

**CLERK OF THE BOARD OF SUPERVISORS
EXHIBIT/DOCUMENT LOG**

MEETING DATE & AGENDA NO. 02/28/2023 #19

STAFF DOCUMENTS (Numerical)

No.	Presented by:	Description:
1	Staff	25 Page Powerpoint

2

3

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PUBLIC DOCUMENTS (Alphabetical)

No.	Presented by:	Description:
A	Tom Packard	1 Page Document

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OFFICIAL RECORD
Clerk of the Board of Supervisors
County of San Diego

Exhibit No. 1
Meeting Date: 2/28/23 Agenda No. 19
Presented by: staff

DRAFT COMPREHENSIVE REPORT: DATA-DRIVEN APPROACH TO PROTECTING PUBLIC SAFETY

February 28, 2023

ITEM # 19

HOLLY PORTER
PUBLIC SAFETY GROUP
DEPUTY CHIEF ADMINISTRATIVE
OFFICER

DR. CINDY BURKE
SAN DIEGO ASSOCIATION OF
GOVERNMENTS (SANDAG)
SENIOR DIRECTOR OF
DATA SCIENCE

SARAH GORDON
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ACTING DIRECTOR OF
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COUNTY OF SAN DIEGO



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

Presented by: Dr. Cynthia Burke
Senior Director, Data Science

Alternatives to Incarceration Project Overview



#1: Analyze jail population data



#2: Understand who had continued contact with justice system



#3: Document service need, availability, gaps, and barriers



#4: Identify proven and promising programs for implementation or expansion



#5: Cost analysis of alternatives to incarceration

Community engagement and feedback

Alternatives to Incarceration Project Overview



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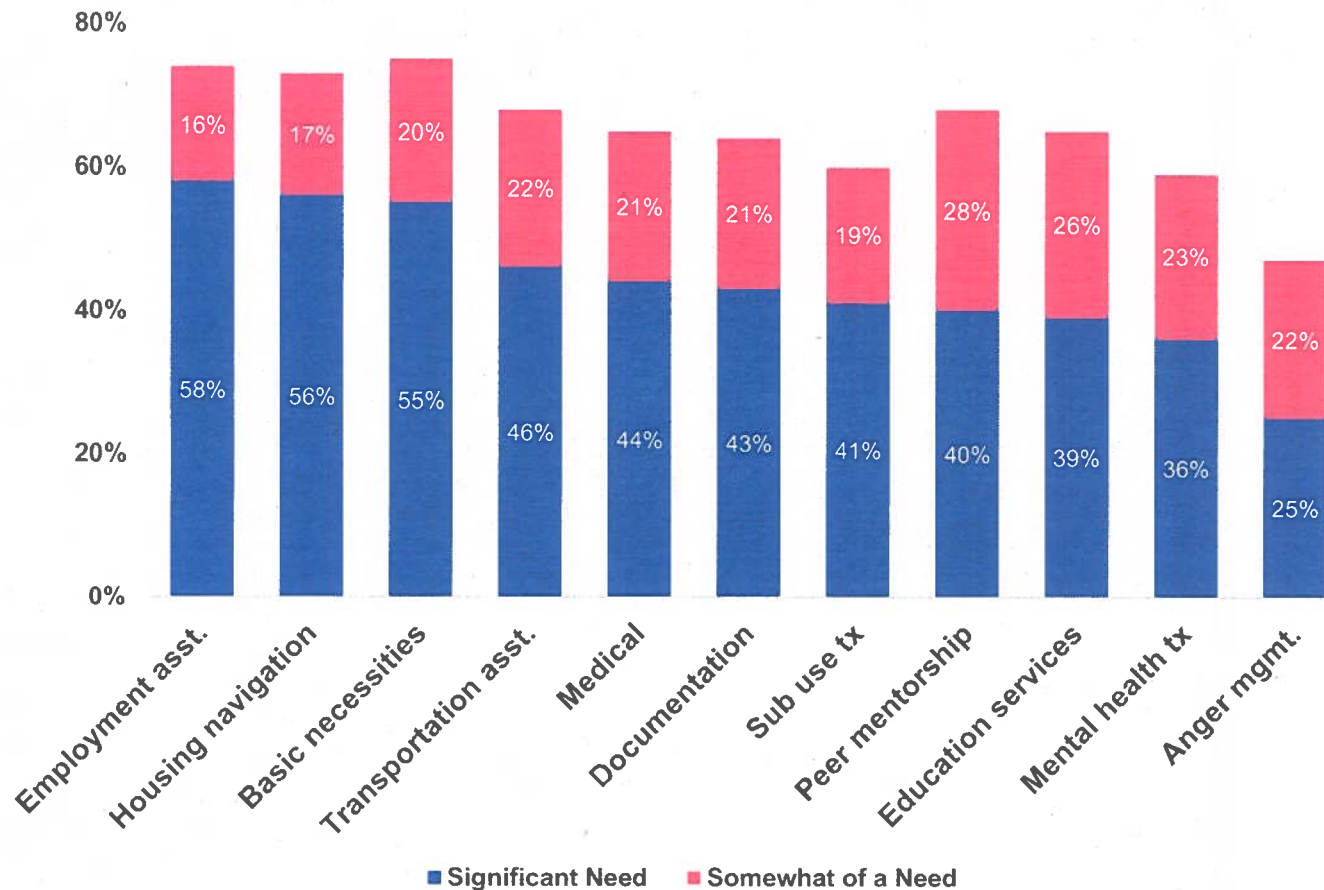
#4: Identify proven and promising programs for implementation or expansion



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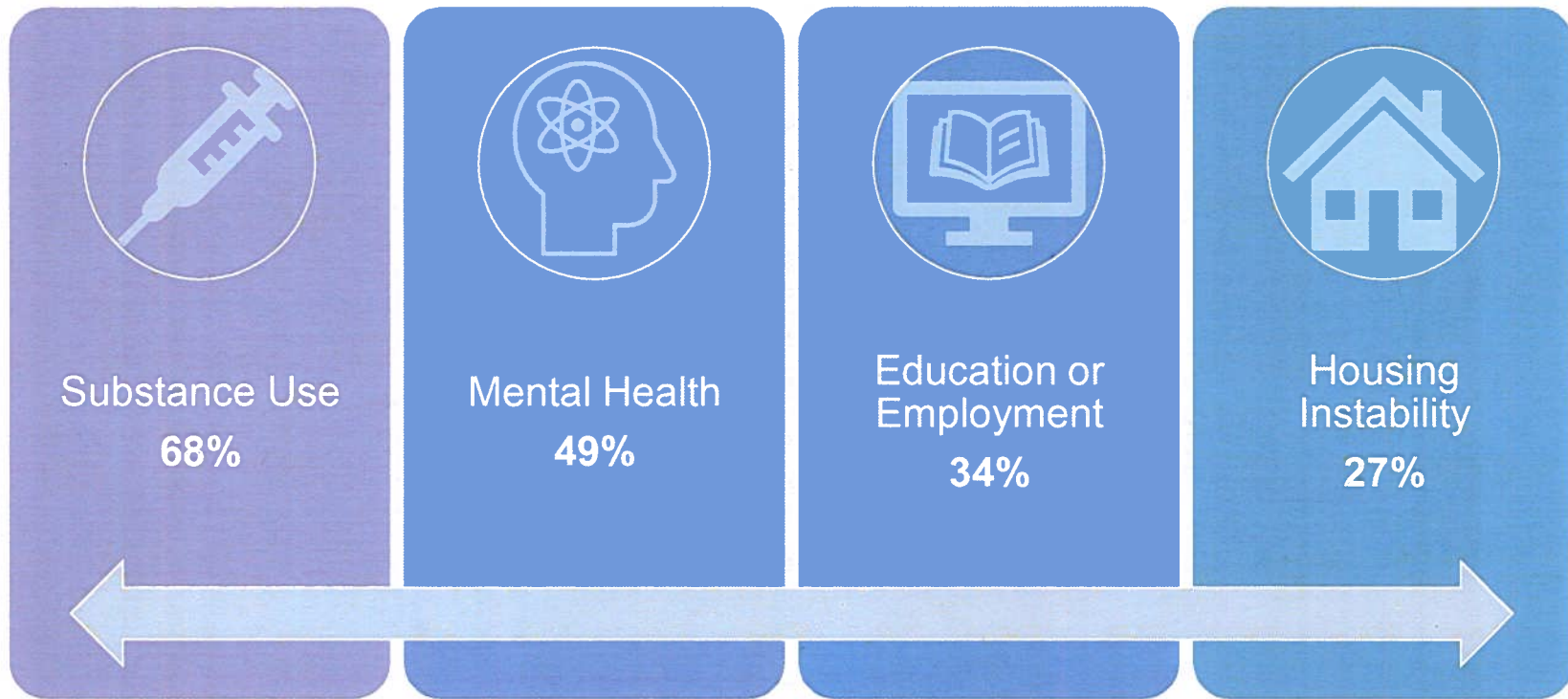
Self-Reported Needs of Current/Formally Incarcerated – Community Survey



21% ever
incarcerated
• 89% formerly
• 11% currently

N=339-356

Family Members' Perception of Incarcerated Family Member's Underlying Need – Community Survey

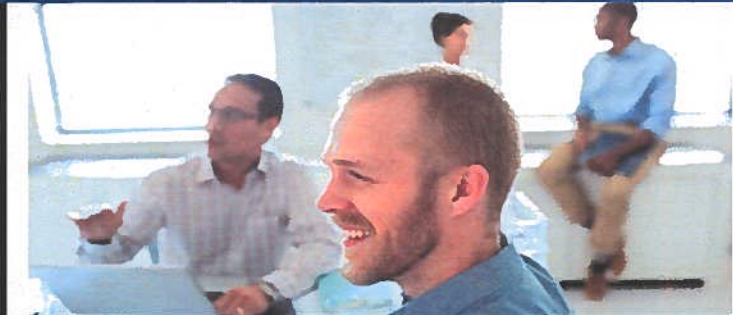


34% of Sample Had a Family Member with History of Incarceration

Variability in Need Across the Region



Individuals Without
a High School Degree



Individuals 25-39



Black/African-American Individuals

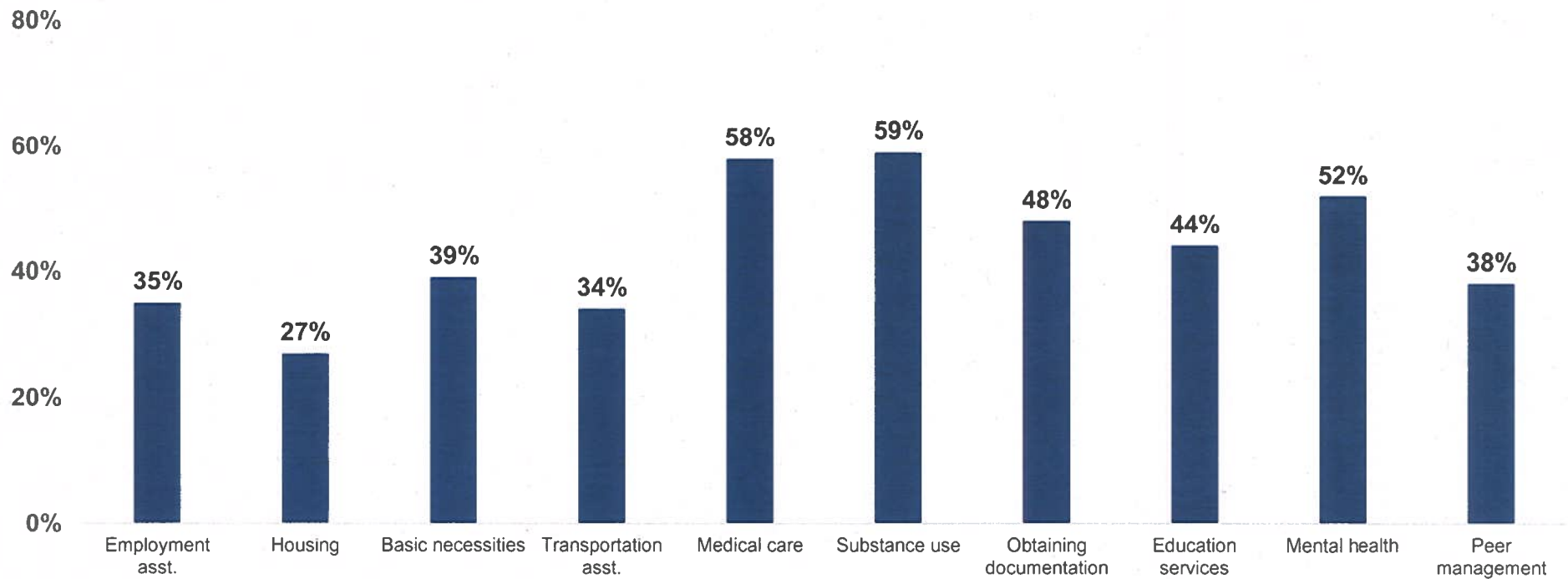


Individuals with a Mental/Physical Disability








Every \$1,000 increase in HH income, 3% decrease in need

Percent with Significant Need That Received That Service – Community Survey








Barriers to Clients in Need of Services - Community Survey

-  Service isn't easy to get to (59%)
-  Hard to find out about service (49%)
-  Waiting lists are too long (48%)
-  Eligibility restrictions (39%)
-  Too hard to enroll (35%)

Barriers for Service Providers

- Service Provider Survey

-  Retaining staff (55%)
-  Hiring staff (47%)
-  Obtaining reliable funding (46%)
-  Restrictions on funding use (44%)
-  Contract requirements for funding (41%)

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Focus by Intercept

Community Service & Law Enforcement

0-1

- Address unmet needs in community
- Reduce unnecessary justice system contact

Initial Detention, Court Hearings, & Jail/Prisons

2-3

- Sentencing alternatives
- Programs & services to meet need
- Preparing for successful reentry, including warm handoffs

Reentry & Community Corrections

4-5

- Re-entry planning
- Needs met upon release from incarceration

Pinellas County FL Safe Harbor (Intercept 0-1)

- Safe haven for people who are homeless, have a history of justice system involvement, and require services to get back on their feet
- Average daily population of over 300
- Located next to detention facility and Federally Qualified Health Center
- Lower daily cost than jail
- Basic necessities, transportation, medical services, group classes, and case management provided

Project Kinship (Intercept 4-5)

- Mission to provide support and training to lives impacted by incarceration, gangs, and violence through hope, healing, and transformation
- Peer navigators with lived experience work with clinical staff and case managers
- PK Cares and Community Support and Recovery Center places a team outside local detention center to be there when individuals are released; also work with the family
- Meet immediate needs upon release, conducts jail in-reach, and intensive case management

Transitions Clinic Network (Intercept 4-5)

- Healthcare model that emphasizes a peer-to-peer approach and conducting warm handoffs to connect formerly incarcerated individuals with care
- Employ community health workers (CHW) with lived experience to conduct jail in-reach and ensure coordination of care from release to reentry
- Located in neighborhoods disproportionately impacted by incarceration
- Facilitate navigation to other social services and provide mentorship

Common Themes from these Data

Meeting housing needs is key

Individuals have multiple needs that could be met concurrently

Increase awareness of existing services and provide transportation

Combine jail in-reach with post-release services

Use peer support and incorporate individuals with lived experience

Ensure service providers are able to provide services with fidelity

Common Themes from the Community

Address geographic and demographic disparities in law enforcement contact

Prioritize the use of non-law enforcement first responders where possible

Use incarceration as a last resort

Increase awareness of services and make system navigation easier

Better utilize those with lived experience

Make data and information available and transparent

Don't forget about programs already in place that should be expanded

Advisory and Working Groups Collaborating on Recommendations



Preliminary Takeaways to Date

Significant Shifts are Needed:

- Addressing these issues will take a paradigm shift from a primarily punitive perspective to one that emphasizes rehabilitation and a care first approach.
- Prevention is as important as reentry services.

Providing Services is Not Enough:

- Ensure proven programs are implemented as designed with fidelity.
- Ensure services are easy to access and systems are easy to navigate, especially for those who may face multiple challenges.
- Explore where Behavioral Health Services can best meet the needs of at-risk populations, as well as the possibility of low-security detention opportunities where the needs of incarcerated individuals can better be met.
- Address disparities and disproportionality in programs and services.

Preliminary Takeaways to Date

We Must Remove Silos and Work Together:

- See people as individuals; needs assessments, case management, warm-hand offs, and coordinated care is essential.
- Provide more mentorship and work with those with lived experience.
- County is in a unique position to make goals become a reality.

Data Leads to Better Outcomes; Share and Use It:

- Invest in additional analyses to better understand the needs of individuals who have the greatest level of justice system contact and how trajectories can be changed.
- Find ways to better share data across systems.

Preliminary Takeaways to Date

Basic Needs Must Be Able to Be Met:

- Housing is critical.
- People need to be able to earn a livable wage to be self-sufficient. Education, job training, and other employment assistance is important.
- Establish private-public partnerships and remove the employment stigma associated with hiring incarcerated individuals.

We Can't Forget Everyone Who is Affected:

- Do not forget the victims.
- Support families who have family members with underlying needs.

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[@SANDAGregion](#) [@SANDAG](#)

✉ Email: ATISStudy@sandag.org

💬 Comment Form: SANDAG.org/ATISStudyComment

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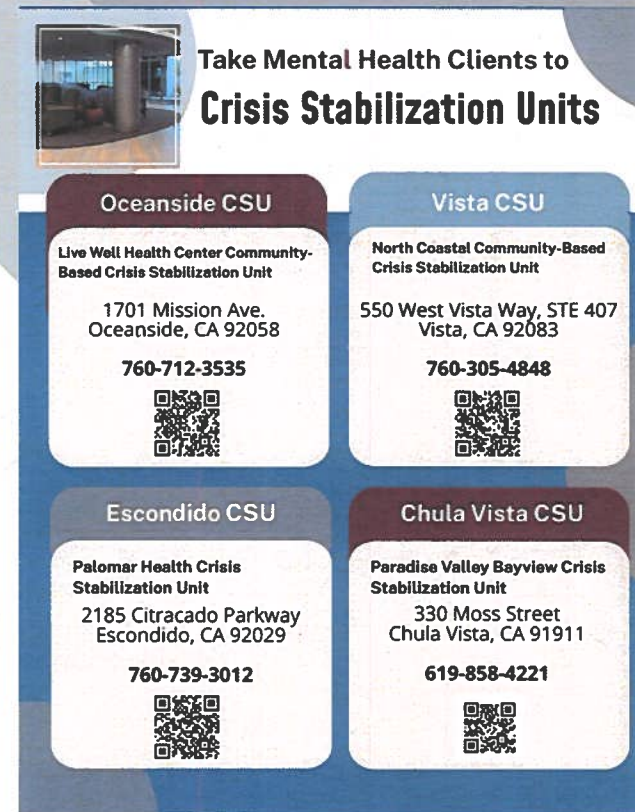
Partner Engagement

- Public Safety Group
- District Attorney
- Public Defender
- Sheriff's Department
- San Diego Police Department
- San Diego City Attorney
- Superior Court of California
- Office of Equity and Racial Justice
- Regional Task Force on Homelessness
- Health and Human Services Agency
 - Behavioral Health Services
 - Medical Care Services
 - Homeless Solutions and Equitable Communities







Updates on Ongoing Efforts

- Promoting the use of Crisis Stabilization Units to local law enforcement as an alternative to incarceration
- Enhancing sobering services in the Central Region through the Recovery Bridge Center



Take Mental Health Clients to Crisis Stabilization Units

Oceanside CSU	Vista CSU
Live Well Health Center Community-Based Crisis Stabilization Unit 1701 Mission Ave. Oceanside, CA 92058 760-712-3535 	North Coastal Community-Based Crisis Stabilization Unit 550 West Vista Way, STE 407 Vista, CA 92083 760-305-4848 
Escondido CSU	Chula Vista CSU
Palomar Health Crisis Stabilization Unit 2185 Citracado Parkway Escondido, CA 92029 760-739-3012 	Paradise Valley Bayview Crisis Stabilization Unit 330 Moss Street Chula Vista, CA 91911 619-858-4221 



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Exhibit No. A

Meeting Date: 2/28/23 Agenda No. 19

Presented by: Tom Packard

RE: 19. SUBJECT: RECEIVE DRAFT COMPREHENSIVE REPORT: DATA-DRIVEN APPROACH TO PROTECTING PUBLIC SAFETY, IMPROVING AND EXPANDING REHABILITATIVE TREATMENT AND SERVICES, AND ADVANCING EQUITY THROUGH ALTERNATIVES TO INCARCERATION

Chair Vargas and members of the board: My name is Tom Packard and I'm a member of Showing Up For Racial Justice-North County and a professor emeritus in social work at SDSU.

I appreciate the work that has been done for this report, and I especially appreciate the involvement of the Advisory Group. I see in the report that data from BHS will be provided for the final report. I hope that report will include details regarding current and anticipated service utilization, and especially waiting lists for particular programs and details from providers regarding the need for new or modified services. I hope those data will be used, along with other data, to lead to specific recommendations on the types and locations of services which need to be added or modified to ensure the full adequacy of needed services. I also encourage you to make the ATI Advisory Group permanent, so they can provide continual oversight of the implementation of your board's final directives from the May meeting.

Thank you for your attention and for your leadership on this process.