Central or North City areas of the County, while over one-third of those with a substance use disorder were described as having an unknown address or living outside the County.

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<sup>35</sup> It should also be noted that some duplicates may be present in the data, as an individual could have started two different treatment periods within the data reporting window and therefore been counted twice. As this is aggregated and de-identified data, duplicates could not be identified.

**Table 23  
CHARACTERISTICS OF JUSTICE-INVOLVED BHS CLIENTS**

	<b>Clients with Mental Health Need</b>	<b>Clients with SUD Need</b>
<b>Gender</b>		
Male	70%	74%
Female	30%	26%
<b>Age</b>		
<18	4%	2%
18-24	11%	9%
25-34	29%	40%
35-44	24%	28%
45-54	17%	14%
55 and older	17%	7%
<b>Race</b>		
White/Caucasian	39%	39%
Hispanic/Latino/Latina	34%	40%
Black/African-American	17%	10%
Asian/Pacific Islander	4%	3%
Other	3%	6%
Unknown	2%	0%
Native American	1%	1%
<b>Region of San Diego County</b>		
Central	33%	16%
North City	17%	5%
East Suburban/East	15%	11%
South Suburban	12%	10%
North West	10%	12%
North East	10%	8%
Outside of SD or Unknown	3%	38%
<b>TOTAL</b>	<b>21,922</b>	<b>5,993</b>

*NOTES: Percentages may not equal 100 due to rounding. These data represent unique counts of mental health and SUD clients who had open assignment to services in FY 21-22. Although a client may have multiple assignments during the fiscal year, each client was only counted once for the purpose of reporting demographic characteristics. Demographic information is reported for most recent assignment.*

*SOURCES: BHS; SANDAG*

*Proposition 47 Evaluation – Individuals with Low-Level Offenses and Substance Use/Mental Health Issues*

The fifth source of data for the needs analysis comes from a recent [evaluation](#) SANDAG completed for the County of San Diego that was aimed at providing services to individuals who had justice system contact for Proposition 47-related offenses<sup>36</sup> and were provided services through one of two programs – Community Based Services and Recidivism Reduction (CoSRR) and San Diego Misdemeanants At-Risk Track (S.M.A.R.T.). While each program offered a slightly different approach to intake and service delivery, both were voluntary and aimed at reducing recidivism of chronic, low-level misdemeanor individuals with SUD and mental health challenges. S.M.A.R.T. was also focused on clients who committed quality-of-life offenses and had a housing need.

As Table 24 shows, the top needs for these individuals included housing and substance use treatment, which is to be expected given the focus of both programs. For CoSRR clients, the need for transportation assistance and training on employment skills were also frequently noted. For S.M.A.R.T. clients, there was also a high need for transportation and a medical home.<sup>37</sup> Overall, CoSRR clients reported a mean of 6.5 needs and S.M.A.R.T. clients a mean of 7.1.

The top needs of Prop 47-funded programs included substance use, housing, and transportation.

Table 24 SELF-REPORTED NEEDS OF COSRR AND S.M.A.R.T CLIENTS		
	CoSRR	S.M.A.R.T.
Substance use	99%	99%
Housing	81%	99%
Transportation	72%	98%
Employment skills	66%	59%
Public benefits	49%	75%
Mental health treatment	47%	81%
Physical health	44%	69%
Job skills	33%	46%
Family services	31%	21%
Medical home	31%	83%
Education skills	31%	15%
Vocational skills	29%	32%
Civil/legal assistance	27%	36%
<b>TOTAL</b>	<b>248</b>	<b>98-127</b>
<i>NOTE: Percentages based on multiple responses.</i>		
<i>SOURCES: San Diego County Proposition 47 Grant Final Evaluation Report, 2021; SANDAG</i>		

<sup>36</sup> As part of Proposition 47, certain property-and drug-related offenses were reduced from felonies to misdemeanors.  
<sup>37</sup> A medical home is a team of providers that manage an individual's care collaboratively.

## ATI Community Survey – Community Survey of Current and Formerly Incarcerated Individuals and Family Members

The sixth source for this needs analysis was the ATI Community Survey, previously described. Overall, community survey respondents with a history of incarceration reported a mean of 4.0 significant needs and 5.9 needs that were described as significant or somewhat of a need. Twenty-nine percent (29%) failed to describe any significant needs and 21% indicated not having any needs at all (not shown).

79% of incarcerated individuals reported having unmet needs at the time of their most recent incarceration. The average number of needs respondents reported was almost 6.

As Table 25 shows, between 25% and 58% described having a significant need, with the most common including employment assistance (58%), housing navigation (56%) and help paying for basic necessities (55%). The item most often described as “not a need” was anger management therapy (53%).

	Significant Need	Somewhat of a Need	Not a Need
Employment assistance	58%	16%	26%
Housing navigation	56%	17%	26%
Help paying for basic necessities	55%	21%	25%
Transportation assistance	46%	22%	32%
Medical health care	44%	21%	34%
Help obtaining documentation	43%	21%	36%
Substance abuse treatment	41%	19%	39%
Peer mentorship	40%	28%	32%
Education services	39%	26%	35%
Mental health treatment	36%	23%	41%
Anger management therapy	25%	22%	53%
<b>TOTAL</b>	<b>339-356</b>		
<i>NOTES: Cases with missing information not included. Percentages based on multiple responses.</i>			
<i>SOURCE: SANDAG ATI Community Survey, 2022</i>			

Younger individuals, those who identify as Black/African-American, and those with a disability had the greatest number of needs at the time of incarceration, on average.

Additional analyses were conducted to better understand whether the number of needs varied by any individual characteristic. Three were found to be significantly related, as Table 26 shows. Specifically, individuals who identified as White, not having a disability, and being 40 years of age and older reported having fewer significant needs and needs overall, compared to other races, those with a disability, and those 39 years of age and younger.

Table 26  
MEAN NUMBER OF SIGNIFICANT AND ANY NEED BY INDIVIDUAL CHARACTERISTIC

	Number of Significant Needs	Number of Needs at All
Race*		
White/Caucasian (n=147)	3.8	6.2
Black/African-American (n=47)	5.8	8.1
Asian/Pacific Islander (n=28)	4.8	7.1
Native American (n=6)	5.8	8.5
Other (n=88)	4.5	6.4
Disability*		
Yes (n=92)	5.4	7.8
No (n=265)	4.1	6.2
Age*		
Under 25 (n=17)	4.9	6.4
25 to 39 (n=159)	5.1	7.3
40 and older (n=173)	3.8	6.1

\*Significant at  $p < .05$ .

SOURCE: SANDAG ATI Community Survey, 2022

While the need for employment services did not vary by an individual's age, race, education level, or disability status, several other needs did. Figure 51 shows

*"More funding for mental health, homelessness, and drug prevention is required. In addition, the three strikes law should consider age and the severity of the crime. Too many juveniles are in jail mainly due to drugs and mental illness."*

*-Community Survey Respondent*

individuals who were significantly more likely to report a need (significant or somewhat) for several types of services. When interpreting this information, it is important to remember that this does not mean that every individual described with this characteristic had this need and that others do not; rather, this group was more likely to have the need *on average*. The number of individuals in a particular group could also be relatively small, so generalizations should be made with caution.

*"Efforts to continually demonize offenders only works to further isolate them and reinforce their criminality. Restorative Justice practices, community justice, cognitive behavioral therapy and life skills are all programs that should be appropriately funded. We take people from unwelcome situations and place them into a worse situation where we are shocked when offenders do not reform."*

*-Community Survey Respondent*

**Figure 51**  
**INDIVIDUALS MOST LIKELY TO REPORT A SIGNIFICANT NEED FOR THIS TYPE OF SERVICE\***



\*Significant at  $p < .05$ .

SOURCE: SANDAG ATI Community Survey, 2022

Survey respondents who reported any history of incarceration were also asked if it had an impact on their employment or ability to get a job, their mental health, and on their family. As Figure 52 shows,

*"When you're doing time, your family does time too".*

- Community Survey Respondent

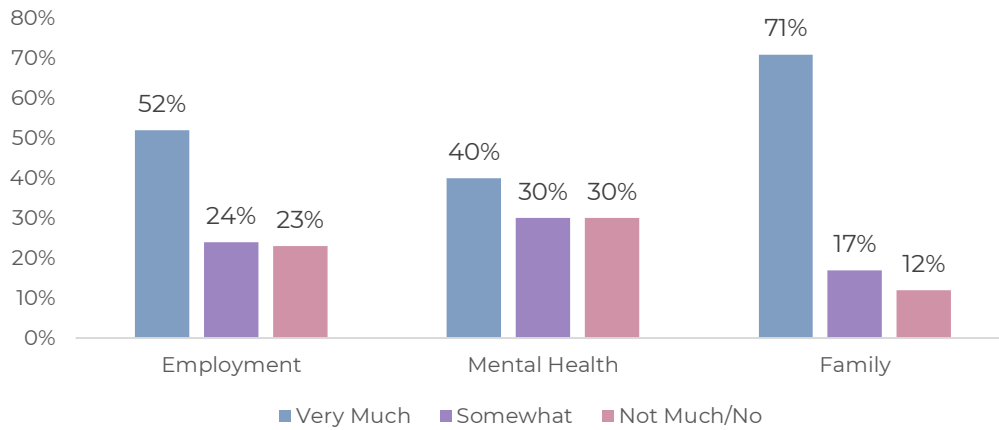
almost nine in ten reported that incarceration impacted their family in some way (71% "Very Much" and 17% "Somewhat") and around three-quarters

reported that it affected their employment or ability to get a job (52% "Very Much" and 24% "Somewhat"). 70% also reported it affected their mental health in some way (40% "Very Much" and 30% "Somewhat").

*"No one will hire me because of my grand theft and it's hard to get a job unless it's somewhere under the table or where they don't do background checks".*

-Community Survey Respondent

**Figure 52**  
**EFFECT INCARCERATION HAD ON EMPLOYMENT, MENTAL HEALTH, AND FAMILY**

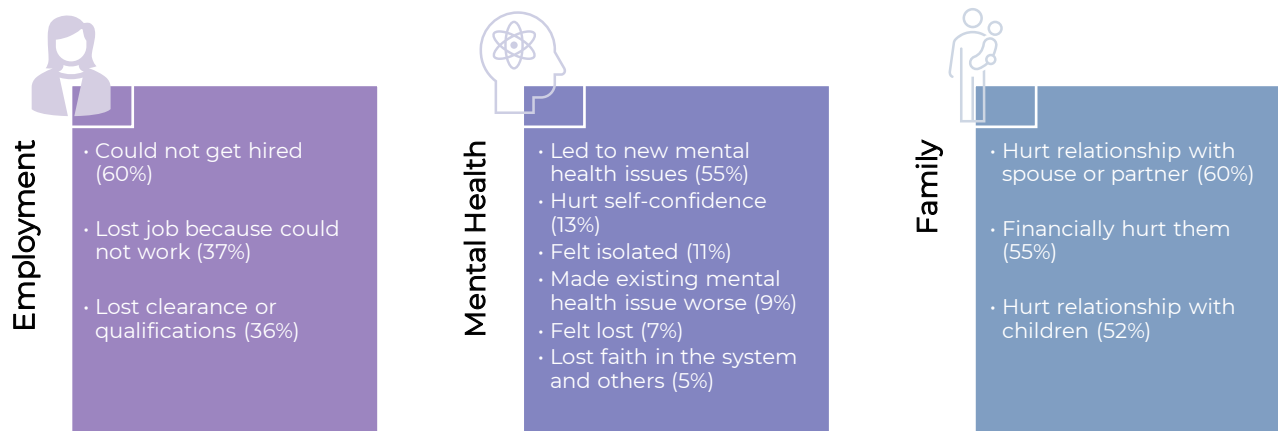


NOTE: Cases with missing information not included.  
 SOURCE: SANDAG ATI Community Survey, 2022

Figure 53 provides additional insight from respondents regarding how incarceration had impacted their employment, mental health, and family. In terms of employment, the greatest challenge was being able to get hired with a conviction record, for mental health, it led to new mental health issues (such as post-traumatic stress disorder), and in terms of family relations, it hurt the quality of relationships as well as had a negative financial impact.<sup>38</sup>

*“Made me feel less than everyone else.”*  
 - Community Survey Respondent

**Figure 53**  
**IMPACT INCARCERATION HAD ON EMPLOYMENT, MENTAL HEALTH, AND FAMILY**

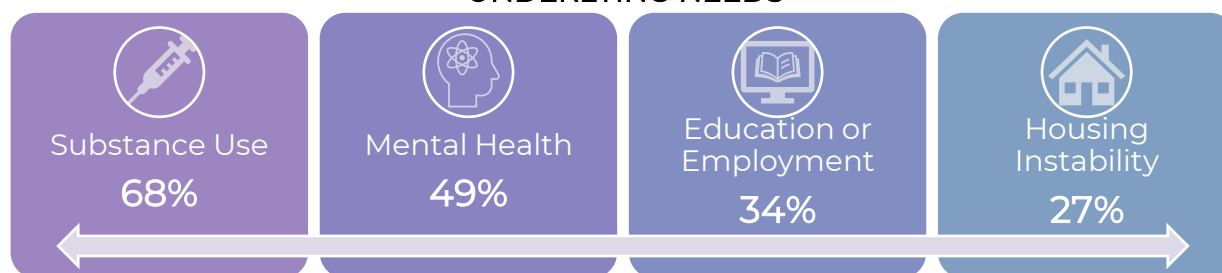


NOTE: Cases with missing information not included.  
 SOURCE: SANDAG ATI Community Survey, 2022

<sup>38</sup> Ten individuals shared how their incarceration had other impacts on their employment including creating feelings of anxiety/fear (5) and taking a longer time to get hired (5). Sixty-six (66) individuals shared other impacts on the family, including hurting relationships with other family members (26), being unable to help the family (18), being perceived negatively by the family (17), and creating stress for the family (6).

In addition, just over one-third (34%) of community survey respondents responded affirmatively when asked if anyone in their family had been incarcerated as an adult. When these individuals were asked to describe what underlying needs their family member(s) had that may have contributed to justice system involvement (that could have been addressed with services in the community prior to incarceration), the most common answer was substance use (68%), followed by mental health (49%), education/employment (34%), and housing instability (27%); 15% said they were not aware of any underlying needs (Figure 54). Four percent noted other underlying needs which included a traumatic childhood (7), personal issues (7), discrimination (5), financial troubles (4), medical issues (3), other addictions (1), and victimization (1) (not shown).

**Figure 54**  
**FAMILY MEMBERS' PERCEPTION OF INCARCERATED FAMILY MEMBER'S UNDERLYING NEEDS**



*NOTE: Percentages based on multiple responses.*  
*SOURCE: SANDAG ATI Community Survey, 2022*

### *ATI Service Provider Survey – Adult Clients for Services*

Based on a recommendation made by the ATI Advisory Group, SANDAG created and distributed a brief Service Provider survey (September 23, 2022, to October 7, 2022), which is the seventh source of need data. This survey was distributed through a variety of methods, including the Criminal Justice Clearinghouse and ATI email lists, the ATI Advisory Group, ATI Working Group, and the Reentry Roundtable; a total of 55 surveys were returned. One of the four survey questions asked what service providers perceived to be the greatest needs of their adult clients. As seen in Table 27, service providers perceived some of the same needs previously described as the most significant, including housing, mental health treatment, employment, substance use treatment, and transportation. They were also likely to mention the need for case management and advocacy.

Service providers also rated housing, employment, and transportation as top client needs.



**Table 27**  
**SERVICE PROVIDERS' PERCEPTION OF THE GREATEST NEEDS OF JUSTICE-INVOLVED ADULTS SEEKING SERVICES**

	<b>Significant Need</b>	<b>Somewhat of a Need</b>	<b>Not a Need</b>
Housing navigation/affordable housing	87%	13%	0%
Mental health treatment	82%	15%	4%
Employment	74%	19%	7%
Substance abuse treatment	70%	26%	4%
Case management/advocacy	65%	24%	11%
Transportation assistance	63%	33%	4%
Paying for necessities	55%	42%	4%
Obtaining documentation	54%	31%	15%
Education services	49%	40%	11%
Anger management	44%	37%	19%
Peer mentorship	43%	43%	15%
<b>TOTAL</b>	<b>52-55</b>		
<i>NOTE: Cases with information not included. Percentages may not equal 100 due to rounding.</i>			
<i>SOURCE: SANDAG, 2022</i>			

### *Substance Abuse Monitoring Study*

Data from SANDAG’s Substance Abuse Monitoring (SAM) study was also a source of need information for this study component.<sup>39</sup> As part of SAM, individuals booked within the past 48 hours are asked to complete an anonymous and confidential interview and also provide a urine sample for drug testing. This sample remains deidentified and can not be connected back to the individual providing it.

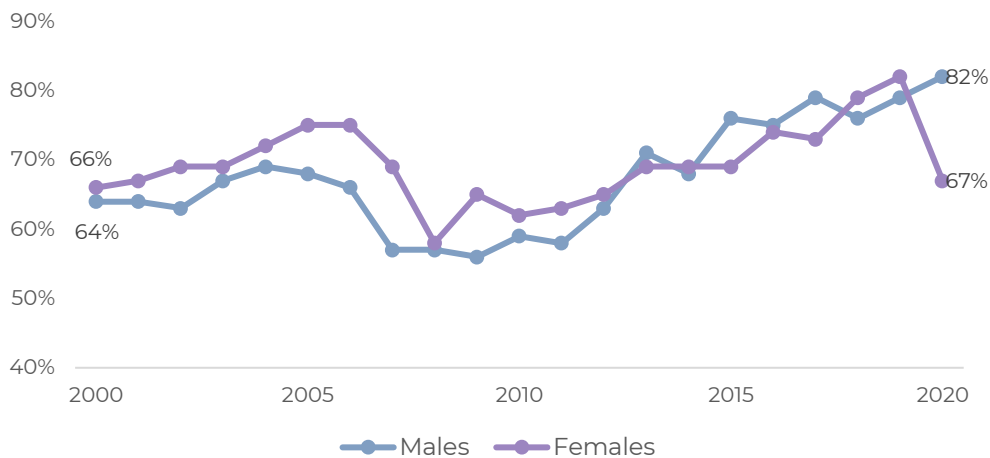
As Figure 55 shows, the majority of both male and female arrestees booked into jail tested positive for at least one drug (marijuana, methamphetamine (meth), opiates, cocaine/crack, or PCP), with 82% of the sample of adult males booked testing positive in 2020, up from 79% in 2019, compared to 67% of the adult females (down from 82% in 2019). The most common drug for adult arrestees was meth, with around one in every two adult arrestees positive for it in 2020 (Figure 56).

Additional analyses by the level of the highest booking and type of charge reveals that there is no significant difference in the percent of arrestees positive for any drug in 2020, a pattern that is consistent from prior years (not shown). Specifically, 80% of those booked for a felony in 2020 that were interviewed were positive for any drug, compared to 71% of those booked for a misdemeanor. In addition, as Figure 57 shows, across the type of charge, 72% to 83% of those interviewed in local jails were positive for any drug; these differences were not statistically significant.

<sup>39</sup> The Substance Abuse Monitoring program applies a random sampling method to identify interviewees upon data collection. All individuals who agree to participate in the survey must have been arrested within the prior 48 hours to be eligible. For more information about the methodology and most recent data, see this [recent report](#) on 2021 adult arrestee drug use trends.

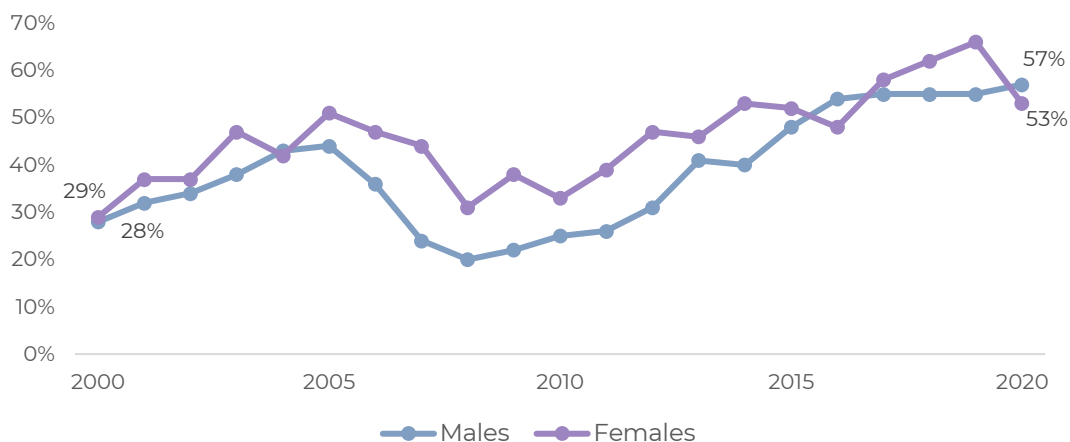
Finally, there was no significant difference in drug use by an individual's race/ethnicity, with the percent positive for any drug varying from 75% to 84% (Figure 58).

**Figure 55**  
**PERCENT OF ADULT MALES AND FEMALES POSITIVE FOR ANY DRUG AT BOOKING AS PART OF THE SAM PROJECT**



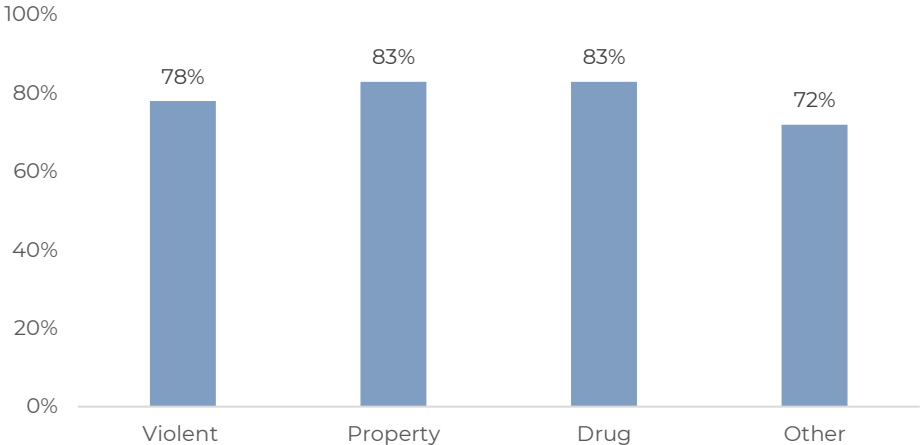
SOURCE: SANDAG

**Figure 56**  
**PERCENT OF ADULT MALES AND FEMALES POSITIVE FOR METH AT BOOKING AS PART OF THE SAM PROJECT**



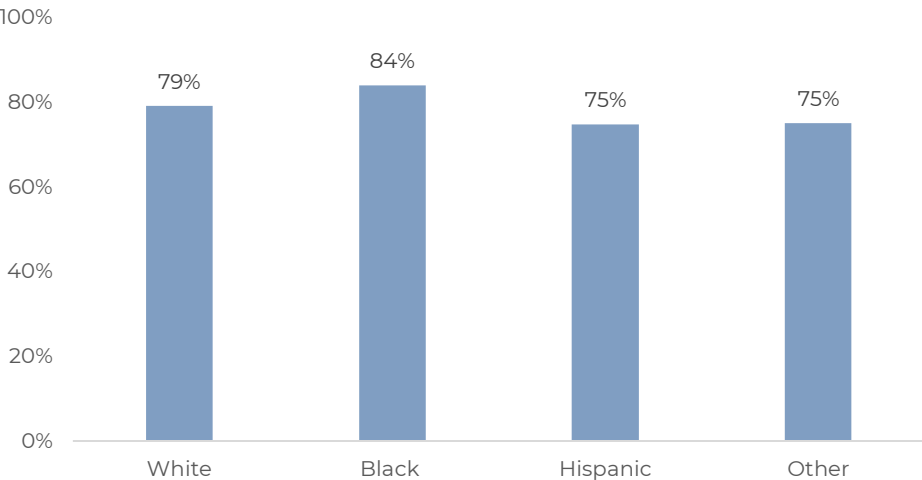
SOURCE: SANDAG

**Figure 57**  
**PERCENT OF ADULTS POSITIVE FOR ANY OR MULTIPLE DRUGS AT BOOKING BY TYPE OF HIGHEST CHARGE AS PART OF THE SAM PROJECT, 2020**



SOURCE: SANDAG

**Figure 58**  
**PERCENT OF ADULTS POSITIVE FOR ANY OR MULTIPLE DRUGS AT BOOKING BY RACE/ETHNICITY AS PART OF THE SAM PROJECT, 2020**

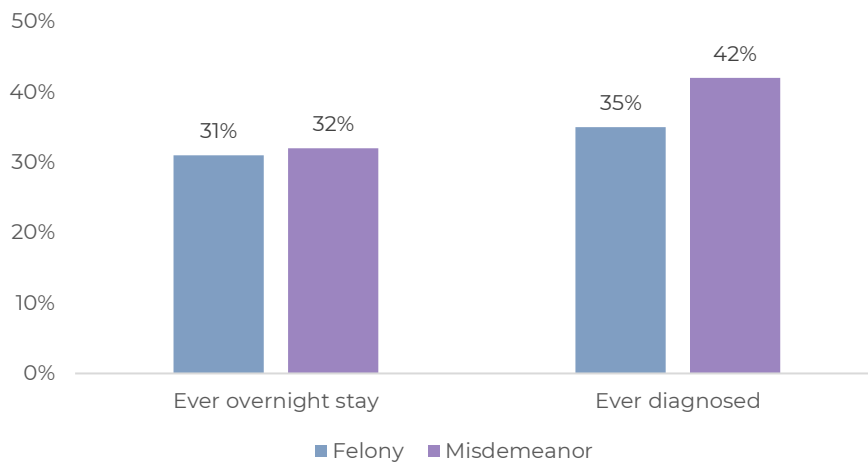


SOURCE: SANDAG

Individuals interviewed as part of the SAM project are asked if they have ever stayed overnight in a mental health facility and if they have ever had a mental health diagnosis. In 2020, around one in three adult arrestees responded affirmatively to these questions (31% had ever stayed overnight and 37% had a mental health diagnosis, overall) (not shown). There was no significant difference in either measure by the level (felony/misdemeanor) of the highest charge (Figure 59), but there was by type of charge for the variable “ever having an overnight stay”. Specifically, those with the highest charge for a drug offense were least likely to report this having occurred and those with a violent offense most likely to say it occurred (Figure 60). There was also no significant difference by the individual’s race/ethnicity for either mental health indicator (Figure 61).

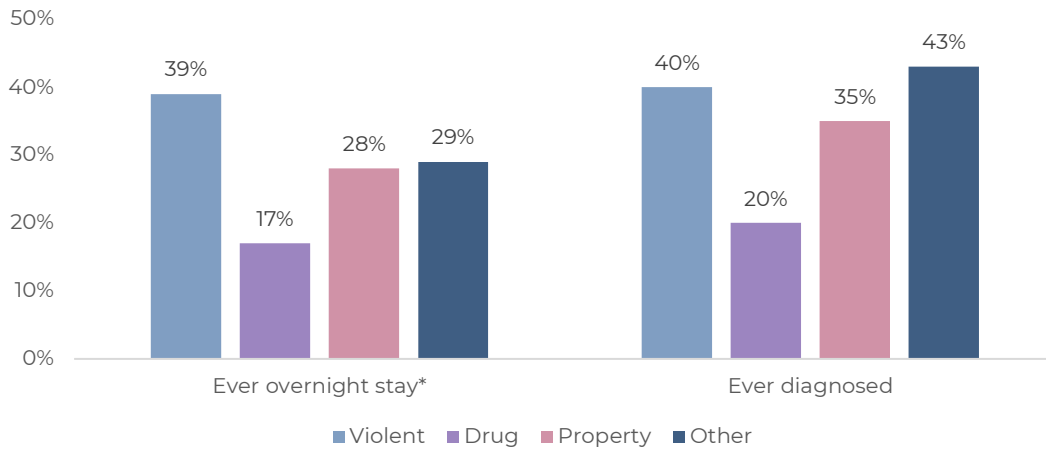
Around 2 in 5 misdemeanants booked into jail in 2020 reported having ever received a mental health diagnosis.

**Figure 59**  
**PERCENT OF ADULTS WITH A MENTAL HEALTH HISTORY BY LEVEL OF HIGHEST CHARGE AS PART OF THE SAM PROJECT, 2020**



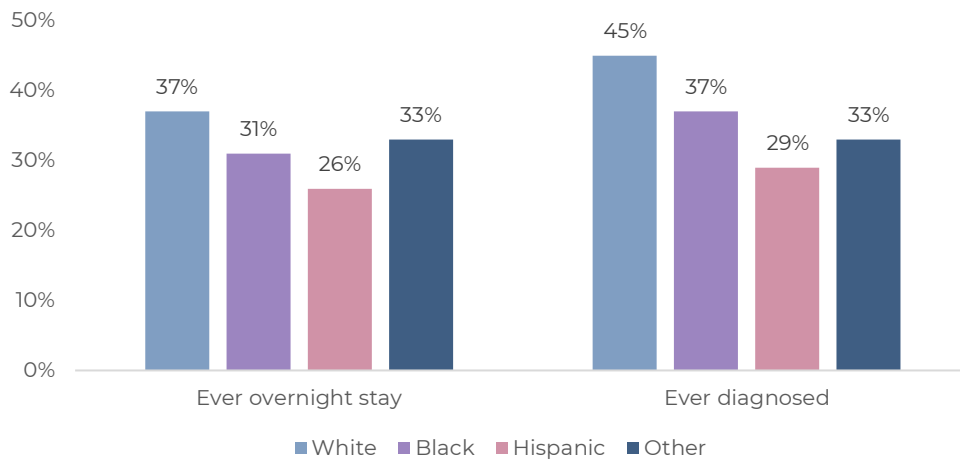
SOURCE: SANDAG

**Figure 60**  
**PERCENT OF ADULTS WITH A MENTAL HEALTH HISTORY BY TYPE OF HIGHEST CHARGE, AS PART OF THE SAM PROJECT, 2020**



*\*Significant at  $p < .05$ .*  
 SOURCE: SANDAG

**Figure 61**  
**PERCENT OF ADULTS WITH A MENTAL HEALTH HISTORY BY RACE/ETHNICITY, AS PART OF THE SAM PROJECT, 2020**



SOURCE: SANDAG

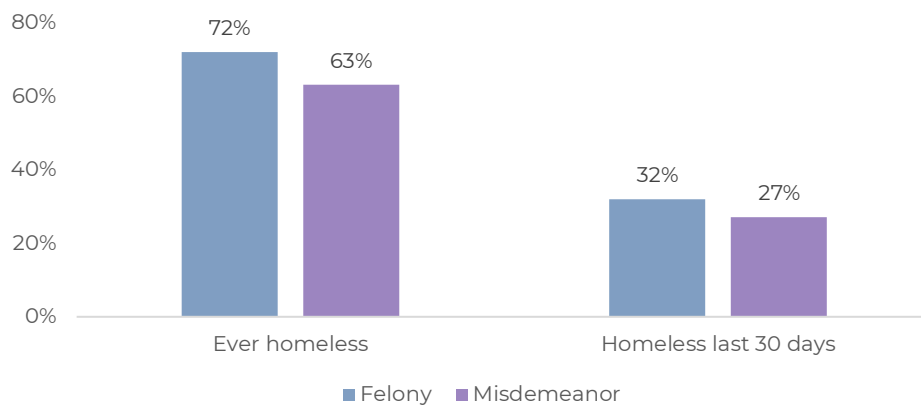
More than **three-fifths** of misdemeanants booked into jail in 2020 reported ever being homeless.

Individuals interviewed as part of the SAM project are also asked if they have ever been homeless, as well as if they have been primarily homeless in the past 30 days. Individuals are able to determine for themselves if they would describe themselves as homeless. In 2020, 70% of

those interviewed reported having ever been homeless and 31% said they were primarily homeless in the 30 days prior to their arrest (and booking).

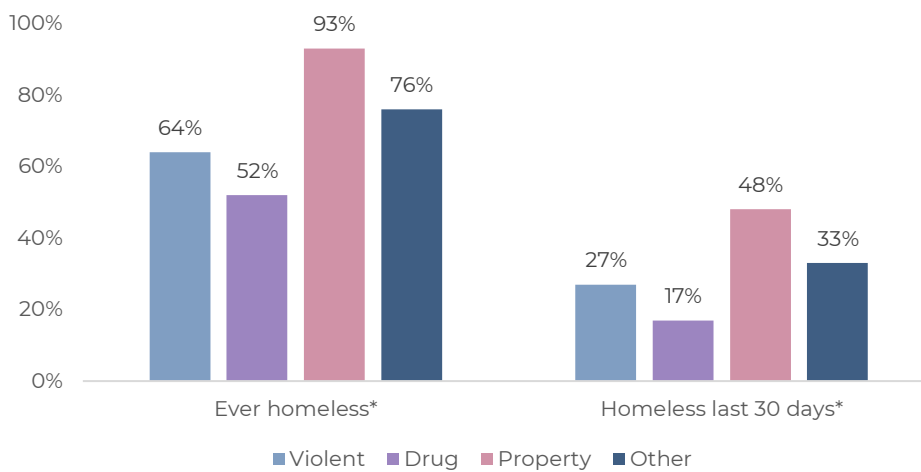
As the following series of figures show, while there was no statistically significant difference by booking charge level or race on either of these variables (Figures 62 and 64), there was by highest booking charge type. Specifically, those booked with a highest charge for a drug offense were the least likely to report ever being homeless and being homeless recently, and those booked for the most serious offense for a property offense were the most likely (Figure 63).

**Figure 62**  
**PERCENT OF ADULTS WITH A HISTORY OF HOUSING INSTABILITY BY HIGHEST BOOKING LEVEL, SAM PROJECT, 2020**



SOURCE: SANDAG

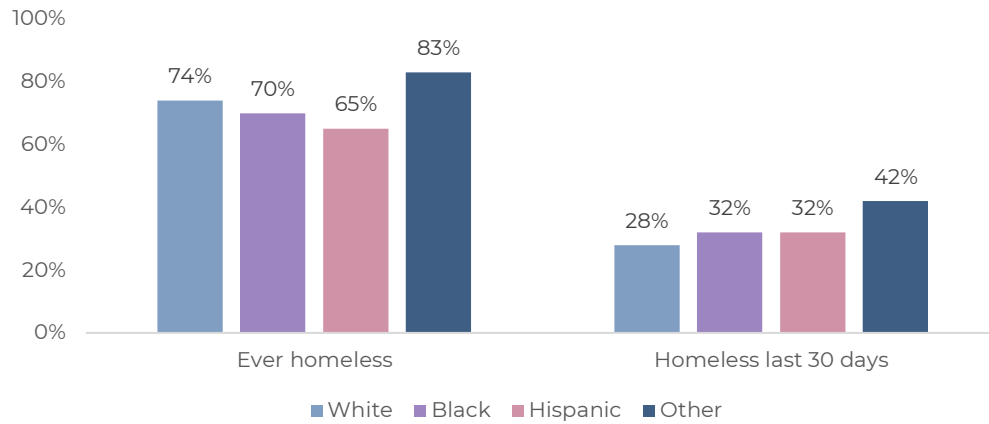
**Figure 63**  
**PERCENT OF ADULTS WITH A HISTORY OF HOUSING INSTABILITY BY HIGHEST BOOKING TYPE, SAM PROJECT, 2020**



\*Significant at  $p < .05$ .

SOURCE: SANDAG

**Figure 64**  
**PERCENT OF ADULTS WITH A HISTORY OF HOUSING INSTABILITY BY RACE/ETHNICITY, SAM PROJECT, 2020**



SOURCE: SANDAG

***Probation Community Resource Directory – Individuals Under Probation Supervision***

The Probation Department began developing the Community Resource Directory (CRD) in 2008 to provide a comprehensive resource directory of adult and juvenile services that allows probation officers to be aware of departmentally approved programs to which clients on supervision can be referred. All agencies who have an interest in serving probationers can submit applications to be included in the CRD using an online portal that is available on the Probation Department’s [website](#). A data summary regarding the types of referrals made in the CRD for FY 21 and 22 was provided to SANDAG for inclusion in this needs assessment and serves as the final data source.

According to Probation, during this time period, 4,991 referrals were made using the CRD for 2,131 unique adult clients, with 1,188 receiving more than one referral. The most common referrals were made to substance abuse treatment (42%), employment/vocational (18%), and mental health (12%) (Figure 65).

**Figure 65**  
**MOST FREQUENT SERVICE REFERRALS MADE TO ADULTS ON PROBATION**



SOURCES: San Diego County Probation Department; SANDAG

## Services

Following the analysis of needs previously described, the next analysis describes the services that were provided to individuals with needs. A variety of sources<sup>40</sup> (Table 28) were also used to document the services that are available for individuals in San Diego County. For two of these, data were compiled from where referrals were provided (211 San Diego and HSEC), one (Probation’s CRD) list of referral sources was provided, and for the final two (Prop 47 and ATI Community Survey), self-reported data on services received was analyzed. While the original intention was to focus on County-funded services, the Working Group recommended that all possible services be included to better understand where gaps may exist. When considering this information, it is important to note that this analysis most likely underrepresents services that are available, as there are numerous community groups providing services that are not part of these particular referral networks. In addition, documenting the location of where services are provided was not possible because an entity may have one physical address, but provide services at other locations. Finally, this summary does not include any analysis regarding the effectiveness of the services or if they are provided with fidelity.

Data Source	Population	Time Period	Data Description
211 San Diego	General population that calls 211 San Diego	FY 2022	Referrals provided by ZIP code, agency, service type, and total referrals
Department of Homeless Solutions and Equitable Communities	Individuals with housing needs leaving Sheriff’s detention facilities	November 2019-April 2022, depending on referral source	De-identified data shared for analysis regarding who received what type of referrals
Proposition 47 Evaluation	Low-level individuals served through Proposition 47-funded programs	2017-2021	Self-reported receipt of services
ATI Community Survey	Community Survey respondents who indicated they had been incarcerated	2022	Self-reported receipt of service by self-reported gender, age, race/ethnicity, and ZIP code
Probation Community Resource Directory	Individuals under Probation Supervision	FY 2022	Aggregate data for 72 service providers by type of service

*SOURCE: SANDAG*

<sup>40</sup> It should be noted that the Draft Comprehensive Report noted that data would be available from BHS for this analysis. However, it was later determined that this was not possible due to data limitations, and it is therefore not provided here.

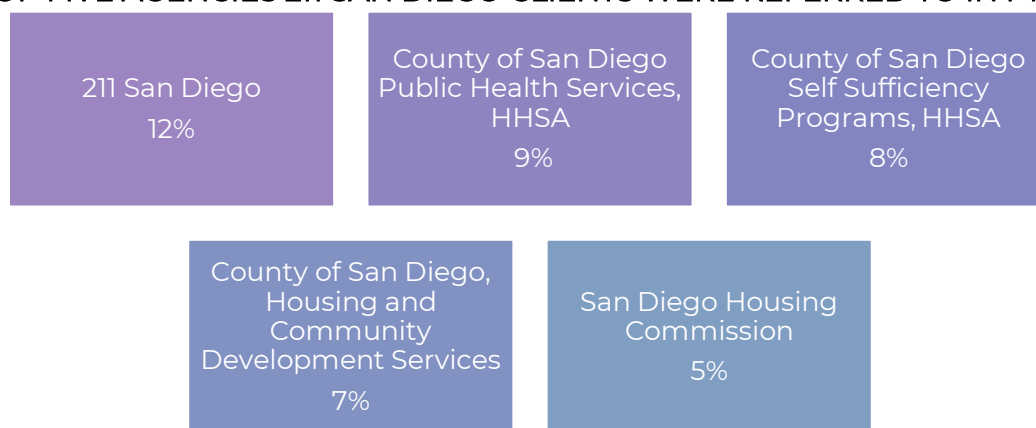


## 211 San Diego – Referrals and Services

211 San Diego provided data for this analysis that included the number of referrals made, as well as to the number of agencies and for what types of services. Overall, a total of 419,652 referrals were made to the 290,765 clients previously described, which equates to 1.4 referrals per individual. These referrals were provided to 1,179 unique agencies and 4,593 unique services. As Table 29 shows, six of the top eight referrals by service name (that represented 2% or greater of all referrals) related to housing or meeting basic necessities. As Figure 66 shows, the five agencies most often referred to received almost two in every five referrals in FY 22, and three of these were departments within the County of San Diego.

County of San Diego: COVID-19 Testing Sites	6%
211 San Diego: CalFresh Enrollment Services	5%
County of San Diego: ACCESS Customer Service Center and Self Service	5%
211 San Diego: VITA	3%
County of San Diego: Security Deposit Assistance Program	2%
County of San Diego: Housing Resource Directory	2%
San Diego Housing Commission: Housing Stability Assistance Program	2%
San Diego Housing Commission: Affordable Housing Resource Guide	2%
<i>SOURCES: 211 San Diego; SANDAG</i>	

**Figure 66**  
TOP FIVE AGENCIES 211 SAN DIEGO CLIENTS WERE REFERRED TO IN FY 22



*SOURCES: 211 San Diego; SANDAG*

## Department of Homeless Solutions and Equitable Communities – Referrals

In addition to providing assessment data, HSEC included information on the rate of connection to various services for those receiving C3 services. A majority of those with an assessed mental health need (72%) were successfully connected with mental

health services, but the rate of connection with SUD-related services was substantially lower (46%) (Figure 67). This number could be low for a number of reasons, including the possibility that individuals connected to services were not ready or willing to engage in treatment. However, the data do not include information on successful completion of treatment or on reasons for failed uptake, so this is speculative.

**Figure 67**  
**PROPORTION OF HSEC CLIENTS WHO RECEIVED MENTAL HEALTH OR SUBSTANCE USE DISORDER TREATMENT IN FY 21**



SOURCES: HSEC; SANDAG

### *Proposition 47 Evaluation – Receipt of Needed Services*

As described in the previous section, SANDAG’s evaluation of the County of San Diego’s state-funded Prop 47 programs also provides a window into how well the needs of low-level individuals with underlying substance use and/or mental health issues may be met. As Table 30 shows, the majority of CoSRR clients received substance abuse treatment and transportation, while a much smaller percentage (34% to 8%) received the other services, including public benefits, which was a need for just under half (49%) of clients.

As Table 31 shows, the Prop 47-funded S.M.A.R.T. program prioritized the provision of substance abuse treatment and transportation, in addition to providing housing. However, fewer than one in three clients were connected to only other highly-rated needs (mental health, public benefits, job skills). These data further indicate that one program cannot meet all of an individual’s needs and highlights the importance of collaboration, communication, and warm hand-offs.

**Table 30**  
**PERCENT OF CoSRR CLIENTS WHO WERE REFERRED OR CONNECTED TO A SERVICE AS PART OF THE PROP 47 EVALUATION**

	<b>Need at Intake</b>	<b>Referred</b>	<b>Connected</b>
Substance abuse treatment	99%	100%	100%
Transportation	72%	--	67%
Mental health	57%	44%	25%
Public benefits	49%	45%	34%
Job skills	33%	17%	13%
Educational	31%	17%	12%
Medical home	31%	20%	16%
Family support	31%	9%	7%
Vocational	29%	17%	12%
Civil/legal	27%	11%	8%
<b>TOTAL</b>	<b>248</b>	<b>253</b>	<b>253</b>

*NOTE: Percentages based on multiple responses.*  
*SOURCE: SANDAG Proposition 47 Final Report*

**Table 31**  
**PERCENT OF S.M.A.R.T. CLIENTS WHO WERE REFERRED OR CONNECTED TO A SERVICE AS PART OF THE PROP 47 EVALUATION**

	<b>Need at Intake</b>	<b>Referred</b>	<b>Connected</b>
Substance abuse treatment	99%	100%	100%
Transportation	98%	--	100%
Medical home	83%	99%	79%
Mental health	81%	95%	29%
Public benefits	75%	48%	25%
Job skills	46%	26%	9%
Vocational	32%	25%	4%
Civil/legal	32%	2%	4%
Family support	21%	3%	1%
Educational	15%	4%	5%
<b>TOTAL</b>	<b>98-127</b>	<b>135</b>	<b>135</b>

*NOTE: Percentages based on multiple responses.*  
*SOURCE: SANDAG Proposition 47 Final Report*

### *ATI Community Survey – Receipt of Needed Services*

As part of the ATI Community Survey, previously/currently incarcerated individuals were also asked if they had received any of these types of services while they were incarcerated, in the community, or both. Table 32 presents an analysis of what percent of individuals received a service (regardless of where) by whether they had indicated a significant need, somewhat of a need, or not a need at all. Some notable results from this analysis include:

- The two services with the greatest number of individuals indicating a significant need – employment assistance and housing navigation – were received by the smallest percentage of individuals (35% and 27% respectively).
- Help paying for basic necessities was the third most frequently cited significant need and was received by only 39% of individuals.
- The service most often provided to those with a significant need was substance abuse treatment, and this was still only received by just under three in every five individuals (59%).
- Between 11% and 27% of individuals who said they did not have a need for a service indicated they had received it anyway. This could represent a misalignment in service delivery where an individual's needs are not taken into consideration to the degree they could be, or alternatively, that individuals have needs they are not aware of.
- To better understand where services were provided, Table 33 presents the percent of individuals who reported they received a particular service in custody or the community. It should be noted that individuals could have said they received services in both. As this table shows, with the exception of educational services and anger management therapy, individuals were more likely to report they received a particular service in the community, as opposed to in custody. Of those clients who reported receiving a service, between 32% and 70% reported receiving it in custody, while 59% to 83% reported receiving it in the community.

Services to meet the two most common needs (employment assistance and housing navigation) were received by around **one-third or fewer** of survey respondents.

When asked to describe how helpful the service they received was, the greatest percentage described the peer mentorship and help obtaining documentation as “very helpful” (Table 34). Employment assistance, one of the top five identified needs, was “very helpful” to almost three in five (57%) but was also among the five rated by 16% to 17% as being “not very helpful.” The other four services rated as “not very helpful” included substance abuse treatment, transportation assistance (also a top five need), education services, and anger management.

**Table 32**  
**PERCENT OF SURVEY RESPONDENTS WHO RECEIVED A SERVICE BY THEIR SELF-REPORTED LEVEL OF NEED\***

	Significant Need	Somewhat of a Need	Not a Need
	(Number in parentheses represents the number that indicated that need)		
Substance abuse treatment	59% (142)	60% (63)	25% (135)
Medical health care	58% (150)	54% (72)	27% (119)
Mental health treatment	52% (117)	51% (75)	14% (140)
Help obtaining documentation	48% (139)	45% (65)	16% (121)
Education services	44% (135)	46% (90)	22% (118)
Transportation assistance	34% (158)	35% (75)	14% (109)
Help paying for necessities	39% (189)	37% (71)	18% (87)
Peer mentorship	38% (133)	29% (96)	14% (108)
Anger management therapy	37% (82)	38% (72)	13% (180)
Employment assistance	35% (203)	36% (56)	15% (89)
Housing navigation	27% (196)	37% (60)	11% (92)

*\*Significant at p < .05.*  
*NOTE: Percentages based on multiple responses.*  
*SOURCE: SANDAG ATI Community Survey, 2022*

**Table 33**  
**TYPES OF SERVICES RECEIVED**

	Custody	Community
	(Number in parentheses represents the number that indicated that received the service)	
Educational services (131)	70%	59%
Anger management therapy (85)	66%	59%
Mental health treatment (125)	60%	70%
Medical care (167)	59%	71%
Housing navigation (87)	56%	69%
Substance use treatment (164)	54%	74%
Peer mentorship (98)	54%	70%
Employment assistance (107)	44%	76%
Help obtaining documentation (119)	45%	70%
Transportation assistance (99)	40%	80%
Help paying for necessities (121)	32%	83%

*SOURCE: SANDAG ATI Community Survey, 2022*

**Table 34**  
**HOW HELPFUL SERVICES RECEIVED WERE**

	Very Helpful	Somewhat Helpful	Not Very Helpful
Peer mentorship	64%	27%	9%
Help obtaining documentation	60%	32%	8%
Medical health care	57%	36%	7%
Employment assistance	57%	27%	16%
Help paying for necessities	56%	34%	10%
Substance abuse treatment	55%	30%	16%
Transportation assistance	53%	31%	17%
Housing navigation	51%	37%	12%
Mental health treatment	50%	37%	13%
Education services	50%	34%	16%
Anger management therapy	44%	40%	16%
<b>TOTAL</b>	<b>81-161</b>		
<i>SOURCE: SANDAG ATI Community Survey, 2022</i>			

*Probation Community Resource Directory – Service Provider List*

The final data source regarding service availability comes from Probation’s CRD, which was previously described in the needs section. As of August 23, 2022, there were 72 providers that serve adult clients registered in the CRD. According to Probation, 69% of these identified at least one program serving clients in the Central region, 60% in the South region, 58% in North Inland, 56% in North Coastal, and 54% in the East region.

As Table 35 shows, providers in the CRD identified 24 program service areas, with the most common being substance abuse treatment, housing, and counseling. It is interesting to note how small many of these percentages are, and also that many of the needs most often mentioned, including help obtaining basic necessities, are not offered by most providers. When interpreting this information, it is important to note that these service categories are self-identified and do not indicate capacity levels.

**Table 35**  
**PROGRAM SERVICES FOR ADULT CLIENTS IN PROBATION'S CRD**

Substance abuse treatment	17%
Housing	11%
Counseling	9%
Other	7%
Employment/vocational	7%
Parenting	6%
Mental health	6%
Anger management	5%
Domestic violence	5%
Sex offenses	4%
Education	4%
Child abuse	3%
Driving under the influence	3%
Mentoring	3%
Crime prevention	2%
Health	1%
Life skills	1%
Self-help	1%
Traffic	1%
Reconciliation and restoration	1%
Financial/income	1%
Victim assistance	1%
Stalking	1%
Substance abuse education	1%
<i>SOURCES: San Diego County Probation Department; SANDAG</i>	

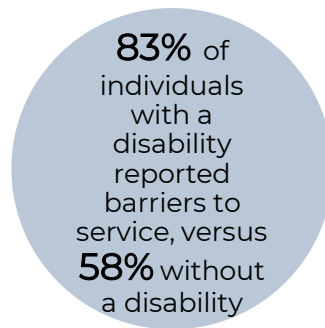
### ***Gaps and Barriers***

Three sources of information were used to identify gaps and barriers to receiving services – the ATI Community Survey, ATI Community Forums/Listening Sessions, and ATI Service Provider Survey.

#### ***ATI Community Survey***

As part of the community survey, individuals who had previously been or were currently incarcerated were asked if there had been any barriers to receiving services they had sought in the community. Almost two-thirds (65%) responded affirmatively. Additional analyses revealed that respondents' age, primary language spoken, gender, and race/ethnicity were not significantly correlated with experiencing barriers, but having a disability was, as Figure 68 shows.

**Figure 68**  
**INDIVIDUALS WITH A DISABILITY MORE LIKELY TO REPORT BARRIERS TO RECEIVING SERVICES IN THE COMMUNITY\***



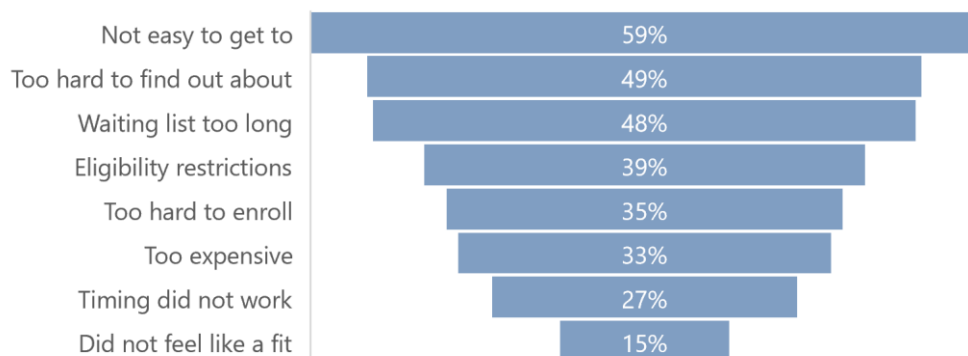
*\*Significant at  $p < .05$ .*

*NOTE: Seventy individuals with a disability answered the question about barriers, as did 187 without a disability.*

*SOURCE: SANDAG ATI Community Survey, 2022*

When further probed regarding what barriers to receiving services they faced, the three most common reasons included that the service was not easy to get to, that it was too hard to find out about what services were available, and that the waiting list was too long (Figure 69). Others also noted that there were restrictions for who the service would take, it was too hard to enroll, it was too expensive, the timing or availability did not work for the individual, and it didn't feel like the right fit for the individual. Other responses not included in the list of possible barriers were noted by 17 individuals (9%) and included other logistical issues (9), lack of mentorship or follow-up (5), the perception of bias on the part of the program (2), and substance use (1) (not shown).

**Figure 69**  
**BARRIERS TO RECEIVING SERVICES IN THE COMMUNITY**



*NOTE: Percentages based on multiple responses.*

*SOURCE: SANDAG ATI Community Survey, 2022*



**Figure 70**  
**SELF-REPORTED NEEDS MOST OFTEN ASSOCIATED WITH A PERCEIVED BARRIER TO RECEIVING COMMUNITY SERVICES**



*SOURCE: SANDAG ATI Community Survey, 2022*

Additional analyses were conducted to determine if any needs were significant predictors of a particular barrier being noted. As Figure 70 shows, services not being easy to get to was the most frequently reported barrier. The accessibility of services was reported as a barrier by individuals in eight of the eleven possible needs, with the only needs not associated with this barrier being housing navigation, substance use treatment, and mental health services.

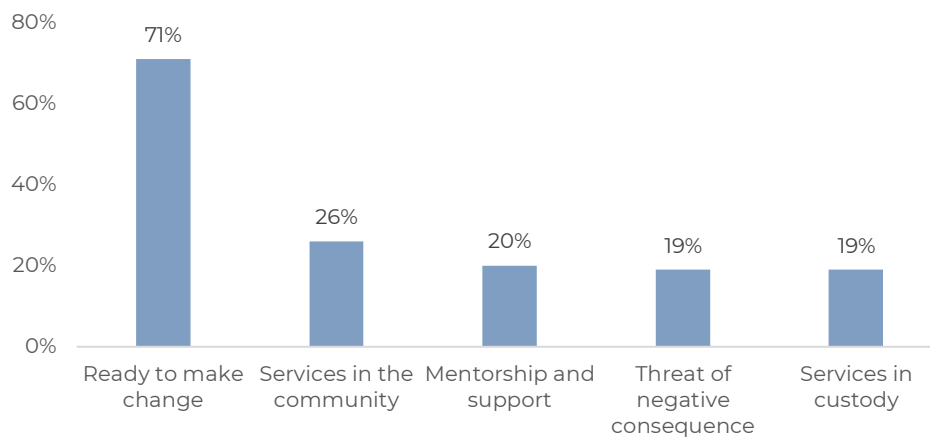
The most common barrier for most service needs is being **difficult to get to**.

Those with a self-reported need for housing navigation were significantly more likely to report program eligibility criteria as a barrier, as well as long wait lists. Those with a self-reported need for mental health treatment were

significantly more likely to report that it was too expensive or too hard to find out about. Finally, cost and timing were cited as barriers to medical health care, difficulty finding out about services was cited as a barrier for paying for basic necessities and long waiting lists were cited as a barrier for employment assistance.

Finally, 362 individuals who had a history of incarceration were asked if they thought they had successfully reentered society and if so, what led to this success. Overall, 81% thought they had successfully reentered and 19% said they still had not. Of those who felt they had been successful, almost three-quarters (71%) said that they were ready to make the change themselves, 26% noted the impact of community services, 20% reported that a mentor or someone else helped them, 19% noted the possibility of a negative impact (e.g., prison time) motivated them, and 19% said that services in custody contributed to their successful reentry (Figure 71).

**Figure 71**  
**INCARCERATED COMMUNITY SURVEY RESPONDENTS' PERCEPTIONS OF WHAT LED TO THEIR SUCCESSFUL REENTRY**



*NOTE: Cases with missing information not included.*

*SOURCE: SANDAG ATI Community Survey, 2022*

Because the road to successful reentry is often not simple or straightforward, the open-ended responses of some of those who answered these questions are highlighted here to show the myriad factors that contribute to successful recovery, including individual choice, community support, and programs to address underlying issues.

- *"I was lucky enough to have an amazing probation officer who cared for me. I also became an active member of a sober group which helped tremendously. Active membership is key".*
- *"I felt like I was losing my mind. I was. My mental health was fractured. It still is. I've made considerable triumphs over my past choices and lifestyle. I continue to grow as an individual. I found my faith in God again".*
- *"The offense was driving over the legal limit for alcohol and I was guilty. It made me realize that getting arrested was way better than causing someone else to be harmed by my actions".*

- *“At the age of 34 years old, I decided I needed help. So, I was referred to a drug treatment program in Oceanside called Family Recovery Center. I received intensive residential drug treatment for one year, and then I completed outpatient for one year. A total of 2 years of accountability helped me to maintain a strong foundation. Through this program, I gained life skills, parenting, employment skills, and housing. I reunified with my oldest children that I had abandoned during my 18-year drug addiction. My youngest son received services at FRC also”.*
- *“At my lowest point i was living on the streets of mission bay park, using illicit drugs. Through the assistance of community resources I am now a senior at UCSD in honors standing preparing to study abroad in Paris France next fall. I am sober, financially stable, mentally, emotionally and physically well and am dedicated to lifting up individuals with similar lived experiences. Punitive means of addressing harm did not prevent any of my past mistakes, even after experiencing incarceration, a strong, compassionate and cohesive community who acknowledged my struggles and empowered me to change was the answer”.*
- *“Group and individual therapy helped me find a new balance. Probation terms forced me to change”.*
- *“I was entered into Drug Court, it was the first time I was offered treatment after decades of drug charges. I should have been referred to treatment my first offense, I could have gotten clean sooner and not had so many consequences”.*
- *“They reached out and was willing to help me change and gave me hope and I have the courage now”.*
- *“Education was the key to my successful reentry along with a competent and caring Family Health Clinician who helped me with my mental health and family reunification”.*

## ATI Service Provider Survey

Service providers surveyed as part of this project were asked their perception of the greatest barriers for adult clients seeking services, as well as the greatest barriers that the service providers themselves may face. As Table 36 shows, service providers, similar to community members surveyed who reported a history of incarceration, most often cited long waiting lists and services not being available when needed. They also were more likely to say that the timing of the service did not work, compared to those who were formerly incarcerated, but less likely to say it was hard to find out about the programming.

Table 36 SERVICE PROVIDERS PERCEPTION OF THE GREATEST BARRIERS TO THE JUSTICE-INVOLVED POPULATION RECEIVING SERVICES			
	Significant Barrier	Somewhat of a Barrier	Not a Barrier
Long waitlists	64%	32%	4%
Services aren't available when needed	60%	25%	15%
Transportation assistance	59%	34%	8%
Too expensive	49%	23%	28%
Eligibility restrictions	31%	50%	19%
Unaware of available services	26%	56%	19%
Difficulty enrolling	26%	57%	18%
Lack necessities needed for stable enrollment	14%	2%	84%
<b>TOTAL</b>	<b>50-54</b>		
<i>NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding.</i>			
<i>SOURCE: SANDAG</i>			

In another question, service providers were asked to identify what barriers service providers themselves may face that limit their ability to meet the needs of clients. As Table 37 shows, the greatest barriers pertained to staffing, including retaining and hiring staff, and obtaining reliable funding that does not include restrictions or complex contracting requirements. Mention was also made regarding coordination across service providers, including data sharing and warm hand-offs.

**Table 37**  
**SERVICE PROVIDERS PERCEPTION OF THEIR GREATEST INTERNAL BARRIERS**

	<b>Significant Barrier</b>	<b>Somewhat of a Barrier</b>	<b>Not a Barrier</b>
Retaining staff	55%	29%	16%
Hiring staff	47%	33%	20%
Obtaining reliable funding	46%	34%	20%
Restrictions on funding use	44%	42%	15%
Contract requirements for funding	41%	39%	20%
Long waitlists	39%	37%	25%
Reporting requirements from funders	27%	47%	27%
Inability to do warm hand-offs	24%	41%	35%
Unrealistic funding outcome measures	22%	42%	36%
Inadequate information from referrals	19%	48%	33%
Retaining clients	17%	46%	37%
Receiving client referrals	15%	43%	42%
Inability to access client data	14%	41%	45%
Engaging clients	11%	51%	38%
Workload management	7%	0%	93%
<b>TOTAL</b>	<b>45-53</b>		
<i>NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding.</i>			
<i>SOURCE: SANDAG</i>			

### *ATI Community Forums/Listening Sessions*

Four virtual ATI Community Forums were held via ZOOM between June 23, 2022, and July 7, 2022, and two ATI Community Listening Sessions were held on January 25, 2023, and January 31, 2023. These Forums and Listening Sessions were recorded (in English for all four and in Spanish for all but the first) and are available on the SANDAG website’s [ATI page](#). An estimated 233 individuals attended these forums/listening sessions, not including SANDAG staff. Over half of the Forum and Listening Session discussion related in some way to gaps and barriers to receiving support services before, during, and after incarceration, especially about availability and efficacy. A substantial amount of the discussions was also focused on structural concerns regarding behavioral health and other services, as well as limited funding and resources. A common sentiment that was expressed was that improved resources, communication, and innovation could effectively and safely reduce the incarcerated population. Some of the opinions shared regarding service provision included:

- Programs such as Mobile Crisis Response Teams (MCRT) are promising, but under-resourced;
- Waitlists are too long;

- Services need to be tailored to meet an individual's need and staff need to be effectively trained to provide these services;
- Services are fragmented, rather than connected or offered in a continuum, and there is a need for more supportive hand-offs and better communication between providers;
- Service providers should be better paid to ensure their retention;
- The County should consider offering individuals in need incentives to engage in behavioral health treatment;
- The provision of housing and vocational skills training is essential;
- There is a need to conduct behavioral health assessments at the time of incarceration; and
- There is a need to provide more services during incarceration, including peer support and vocational support.

*"We have too many walls, and not enough doors."*

*-Listening Session participant*

The discussions that occurred during the January Listening Sessions continued the previous conversations about gaps and barriers, but also introduced additional themes in response to the then-recently released Draft Comprehensive Report. One major theme that emerged was about gaps in data availability and the obstacles that data needs pose to expanding alternatives to incarceration in the County. For example, without systematic access to data from service providers and various justice system stakeholders, it is difficult to see the full picture of the level of need among the justice-involved population, where these needs are concentrated, and how to most effectively address these needs. Some key areas highlighted as data needs by participants included the following:

- How much funding different service providers receive, and from where;
- Service availability in geographic areas;
- Service provider resource and staffing challenges;
- Behavioral health service offerings and engagement in the jail and prison systems;

- Dispatch data (e.g. number and types of calls being diverted to MCRTs);
- Service referrals; and
- Systematic data measuring individual recidivism outcomes for those receiving alternatives to incarceration.

In addition to highlighting these data needs, Listening Session participants suggested additional areas of potential research that could expand the County's understanding of alternatives to incarceration:

- Alternatives to traditional policing for the unhoused community;
- Safe use facilities as a means to reduce justice system contact and mitigate health risks; and
- Potential reorganization of the management of civilian jail and prison staffing to improve transparency.

Some members of the community who participated in January's Listening Sessions themselves had previous justice-system involvement and shared the challenges they faced upon reentry. One of the most significant obstacles, according to one of these individuals, was a lack of information about available services that would have benefited them and eased their transition back into the community after release from incarceration. This theme was echoed by other participants with former justice involvement, both in comments and through a poll issued during the forum to facilitate participation among individuals who may have had justice involvement but were more reluctant to speak. Of those participants who indicated that they had experience with the justice system, either themselves or through a loved one, roughly one-third indicated that one of the most significant barriers to reentry that they faced was that the service was hard to find out about. Other responses to this question included the following:

- The enrollment process was difficult;
- The service wasn't easy to get to;
- Eligibility restrictions were too stringent;
- Lack of housing, including eligibility restrictions due to prior conviction and general unaffordability;
- Disabilities that made it difficult to access and process information (e.g. dyslexia);

- Long wait times; and
- Language barriers making it difficult to register for and enroll in services.

### *Takeaways*

A variety of needs were reported across the population groups that were considered, from the general population to those under probation supervision. Some of the most common needs include housing, transportation, ability to pay for basic necessities, and medical care. Other often-reported needs relate to job training and assistance obtaining employment, including addressing underlying issues that may make employment challenging (e.g., mental health and substance use issues).

In terms of how well the needs of at-risk individuals are being met, it appears that while there are over 1,000 service providers in the County, there is definitely room for improvement: across datasets, sizeable proportions appeared to not receive needed services, and the majority of individuals with a history of incarceration reported facing barriers to receiving services. Every individual is unique and one agency cannot meet all of an individual's needs, from addressing past trauma, meeting basic needs, and helping to heal addictions. Service providers have their own challenges in terms of staffing and funding and multiple barriers for clients exist, which are more challenging for some than others. Given the role the County plays in connecting individuals to services, it has the opportunity to strengthen connections and information sharing to facilitate service provision across different populations.



## Best Practices San Diego County Should Consider When Investing in Alternatives to Incarceration

*What has been found to be successful in terms of reducing the incarcerated population and addressing their underlying needs? What services and programs have been identified as best-practice or promising in reducing criminal justice involvement? What strategies are most effective for engaging clients who are resistant to services? What effective programs or practices in San Diego County can be expanded or started to support alternatives to incarceration? (SOW 3.7.1, 3.7.2, 3.7.3, 3.7.7, and 3.7.8)*

There is a wealth of research addressing what works and what doesn't in reducing justice system involvement. This research has shaped a collective understanding of best practices for achieving outcomes of reduced recidivism and justice system contact. In the context of alternatives to incarceration, there are several lessons and best practices that should be considered to help frame the discussion of how to advance alternatives to incarceration within San Diego County. Seeing what has worked elsewhere and why it has worked is paramount to designing and implementing similar programs that will both reduce system involvement for low-level individuals and advance equity for vulnerable populations, while also improving public safety. It should be noted that although this review has been conducted with lower-level individuals in mind, many of these practices can and should be considered for others based on their type and level of need. Providing evidence-based services to those who need them, regardless of charge type or level, should be emphasized as a means of consistently addressing the needs of the justice-involved population, while also contributing to a longer-term improvement in both public health and public safety.

### *The State of Research on Best Practices in Alternatives to Incarceration*

Research on effective recidivism reduction and crime prevention programs is constantly evolving and the collective understanding of what works will continue to shift as new evidence becomes available. Criminology as a research discipline has undergone a significant shift over the past 30 years, with most of the earlier research during this time period focused on more punitive approaches to crime prevention and response (Mehozay & Factor, 2021). While rigorous research on alternatives to incarceration within the field has emerged relatively recently, it is possible that the shared understanding of what works, and what should be considered a best practice in alternatives to incarceration could change as additional data become available. Though what is presented here represents an overview of what is currently considered best practice, the following points should be kept in mind:

- Consistent program evaluation is key to building a shared understanding of what works, what doesn't work, and why. Just because a program or approach seems promising does not mean that it should be adopted elsewhere.

- Relatedly, context matters. What works with one population might not be as effective with another. In alternatives to incarceration, one size does not fit all, and the available evidence reflects this.
- Although the gold standard in research involves randomized controlled trials (RCTs), not all of the research on these programs and practices has applied this method. Caution should be exercised when drawing conclusions about the effectiveness of an intervention that has not been evaluated. Efforts to evaluate practices and programs based on these methodologies should be made wherever possible.
- Rigorous evidence-based research and evaluation is important, but so is considering the lived experience of individuals, families, and communities affected by incarceration. An emphasis on practices and programs that combine both should be prioritized wherever possible for maximum impact.

### ***Best Practices and the Sequential Intercept Model***

Available evidence on best practices is examined through the prism of the Sequential Intercept Model (SIM). The SIM is a conceptual roadmap that situates different potential needs-based interventions along multiple Intercepts, or points at which an individual may either come into contact with the justice system or become further involved in the system after initial contact with law enforcement (Figure 72). Initially developed by public health experts to address the criminalization of individuals suffering from mental illness and potential interventions that could be made as an alternative to justice system contact, the SIM has been adapted to consider alternatives to incarceration for people with other unaddressed criminogenic needs, including substance abuse disorders and housing instability. The SIM outlines six distinct points of Interception along a continuum from pre-emptive community services to post-reentry community corrections, with different programs and services situated at each Intercept to address needs of individuals at that stage (Munetz & Griffin, 2006). The SIM is a helpful framework for considering whether existing programs need to be expanded or redesigned, or if new programs need to be implemented.<sup>41</sup>

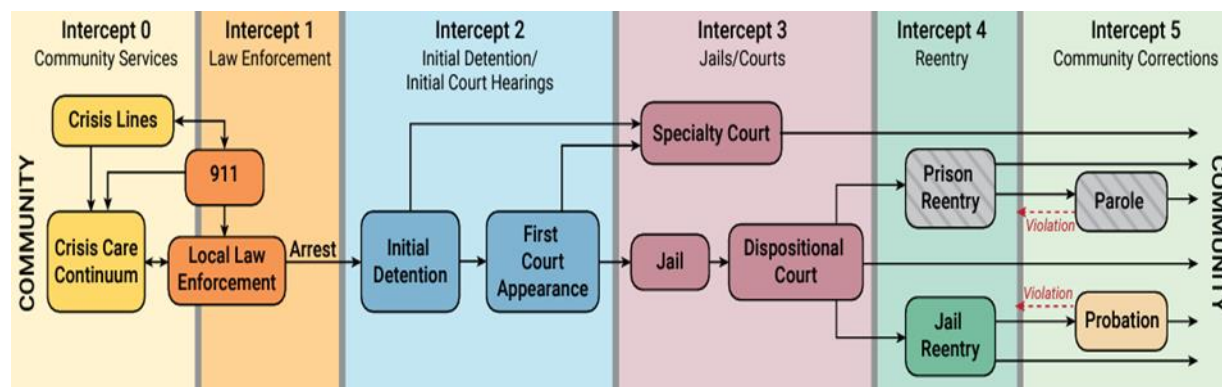
Best practices are organized by which Intercept such practices fall under. Where applicable, existing services and programs in San Diego County that follow these

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<sup>41</sup> SANDAG acknowledges and seeks to build upon the extensive sequential Intercept mapping, recommendations, and ongoing work undertaken by the San Diego County District Attorney (SDCDA) to address mental health and homelessness within San Diego County. SDCDA's [first report](#) from February 2019 outlines the work of local stakeholders in mapping the intersection between housing instability, mental health, and substance use among the County's justice-involved population and includes a set of recommendations which have begun to be addressed since the report's publication. A [follow-up report](#) published by SDCDA in March 2022 focuses specifically on homelessness, outlining a three-point plan to address housing instability as it relates to the criminal justice system and justice-involved population.

best practices are highlighted. In highlighting potential examples of these best practices in the County, SANDAG is not endorsing a particular program; rather, it is meant to illustrate what certain best practices can look like in a program-specific context.

**Figure 72**  
**THE SEQUENTIAL INTERCEPT MODEL**



SOURCE: SAMHSA

### **Methodology and Selection Criteria**

To identify best practices that constitute successful alternatives to incarceration and are backed by evidence, an extensive review of the academic and policy literature on alternatives to incarceration was conducted. Academic sources consulted included peer-reviewed journals focused on research relevant to criminal justice and behavior, as well as public health and public policy. Relevant policy research conducted by think tanks such as the RAND Corporation, UrbanLabs, and the Vera Institute for Justice was also reviewed. Additionally, 120 practices and programs associated with those practices evaluated by the [National Institute of Justice](#) as being either “promising” or “effective” based on evidence from meta-analyses were reviewed. The Alternatives to Incarceration (ATI) Advisory and Working Groups also provided feedback and input regarding best practices and some of their suggestions have been incorporated here. Due to the broad scope addressed by this research and in recognition that not all best practices cited in the literature can be evaluated, practices that meet the following criteria are highlighted:

- The intention and effect of the practice is to reduce system involvement, whether through diversion at the point of first system contact or through reduced recidivism and the practice also addresses unmet criminogenic needs.

- The practice involves programs that have been formally evaluated and found to be effective.

Although the best practices review focuses on formally evaluated programs and practices, some programs that may not have been formally evaluated yet but that have advocates and individuals with lived experience pointing to as promising interventions are noted where applicable. Where such programs are mentioned, they come with the caveat that they have not yet been formally evaluated but that they are worth further consideration.

#### The Six Key Criminogenic Needs

Substance use  
Antisocial cognition  
Antisocial associates  
Family & marital relations  
Employment  
Leisure and recreational activity

In thinking about best practices as they are located along the SIM, it is helpful to apply knowledge on more general best practices regarding program design and targeting based on evidence from the literature. This is especially true when considering programs and service models that target criminogenic needs. Research has shown that the effectiveness of correctional treatment programs can be directly linked to the number of criminogenic needs that they address, relative to non-criminogenic needs such as underlying mental illness or self-esteem issues (Andrews & Bonta, 1998; Andrews, Bonta, & Hodge, 1990; Lowenkamp,

Latessa, & Smith, 2006). In their influential study, Andrews and Bonta (1998) identified six needs as the most important in reducing criminal offenses: substance use, antisocial cognition, antisocial associates, family and marital relations, employment, and leisure and recreational activity. Their study focused on probationers who were treated with an intervention over the course of 12 months and found that there were significant reductions in offending for those who received interventions that 1) reduced their interactions with criminally-involved family members, 2) improved work performance, and 3) reduced alcohol use. Programs that addressed these needs (antisocial associates, employment, and substance use) were most effective in reducing recidivism (Andrews & Bonta, 1998). Though conducted 20 years ago, these findings have been replicated in other studies and have led to a general consensus in the field regarding which needs are most likely to lead to criminal activity.

The identification of criminogenic needs facilitated the development of the risk-need-responsivity model, a framework for targeting high-risk individuals based on criminogenic needs in a way that directly targets these needs (Latessa, Johnson, & Koetzle, 2020). According to this model, the most effective treatments that rehabilitate individuals target multiple criminogenic needs simultaneously. A meta-analysis of studies that evaluated multiple programs aimed at reducing recidivism found that interventions targeting four to six criminogenic needs had a strong effect on reducing recidivism rates, while interventions targeting only one to three of those needs resulted in a minor increase in recidivism rates (Gendreau et al., 2002). In

#### The Importance of Fidelity in Program Implementation

Fidelity to a program model in design and implementation is extremely important in ensuring the goals of the intervention are met. In this context, fidelity refers to the extent to which a program's key components are implemented as they were intended. There is a large body of research that shows that well-designed programs that are not implemented with fidelity, or that deviate from their design during program delivery, are less likely to achieve their intended effects (Fixsen et al., 2005). Process and impact evaluations are necessary tools to ensure that programs are consistently implemented and managed with fidelity to the original design.

addition to ensuring that programs target the correct people and the correct needs, it is also important to ensure fidelity to the program model—how well an intervention targets individuals matters greatly in determining its effectiveness.

It should also be noted that although this best practices research focuses primarily on practices and programs at the local, state, and national levels, there are numerous examples from outside the U.S. that represent meaningful alternatives to incarceration. For example, observers and activists have cited practices in Scandinavian countries as being especially progressive and worthy of consideration in this country. Norway's comparatively low recidivism rate (20% within two years) can likely be partially attributed to the country's humane approach to corrections, which relies on the principle of normality in correctional facilities (Kristoffersen, 2010). In addition to ensuring that the only right restricted while serving sentences is freedom of movement, Norwegian correctional facilities offer community-based services to inmates while they are still serving their sentences. While these practices are progressive, key differences between the social, political, and legal systems of Norway and the U.S. make direct comparisons between the two countries highly difficult. For example, all services are fully funded and accessible without restriction to all inmates, something that is not currently replicable in the United States. Thus, it is challenging to say how best practices in these environments could be replicated effectively in the U.S. currently.

Table 38 provides a summary of the best practices reviewed for this report, as well as examples of programs that fall under that best practice. This table is not comprehensive, but rather gives an overview of the breadth of approaches to alternatives to incarceration reviewed. Where possible and relevant, examples of local programs currently offered in San Diego County are highlighted to demonstrate the areas in which the County is currently or has begun to implement

the best practices highlighted in this report. For additional information on other types of services available within the County, please reference the County's [FY 2022-23 Community Corrections Partnership Plan](#), which provides a helpful overview of local programs and services along the SIM.

**Table 38**  
**SUMMARY OF BEST PRACTICES AND EXAMPLE PROGRAMS REVIEWED BY SEQUENTIAL INTERCEPTS**

<b>Best Practices</b>	<b>Example Programs</b>	<b>Local Programs</b>
<b>Intercept 0-1</b>		
911 Call Triage Lines	<a href="#">Right Care Right Now</a>	<a href="#">El Cajon Community Care Program</a> <a href="#">La Mesa HOME Team</a>
Community-level crisis response and diversion	<a href="#">STAR</a> <a href="#">CAHOOTS</a>	<a href="#">Mobile Crisis Response Teams (MCRT)</a>
Law enforcement-assisted crisis response and diversion	<a href="#">LEAD</a> <a href="#">Pinellas SafeHarbor</a> <a href="#">Human Services Campus</a>	<a href="#">Psychiatric Emergency Response Team (PERT)</a> <a href="#">San Diego Misdemeanants At-Risk Track (S.M.A.R.T.) Program</a>
Alternative treatment options for substance use individuals	<a href="#">Houston Recovery Center</a> <a href="#">Narcotics Arrest Diversion Program</a>	<a href="#">McAlister Institute Inebriate Reception Center/PLEADS</a> <a href="#">PC 1000</a>
<b>Intercept 2-3</b>		
Reducing failure to appear	<a href="#">North Carolina Court Appearance Project</a>	<a href="#">Probation</a> Supervised Own Recognizance (SOR) Monitoring Program
Pre-plea outreach and advocacy	<a href="#">San Francisco Pretrial Diversion Project</a> <a href="#">(sfpretrial.org)</a> <a href="#">Partners for Justice</a> <a href="#">PARR</a>	PACC
Collaborative courts	<a href="#">Drug Court (STOP Drug Court)</a> <a href="#">DUI Court (Kootenai County DUI Court, Young Adult Court (YAC))</a>	<a href="#">Drug Court</a> <a href="#">Homeless Court</a> <a href="#">Behavioral Health Court</a> <a href="#">Veterans Court</a> <a href="#">Reentry Court</a>
Correctional therapeutic communities	<a href="#">Minnesota Prison-Based Chemical Dependency Treatment Program</a>	<a href="#">Amity In-Prison Therapeutic Community</a> <a href="#">Veterans Moving Forward</a>
Educational and vocational programs	<a href="#">Inside Out Prison Exchange Program</a> <a href="#">Goucher Prison Education Partnership</a>	<a href="#">UCI LIFTED</a>
<b>Intercept 4-5</b>		
Comprehensive Reentry Services	<a href="#">Allegheny County Jail-Based Reentry Specialist Program</a> <a href="#">HART</a>	<a href="#">Vista Ranch</a> <a href="#">Project In-Reach</a> <a href="#">Project In-Reach Ministry</a>
Warm hand-offs to post-release services	<a href="#">Project Kinship</a>	Community Care Coordination (C3) Programming ( <a href="#">HSEC</a> )
Wraparound healthcare services	<a href="#">Transitions Clinics</a>	(None currently exist)
Post-release job skills and employment programming	<a href="#">Homeboy Industries</a>	<a href="#">Rise Up Industries</a> <a href="#">Second Chance Job Readiness Training</a>
Justice-Involved Housing	<a href="#">Just In-Reach</a> <a href="#">NYC FUSE II</a> <a href="#">Denver SIB</a>	<a href="#">HSEC Community Care Coordination programming</a> <a href="#">PATH Rapid Rehousing</a>

SOURCE: SANDAG

## *Intercepts 0-1: Community Services and Law Enforcement*

Intercept 0 within the SIM encompasses programs and services provided to individuals who are at increased risk of system involvement. Successful programs administered at this Intercept both address unmet needs for the at-risk individual while also preventing unnecessary initial contact with the justice system. Programs and services at this level (i.e., crisis response teams) are therefore primarily community-based and attempt to divert individuals with certain unmet needs from moving further along the continuum of system involvement. In short, these services are primarily geared towards preventing initial justice system contact by addressing needs *before* a crime has been committed. There is a growing body of evidence that non-law enforcement interventions for at-risk populations can address underlying criminogenic needs of individuals in crisis, while also reducing crime and arrest rates (Dee & Pyne, 2022). When designed and implemented properly, programs that divert at-risk individuals to needed services who might otherwise have encountered law enforcement can be highly effective in preventing these individuals from becoming unnecessarily involved with the criminal justice system.

Intercept 1 within the SIM encompasses programs and services provided to individuals at the point of first contact with law enforcement, but prior to initial detention. Programs and services at this level generally involve community-based organizations and public-private partnerships, but are often offered in tandem with law enforcement response. For low-level individuals who do not otherwise pose an imminent threat to public safety and who would benefit from receiving needed services, diversion at Intercepts 0-1 may not only rehabilitate them by addressing unmet needs, but may also prevent further justice system or law enforcement contact by addressing potentially criminogenic tendencies before they lead to additional or more serious criminal behavior. In addition to the rehabilitative and public safety benefits of these practices, cost savings may also be realized: economic analysis has shown that every dollar spent on treatment reduces criminal justice costs by seven dollars (Etner et al., 2006).

### *911 Call Triage Lines*

A recent analysis of 911 call data from nine police departments around the country<sup>42</sup> found that of more than 23 million calls, nearly one in five of these calls could have been better handled by a non-law enforcement responder (Vera Institute of Justice, 2022). For those experiencing a behavioral health- or substance use-related crisis, the first point of contact is frequently through 911 dispatchers, who are generally not trained in

Diverting 911 calls for a behavioral health- or substance use-related crisis to a nurse navigator is a best practice at Intercept 0-1.

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<sup>42</sup> Researchers analyzed publicly available 911 data from nine police departments, comprising 15.6 million calls placed between January 2019 and November 2021. These police departments are Baltimore, MD; Burlington, VT; Cincinnati, OH; Detroit, MI; Hartford, CT; New Orleans, LA; New York, NY; Seattle, WA; and Tucson, AZ.

mental health or crisis response. For those jurisdictions that do have a crisis response program accessible through 911 dispatch, the eligibility criteria for what constitutes a behavioral health crisis is often narrow, leaving other calls that may not be directly tied to, but influenced by behavioral health issues (e.g., disorderly conduct), to be responded to by law enforcement. To address the large proportion of calls that may be better served by connection to health services or crisis response rather than law enforcement, a data-driven approach to developing screening criteria at the dispatch level is key. In recognition of this need, 911 call triaging initiatives have been adopted in some jurisdictions.

In addition to embedding behavioral health or crisis response specialists at dispatch centers, some jurisdictions have adopted nurse triage elements in their 911 emergency medical response. In these models, 911 dispatchers are trained to ask a series of screening questions when callers contact them with a concern that may be better suited for a lower level of care not requiring an emergency response. If dispatchers determine a caller to be eligible, they will provide a warm handoff<sup>43</sup> to the nurse triage line. The nurse will inquire about the caller's symptoms and either resolve the crisis via phone or will refer the caller to the appropriate level of care. In addition to avoiding an unnecessary and expensive ambulance transport to the emergency room, this approach helps connect individuals with medical care services when they may not have otherwise been connected. Though it should be noted that this practice is not focused explicitly on justice-involved or at-risk individuals, nurse triage services can be seen as an added preventive step early in the sequential intercept model that, when implemented properly, can help connect more individuals in need to physical and behavioral healthcare in their communities. Strengthening connections to community-based, non-emergency care and resources at the earliest possible stage is an early intervention that expands networks of support and gets vulnerable individuals—some of whom could be at risk of later justice involvement—the help they need when they need it, improving public safety and reducing strain on law enforcement and fire and emergency medical response in the process.

### *-Example Program-*

Washington, DC's [Right Care Right Now](#) nurse triage line began as a pilot program in 2018, and has since been fully integrated into the district's emergency response system. A randomized controlled trial studying its rollout during the pilot phase found evidence of its effectiveness in both reducing unnecessary ambulance transport and in connecting callers to healthcare services. Over the time period of

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<sup>43</sup> In this context, a warm handoff is defined as an action that provides continuity of care between service providers and reduces the risk of clients getting lost in the system. Warm handoffs can generally be thought of as efforts that go beyond merely providing a referral to further support meaningful client engagement (e.g., direct follow-ups with potential clients or encouraging the formation of a socially supportive relationship between clients and providers). Warm handoffs will typically involve a provider making a direct referral to another provider, while also ensuring that the client is involved in the handoff process.



the study involving more than 6,000 callers, the study found that unnecessary ambulance transports were reduced by 39%. The benefits to lower-income callers were also clear: among callers on Medicaid, primary care visits within 24 hours of their 911 call more than tripled, reducing unnecessary emergency department visits by nearly 15% (Hatzimasoura et al., 2022).

Approaches that embed physical and/or behavioral health specialists directly in the 911 call loop may be an effective tool for engaging and diverting individuals to care who may not otherwise access that care on their own. Offering 911 call triaging in tandem with dedicated non-911 crisis lines, such as 988 and the Access and Crisis Line, may increase the service connection and diversion rate for lower-income individuals, who are disproportionately affected by justice system contact.

### *-Local Program-*

Within San Diego County, the City of El Cajon recently initiated a pilot program for nurse triage within its 911 dispatch system, the **El Cajon Community Care Program**. As described in the City Council report approving moving forward with this project, the program will refer calls that fall into predetermined and clearly outlined physician-approved triage categories to a nurse navigator service. When nurse navigators triaging these select calls determine it to be clinically appropriate, callers will be redirected away from 911 response to the appropriate level of medical care. El Cajon estimates that 3,500 calls each year will qualify for this program and notes that “the ultimate benefit of this program will be the city’s ability to navigate non-emergency cases away from unnecessary ambulance runs and emergency department visits and move those cases toward more appropriate healthcare settings.” Potential alternative referrals would include telehealth visits, urgent care centers, prescription refills, or primary care providers in the community. The long-term goals, according to the city, include improving patients’ long-term health care literacy, reducing reliance on 911 for non-emergency needs,<sup>44</sup> and improving patients’ health outcomes by facilitating their access to primary care. In addition to providing referrals, nurse navigators can assist callers without reliable access to transportation by arranging a ride to their medical appointment.

An additional local program that utilizes a call triage approach is the [La Mesa Homeless Outreach and Mobile Engagement \(HOME\) Team](#). In addition to its mobile outreach services, HOME Team staff respond to non-emergency calls for service related to homelessness and connect clients experiencing homelessness to an array of services. The HOME Team responds to these calls, dispatched through LMPD, with

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<sup>44</sup> It should be noted that 911 callers eligible for diversion through the program will be sent an ambulance if they deny nurse navigator alternatives.

a full-time outreach worker and mental health specialist.<sup>45</sup> In the third quarter of 2022 (the quarter for which [data](#) is most recently available), the HOME Team responded to 549 service calls routed through either LMPD dispatch, the HOME hotline, or La Mesa city email, many of which would have otherwise been handled by law enforcement and emergency services if HOME did not exist. For clients contacted who are willing to accept assistance, services provided or connected to can include short-term or transitional housing assistance, help meeting basic needs or securing documentation, financial assistance, and connections to permanent housing, among others.

### *Community-Level Crisis Response and Diversion*

In addition to unnecessary connection to emergency medical services, individuals experiencing an acute crisis, such as a mental health emergency or substance use issue, are frequently referred to and intercepted by law enforcement. There is evidence that local law enforcement nationwide spends a disproportionate amount of time responding to these low-priority calls, draining substantial time and resources away from higher-priority calls for which their response is needed (Irwin & Pearl, 2020). In recognition of the high incidence of calls related to these issues, most of which involve nonviolent, low-level individuals, municipalities across the country have begun exploring and implementing crisis response programs that reduce law enforcement's role in handling these crisis situations and involve experts that specialize in working with these at-risk populations. In addition to freeing up police resources for more urgent emergency situations and reducing jail populations, pre-arrest diversion programs at Intercepts 0 and 1 exemplify a care-first approach that emphasizes addressing criminogenic needs before these unmet needs lead to unnecessary law enforcement contact and/or incarceration.

There are three general models these types of programs fall under: community

Having mental health clinicians respond to certain calls for service that relate to an individual in distress (with or without law enforcement) is a best practice at Intercept 0-1.

response, crisis intervention teams (CIT), and co-response. The community response model removes law enforcement from crisis response entirely by having a team of non-law enforcement first responders triage and send a team of health and social services practitioners (Dee & Pyne, 2022; Irwin & Pearl, 2020). Crisis intervention teams train law enforcement officers

to respond to individuals experiencing crises and connect them with the appropriate services (Compton et al., 2008). The co-response model involves a paired response by law enforcement and mental health practitioners (Puntis et al., 2018; Shapiro et al., 2015). Though the latter service model been found to be cost-effective, there is mixed evidence regarding the effectiveness of these programs in reducing arrest or time in

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<sup>45</sup> LMPD and/or PERT officers may rarely be requested for any calls involving safety concerns. In Q3 of 2022, HOME Team only requested LMPD officer assistance for five calls and PERT assistance for 1.

police custody, partially due to significant variation across models in how these programs are designed and implemented (Puntis et al., 2018).

### *-Example Program-*

The [STAR program](#), based upon Oregon's [CAHOOTS](#) (Crisis Assistance Helping Out on the Streets) community diversion program, is a mobile crisis response program that sends a paramedic and a mental health clinician to calls where the individual in distress 1) does not pose an imminent threat to others and 2) meets certain screening criteria related to mental health, substance use, or other related issues. 911 dispatchers are trained to triage low-level calls and dispatch a STAR team when the call meets certain criteria, freeing up police to respond to higher priority criminal calls. However, police can call STAR to assist in crisis response when they need assistance. Contrary to concerns that police response rates to low-priority calls might have the effect of increasing crime, the results of the STAR evaluation showed that at the same time there was a significant reduction in STAR-related offenses reported, there was no appreciable increase in more serious crimes (Dee & Pyne, 2022). At the same time, the matched comparison group, which included police officers trained in crisis intervention response, did not see the same decrease in low-level crime relative to the precincts in which the STAR program was operational. This finding led researchers to the tentative conclusion that the STAR community response model might be comparatively more effective than the crisis intervention team model.

### *-Local Program-*

San Diego's [Mobile Crisis Response Team](#) program (MCRTs) has not been formally evaluated, but is worth noting as a locally implemented community response model. All law enforcement dispatch 911 call centers in San Diego County<sup>46</sup> receive, screen, and refer directly to MCRT. Law enforcement center referrals to MCRT were initiated in the summer of 2022. When an MCRT-eligible call is identified, behavioral health clinicians and peer support specialists are sent to respond. Most of these calls involve individuals experiencing some sort of substance abuse or mental health related crisis that may otherwise have been addressed by law enforcement. Rather than facing incarceration, these individuals can be diverted and connected to needed service and treatment in the community. In addition to diverting individuals in crisis from detention and justice system involvement, MCRTs can either directly provide services that meet immediate needs, such as crisis intervention for individuals experiencing a mental health crisis, or connect individuals to services in the community that meet needs, such as housing instability, substance use treatment, or employment services support.

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<sup>46</sup> MCRT has not yet been fully integrated in 911 dispatch within the city of San Diego.

## *Law Enforcement-Assisted Crisis Response and Diversion Programs*

Crisis intervention teams are a useful model in situations where police are called and the suspect has committed a low-level offense. Law enforcement-led crisis response and intervention teams have historically been considered the gold standard for police encounters with individuals suffering from mental illness, although evaluations of the effectiveness of these programs in reducing crisis calls come to differing conclusions due to a wide variation in service models across departments (Peterson & Densley, 2018). As of 2019, 15-17% of all law enforcement agencies nationwide were operating some sort of crisis intervention team (Rogers et al., 2019). Crisis intervention teams, or CITs, send police officers trained in crisis intervention and response to respond to low-level calls, with the idea that successful CITs will both de-escalate the situation and refer the individual to needed programs and services. Co-response model programs are similar in that they involve law enforcement officers, but they also dispatch a clinician or other type of health or crisis expert to assist law enforcement in responding to calls involving low-level offenses committed by individuals experiencing a crisis. Where possible, these individuals are diverted from arrest and incarceration and redirected toward needed programs and services that aim to address underlying needs. Evidence shows that these programs are at least moderately effective in improving public safety outcomes and in connecting at-risk individuals with needed services. At the same time, the success of these models is largely dependent upon proper program design and implementation (Chunghyeo, Kim, & Kruis, 2021). For example, a program that emphasizes regular interaction and collaboration between law enforcement and mental health clinicians might be more effective than a program that includes minimal training for law enforcement on the principles of crisis response and intervention among people with mental illness (Bailey et al., 2018).

### *-Example Programs-*

**Seattle's Law Enforcement Assisted Diversion program (LEAD)**, the first established pre-arrest diversion program in the U.S., targets low-level drug and prostitution individuals for diversion from jail and toward needed case management resources and services. Individuals may be referred to LEAD through law enforcement, community-based organizations, or concerned community members. The program involves a coalition of law enforcement, behavioral health providers, legal services, and community groups. Through the LEAD program, Seattle Police Department officers are able to divert eligible individuals away from prosecution and incarceration either at the point of arrest or prior to arrest, as long as these individuals are suspected of low-level drug and prostitution violations or are considered to be at risk of committing future violations as a result of behavioral health issues or chronic income instability. However, individuals are ineligible if they were previously involved in drug or mental health collaborative courts within King County, as this could lead to a duplication of services received. Once an officer

determines that an individual is LEAD-eligible and the individual indicates that they are amenable to diversion, they are referred to a case manager for an intake assessment, at which point they are referred to legal services or other needed services. Crucially, services are provided as long as case managers determine that they are necessary and there is no fixed end date for individuals referred to services through LEAD. Prosecutors and law enforcement have the ability to monitor participants' progress through the LEAD program to ensure that services are being received as intended. In the event that diverted individuals fail to complete intake within an agreed-upon time period, prosecutors are able to revoke LEAD eligibility and file charges; otherwise, charges are not filed. Additionally, prosecutors have full discretion over the handling of charges unrelated to the charge leading to LEAD diversion.

Recently, the LEAD program has expanded its services in partnership with the King County Behavioral Health and Recovery Division (BHRD) and others to build a [continuum of diversion programs](#) for individuals in the county who have a history of repeat cycling through legal competency services. This expanded continuum provides intensive mental health services and both interim and permanent housing supports through designated contracting partners. Continuously in operation since 2011, studies have shown high effectiveness of the LEAD model. One study showed that those who were involved in the LEAD program were 60% less likely to recidivate in a six-month period than those who had not been involved with LEAD (Collins, Lonczak, & Clifasefi, 2017). Metrics for client outcomes and cost effectiveness have been similarly promising, with LEAD participants significantly more likely to obtain needed services such as housing, access to income, and employment than non-LEAD participants. Furthermore, costs associated with LEAD participation were lower than those for standard law enforcement contacts over time (Clifasefi et al., 2016; Collins et al., 2019). Seattle's LEAD program is the flagship program of the nationwide [Law Enforcement Assisted Diversions Bureau](#), a colloquium of programs that follow similar diversion and service provision models. The model has been implemented elsewhere in the U.S. and continues to see success in diverting individuals from custody and directing them to needed services.

Another potentially promising program at this Intercept highlighted at the request of the ATI Working Group is the [Pinellas Safe Harbor](#) program in Pinellas County, Florida. This program represents one example of a law enforcement-assisted jail diversion program specifically designed for non-violent homeless individuals. Rather than being incarcerated for ordinance violations or low-level non-violent offenses, homeless individuals transported by law enforcement can be taken to an emergency homeless shelter administered by the Pinellas County Sheriff's Office in partnership with third-party contractors and community organizations. Individuals entering the facility via law enforcement-led diversion are not charged. Homeless individuals may also enter Pinellas via self-referral, or upon exiting jail. The facility has

Having a place to house homeless low-level offenders and make it easy for them to access services at one location is a best practice at Intercept O-1.

a capacity of 470 and regularly operates at an average of 300 individuals at a time. Individuals housed at Safe Harbor are provided three hot meals a day and can access clothing donations, as well as to do their own laundry on-site. When needed, transportation is provided to employment-related appointments or medical services and the facility is strategically located close to a public transportation stop. Additionally, there is a medical clinic adjacent to the center where patients can receive primary healthcare, dental care, and some behavioral health services with connections to higher levels of treatment and care. Various treatment groups, such as Alcoholics Anonymous and Narcotics Anonymous, are available for individuals at the shelter. Case management, legal, and longer-term substance use services are also available. Onsite social workers provide needs assessment and referrals to services, the public defender's office can assist with ordinance violations and a third-party contractor provides substance use needs evaluations and recovery services. At the time of a recent site visit by representatives of criminal justice partner agencies in San Diego County (December 2022), the facility was at roughly a 90% capacity, with occupants having reentered from jail, been dropped off by law enforcement, or walked in voluntarily. Of the roughly 120 individuals who exit the facility per month, an estimated 25-30% receive long-term support in the community—for example, via housing or substance use treatment services. Although the program has not yet been formally evaluated, this is a promising model of a central service hub that both serves as an alternative to incarceration for low-level nonviolent individuals and that provides a suite of services to meet needs ranging from housing instability to transportation to substance use treatment.

A similar concept can be found in Maricopa County's (Arizona) [Human Services Campus](#), a strategically-located resource hub that aims to reduce homelessness by serving as a one-stop center that conducts needs assessments and connects individuals to services and care in the community. In addition to connecting individuals to housing services, the HSC itself offers shelter services to those who need them. Housed in downtown Phoenix on a 13-acre, seven-building campus, the HSC houses stakeholders from a variety of organizations providing different services ranging from postal services to housing match and employment support services. In FY 2022, over 12,180 homeless individuals were served, with 4,161 individuals connected to permanent housing; additionally, 962 individuals at risk of homelessness were diverted to services that prevented further housing instability.

### *-Local Programs-*

San Diego County's **Psychiatric Emergency Response Team (PERT)** pairs law enforcement officers with behavioral health experts in responses to calls involving individuals experiencing a mental health or psychiatric crisis. PERT specializes in aiding individuals experiencing a mental health crisis to which law enforcement is responding by sending a licensed behavioral health clinician alongside a uniformed officer to de-escalate crisis situations, divert individuals from mental health crisis-

related hospitalizations and arrests, and connect them to the required level of mental health care. In FY 2019-20, 47% of PERT-assisted calls resulted in a diversion away from law enforcement, and in FY 2021-22, PERT responded to nearly 20,000 crisis intervention calls and 23,000 community service interventions. However, this specific program has not been formally evaluated; therefore, the full scale of its impact is difficult to ascertain given currently available evidence.

There were previously existing programs of note within San Diego County that offered alternatives to incarceration to individuals at the point of arrest through the pre-filing stage that both aim to reduce justice system involvement and increase access to services meant to address underlying needs. The City Attorney's former **San Diego Misdemeanants At-Risk Track (S.M.A.R.T.)** program allowed individuals with recent history of low-level misdemeanor offenses who had repeat contact with the criminal justice system to be redirected toward treatment and services in the community in lieu of incarceration and/or prosecution. Individuals could be referred to the program as early as the time of their arrest by law enforcement, though they could also be diverted at or after arraignment—therefore, this program is also applicable to intercepts 2-3. To be eligible, individuals must have had one or more drug offenses since the passage of California's Proposition 47 in 2014 and been arrested two or more times in the prior six months for a quality of life offense. Many of these individuals had unmet needs, such as substance use and housing instability, that contributed to their criminal activity. The aim of the program was to rehabilitate these low-level individuals by meeting needs through individualized services, such as addiction treatment and access to supportive housing, thus increasing the likelihood of successful reintegration with the community and decreasing the risk of further justice system contact. A [recent evaluation](#) of the S.M.A.R.T. program found that participants during the study period demonstrated a substantial reduction (40-50%) in both the frequency and severity of criminal activity, as measured by the average number of new arrests, bookings, and convictions following participation in the program (Telson et al., 2021).

### *Alternative Treatment Options for Individuals with Substance Use Challenges*

Similar to law enforcement-led crisis response programs, law enforcement-led diversion programs for low-level alcohol and other drug offenses have shown promise in increasing uptake of needed services for individuals suffering from substance use disorders and reducing recidivism for substance-related offenses. A general consensus exists among researchers that punitive approaches to drug use do not stem longer-term use (Hayhurst et al., 2015). At the same time, a growing body of evidence indicates that properly addressing substance use issues through proactive treatment can improve health outcomes and reduce substance-related arrest and incarceration.

## *-Example Programs-*

Sobering services centers can reduce incarceration for low-level offenders and connect them to treatment at Intercept 0-1.

Sobering services centers provide an example of an alternative treatment option for individuals picked up on low-level charges who are under the influence of alcohol or other drugs. Though public intoxication charges are low-level misdemeanors, the downstream consequences of an arrest for these charges can have the counterintuitive effect of criminalizing individuals in such a way that involves them in the criminal justice system and affects other aspects of their lives negatively (Boruchowitz et al., 2009). Rather than taking these individuals to jail, law enforcement transports the individual to a sobering services center, where they receive onsite treatment, a bed, and are given time to regain sobriety prior to exiting the center. When clients are receptive to the possibility of further services and treatment, clinicians may then refer individuals to additional services and continued care. Sobering services centers have been evaluated in multiple contexts and have demonstrated efficacy in both reducing incarceration for low-level individuals with acute alcohol intoxication and in connecting individuals in need with treatment. Given the classification of substance use issues as a significant criminogenic need (Andrews & Bonta, 1996) and its frequent co-occurrence with mental health issues and other criminogenic needs (Bonta, Blais, & Wilson, 2014; Ogloff, Lephers, & Dwyer, 2004), services that effectively target this issue are important in effectively reducing criminal activity related to substance use issues. Implementation and expansion of sobering services also could have the effect of reducing the amount of time law enforcement and emergency services spend transporting and processing low-level individuals under the influence of substances, freeing up more time and resources to address more pressing emergencies and more serious crime. As of July 2022, [there were nearly 40 sobering services centers](#) across the U.S. in at least 13 states.

An evaluation of the [Houston Recovery Centers](#) found strong early support for sobering services centers as an effective public health intervention that doubles as a tool for reducing jail overcrowding. In recognition of the high amount of public intoxication-related arrests occurring within the growing metropolitan area under its jurisdiction, the Houston Police Department partnered with the Houston Recovery Center in 2013 to provide sobering services to individuals brought in on low-level public intoxication charges. The center provides a place to stay for four to six hours for individuals under the influence of alcohol picked up by law enforcement and is open 24 hours a day, seven days a week. Though law enforcement may transport individuals in need of the center's services, they may also be transported by hospitals and emergency departments, as well as referred from public spaces such as colleges and airports. The center also accepts community walk-ins. The center is staffed by emergency medical technicians (EMTs), who provide monitoring for clients under their care. Crucially, the center's staff is composed primarily of state-certified peer recovery support specialists, who are individuals that have been in recovery for at



least two years and are able to conduct needs assessments and refer to services if needed and desired by the client. Individuals with three or more sobering center admissions are automatically referred to the center's affiliate treatment program, [Partners in Recovery \(PIR\)](#), whose flagship program pairs clients with a case manager and peer support recovery specialist for an 18-month treatment period (Jarvis et al., 2019). The program was designed for chronic clients (three or more sobering center admissions) who qualify as low-income and are uninsured. Over a five-year period, public intoxication jail admissions in Houston decreased by 95%, from 15,357 at the beginning of the evaluation period in 2012 to 835 at the end of the period in 2017 (Jarvis et al., 2019). A majority (77%) of clients during this period were admitted once or twice, while 23% were frequent users (three or more admissions). Almost half (48%) of the clients either accepted a referral to outside treatment services, requested housing assistance, or enrolled in treatment upon their discharge from the sobering center (Jarvis et al., 2019). Over this time period, the PIR enrolled 849 clients, a number which included 23% of the sobering center's frequent clients. In addition to the promising results of Houston's sobering center rollout, there is substantial evidence in the literature that sobering services are a cost-effective alternative to emergency department services (Marshall, McGlynn, & King, 2020).

There are other unique aspects of the Houston sobering services program worth highlighting as possible extensions of sobering services work currently being done in San Diego County. In addition to providing detox services and connection to longer-term treatment, the Houston Recovery Center conducts jail in-reach to establish connections with incarcerated individuals with substance issues prior to their release. With the cooperation of the Harris County Sheriff's Office, recovery center staff interview inmates who have been pre-screened for substance issues and determined to be interested in receiving services upon release. During these interviews, staff help prepare inmates' immediate entry into a PIR substance use treatment program upon reentry into the community. The comprehensive treatment approach espoused by the Houston model not only provides diversion opportunities at the point of law enforcement contact, but also facilitates successful re-entries through service provision and connection to treatment upon release.

Drug arrest diversion programs represent an additional avenue of alternative treatment options for non-violent individuals facing substance use challenges. An evaluation of individuals involved in Chicago's Narcotics Arrest Diversion Program or [NADP](#), the largest opioid arrest diversion program in the U.S., indicated there were improvements along key metrics for participants compared to individuals in a matched control group. Specifically, there was a significant increase in connections with substance use counselors and the probability of being released without criminal charges also increased. Most strikingly, re-arrest rates fell significantly, with a 15% drop in the probability of a drug charge re-arrest. There was also a 17% decrease in the probability of being arrested on violent charges, compared to the control group (Arora & Bencsik, 2021). In addition to improving public safety

outcomes and reducing the amount of time officers spend policing low-level drug crime, treatment outcomes indicated success connecting individuals to needed substance use services—80% of those diverted through NADP began treatment and 52% of these individuals remained in treatment 30 days post-diversion (UrbanLabs Crime Lab, 2021).

### *-Local Programs-*

At the time of this Final Report, San Diego County has one sobering services center currently in operation. Administered in collaboration with the [McAlister Institute for Treatment and Education](#), the sobering services center in central San Diego is available for law enforcement drop-offs and provides individuals under the influence of substances—but not in critical condition requiring acute medical care—with a clean, safe place to regain sobriety under the care of medical staff on-site. In addition to serving as an alternative to incarceration, sobering centers provide an entry point for individuals in need of follow-up substance use treatment services in the community.<sup>47</sup> In 2019, the Prosecution and Law Enforcement Assisted Diversion Services ([PLEADS](#)) program was launched as a voluntary, pre-booking diversion option for individuals suspected of being under the influence in public. PLEADS gives law enforcement officers the ability to divert these individuals upon contact to treatment services as an alternative to jail booking. Eligible individuals who are informed of and accept this alternative are then transferred to sobering services through the McAlister Institute, where they are assessed and connected to a variety of services on an as-needed basis. As part of this program, there is an agreement in place with the San Diego City Attorney not to prosecute individuals for Under the Influence of a Controlled Substance (HS 11550) charges if the individual agrees to go to the sobering services center.

Until 2022, there was also a sobering services center in Oceanside; however, it was closed due to underutilization. Though the downtown sobering center has maintained a relatively high volume of cases, one issue that affects its longer-term impact is the scarcity of detox services for individuals who need additional care and treatment to end their substance dependency and get back on their feet. In the second half of 2022, for example, less than 8% of center clients who requested to be connected to sobering services after their stay in the sobering center were able to obtain a spot within the 23 hours that they were allowed to remain there.

Another adult diversion program for substance-using individuals is PC 1000. PC1000 is a pre-plea option allowing individuals arrested for simple drug possession or under the influence charges to have their charges dismissed if they complete diversion.<sup>48</sup>

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<sup>47</sup> It should be noted that although there is evidence of the effectiveness of sobering services centers elsewhere, no formal evaluation of San Diego's sobering centers has been conducted.

<sup>48</sup> There are a number of additional eligibility criteria for PC 1000 that should be noted. The individual must not have been convicted for any offenses related to controlled substances other than the offenses included in the statute, and

This program requires participants to attend a drug education program or a drug treatment based on their assessed need. If the individual completes diversion, the case is dismissed without sentencing. Unlike NADP, referrals cannot be made prior to a court appearance and dismissal of charges is contingent upon successful completion of diversion. Though there are consequences for individuals who are referred to PC 1000 but do not complete recommended treatment, the barriers to entry and engagement in treatment services are substantially lower with the NADP model than they are with PC 1000. However, no formal evaluation of PC 1000 has yet been conducted, making direct comparisons of efficacy in relation to similar programs difficult.

### *Intercepts 2-3: Initial Detention, Court Hearings, and Jails/Prisons*

By the time an individual has reached Intercept 2, they have already been initially detained and are facing their first court appearance. Alternatives to incarceration at Intercept 2, initial court hearings and/or detention, include programs and services that divert individuals to community-based treatment at the point of initial intake, booking, or at the first court hearing. Alternatives to incarceration at Intercept 3, jails and courts, are typically intended to provide community-based services through either the jails or courts that serve to rehabilitate individuals and prevent recidivism. The primary goal of programs at Intercepts 2 and 3 is to provide eligible individuals with alternative means of repaying their debt for the offense committed while offering an opportunity for community service or some other form of rehabilitation that can occur either inside or outside of custody. These programs, broadly speaking, involve pretrial services and alternative sentencing for certain low-level offenses, as well as corrections-based programs that address criminogenic needs. Additionally, best practices for reducing procedural missteps that lead to increased incarceration rates and system involvement—for example, reducing failure to appear—should be considered at this Intercept.

Evidence shows that the means and extent to which an individual interfaces with the criminal justice system at these Intercepts can be determinative of their future trajectory within and contact with the criminal justice system. Such research suggests that jail should be used only for those who need more intensive supervision than is possible by alternative, community-based methods (Latessa et al., 2020). In studies of the effects of non-prosecution for misdemeanor crimes (Agan et al., 2021) and deferred prosecution for felonies (Mueller-Smith & Schnepel, 2020), recidivism was found to be reduced by 50% to 58% (Arora & Bencsik, 2021). In addition to reducing recidivism, a systematic review of the literature found that jail diversion programs increase service utilization (Lange, Rehm, & Popova, 2011). All jail diversion programs are not created equal, however. A multi-site study of jail diversion

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the offense cannot have involved a crime of violence or threat of violence. Additionally, individuals with felony convictions within the previous five years or with a contemporaneous narcotics-related violation not included in the statute are ineligible for PC 1000 diversion.

programs for individuals with mental illness confirmed that connection with treatment services that address criminogenic needs are necessary to maximize the success of diversion programs. In addition to targeting criminogenic needs and treating mental health issues, participants should have stable housing throughout the duration of their participation in programs for maximum efficacy (Case et al., 2009). Increasing diversion opportunities and ensuring that these opportunities include connection to treatment and vital services is tantamount to effective program and intervention design along Intercepts 2 and 3.

### *Reducing Failure to Appear*

One aspect of the criminal justice system that is often missed in discussing alternatives to incarceration at Intercepts 2-3 is the effect of high rates of failure to appear (FTA). One study in New York City found that nearly 41% of 300,000+ cases resulting from tickets for low-level offenses resulted in costly arrest warrants being issued (Cooke et al., 2018). Any discussion of best practices in providing alternatives to incarceration along Intercepts 2-3 would benefit from discussing 1) the effects of FTAs and 2) interventions that can reduce FTA rates.

#### *-Example Programs-*

A study looking at effective pretrial behavioral interventions in reducing FTAs found that two main things reduced FTA (Cooke et al., 2018). First, redesigning summons forms to make the most relevant information—for example, the summons date and the consequences of failing to appear on or respond by that date—appearing at the top reduced FTAs by 13%. The new form included court date and location at the top, as well as a bolded display clearly outlining the consequences of FTA. When scaled system-wide within the study area (New York City), this form redesign resulted in roughly 17,000 fewer arrest warrants being issued per year. The second and most effective intervention was pre-appearance reminder text messages—receiving any pre-court message was found to reduce FTA by 21%. Certain messages, however, were found to be more effective than others. The most effective in reducing FTA included information both on the logistics of the appearance and a note on the consequences of FTA. Receipt of three of these combination messages prior to the appearance date reduced FTA by 26%. Additionally, the researchers examined whether the timing of messages contributed to their level of effectiveness, finding that while receiving post-FTA messages reduced open warrants by 32%, the gold standard remained sending a series of pre-appearance messages that both reminded recipients of their appearance date and location, as well as of the consequences of FTA.

An additional example of a promising FTA reduction program is the [North Carolina Court Appearance Project](#), supported by the Pew Charitable Trusts and the University of North Carolina School of Government Criminal Justice Innovation Lab.

The goal of the initiative was to devise evidence-based strategies to improve court appearance rates, reduce FTAs, and develop better responses post-FTA. Prior to the program's implementation, one in six (17%) of all criminal cases in the state had at least one missed court

Making court notices easier to read, sending text reminders, and reducing transportation barriers can reduce court failures to appear at Intercept 2-3.

appearance. In the counties where data were analyzed, the most common reason for jail booking was FTA for misdemeanor court dates, leading to significant repercussions and downstream consequences for those jailed. However, an analysis of geographic data indicated that individuals in certain ZIP codes had higher nonappearance rates than those in other areas, suggesting that policy differences and barriers to transportation in different jurisdictions exist. In addition to finding evidence that automated text message reminders are an effective solution to reduce FTAs rates, the study found that reducing barriers to transportation were important for those who had problems getting to court; in addition to advertising and providing transportation options for individuals on the day of their appearance date, increasing remote appearance options also reduced FTA (North Carolina Court Appearance Project, 2022). These behavioral and logistical interventions supported by the data to reduce FTA rates are simple and low-cost relative to the financial implications and downstream consequences of unnecessary system involvement resulting from FTA charges.

### *-Local Programs-*

The [San Diego County Probation Department's Pretrial Supervised Own Recognizance \(SOR\) Monitoring Program](#) currently offers services intended to maximize court appearances and public safety with required court procedures and reduce failure to appear at the pretrial phase. The program allows users to download a mobile application that is used for check-ins, document management, and court/appointment appearance reminders. In addition to providing reminders to appear in court as required, the SOR Monitoring Program facilitates connections to a variety of supportive services, including transportation assistance via public transit passes, interim housing, social support benefits navigation, and referrals/warm handoffs to employment services and SUD and mental health treatment.

## *Pre-Plea Outreach and Advocacy*

For some individuals who have already been in contact with law enforcement and have cases pending before the court, access to needed services can make the difference between incarceration and remaining in the community. In recognition of the barriers that certain segments of the justice-involved population, especially people of color and low-income individuals, face, some experts and practitioners have pointed to the need for dedicated advocates at the pretrial phase that can assist these individuals in navigating the legal system and obtaining access to needed services. There are notable examples of related programming that have shown promise among the populations they serve.

The [San Francisco Pretrial Diversion Project](#) (SFPDP) offers a variety of programming to San Francisco's criminally-involved population, with the overarching goal of providing support to clients by reducing their time in detention and increasing connection to services in the community for those who may have otherwise had difficulty accessing or affording these services. The organization's pretrial release and diversion programs are individually tailored to meet clients where they are depending on their level and complexity of need. The three release programs, Own Recognizance (OR), Assertive Case Management (ACM), and In-Custody Referral (ICR), provide non-financial release alternatives to pretrial incarceration, with the aim of ensuring that clients appear for all court dates and remain in compliance with court requirements, abstain from further justice system involvement at the pretrial phase, and establish and maintain relationships with community-based service providers. The three release programs provide these alternatives to pretrial detention for defendants who are unable to afford bail, thus reducing the number of individuals incarcerated solely due to their financial situation. Individuals in these release programs receive individualized treatment plans, with services including referrals to housing and other resources, participation in a mental health group, and regular check-ins with a case manager. In FY 2020-21, nearly 4,000 individuals were served by SFPDP's various release programs, with a public safety rate of 85% to 92%.<sup>49</sup> In addition to offering non-financial alternatives to pretrial incarceration through its pretrial release programs, SFPDP operates seven diversion programs that provide clients access to community-based alternatives to criminal prosecution and fines. Clients diverted through these programs are provided with an individualized treatment plan that includes a combination of participation in mental health groups, community service projects, and the option of engaging in community-based courts in lieu of time incarcerated. In FY 2020-21, 713 individuals were diverted from incarceration through SFPDP's diversion programming, with public safety rates for participants in these programs near 100%.

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<sup>49</sup> The Public Safety Rate is a metric calculated by SFPDP that measures the rate of clients on active caseload who are not arraigned on a new misdemeanor or felony charge and who have no probation or parole violations during this time.

Other models focus on providing pretrial diversion and connection to community-based services with the help of peer navigators and individuals with lived experience. [Partners for Justice \(PFJ\)](#) is a collaborative public defense network that provides non-attorney advocates to individuals facing criminal charges at the pre-plea phase. PFJ Advocates are trained and embedded as employees in a Public Defender's office, where they focus on providing Public Defender clients with case navigation and wraparound support services in the areas of housing, employment, education, health, and mental health needs. In recognition of the fact that individuals without access to needed services and resources are more likely to come into contact with the criminal justice system and recidivate, advocates emphasize connecting clients with services and resources in the community while assisting in navigating the legal process. In addition to facilitating connection to services and resources on an individual basis, PFJ Advocates collaborate with public defender legal staff to achieve better case outcomes for clients, with the goal of providing a non-incarceration-based solution. Originally implemented in Alameda County (CA) in 2018, PFJ's program model has since expanded to over twenty locations in 13 states.<sup>50</sup> According to PFJ's latest impact report, their program has eliminated an estimated 4,000 plus years of incarceration and has seen a 75% success rate in connecting clients to the services and resources they need. Clients assisted through PFJ represent a variety of needs, with each client receiving an average of two to seven services. In addition, 77% of public defenders surveyed reported that their work with PFJ Advocates had resulted in a case being dropped, dismissed, or resolved without a conviction (Partners for Justice, 2022).

Santa Clara County's [Pre-Arrest Representation and Review \(PARR\)](#) program assigns public defenders to clients prior to arraignment—the point at which they are typically assigned—in order to increase the likelihood that these individuals will be released at the pretrial phase and that they are not held due to an inability to pay bail. Inaugurated in 2019 by the county's Office of the Public Defender and with the support of the Board of Supervisors, the program provides early access to legal representation to those most in need of support, while also helping clients to establish and maintain connections with support from family members and the community to maximize the likelihood of a successful case outcome. In 2022, 1,182 clients were provided with pre-arrest legal consultations. In addition to receiving consultations and legal assistance, PARR clients were able to be connected to other service providers and receive additional legal support. According to data made available via the [Santa Clara County Open Data Portal](#), 3,000 individuals were connected with an immigration lawyer, 800 were referred to a social worker, and

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<sup>50</sup> In San Diego County, the PFJ model has begun to be implemented to assist juvenile defendants at the pre-adjudication phase but has not been implemented locally for adults.

2,229 completed expungement petitions or applications. Results of a formal program evaluation from the California Policy Lab are forthcoming.

### *-Local Programs-*

The Public Defender's new Pretrial Advocacy and Community Connections (PACC) program was recently rolled out to assist adult clients in need of pre-arraignment representation and services and is modeled in part after the PARR program. PACC seeks to reduce defendants' time in pretrial incarceration and increase connection to community-based services via warm handoffs. The Office of the Public Defender determines eligible defendants and uses triage interview information to develop a release argument for low-income defendants during the bail review process.<sup>51</sup> For individuals who are released, PACC provides connections to Probation Pretrial Services and other community resources, regardless of whether the individual was charged with a crime. In addition to providing these services and in collaboration with partners, PACC clients are given the opportunity to receive assistance through monthly Homeless Courts and Homeless Court pop-up resource fair events. Those who engage in these pop-up fairs receive immediate assistance in removing barriers to receiving resources. For example, participants with Department of Motor Vehicle (DMV) holds or other administrative barriers can have these dismissed onsite, allowing them to access a wide variety of resources that they were previously barred from accessing (e.g., housing, benefit enrollment, or substance use treatment). Future phases of the PACC program will seek to expand these and other pretrial services that would reduce time in pretrial detention and facilitate connections to needed services. This program has not yet been evaluated.

### *Collaborative Courts*

Collaborative courts are alternative sentencing courts that emphasize rehabilitation, treatment, and court supervision in lieu of incarceration. Collaborative court candidates tend to be low-level nonviolent individuals identified as individuals who would benefit from receiving case management support and/or treatment options and who do not generally pose a threat to public safety. Individuals receiving an alternative through a collaborative court are expected to meet requirements as an alternative to serving time in jail, and in many cases, charges are dropped or expunged upon successfully meeting these requirements. There are several types of collaborative courts that provide sentencing alternatives for these nonviolent individuals who have unmet needs contributing to their criminal activity, such as housing instability, mental and behavioral health conditions, and substance use disorders. According to the [California Association of Collaborative Courts](#), there are a wide variety of collaborative courts offered in California depending on the county, including [adult drug courts](#), driving under the influence ([DUI](#))/[driving while](#)

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<sup>51</sup> One of the key goals of PACC is to develop *Humphrey* release arguments based on a recent California Supreme Court decision that ruled that the court must account for a defendant's financial situation in determining bail.



[intoxicated \(DWI\) courts](#), [family dependency drug courts](#), [homeless courts](#), [juvenile drug courts](#), [mental health courts](#), [reentry courts](#), [tribal healing to wellness courts](#), and [veterans treatment courts](#). There are a variety of evaluated collaborative court programs nationwide, some of which are described here as models of this best practice.

### *-Example Programs-*

One collaborative court type that has been consistently supported by research as being especially effective is drug court, and the expansion of this model throughout the country in the last decade underscores this effectiveness—estimates put the current number of adult drug courts at 1,300, with multiple hundreds of thousands served (National Drug Court Institute, 2015). With the goal of drug rehabilitation for successful community reentry, coordinated and supervised treatment are a central feature of the drug court model. A prominent meta-analysis of existing studies showed that in addition to providing needed treatment to individuals who may not otherwise receive it, participation in drug courts can reduce recidivism by 8% to 13% (Mitchell et al., 2012). Program evaluations of specific drug courts have found substantial evidence of the efficacy of these models.

The [Multnomah County \(Oregon\) Sanctions Treatment Opportunities Progress \(STOP\) Drug Court program](#) has been evaluated by multiple sources and was found to be effective in both reducing recidivism and improving drug treatment outcomes. Established in 1991, the STOP program is the second-oldest drug court in the country, is designed for individuals with first-time felony drug possession offenses<sup>52</sup>, and follows a post-plea model, wherein the defendant, if determined to be eligible, pleads guilty and is required to complete a 12-month, court-supervised treatment program. After successful completion of the program, the defendant's charges can be dropped and they are eligible to apply for expungement from their record. The program has three phases, with frequency of counseling sessions decreasing as the participant progresses through these phases. The program also features what is called the STOP clock, which counts down the days until successful completion of the program. The clock is stopped if the participant fails to fulfill any of the requirements and is resumed once they do fulfill those requirements. Findings regarding the effectiveness of the model include reductions in conviction and arrest rates and increases in positive adjustment scores, indicating rehabilitative progress. Specifically, over a two-year evaluation period, participants were found to be 61% less likely to be re-arrested and 57% less likely to be re-convicted (Finigan, 1998). An evaluation of the longer-term effects of the program found that program participation was associated with sustained decreases in recidivism, with the re-arrest rate five years post-petition reduced by nearly 30%.

Collaborative courts bring different partners together to address underlying needs and are a Intercept 2-3 best practice when implemented with fidelity.

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<sup>52</sup> It should be noted that this is a misdemeanor offense in San Diego County.

Additionally, the evaluation found that occurrence of drug crimes was reduced for program participants (relative to non-participants) for up to 14 years after the first drug court petition hearing (Finigan et al., 2007). Given the demonstrated and sustained success of the program and in recognition of the need to tailor programming based on individual risk profiles, the program has since been supplemented by the [Treatment First](#) program for low-to medium-risk individuals, with STOP being reserved for only the highest-risk individuals.

Collaborative courts focusing on individuals with DUI charges have also shown evidence of success in diverting DUI individuals from jail and reducing recidivism for related offenses. Idaho operates eight Misdemeanor/DUI Courts and four DUI courts across 15 counties within the state, allowing eligible individuals the opportunity to complete a court-supervised treatment program in lieu of jail time. In addition to representing a sentencing alternative, individuals may also enter these programs as a condition of probation. Individuals are eligible to participate if an assessment indicates the presence of a substance use disorder and if an individual risk assessment for criminal behavior determines that they are at medium-high to high risk of continued criminal offenses. The [Kootenai County DUI Court](#) is a four-phase treatment court program for individuals with a substance disorder who have been assessed at a medium-high to high risk for criminal behavior and who have not committed any violent or sexual offenses. Phase 1 requires participants to regularly appear before a judge and complete random weekly drug testing to ensure compliance, as well as to attend various self-help and group therapy sessions. As participants progress through the program, sanctions may be made less severe at the subsequent phase if they have successfully fulfilled requirements at the previous phase. To graduate from the program, participants need to demonstrate that they completed 180 concurrent substance-free days. An evaluation of Idaho's DUI court participants found that there was a 14% reduction in new charges filed compared to individuals who did not participate in DUI Court (23% rate of new charges filed for the participant group versus 37% for the comparison group). The study also found that participants that did recidivate tended to have longer periods of time between their offenses than did non-participants (Ronan et al., 2009).

Collaborative courts have also been proven to be an effective alternative for justice-involved juveniles and transitional aged youth. In San Francisco, the [Young Adult Court \(YAC\)](#) is a collaborative court tailored to the needs of transitional aged youth (TAY) (aged 18-24) who have been arrested in San Francisco, many of whom also have significant needs. Youth participating in YAC may struggle with housing instability, suboptimal educational and employment statuses, substance use issues, and mental health disorders, putting them at increased risk of continued justice system contact without proper intervention and support. As of 2016, YAC was the only national court model that accepts referrals for individuals across the spectrum of risk levels, including youth with serious felony offenses; in fact, program eligibility criteria expressly prioritize TAY who have committed serious felony offenses

(Henderson-Frakes et al., 2017). The program as designed recognizes that underlying needs may be exacerbated by and exacerbate the challenges related to the cognitive developmental changes the brains of TAY are still undergoing (e.g., higher predisposition to risk-taking behaviors and impulse control issues). The goal of YAC is to divert these individuals from further involvement in the justice system by providing an alternative to incarceration aimed at supporting the development of youth by addressing needs, encouraging accountability, and reducing the risk of recidivism. Once they are referred to the program and agree to participate, YAC participants receive a suite of services through the duration of their time in the program, which is comprised of four phases over ten to eighteen months: engagement and accountability, stability and accountability, wellness and community connection, and program transition. In conjunction with case managers, each YAC participant develops a Wellness Care Plan, which outlines individual goals and the resources and services that will be needed to achieve those goals—possible elements of these plans include intensive case management, dialectical behavioral therapy and life skills training, substance use counseling and treatment, and support in housing, education, employment, and family/parent relationships. In addition to intensive supervision and case management, YAC participants are required to make regular appearances before the YAC judge and take a baseline drug test at the beginning of the program. Participants are incentivized to engage in positive behaviors, such as showing up to court hearings on time, by receiving various rewards, such as gift cards and public acknowledgements. A 2018 evaluation of the program found that slightly more than half (55%) of YAC participants were arrested within one year of their referral to the program and 40% were charged with a new crime; however, recidivism outcomes differed across subgroups, with individuals under 22 years old more likely to face new charges than older participants, and those with higher rates of prior justice system involvement (those with at least three charges prior to YAC referral) were more likely to face new charges than those with less extensive prior system involvement (Clark and Henderson-Frakes, 2018). Over a five-year period,<sup>53</sup> there was a 50% graduation rate from the program, and nearly three out of four (73%) of graduates had avoided re-arrest by the end of the evaluation period (San Francisco Superior Court, 2022).

### *-Local Programs-*

San Diego County offers a variety of collaborative court options as alternatives to incarceration that emphasize rehabilitation over incarceration. Currently, the San Diego Superior Court has the following collaborative courts for adults: Behavioral Health Court, Veterans Treatment Court, Homeless Court/Stand Down, the Reentry Court Program, and Drug Court. These alternatives are tailored to defendants with certain needs that would benefit from receiving court-ordered treatment and services in lieu of time spent in jail. Individuals diagnosed with a serious mental illness who are eligible for probation may be eligible for participation in **Behavioral**

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<sup>53</sup> August 2015 to December 2020

**Health Court (BHC)**, which requires a guilty plea and a participation period of 18 months in the program. Upon successful completion of the four program phases, which include intensive supervision, case management, and regular court appearances, participants are eligible to have felony charges reduced to misdemeanors or to have misdemeanor charges dismissed. In addition to supervision and case management, participants are provided with stable housing and psychiatric/therapeutic treatment to rehabilitate them and reduce the risk of re-offending. Operated in conjunction with Telecare and with the participation of the San Diego Superior Court, Office of the Public Defender, District Attorney, City Attorney, and Probation, the program expanded in 2018 to include sixty slots for eligible individuals referred to BHC. BHC also offers a diversion program where no guilty plea is required. [BHC Diversion](#) provides community supervision and intensive treatment to eligible felony criminal defendants who have been diagnosed with a serious mental illness and who pose no threat to public safety. **Veterans Treatment Court** provides alternative sentencing and treatment options for military veterans charged with a crime that can be connected to mental health issues stemming from their military service. Participants in this collaborative court plead guilty and are required to complete 18-24 months of programming, which involves intensive supervision and regular court appearances, community-based services, and treatment tailored specifically to veterans and mental health issues that they face. Successful program completion may result in dismissal of charges or records expungement. Individuals referred to **Homeless Court (HCP)** receive legal assistance, including charge dismissal and expungement, in exchange for participating in a variety of services intended to rehabilitate them and put them on the path toward housing stability. In addition to providing these rehabilitative services as an alternative sentencing option, participation in HCP can assist in the removal of barriers, such as various infractions or record holds, that may have previously impacted individuals trying to access needed services. The **Reentry Court** program provides an alternative sentencing option for individuals with substance use and co-occurring mental health disorders who have committed a new offense while on Probation or Parole, allowing eligible individuals to participate in a five-phase, 18-month program that requires substance and mental health treatment, maintenance of sobriety, and intensive supervision in lieu of serving additional time. Individuals with eligible offenses are required to complete an 18-month program that includes regular random drug testing, frequent court appearances, mandated substance use treatment, and employment and educational training in lieu of serving time in jail or prison. Participants are typically considered high-risk individuals with significant needs and co-occurring disorders, and eligibility criteria has expanded in recent years to include individuals with more serious criminal offenses who meet this risk and need profile. Successful completion of the program may result in dismissal of charges.

## *Correctional Therapeutic Communities*

The therapeutic community (TC) model is one that has gained increasing attention for its emphasis on treatment and rehabilitation, as well as for its effectiveness in reducing recidivism (Mitchell et al., 2007; Mitchell et al., 2012). A TC is a residential treatment program that emphasizes cognitive behavioral interventions within a community of individuals seeking the same goal of recovery (National Institute on Drug Abuse, 2015). Originally developed to help individuals suffering from substance use disorders recover and rehabilitate, TCs have been adapted to treat individuals with other issues, including co-occurring psychiatric disorders and chronic homelessness (DeLeon, 2000; De Leon, 2010).

As designed, TCs target multiple criminogenic needs simultaneously, including antisocial attitudes and associations and substance use issues. A core characteristic of the TC model is its emphasis on cohabitation and community-building among individuals seeking recovery, as well as isolation from previous associates who engage in the harmful behavior (De Leon & Wexler, 2009; Vanderplasschen et al., 2013). TC members live together, work together, and engage in cognitive-behavioral and substance use treatment together, encouraging prosocial attitudes and behavior while also building life skills and tools to control negative thoughts and impulses. TCs have seen success not only in rehabilitating individuals with substance use issues but in changing the behaviors that would lead these individuals to re-offend (Vanderplasschen, 2013).

A program model with a high degree of documented success is the incarceration-based TC that exists within the context of a jail or prison. While there is limited support for the efficacy of drug education programs in custody (Pearson & Lipton, 1999), there is substantial support for treatment-based TC models in detention settings (Mitchell et al., 2007). This research has shown these models are most successful when participants are isolated from the general jail or prison population to reduce the likelihood of negative influence from non-participant peers, they should occur near the end of the participant's jail or prison sentence so that they can be released into the community upon completion of the program, and when they address other needs, such as cognitive and vocational skills, in addition to targeting substance use needs (Mitchell et al., 2007).

### *-Example Program-*

The **Minnesota Prison-Based Chemical Dependency Treatment** program offers rehabilitative programming in a therapeutic community context to Minnesota state prison inmates identified as being chemically dependent. Individuals determined to be eligible based on their assessed level of need and recidivism risk are placed into a separate residential unit within the prison along with other program participants, where they complete 15-25 hours of treatment per week and are encouraged to take

personal responsibility for both the consequences of their substance use and for their recovery. In addition to separate housing and treatment, participants receive educational programming and individual and group counseling to reduce both chemical dependency and to reduce the likelihood of additional criminal behavior. An assessment of the program's effectiveness found statistically significant reductions in rearrest, reconviction, and reincarceration rates—compared to a control group of non-participants, participants were 17% less likely to be rearrested, 21% less likely to be reconvicted, and 25% less likely to be reincarcerated (Duwe, 2010).

### *-Local Program-*

The [Amity In-Prison Therapeutic Community](#), founded in San Diego and originally based at the Richard J. Donovan Correctional Facility, was one of the original examples of a successful incarceration-based TC. As a three-phase voluntary program, Amity's correctional TC requires participants to reside in a dedicated separate housing unit within the facility for the final 9 to 12 months of their sentence. The first phase of the program includes comprehensive needs assessments and treatment planning, during which participants are typically assigned to an in-prison job that facilitates the maintenance of the TC. A unique feature of the TC at phase one is the encounter group, which are peer-led discussion circles where TC participants discuss their and their peers' progress within the program, as well as highlight any negative attitudes or behaviors that need to be addressed. Phase two, the longest phase of the program, includes counseling sessions that emphasize prosocial behaviors and coping skills. Phase three, the reentry phase, focuses on preparation for community reentry and training in decision-making skills necessary for success. The program includes what are called "lifer mentors," who are peer counselors that have previously struggled with substance addiction and have been incarcerated themselves. These peer support mentors are trained and supervised by Amity program staff and are available to counsel participants 24 hours a day. They also work with participants to develop reentry plans prior to their release from prison.

Studies of the effects of participation in Amity examined recidivism rates at two years, three years, and five years after release. The researchers found that recidivism rates for program participants (43%) were significantly lower than those of non-participants (67%) after two years, although these reductions in recidivism rates were less pronounced three years post-program (Wexler et al., 1999a; Wexler et al., 1999b). An additional study looking at outcomes five years post-release, however, found statistically significant differences in recidivism rates between program participants

(76%) and non-participants (83%), suggesting a sustained positive effect of program completion on longer-term recidivism (Prendergast et al., 2004).<sup>54</sup>

An additional example of a successful program that involves housing individuals in an incarceration-based community with therapeutic elements is the San Diego Sheriff's [Veterans Moving Forward \(VMF\)](#) program that is housed at the Vista Detention Facility. VMF provides incarcerated veterans an opportunity to prepare for successful reentry by building upon the positive aspects of their shared military culture and fostering peer connections with other veterans and counselors/Sheriff staff with lived military experience in a veterans-only housing unit. While in residence in the unit, veterans receive mandatory rehabilitative programming and receive one-on-one services through a VMF Counselor, who can facilitate connections to needed resources and services upon reentry. A [SANDAG-led evaluation](#) of the VMF program found that compared to a comparison group, program participants had fewer rule violations (43% and 1%, respectively) and were significantly less likely to be convicted of a new offense within one year of release (Burke et al., 2019). More specifically, 16% of individuals in the VMF program were likely to recidivate in the year following release compared to 27% of the comparison group. The differences in the probable recidivism rates were statistically significant, proving the VMF program to be effective. It is also important to highlight that the implementation of VMF was done without any additional resources or budget. As [cited by the National Institute of Justice \(NIJ\)](#), the lack of budgetary impact and the positive evaluation outcomes (i.e., rule violations and probability of recidivism), suggest that similar models of community and therapeutic approaches may be just as promising as VMF.

### *Education and Vocational Programming*

When offered in tandem with cognitive behavioral and substance use treatment programs, education and vocational skills-based training programs can increase the likelihood of successful reentry by addressing education and employment-based criminogenic needs (Latessa et al., 2020). One meta-analysis of such programs found that participation in vocational programs reduced recidivism rates by 13%, while educational program participation reduced it by 5% (Aos et al., 2006). Participation in correctional industries programs, or programs where inmates produce goods or provide services for

*"I work with the public and have seen a huge difference in folks who have meaningful work and those who do not. In addition to having income, people with meaningful work do not have as much time or energy to participate in crime. It would be very beneficial to offer more services assisting people, especially young people, in finding and keeping meaningful jobs as one piece in the puzzle to increasing public safety."*

*-Community Survey Respondent*

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<sup>54</sup> The general success of the Amity model has facilitated its growth and expansion to include post-release TC programs and additional wraparound reentry services, both inside and outside San Diego County. For example, participants in the Amity In-Prison TC program are also given the option to participate in the [Vista Ranch TC](#) upon reentry, a residential TC that serves up to 60 male parolees and that includes wraparound reentry services and continued substance use treatment. This service would be at Intercept 4-5.

use by the public while incarcerated, was found to be associated with an 8% reduction in recidivism (Aos, Miller, & Drake, 2006). However, completion status matters in determining how effective such programs are in improving outcomes: in a study of correctional education and vocational programs in Ohio state prisons, researchers found that there was no detectible effect on recidivism rates for participants who started but did not complete such programs; on the other hand, improved outcomes were seen among those who completed college classes or earned a GED as a result of program participation (Pompoco et al., 2017). Other research has shown that earning a GED or equivalent degree significantly increases the likelihood of finding post-release employment (Duwe & Clark, 2014) and that earning a college degree increases the number of hours worked post-release, indicating more stable employment opportunities, and also reduced recidivism (Duwe & Clark, 2014). Finally, a meta-analysis of correctional education programs by RAND found improvement in post-release employment and recidivism outcomes, with program participants seeing a 13% reduction in recidivism risk and a 13% increase in obtaining employment relative to non-participants (Davis et al, 2013).

### *-Example Programs-*

One example of a successful correctional educational program that has been implemented widely, the [Inside Out Prison Exchange Program](#), brings college students into correctional settings on a weekly basis to take courses alongside inmates. At the end of the semester, participants receive college credit for successful completion of the course. Based in Philadelphia at Temple University's Department of Criminal Justice, the program has expanded globally and currently offers programming in around 200 jails and prisons; however, the program has never been implemented in San Diego County correctional settings, and a formal evaluation has not yet been conducted. Program offerings have expanded in recent years to include free virtual college courses offered to both traditional college students and formerly incarcerated individuals.

The **Goucher Prison Education Partnership (GPEP)** program offers a different model for correctional education. Operating since 2012, the program is administered by Goucher College and offers college courses and tutoring in two Maryland state prisons. Participants can earn college credits that they can use to enhance employment opportunities upon release, and those who complete enough courses to graduate receive a degree in American Studies from Goucher. GPEP alumni can also receive post-release assistance applying to Goucher or other institutions to finish their degrees.

### *-Local Program-*

Within San Diego County, inmates at the R.J. Donovan Correctional Facility are able to earn a B.A. degree from the University of California Irvine by taking courses



through the [UCI LIFTED](#) program. In partnership with Southwestern College, LIFTED offers inmates face-to-face instructional opportunities to earn college credits and prepare for the completion of a degree upon release. Because inaugural programming began in late 2022, the program has not yet been formally evaluated. It should also be noted that the utility of this type of programming will differ based on whether the detention facility is a state prison or a county jail, since significantly shorter lengths of stay in the latter would make longer-term educational programming less feasible and/or useful than in state facilities.

## Intercept 4-5: Reentry and Community Corrections

After an individual's release from custody, additional programs and services are needed to facilitate successful reentry and to prevent recidivism. Intercept 4 within the SIM applies to individuals in the leadup to their release from custody and reentry into the community. Programs and services at this stage relate broadly to reentry planning. Services provided at this Intercept should focus not only on recidivism risk assessment, but should also consider the needs of the individual being released in devising a comprehensive reentry plan. Intercept 5 shares the general focus of Intercept 4, on successful community reentry, while also focusing on community supervision and addressing unmet needs of individuals after their release to reduce recidivism.

The stakes of unsuccessful reentry are high and the challenges faced by individuals upon reentry are significant. One study that followed parolees over time found that, among the population studied, more than two-thirds were re-arrested within nine years of release, and the majority of this two-thirds was re-arrested within three years (Alper, Durose, & Markman, 2018). Reducing barriers to needed programs and services and designing programs that reduce the risk of recidivism is paramount to ensuring successful reentry. Though many of these needs are service-based, it is also important to consider the immediate obstacles to securing basic needs that individuals may face upon their release from custody.

In considering best practices along these Intercepts, it is important to keep three main points in mind. First, the needs of the population being released from jail are significantly greater and more complex than those of the general population. In addition to the high risk posed by unaddressed criminogenic needs such as antisocial attitudes and behaviors and criminal associates waiting for individuals upon their release, those released have significant housing, substance use, mental health, educational, and employment needs relative to others (Latessa et al., 2020). Second, successful reentry must proactively consider these needs and plan accordingly, ensuring that ready connection to services is available immediately upon and following release. Third, peer engagement is a powerful tool that is especially impactful at the reentry phase and can ease the transition back to the community by providing mentorship support and accessible connection to services.

## *Comprehensive Reentry Services*

The most effective outreach programs would ideally also include jail in-reach and the provision of wraparound reentry planning that begins prior to an individual's release from custody. One meta-analysis of 53 studies found that participation in adult reentry programs was associated with a roughly 6% decrease in recidivism, even when considering different adult reentry program model types (Ndrecka, 2014). The evaluated programs included pre-release outreach and reentry planning and provided supervision and resources after reentry that would address assessed needs.

### *-Example Programs-*

The [Allegheny County Jail-Based Reentry Specialist Program](#) is one program that has seen significant success. The program, first established in 2010, is a two-stage program that combines pre-release in-reach and reentry planning over at least five months at the end of the incarceration period, with up to one year of supportive services post-release. Eligible participants are those assessed as being medium- to high-risk and who are returning to the community following at least three months in jail. Enrollment occurs on a rolling basis, with the Allegheny County Jail receiving a weekly list of all individuals and determining eligibility at the time of each review. During the first (in-jail) phase of the program, participants are placed in the ReEntry Pod, a structured living environment that includes classes and reentry services in the jail's ReEntry Center. A comprehensive needs assessment is conducted at this stage, with coordinated vocational, educational, and/or behavioral health services provided based on the results of their risk and needs assessment. The service plan is shared with the court and participants meet biweekly with the Jail Service Coordinator to monitor progress throughout the duration of phase one. The post-release phase, phase two, includes regular supervision by a Reentry Probation Officer and four Reentry Specialists, comprising a five-person team dedicated to regular monitoring and assistance to individuals upon release. A peer-reviewed study of the effects of participation in the program found a significant reduction in re-arrest rates among program participants compared to the control group, with participants seeing a 10% chance of re-arrest versus a 34% chance for the control group (Willison, Bieler, & Kim, 2014).

The [Anti-Recidivism Coalition \(ARC\)](#) provides multiple programs that include wraparound reentry planning and supportive services upon release from custody. Founded in 2013, the ARC's main goal is to reduce incarceration rates throughout California by providing support for current and former inmates and advocating for policy change. The ARC's flagship jail in-reach program, the Hope and Redemption Team ([HART](#)), sends formerly incarcerated individuals, known as ARC Life Coaches, into California Department of Corrections and Rehabilitation facilities to assist inmates with rehabilitation and reentry. HART is currently operational in 31 California

institutions, including San Diego County's Richard J. Donovan Correctional Facility, where they offer three workshops led by life coaches that focus on rehabilitating former gang members, preparing inmates for parole board hearings, and mentoring youth individuals. Peer mentorship by individuals with lived experience is a core part of the ARC model, with roughly 80% of its staff being formerly incarcerated. Additional supportive services include therapeutic programs that assist inmates in building relationships, gaining vocational skills through training programs, and providing housing at its two housing sites. Relatedly, the ARC provides free transportation from correctional facilities to safe housing through its network of formerly incarcerated drivers, who double as reentry counselors and can provide follow-up support to those helped. Recipients of ARC services are also able to receive mentorship in becoming ARC members themselves, thereby contributing to the development of prosocial behaviors post-release and providing a network of noncriminal associates.

### *-Local Programs-*

There are a variety of existing programs in San Diego County that offer comprehensive reentry services. As previously noted in this section, Amity Foundation programs also offer wraparound reentry services that combine jail in-reach, incarceration-based therapeutic communities and reentry planning, and voluntary post-release therapeutic communities. Participants of the organization's incarceration-based therapeutic community are supported through the reentry stage and may continue receiving services post-reentry at Vista Ranch (located in Vista), a residential therapeutic community that provides sober living and supportive services.

Neighborhood House Association (NHA) also offers [Project In-Reach \(PIR\)](#) and [Project In-Reach Ministry \(PIRM\)](#) programs which have offered comprehensive reentry services since 2012 and 2019, respectively, to incarcerated individuals with serious mental illness and/or substance use issues in the main San Diego detention facilities.<sup>55</sup> Individuals served through NHA's In-Reach and Reentry programs are connected with clinical case managers prior to their release and receive a variety of services as needed and at no cost to them. PIR and PIRM's comprehensive care coordination services include clinical assessments, education on and treatment for mental health and substance use issues, and connection to a wide variety of resources in the community upon release. The programs also provide transportation to services, short-term emergency housing assistance, counseling, faith-based services, peer support services, group services, employment support services, and nursing services.<sup>56</sup>

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<sup>55</sup> NHA contracts with County entities—mainly HHSA—to provide these services in county detention facilities.

<sup>56</sup> Dr. Andrea Dauber-Griffin, a member of the ATI Advisory Group, is Director at Project In-Reach at the time of the publication of this report.

## *Warm Hand-Offs for Post-Release Care and Services*

Immediate reentry services can provide formerly incarcerated individuals with the resources and connections to services needed upon release from custody. Individuals being released from custody are frequently reentering the community with significant needs, and the barriers to accessing services and resources to meet those needs can be especially high for justice-involved individuals. In addition to logistical and financial barriers to reaching services, many justice-involved individuals reentering the community may be unaware of the range of services available to them. Connecting individuals upon reentry to services and resources in the community can make a major difference in whether or not a reentry is successful.

### *-Example Programs-*

Orange County, California's, [Project Kinship \(PK\)](#) provides a variety of programs and services to enable successful community reentry for adults and transitional age youth. PK emphasizes employing peer navigators with lived experience who can relate directly to incarcerated individuals, combining the experience of these individuals with clinical expertise among its team of case managers, mental health clinicians, and substance use counselors. Project Kinship places a team of its staff both in the lobby and outside of Orange County's Intake Release Centers (IRC) to ensure that they make first contact with individuals upon their release from incarceration. The aim of PK's reentry programs is to provide immediate support and connection to services to those individuals it comes into contact with, including assistance with basic needs, connection to emergency shelter or housing support, and substance use and mental health support. PK staff stationed outside Orange County's IRCs may provide onsite assistance in addition to providing transportation directly to their Community Support and Recovery Center (CSRC), a central resource hub providing general case management, peer support, and service navigation. PK services are provided based on the unique needs of each individual contacted, with services ranging from providing "Kinship Kits"—pre-made packages that include hygienic products and other essentials to meet basic needs—to providing housing and employment assistance.

In addition to triaging formerly incarcerated individuals' needs immediately upon their release, PK peer navigators conduct jail in-reach with its peer navigators and case managers to help prepare individuals for release through providing intensive case management services and treatment for those who need it. Crucially, PK peer navigators all have lived experience and focus on building immediate rapport

through trauma-informed and harm-reduction practices.<sup>57</sup> PK's reentry programs are funded in partnership with Orange County's Correctional Health Services.

The PK program model has demonstrated success in increasing uptake of needed services and reducing subsequent law enforcement contact. A [formal evaluation](#) of the PK program found a significant reduction in re-arrest rates for program participants relative to individuals with similar characteristics who were not served through Project Kinship: relative to the baseline population, PK participants had a lower likelihood of re-arrest both three and six months after release (Doyle et al., 2021).<sup>58</sup> Additionally, the evaluation found that the program had expanded its capacity for effective service provision, especially in regard to securing beds for underhoused or unhoused individuals with an expressed housing need. During the evaluation period, PK provided nearly 200 services to enrolled clients, ranging from meeting basic needs upon release, providing transportation and identification/documentation services, and job placement and assistance. Most of those receiving assistance with basic needs were provided this assistance by peer navigators stationed in the IRC courtyard providing Kinship Kits, bus passes, and ID vouchers.

### *-Local Program-*

Though there are a number of existing programs in San Diego County that involve some element of warm handoffs to post-release care and services, there is not currently a program dedicated specifically to facilitating direct connection to services and resources for all individuals at the point of exit from detention or incarceration.

### *Wraparound Healthcare Services*

Given the high incidence of co-occurring health issues among individuals affected by incarceration, reentry services that emphasize connection to and provision of healthcare are vitally important to successful reentry. Data from the SANDAG initiated community survey, discussed in the [Second Interim Report](#), further emphasizes the importance of wraparound healthcare services as almost two-thirds (65%) of justice-involved individuals indicated healthcare being either somewhat of a need or a significant need at the time of their most recent incarceration.

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<sup>57</sup> Trauma-informed practices are those which acknowledge the role that past trauma may have on an individual's decisions and behaviors, and accordingly their paths to recovery. Harm-reduction practices are programs, policies, or strategies aimed at reducing the adverse physical, mental, and social wellbeing of those with substance needs.

<sup>58</sup> Although not statistically significant, results of a logistic regression analysis also showed lower rates of conviction and incarceration both three and six months post-release; the lack of statistical significance is likely due to low sample size, rather than lack of an effect of program participation.

### *-Example Program-*

The [Transitions Clinic](#) model, which has been scaled to 48 health systems nationwide as of 2022, provides a culturally competent and whole-health approach to meeting healthcare needs among individuals returning to the community after incarceration. The Transitions Clinic Network (TCN) model emphasizes a peer-to-peer approach, employing community health workers (CHWs) with lived experience and a history of incarceration as an integral part of a patient's medical team. TCN sites serve as the medical center for individuals returning from detention and are based primarily in neighborhoods disproportionately affected by incarceration and the health disparities that high incarceration rates perpetuate. In addition to providing patient-centered care within the community, TCN clinics leverage connections with correctional partners in order to ensure continuity of care between release and after reentry. TCN centers also facilitate navigation of health and social services and provide mentorship for individuals struggling with reentry. There is robust data indicating the effectiveness of the TCN model across a wide variety of metrics. A randomized controlled trial (RCT) at the flagship TCN site in San Francisco found that individuals who received a TCN intervention had emergency room utilization rates at 51% less than patients in basic primary care (Wang et al., 2012). A study of individuals treated at the TCN site in New Haven, Connecticut found that the TCN model both reduced patients' preventable hospitalizations by half and shortened hospitalizations (Wang et al., 2019). In addition to improving health outcomes, those treated through TCN sites had 25 fewer incarceration days in their first-year post-release compared to a matched control group (Wang et al., 2019). There is also evidence that the use of CHWs increases uptake of medical services among those contacted, with the rate of attendance at the first medical appointment post-release increasing from 30% to 70% for those who had met with a CHW with lived experience prior to their release from custody (Panush et al., 2019). No Transitions Clinics currently exist in San Diego County.

### *Post-Release Job Skills and Employment Programming*

For individuals returning to the community from incarceration, employment is a high-priority need that, if met, can increase the likelihood of successful community reentry and reduce the likelihood of re-offending. One of the six key criminogenic needs identified by experts, stable employment can make the difference between successful community reentry and re-incarceration. In addition to providing access to income, stable employment provides individuals with prosocial connections, purpose, and access to a supportive network that can help prevent a return to criminal associates and behavior. There are a number of programs that focus on providing job skills training and employment placement to formerly incarcerated individuals and that have demonstrated success in rehabilitation and preventing recidivism.

### *-Example Program-*

[Homeboy Industries](#) began in East Los Angeles in 1988 as a gang rehabilitation program and has since expanded to a global network focused on using social enterprise and community partnerships to reduce recidivism and help rehabilitate the formerly incarcerated to become productive, self-sufficient members of their communities. In addition to providing case management and direct services that encompass substance use and mental health treatment, housing support, and legal services, among others, Homeboy's portfolio of social enterprises provides job skills training and employment opportunities that provide financial independence to the formerly incarcerated while also providing revenue that is recycled back into sustaining Homeboy programs and services. Homeboy's social enterprises currently include a baking and food services, electronics recycling, and merchandising, among others. Homeboy participants receive valuable job skills training through these social enterprises, allowing them to prepare for transition to outside employment while providing a community of peers seeking to make a transition from incarceration to the community. In addition to operating social enterprises and providing skills training, Homeboy fosters connections with employers in the community and creates opportunities for its participants to obtain gainful employment outside of Homeboy.

### *-Local Programs-*

The success of the Homeboy model has allowed its expansion country- and world-wide. In San Diego County, [Rise Up Industries](#)<sup>59</sup> has implemented the Homeboy model since the opening of its Reentry Program in Santee in 2016. The program provides reentry support services to formerly incarcerated and gang-involved individuals upon release, with a focus on job skills training and employment support services to prepare individuals for full-time employment while reducing the risk of recidivism. Rise Up's Machine Shop Social Enterprise provides skills training in computer numeric control (CNC) machine operation, using revenues from contract work to sustain the Reentry Program and preparing participants for a steady and well-paying career. [Program graduates](#) have both a lower rate of recidivism—Rise Up's current rate is 6%—and a 100% hire rate. In addition to job skills and employment support services, Rise Up connects clients with substance use and mental health treatment where needed, helping to address underlying needs that present obstacles to successful reentry when left unaddressed.

[Second Chance](#)<sup>60</sup> offers a variety of programming focused on assisting justice-involved individuals in achieving self-sufficiency and reducing the risk of further system involvement. In addition to services provided for Reentry Court participants, Second Chance offers transitional housing for recently released individuals under

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<sup>59</sup> Lon Chhay, a member of the ATI Advisory Group, was a Rise Up program participant.

<sup>60</sup> Bill Payne, a member of the ATI Advisory Group, is President and CEO at Second Chance at the time of this report.

community supervision, as well as other funded adult reentry programs and Job Readiness Training with employment services. Second Chance's [Job Readiness Training](#) program aims to assist justice-involved individuals in San Diego develop job-related skills and to find gainful employment, thus increasing self-sufficiency and reducing the risk of additional justice involvement. Program participants receive 160 hours of instruction and training on topics such as creating a resume, interviewing, and general job skills. In addition to training and resources, participants receive job placement assistance and two years of follow-up services, as well as case management, financial literacy education, and access to computing resources.

### *Justice-Involved Housing*

The data presented in this report has consistently shown that housing is crucial to successful reentry. Secure and stable housing is a basic need that is frequently unmet among the justice-involved population and that itself may lead to justice system contact. Additionally, a housing need frequently occurs concurrently with other needs which may contribute to criminal behavior. When compared to individuals at risk of homelessness, homeless individuals have been found to have worse health outcomes (Munoz, Crespo, & Perez-Santos, 2005). Data also show that homeless individuals experience more adverse employment and family outcomes compared to housed individuals and are significantly more likely to experience legal

*"More housing resources need to be available to individuals re-entering the community from jail and often get overlooked for resources because of their criminal history. And yet they are expected to not recommit crimes with nowhere to live. We have to find solutions to this problem."*

*-Community Survey Respondent*

troubles (Lehman et al., 1995). The broad base of data pointing to the importance of housing is consistent with a common theme drawn from the data collected and analyzed for this project: housing is a high-priority need for justice-involved individuals and poses a significant barrier to reentry for individuals leaving incarceration.<sup>61</sup>

Many justice-involved individuals with housing instability present other unresolved needs that contribute to and exacerbate the effects of their homelessness. For these individuals, **permanent supportive housing (PSH)** has been found to be an effective intervention. This model combines subsidized housing with wraparound supportive services and is used most frequently for individuals experiencing chronic homelessness, many of whom also struggle with mental health or substance use issues and have a variety of needs. Evidence from seven randomized controlled trials (RCTs) assessing the impact of PSH found that individuals receiving PSH reduced homelessness, increased time in stable housing, and improved health outcomes (Rog et al., 2014). Studies of PSH models

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<sup>61</sup> It should be noted that providing housing resources as a preventive tool—not only for justice-involved individuals reentering the community after incarceration—is vital. Many of the programs and models noted here are applicable earlier in the sequential Intercept model and should be considered as interventions to address the needs of at-risk individuals before they come into contact with the justice system.



have also found that this is a highly cost-effective intervention for homeless individuals experiencing additional needs. Over the longer term, participation in PSH can reduce both healthcare service utilization rates and associated costs (Hunter et al., 2021).

### *-Example Programs-*

The [Corporation for Supportive Housing \(CSH\)](#), a national leader in advocating for and facilitating opportunities for supportive housing, developed the Frequent Users Systems Engagement ([FUSE](#)) [model](#) to provide the tools to more consistently identify frequent users most in need of supportive housing and connect them with resources where they are. The FUSE framework is an evidence-based model that identifies these frequent users—many of whom are or will become justice involved—and provides affordable housing units with access to wraparound support services and case management to reduce both the reliance on emergency health services and justice involvement. The model has been formally evaluated and has shown significant reductions in jail usage and days, recidivism rates, emergency department visits and psychiatric inpatient hospitalizations, and shelter usage. As part of the initiative, CSH has supported the design and implementation of FUSE-based supportive housing programs nationwide, many of which have been formally evaluated and shown promising results.<sup>62</sup> An [evaluation](#) of 200 FUSE program participants in New York City demonstrated improved housing, health, and justice outcomes for FUSE participants compared to a matched comparison group not receiving FUSE programming (Corporation of Supportive Housing, 2013). At 12 months post-enrollment, 90% of FUSE participants remained housed and at 24 months 86% had secured permanent housing. Additionally, shelter utilization declined by 147 days relative to non-FUSE participants and the number of days spent in psychiatric inpatient facilities declined as well. Compared to the control group, FUSE participants averaged 19 fewer jail days 24 months after placement, indicating reduced justice system contact (Corporation of Supportive Housing, 2013). A cost analysis of NYC's program also found that each individual housed through FUSE generated roughly \$15,000 in public savings, effectively covering two-thirds of the cost of the intervention.

Many permanent supportive housing programs have adopted innovative financial models to cover the costs of providing these services. Los Angeles's [Just In-Reach](#) PSH program utilized a pay for success funding mechanism, which relies on up-front private funding that is reimbursed by the program in accordance with achieved outcomes, to connect 300 in-custody homeless individuals with a mental health and/or substance use disorder with permanent housing and supportive services over a four-year period. In addition to being financially sustainable—an [evaluation](#) of the program found that most program costs were offset by savings associated with

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<sup>62</sup> The CSH FUSE website maps existing FUSE-based programs throughout the United States. To see this map and more evaluations of related programs from across the country, see [here](#).

decreased utilization of emergency health services and justice involvement—the program resulted in marked improvements in health, housing, and justice outcomes for participants. 82% of participants remained housed 12 months post-placement; of those who achieved this housing stability milestone, there was a one-month (31 day) reduction in jail time (Hunter et al., 2022). These positive justice outcomes persisted for those who remained housed two years post-program enrollment (Hunter et al., 2021).

A PSH program in Denver operating a pay for success financial model demonstrated similar results. The Denver Supportive Housing Social Impact Bond ([Denver SIB](#)) Initiative provided supportive housing services to justice-involved individuals with housing instability starting in 2016. An evaluation of the program based on a randomized controlled trial (RCT) found that nearly eight in ten (77%) of participants remained stably housed three years after program enrollment, an increase in stable housing that came in conjunction with a 35% reduction in shelter days. Three years after program enrollment, individuals in supportive housing showed a 34% reduction in police contacts and 40% reduction in arrests, as well as a 27% decrease in total days spent in jail. Additionally, there was a 40% decrease in emergency service utilization two years post-enrollment, and a staggering 155% increase in office-based health visits (Cunningham et al., 2021). In recognition of the success of this model, the City of Denver has expanded program capacity to serve more justice-involved homeless individuals, continuing its partnerships with private investors to scale up a cost-effective solution to homelessness.

**Rapid rehousing** programs follow a similar model—providing housing alongside case management and other needed services—but are intended to provide individuals with short-term housing to gain and maintain stability and self-sufficiency. Los Angeles County’s [Breaking Barriers](#) rapid rehousing program, initially instituted in 2015, is one such program that has shown promise in both increasing stability and reducing recidivism for individuals on felony probation. To be eligible, participants must be either on formal felony probation or AB 109<sup>63</sup> supervision, and generally are experiencing homelessness. Participants are provided short-term housing and rental assistance in addition to case management and employment support services through contracted service providers. By the end of the program, the primary goal is for individuals to “transition in place” by continuing to live in their housing unit while paying the full rent amount themselves. Since its inception, the program has housed nearly 500 clients and provided case management and employment services to 700 clients. A five-year evaluation conducted by the RAND Corporation found that the program was successful in meeting its housing and recidivism reduction goals, with 80% of participants successfully housed after the

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<sup>63</sup> Assembly Bill 109 (AB 109), passed in October 2011, is one of several efforts made as part of the 2011 realignment by the State of California to reduce prison overcrowding. Through AB 109, the task of housing, supervising, and rehabilitating certain offenders that would have previously been the responsibility of the State was transferred to local counties.

two-year period and the felony reconviction rate being roughly 7% lower than that of non-participants (Hunter et al., 2020).

### *-Local Programs-*

A number of opportunities for housing placement, support, and care coordination in San Diego County exist and have achieved success in reducing homelessness. For example, the County coordinates [rapid rehousing opportunities](#) alongside case management and services connection for justice-involved individuals in collaboration with community partners, and the County's Department of Homeless Solutions and Equitable Communities ([HSEC](#)) is currently scaling up community care coordination programming that focuses on providing housing assistance and case management to justice-involved individuals reentering the community. For example, the Community Care Coordination Reentry Support program—funded through a recently-rewarded Proposition 47 grant from the California Bureau of State and Community Corrections (BSCC)—connects individuals leaving custody who are homeless or at risk of homelessness, and that have an identified mental illness or substance use disorder, with housing and wraparound services through jail in-reach, peer support, and ongoing case management. Because this project is in the process of scaling up, it is not described in detail here but should be noted as a local effort to address housing needs of the justice-involved population.

### *Takeaways*

The most promising ATI practices and program models tend to have two major elements in common. First, they address criminogenic needs that lead an individual to engage in criminal behavior in the first place, such as antisocial attitudes, substance use issues, and struggles with employment. Second, they target individuals based on their needs and risk profiles, and tailor programming to meet those needs and mitigate risks of re-offending on a case-by-case basis. This section has provided an inventory of existing best practices and is based on a comprehensive review of the peer-reviewed and policy literature regarding recidivism reduction and the rehabilitation of incarcerated and formerly incarcerated individuals. In addition, the input of individuals from the ATI Advisory Group, subject matter experts from the Working Group, and the community was considered and integrated into this review. The best practices and associated programs discussed in this section represent a wide variety of interventions along each point of the SIM that serve to divert individuals from further justice system contact and reduce the likelihood of recidivism, addressing the underlying needs that contribute to criminal behavior in the first place. Rather than being quick fixes, these programs and practices focus on addressing the unique needs of each individual and reducing barriers to access that set justice-involved individuals up for successful futures. Often, these programs increase access for individuals who may

otherwise be hesitant to engage in these alternatives by employing peer navigators and individuals with lived experience.

## Costs and Savings Associated with Alternatives to Incarceration

*What savings to the County of San Diego would be realized (1, 5, 10, and 20 years) from having fewer individuals incarcerated in local detention facilities? (SOW 3.9)*

*What costs to the County of San Diego would there be (1, 5, 10, and 20 years) associated with providing needed services and programs in the community to individuals? (SOW 3.9)*

SANDAG researchers worked with County stakeholders starting in May 2022 to develop the methodology for this study's cost analysis component. The coordination began with one-on-one informational sessions with each participating agency (Sheriff's Department, District Attorney's Office, Public Defender's Office, Health and Human Services Agency, and the Probation Department). Meetings were also held with the Public Safety Group, Data Working Group, and Working Group to finalize the sampling period, the offense codes used to identify a baseline incarcerated sample population, the specific alternatives to incarceration for comparison, and the applicable costs for incarceration and each alternative.

While a baseline sample was able to be selected, the analyses, as intended, were not possible for a number of reasons that would have limited the usefulness of this study component. Specifically:

- While the desire was expressed to understand how capital investments and staffing could be affected, this type of analysis is not realistic given the relatively small proportion of the detention population that low-level misdemeanors represent.
- Data regarding prosecution, public defense, Behavioral Health Services, and additional costs in detention could not reliably be estimated.
- An analysis of cost effectiveness, which would have been more helpful, was not possible. With a cost effectiveness analysis, an actual program is being evaluated. Outcomes for individuals who received an intervention versus those who did not, including the cost of receiving the program or an alternative, could not be compared.
- Criminal history, the ability to afford bail, and other factors that could affect incarceration time, sentencing recommendations, or eligibility for alternatives were not available for the analyses.

As such, this study component was removed from the final analyses. Although a cost study of alternatives to incarceration in San Diego County was not possible for the reasons outlined above, there is evidence that points to the cost effectiveness of treatment-based alternatives relative to the cost of incarceration. A cost-benefit analysis of substance use treatment relative to incarceration found that the cost of

providing substance use treatment (\$1,583) was substantially less than the monetary benefit to society of rehabilitating rather than incarcerating these individuals (\$11,487). In addition to reducing the cost of crime through recidivism reductions, treatment also increased employment earning potential for rehabilitated individuals (Ettner et al., 2006).<sup>64</sup> Similarly, a cost-effectiveness study of the Amity in-prison therapeutic community and Vista Ranch post-release programs, discussed as examples of local programs in the best practices section, found that individuals who received treatment through both of these programs had 291 fewer reincarceration days in the five-year study period than did those who did not receive care, resulting in significant cost savings (McCollister et al., 2004). In addition to reducing the costs of incarceration in the short-term, the benefits of receiving treatment can result in cost savings over time by both reducing recidivism and increasing the potential for economic contributions through better employment outcomes for rehabilitated individuals.

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<sup>64</sup> Please note that these dollar amounts are not adjusted for inflation, but instead reflect the cost of incarceration and providing treatment at the time these studies were conducted. Current figures would likely be higher in 2023 dollars.

## Conclusions and Recommendations

*What recommendations for policy change to safely reduce jail populations and better protect public safety through alternatives to incarceration, including what additional services and supports may be needed, should be made, based on data and public safety, social service, mental and behavioral health partners, and community, including people with lived experience, input? (SOW 3.4, 3.7.4, and 3.7.9)*

The following conclusions and recommendations reflect the analysis of data collected for this project, as directed by the Board of Supervisors, as well as the input and feedback from the Advisory Group, Working Group, and members of the community who participated in the Community Forums and Listening Sessions. Throughout the course of the ATI project, a number of guiding principles have emerged. **The recommendations presented in this section address one or more of the following guiding principles:**

- Emphasize prevention, early intervention, and rehabilitation to minimize continued justice system involvement where safe to do so.
- Services<sup>65</sup> must be implemented as designed, address socioeconomic disparities, and be easily accessible to the populations they are intended to serve.
- Ensure that the perspectives and knowledge of a wide variety of stakeholders are considered in the design and implementation of alternatives to incarceration.
- Include peer mentorship and coordinated care as vital tools to meet needs and reduce recidivism.
- Consistently collect, share, and evaluate data across programs and sectors to ensure successful programming and the achievement of clearly defined and measurable outcomes.
- Meet basic needs at all stages of reentry. Supporting basic needs such as housing, food assistance, and healthcare can make the difference between continued justice system contact and successful reintegration into the community.

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<sup>65</sup> Unless otherwise specified, “services” as they are addressed throughout the recommendations refers to the broad spectrum of services typically offered to address a variety of needs among the justice-involved and at-risk population. These generally include medical services, mental and behavioral health services, substance use disorder treatment, employment support and job skills training, housing support, transportation, and assistance meeting basic needs (e.g., SNAP benefits to purchase food).

- Address racial and systemic biases and ensure equitable outcomes. Approaches should consider the social determinants of health<sup>66</sup> and how these factors influence and contribute to criminal behavior.
- Do not minimize the experiences and perspectives of victims, and ensure accountability for harms done to individuals and communities.
- Facilitate the regionalization of successful localized approaches where feasible and applicable.

These guiding principles have informed the comprehensive recommendations, which are presented in order of their relevance to various intercepts along the Sequential Intercept Model (SIM) to indicate 1) when in the cycle of potential justice system involvement these interventions should occur and 2) who they would seek to serve. Certain recommendations are not specific to points along the SIM, such as those related to improvements to data collection and infrastructure. These more general recommendations are presented first to reflect their applicability to alternatives to incarceration across the SIM.

Each recommendation belongs to a broader set of recommendations (denoted in the red boxes), which pertain to a similar overarching goal and can be designated as short-, medium-, or long-term. Recommendations are considered short-term if they are relatively low-cost and easy to implement in the immediate future, and for which sufficient infrastructure already exists. Medium-term recommendations are those that require additional funding and logistical decision-making but that could feasibly be achieved given adequate infrastructure and buy-in from multiple stakeholders. Long-term recommendations generally are those that will require extensive collaboration between stakeholders and that represent significant changes in policy or practice (e.g., construction of a new facility). As additional information about cost, logistics, and political will to enact some of these recommendations becomes clearer, these designations could change.

It should be acknowledged that the issue of justice system reform will take a paradigm shift on the part of a community where everyone is invested in addressing this issue. Data from the community survey showed divergent views regarding ensuring accountability from individuals with a more punitive perspective on the one hand, versus a more restorative justice perspective where human potential and the possibility of change is supported on the other. Having challenging conversations and continuing to utilize data and individuals' stories will be essential as the region moves forward to determine the best way to invest in solutions that are cost-effective, equitable, and impactful.

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<sup>66</sup> The U.S. Centers for Disease Control and Prevention (CDC) [defines](#) the social determinants of health as the nonmedical factors that influence health outcomes. These five determinants include economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. For a local example of the integration of the SDOH with organizational goals, see the [Live Well San Diego Equity Framework for San Diego County](#).



## General Recommendations

Throughout the Alternatives to Incarceration project, researchers faced obstacles to collecting comprehensive data related to justice-involved populations, their characteristics, needs, and services received. At the same time, the data that were available made clear that there are significant systemic socioeconomic disparities in justice involvement and reported needs. Any future efforts to expand alternatives to incarceration in the County should apply an equity lens to ensure that these alternatives work to close these gaps and reduce systemic inequity across intercepts. The following set of cross-cutting recommendations are intended to address such systemic and infrastructural gaps at all key touchpoints in the criminal justice system from prevention to reentry.

**Continue building on countywide efforts to increase collaboration in data governance and infrastructure, with an eye toward systematically collecting data upon first justice system contact.**  
*(Medium-term)*

**Recommendation 1:** Prioritize efforts to devise a comprehensive data governance strategy and build an interagency data sharing infrastructure to facilitate the open exchange of data. Devise a systematic strategy for collecting such data as soon as possible upon an individual's initial contact with the justice system in order to enhance capacity for care coordination and rigorous program evaluation.<sup>67</sup>

**Recommendation 2:** Increase opportunities for local data capture by working with the state of California to add a dedicated subpopulation for justice-involved individuals to state-mandated data collection and reporting tools.

**Recommendation 3:** Facilitate data sharing across County agencies and partners to avoid duplication of collection efforts and increase opportunities for collaboration. Develop and facilitate community-facing data sharing opportunities—for example, by providing law enforcement data on demographic disparities (i.e., racial/ethnic, age, gender, disabilities, sexual orientation, etc.) that can be shared and discussed. Ensure that all data sharing efforts comply with data privacy laws protecting personally identifiable information.

**Recommendation 4:** Standardize components of assessment tools utilized by County partners (e.g., law enforcement agencies and service providers) with the goal of reducing duplicative assessment efforts. Ensure that these assessments are culturally competent and considerate of the unique backgrounds of the different individuals who encounter the justice system.

**Recommendation 5:** Gather the service information necessary to create (and regularly update) one comprehensive and user-friendly website or related online

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<sup>67</sup> It should be noted that this and related recommendations will be further informed by the ongoing Board-directed initiative "Supporting Care Coordination for Justice-Involved Individuals Through Funding and Integrated Data Infrastructure," which seeks to support care coordination across justice, health, and social services with an integrated data system.

platform that maps available services in San Diego to specific needs. All County-run and-affiliated service providers should systematically collect and report data outlining which services are provided, how many referrals they receive and clients they enroll, and general characteristics of those clients to identify the level of need for services.

**Nurture an environment where there is an openness to objectively evaluate statistics and a constant desire for program improvement. Continue to conduct evaluations and studies to inform how the justice system can best meet the needs of all in our community.**  
*(Medium-Term)*

**Recommendation 6:** Improve quantitative and qualitative data collection and sharing practices by developing a uniform program evaluation strategy across programs. For any programs that are developed or expanded because of this research, prioritize conducting both process and impact evaluations utilizing the strongest research methods possible that include metrics on client engagement and completion rates, as well as analyses of what factors are most often associated with measures of successful desistance from justice contact. Additionally, collect and utilize input from program participants using a standardized framework to further inform programmatic evaluations.

**Recommendation 7:** Ensure program models are provided with fidelity by conducting regular assessments. Set consistent benchmarks to ensure systems and programs are meeting needs and consider establishing a central oversight and monitoring body to measure progress in achieving stated outcomes.

**Ensure that services are culturally responsive, widely accessible, and can address the unique needs of a diverse community.**  
*(Medium-term)*

**Recommendation 8:** Ensure that employees working on providing key services to the justice-involved population are paid a competitive wage. Support efforts to operationalize strategies to recruit and sustain a public behavioral health workforce, as outlined in the [Addressing San Diego's Behavioral Health Worker Shortage](#) report.

**Recommendation 9:** Develop strategies to support (i.e., mentoring and training opportunities) and fund local service provider organizations. Modify proposal and contracting requirements to allow smaller service providers to be competitive in the solicitation process. Efforts should focus on allowing more flexibility and discretion to service providers. With County support, identify and leverage grassroots and faith-based organizations that have existing connections with the communities they serve to more effectively share information about available services.

**Recommendation 10:** Increase access to low-barrier harm reduction strategies that can offer opportunities for individuals at risk of justice system contact to form a

relationship with a trusted mentor who can meet them where they are and provide information about services.

**Recommendation 11:** Prioritize efforts to better understand the needs of differently abled individuals, as well as how they can best be supported to receive services that may be more challenging for them to access.

**Recommendation 12:** Lower barriers to receiving services in the community. Critically examine eligibility criteria for accessing services and consider modifying those criteria to increase access for more people in need. To address one of the most often cited barriers of physical access, ensure that services are at times that work for clients and that transportation, including free or discounted transit, is made available.

**Recommendation 13:** Build upon existing efforts in the County to expand comprehensive employment-focused programming that prepare at-risk transitional-age youth (ages 18-24) for gainful employment, while also addressing additional needs (e.g., education, anger management and cognitive behavioral therapy, character building).

**Increase access to an array of housing options for individuals experiencing homelessness, while ensuring that additional needs can be met concurrently. In expanding these efforts, identify ways to remove barriers and increase uptake of housing supports for individuals reluctant to accept them. (*Medium-term*)**

**Recommendation 14:** Assist local nonprofits in identifying ways to produce more housing stock that can be repurposed to provide permanent supportive housing for housing-unstable individuals with co-occurring behavioral and other needs. Ensure that these and other housing opportunities are strategically located near transit and provide access to case management and comprehensive services that meet other existing needs. In expanding this programming, look to Pay for Success (PFS) models to fund and scale innovative, evidence-based programs for justice-involved individuals.

**Recommendation 15:** Reduce barriers to housing for justice-involved individuals, especially those with historically disqualifying offenses such as PC 290, by funding programs and trainings that aim to educate service providers and programs about specific populations. Ensure justice-involved individuals can access housing supports by developing efficient transportation models that support and are connected with service providers and programs.

**Recommendation 16:** Expand opportunities for low-barrier housing options for housing unstable individuals, providing additional supportive services where needed. Expand rapid rehousing options in the community that pair short-term housing with comprehensive services with an aim of increasing self-sufficiency.

## *Intercept 0-1: Community Services and Law Enforcement*

Data presented in this report indicate that there is a high level of mental/behavioral health and substance use needs that contribute to increased contact with the criminal justice system when left unaddressed. For instance, data presented earlier in this report showed that of those with multiple post-pandemic law enforcement contacts, a high proportion were related to contacts with law enforcement due to mental health crises. In recognition of these data and considering research on best practices, the following recommendations provide more opportunities for diversion away from law enforcement and toward community-based care along Intercepts 0 and 1 of the SIM.

**Increase opportunities for key stakeholders to collaboratively provide information and resources to the community.**  
*(Short-term)*

**Recommendation 17:** Expand Homeless Court Program Pop-Up Resource Fair events in the community to engage homeless individuals and reduce legal barriers to receiving information and services.

**Recommendation 18:** Continue offering “Know Your Rights” presentations, currently offered through the San Diego County Public Defender’s Office, to the community and system-involved individuals and families to increase public awareness of this resource.

**Recommendation 19:** Continue leveraging County communications tools and platforms to increase awareness of the Access and Crisis Line (1-888-724-7240), 988 Suicide and Crisis Lifeline, and 211 San Diego.

**Expand existing community-level crisis response and diversion programming in the County to improve outcomes and connection to services for at-risk individuals before, or as an alternative to, law enforcement contact.**  
*(Medium-term)*

**Recommendation 20:** Employ or contract for nurses and behavioral health experts in emergency dispatch to aid in triaging and diverting eligible calls to the appropriate level of care.

**Recommendation 21:** Continue evaluating the need to enhance and build capacity for Mobile Crisis Response Teams (MCRTs) throughout the County. Increase systematic collection of data to better understand where the level of need is highest and to optimize the allocation of resources to meet those needs.

**Recommendation 22:** Work towards regionalizing the MCRT framework to ensure that community response teams are available across San Diego County according to call volume and level of need. Standardize MOUs to integrate a common approach to triaging and responding to behavioral health crisis calls across jurisdictions.

Consider additional booking alternatives that increase connection to services and resources for individuals who have contact with law enforcement and for those exiting detention facilities.  
*(Long-term)*

**Recommendation 23:** Create a centrally located and easily accessible resource center that could serve as both a law enforcement-led diversion program for nonviolent individuals being booked into or nearing release from Sheriff custody, and that is also accessible to others in the community regardless of justice involvement. Ensure that this generalized resource center is easily accessible, has access to transit, and has in place an efficient check-in process to allow law enforcement officers transporting individuals to the center to return to patrol quickly. This center should aim to include short-term beds and shelter options for individuals experiencing housing instability, as well as wraparound reentry services, case managers, and housing navigators. Such a center would facilitate connections for individuals with unmet needs to community-based services that will meet those needs, improving quality of life and reducing recidivism and repeat cycling through the justice system.

**Recommendation 24:** Expand and improve the Law Enforcement Assisted Diversion (LEAD) model in San Diego County, leveraging partnerships between behavioral health providers, case managers, and law enforcement to identify and divert eligible nonviolent individuals toward community-based services at the pre-booking stage. Expand existing crisis intervention trainings to law enforcement officers so they can proactively and efficiently identify crisis situations that may be better served by supporting a continuum of multiple diversion rather than by incarceration, thereby reducing the burden on the justice system and increasing capacity to respond to more serious offenses where law enforcement is most needed.

Build capacity for the expansion and regionalization of sobering/recovery bridge<sup>68</sup> services.  
*(Long-term)*

**Recommendation 25:** Expand opportunities for individuals to be transported to sobering/recovery bridge services centers, including options for hospital and ambulance transport, community referrals, and walk-ins.

**Recommendation 26:** Evaluate the regional need for additional recovery bridge services that, when feasible, are located in close proximity to crisis stabilization units.

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<sup>68</sup> Recovery bridge services is an alternative term used by County providers for sobering services.

### *Intercept 2-3: Initial Detention, Court Hearings, and Jails/Prisons*

Recommendations along Intercepts 2-3 were devised with input from key stakeholders and in consideration of relevant data presented earlier in the report. There is a general consensus, both among members of the working group and in the research literature, that collaborative courts provide an effective sentencing alternative that reduce time spent incarcerated and redirect would-be inmates to necessary services in the community. Additionally, data on law enforcement contacts and bookings presented earlier showed an especially high rate of arrests and bookings resulting from procedural violations, such as failure to appear (FTA) and probation and parole violations. The following recommendations are intended to be implemented for individuals who have already come into contact with the justice system and/or have already been incarcerated. They focus on providing diversion to needed services in the community, sentencing alternatives, reducing opportunities to offend, and preparing incarcerated individuals for a successful reentry into the community.

**To reduce unnecessary law enforcement contact resulting from failure to appear (FTA) violations, implement low-cost behavioral interventions and reduce barriers to appearing in court.**  
*(Short-term)*

**Recommendation 27:** Redesign summons forms to put the most relevant information at the top and clearly outline the consequences of failure to appear.

**Recommendation 28:** Expand knowledge and use of Probation's Supervised Own Recognizance (SOR) Monitoring Program's pre-appearance text message reminders to individuals in advance of their appearance date. Ensure that transportation resources are available to assist the individual in traveling to their appearance, as needed.

**Increase community-based supports and advocacy at the pretrial phase, facilitating connection to services and reducing unnecessary time in pretrial detention for eligible individuals.**  
*(Medium-term)*

**Recommendation 29:** Expand programming that reduces unnecessary pretrial detention for nonviolent Public Defender clients by pairing embedded advocates in the Public Defender's office with arrestees immediately upon arrest through trial. In doing so, look to models such as the Pre-Arrestment Representation and Review (PARR) program in Santa Clara County and the San Diego Public Defender's Pretrial Advocacy and Community Connections (PACC) program.

**Recommendation 30:** Ensure all released individuals are connected with community-based services and resources at the earliest possible stage to meet needs and reduce time in detention pending trial/resolution and after conviction. Support County-service provider collaboration to provide access to services

immediately upon release through warm handoffs<sup>69</sup> to ensure that individuals' immediate needs can be met and that connections for longer-term case management can be initiated.

**Recommendation 31:** Leverage connections between the Public Defender, City Attorney, and District Attorney to increase opportunities for pre-filing diversion based on agreed-upon charge and criminal history combinations.

**Increase the number of diversions and referrals to collaborative courts, where applicable, and loosen restrictions that prevent clients from receiving an individualized case plan.**  
*(Medium-term)*

**Recommendation 32:** Increase referrals to and interest in collaborative courts for eligible individuals while ensuring fidelity to proven models. The County should identify and implement strategies to increase the number of individuals who participate in collaborative courts: for example, increasing public awareness of this alternative can be initiated by allowing individuals to participate as a condition of Probation, as well as by improving communication around the option of collaborative courts for eligible participants.

**Recommendation 33:** Increase opportunities for early pre-screening of collaborative court candidates to increase uptake and to facilitate early resolution without another continuance being required for screening.

**Recommendation 34:** Increase incentives to reward compliance with collaborative court requirements, such as automatic expungement.

**Determine why individuals are violating probation and explore options to address these issues before they result in violations.**  
*(Medium-term)*

**Recommendation 35:** Convene a multi-stakeholder workgroup to examine who is most frequently violating probation and parole and explore effective strategies to reach them prior to a violation.

**Expand proven and promising programs to eligible individuals as an alternative to incarceration.**  
*(Medium-term)*

**Recommendation 36:** Expand the eligibility criteria of community-based alternatives, when safe to do so, such as County Parole Alternative Custody (CPAC), Work Furlough and Residential Reentry Center as an alternative to jail to promote

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<sup>69</sup> "Warm handoff" refers to an action that provides continuity of care between service providers and reduces the risk of clients getting lost in the system. As defined earlier in the report, warm handoffs typically go beyond merely providing a referral to further support meaningful client engagement. Warm handoffs will typically involve a provider making a direct referral to another provider, while also ensuring that the client is involved in the transition of care. For more detail about warm handoffs, please see the discussion on page 133 of this report.

maintaining employment/workforce skills development and family/community connections.

**Ensure individuals are not released from custody in ways that do not support reentry.  
(Short-term)**

**Recommendation 37:** Streamline release procedures and data flow from the Superior Court to the Sheriff's Department with the goal of preventing late-night releases.

#### ***Intercept 4-5: Reentry and Community Corrections***

Among the most common themes that emerged from research conducted from this report is the vital importance of successful reentry in both reducing recidivism and improving the lives of the formerly incarcerated and the communities to which they are returning. The following recommendations along Intercepts 4 and 5 are made in recognition of the significant barriers that formerly incarcerated individuals and their loved ones face upon release and the need to provide accessible and quality services.

**Increase individuals' immediate access to necessary supports upon release from custody.  
(Medium-term)**

**Recommendation 38:** Leverage cross-agency collaboration to post and distribute physical handouts and ADA-compliant alternatives about available services in the region to individuals at or prior to release from incarceration.

**Recommendation 39:** Facilitate warm handoffs to services and community supports by identifying an individual's needs before release and creating immediate access points for those exiting detention facilities.

**Recommendation 40:** Ensure that basic needs are met for individuals immediately upon reentry by providing hygienic products, clean and climate-appropriate clothing, and other essentials to individuals upon their release from incarceration, regardless of whether these individuals were booked and released or were held for longer periods of time as part of a sentence.

**Recommendation 41:** Ensure that support is provided prior to and immediately upon reentry to secure documentation (e.g., driver's licenses) necessary to access services and resources.

**Recommendation 42:** Employ peer mentors with lived experience to connect with individuals before they leave detention and immediately upon exit to build rapport, and create a support network that can increase successful connection to services. Expand upon existing in-reach programs in the County to enable a greater number



of individuals to benefit from peer-led in-reach and connection with community-based services upon release.

**Recommendation 43:** Where possible, foster connections with close family members of incarcerated and formerly incarcerated individuals to provide support and education on available services and resources and on how to manage the transition from incarceration to reentry. To foster such connections, expand visitation options both in-person and via video conferencing technology.

**Recommendation 44:** Explore ways that program fees that would have been an individual's responsibility can be subsidized, as well as ways that individuals could be financially compensated for engaging in positive behavior that would lead to desired long-term outcomes.

**Recommendation 45:** Expand and build capacity for programs that provide supportive services and housing assistance to individuals exiting from local jails (e.g., Community Care Coordination programs).

**Ensure that healthcare needs are met for the most vulnerable individuals both during and following incarceration.**  
*(Long-term)*

**Recommendation 46:** For those receiving services while incarcerated, strengthen continuity of care upon release through pre-release in-reach, collaboration, and warm handoffs between in-custody and community-based providers. To facilitate continuity, screen all individuals for Medi-Cal eligibility upon intake. Ensure that those eligible but not enrolled are provided enrollment assistance to increase access to Medi-Cal and additional CalAIM benefits up to 90 days prior to release from custody.

**Recommendation 47:** Expand upon the Transitions Clinic model in the County to increase access to healthcare services through federally-qualified healthcare centers (FQHCs) for low-income individuals with justice-involved backgrounds. Apply a data-driven approach to identify the most high-impact locations for these clinics, with an emphasis on increasing access to care in areas that have been disproportionately impacted by incarceration and justice system involvement. Employ community health workers (CHWs) with lived experience to conduct jail in-reach and foster immediate connections to medical services upon release from detention. Ensure that adequate transportation is available to individuals in communities served by Transitions Clinics.

**Ensure that individuals reentering the community after incarceration have the skills, knowledge, and connections needed to obtain employment that pays a living wage.**  
*(Medium-term)*

**Recommendation 48:** Expand access to incarceration-based educational programming to prepare individuals for reentry.

**Recommendation 49:** Expand existing programs that provide job skills training and connection with employment support services to individuals preparing for reentry to facilitate the ability to obtain well-paying, high-demand trade careers upon release.

**Recommendation 50:** Reduce barriers to employment for individuals with criminal records by further educating employers of efforts and laws of the Equal Employment Opportunity Commission. Hold expungement summits for certain low-level infraction and misdemeanor offenses and streamline and expand processes between justice partners and the Superior Court for those reduction and expungement requests not handled by expungement summits.

**Recommendation 51:** Support public-private partnerships and social enterprise models that provide jobs and pay a living wage for individuals reentering the community from incarceration. Consider expanding County Parole and Alternative Custody (CPAC) and Residential Reentry Center (RRC) criteria to allow for more participants and job placements on custodial sentences, at the discretion of the Sheriff and with consideration for public safety.

**Recommendation 52:** Support the expansion of and increase enrollment in existing County-based post-release employment programs, such as the San Diego Workforce Partnership, which collaborates with many community-based organizations.

These recommendations represent the culmination of a collaborative effort by stakeholders, subject matter experts, and community members to identify and address some of the most prominent issues facing justice-involved individuals and their communities in San Diego County. Although the research that informed these recommendations was as comprehensive as possible based on available data, enacting all of these changes will not and should not be the end of this work. As data is more systematically collected and programs consistently evaluated, new challenges will likely emerge that will require continued engagement in the ongoing effort to expand alternatives to incarceration. Policymakers should welcome continued engagement and view this as the beginning of an ongoing process toward a services-first approach that will reduce justice involvement among at-risk individuals, build stronger communities, and enhance public safety.

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