



RESEARCH REPORT

Evaluation of Orange County's Proposition 47 Grant-Related Services (Cohort 2)

Final Evaluation Report

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Executive Summary

In November 2014, California voters approved Proposition 47, which reduced some low-level felonies in the state to misdemeanors. The proposition required the Board of State and Community Corrections (BSCC) to use a portion of the annual savings realized through Proposition 47 to administer grant programs for diversion, mental health services, or substance use treatment. Assembly Bill 1056 added priorities to the grant program to include housing-related assistance and community-based supportive services, such as job skills training, case management, and civil legal services. In November 2016, the BSCC released a Proposition 47 grant program request for proposals. OC Health Care Agency (HCA) proposal was accepted, and the County of Orange (County) received \$6 million to develop and launch its Proposition 47 grant-related services. The HCA submitted a subsequent proposal in 2019 to expand on services provided under the initial grant and to increase housing capacity. The HCA received an additional \$6 million grant award. This report assesses the implementation and impact of this additional award for the HCA's Proposition 47 grant-related services (referred to as Cohort 2 throughout the report).

The HCA is a recipient of the BSCC grant and partners with various departments and organizations to implement the grant, including the Mental Health and Recovery Services (MHRS) Adult and Older Adult Services (AOA) division, which manages the Proposition 47 grant. MHRS also contracts with Project Kinship (a community-based organization in the county) to implement the bulk of the services identified in the grant. The Orange County Proposition 47 Local Advisory Committee (LAC) helps to identify county residents' reentry needs and offers strategic guidance for the implementation of the Proposition 47 grant program. Correctional Health Services (CHS) identifies individuals in the target population while they are incarcerated and provides a list of these individuals to members of the Project Kinship inreach team. Through a competitive process, the HCA selected the Urban Institute as the grant's independent research partner and technical assistance provider. Urban contracted with CNA to help conduct the evaluation.

The overall goal of the HCA's Proposition 47 Cohort 2 grant-related services is to reduce the number of people with mild-to-moderate mental health and/or substance use disorders (SUDs) incarcerated in the county jail by reducing recidivism through intensive case management, linkages to treatment, housing and behavioral health services, and community supports upon release. To that end, the HCA's Proposition 47 initiative includes several core programmatic components, including field engagement services provided by peer navigators and a Community Support and Recovery Center

(CSRC) that provides peer support, case management, and navigation for behavioral health and housing services.

This report assesses the final findings on implementation and impact of the HCA's Proposition 47 grant-related services from August 2019 through March 31, 2023. The Urban Institute research team draws these findings from its observations of Proposition 47 activities and services, a review of program materials, interviews with program staff members and stakeholders, and analyses of various program and criminal justice data. A logic model of the Proposition 47 services is provided in the appendix. The findings in this report address program activities and implementation, preliminary recidivism outcomes among the target population compared with a comparison group, and program successes and challenges.

Key findings include the following:

- **As part of a broader goal to improve the county's reentry system, the HCA's Cohort 2 Proposition 47 initiative helped strengthen access to and coordination of reentry services across the county.** Although these efforts began under Cohort 1, the HCA continued to strengthen existing partnerships across county agencies and organizations in Cohort 2, supporting service delivery to the target population. These partnerships included MHRS clinicians, CHS, the Orange County Sheriff's Department (OCSD), Project Kinship, the Proposition 47 implementation team, and system navigators.
- **Likewise, Project Kinship enhanced the CSRC developed under Cohort 1 and set the stage for continuing to provide robust reentry services following the successful conclusion of Proposition 47 funding.** By centering people with lived experience in its reentry work, Project Kinship has developed a positive reputation among its clients, staff, and others in the county for providing a supportive and welcoming environment through which the reentry population can access essential supports immediately after release.
- **Project Kinship succeeded in continuing to build relationships with housing providers that address a critical limitation of adequate housing for clients.** Through these partnership-building efforts, Project Kinship established relationships with several housing providers that have helped them navigate difficult challenges with placing high-need clients. Most of the referrals Project Kinship staff made to housing service providers resulted in successful linkages. Although challenges remain, particularly with placing clients with dual diagnoses of mental health and substance use treatment needs, more beds are reserved and readily available for clients with a multitude of needs. This is the result of extensive relationship-

building and problem-solving by Project Kinship staff, which will be sustained beyond the Proposition 47 funding.

- **Project Kinship successfully provided a variety of behavioral health and SUD services and referrals to meet the varying and complex needs of its target population.** Project Kinship staff offered services at the CSRC for most of their clients. This included mental health and SUD counseling, as well as group-based restorative and recovery circles. For clients requiring additional services, Project Kinship staff referred clients to external services provided by other county or nonprofit service providers. The ability for Project Kinship to address the complex mental health and SUD needs of Proposition 47 clients is directly aligned with the short- and long-term goals of the program logic model.
- **Most of the referrals Project Kinship staff made resulted in successful linkages to services for their clients.** For example, 55 percent of mental health referrals, 72 percent of SUD referrals, and 62 percent of housing referrals were successful. The relatively high rate of successful linkages in these critical programmatic areas offers evidence of Project Kinship's ability to effectively reach and serve their clients. This also highlights the HCA's success in their overall goals of building and strengthening links among available reentry services and improving service delivery to the Proposition 47 target population.
- **Project Kinship's success is rooted in its ability to earn the trust of both its clients and system stakeholders.** Project Kinship has built trust within the reentry community while also cultivating relationships with County criminal justice agencies like the OCSD. Project Kinship's positive reputation has lent it credibility with system stakeholders while allowing the organization to stay true to its original mission and grassroots identity, even as it has expanded and become more established as an organization.
- **Results from the recidivism analyses in the current report indicate that the Proposition 47 grant-related services did not significantly reduce recidivism among program participants; however, these results contradict several earlier analyses that relied on more robust sources of data.** Given the limitations of the data used for this report, the Urban research team suggests considering the results from the current study along with the results from the previous Cohort 1 and Cohort 2 evaluation reports. Taken as a whole, the results are mixed, but there is evidence in the earlier reports that suggests Proposition 47 services were successful in reducing recidivism and keeping participants out of the justice system.
- **Despite the imposition of numerous federal and state mandates in response to the COVID-19 pandemic, Project Kinship was able to adapt these circumstances and continue providing**

critical support to their clients. The rapid onset of the COVID-19 pandemic in March 2020, which occurred before Cohort 2 services began in the county, significantly affected day-to-day service operations as service providers attempted to minimize in-person contact and to adhere to Centers for Disease Control and Prevention (CDC) guidelines to reduce transmission of the virus. Project Kinship adapted swiftly to these mandates and restrictions at the county jail's Intake/Release Center by providing some services remotely and adhering to social distancing and personal protection equipment guidelines during inreach and field engagement activities. This allowed Project Kinship to ensure client needs were met without compromising safety. Throughout the pandemic, services provided at the CSRC met the needs of a population highly affected by the pandemic's economic, social, and health consequences.

Evaluation of Orange County's Proposition 47 Grant-Related Services

In November 2014, California voters approved Proposition 47, which reduced some low-level felonies in the state to misdemeanors. The proposition required the Board of State and Community Corrections (BSCC) to use a portion of the annual savings realized through Proposition 47 to administer grant programs for diversion, mental health services, or substance use treatment. Assembly Bill 1056 added priorities to the grant program to include housing-related assistance and community-based supportive services, such as job skills training, case management, and civil legal services. In November 2016, the BSCC released a Proposition 47 grant program request for proposals. OC Health Care Agency's (HCA) Cohort 1 proposal was accepted, and the County received \$6 million to develop and launch its Proposition 47 grant-related services. The HCA submitted a subsequent proposal in 2019 to expand on services provided under the initial grant and to increase housing capacity and received an additional \$6 million.

This report assesses the implementation and impact of the HCA's Proposition 47 grant-related services for Community of Hope: Gateway to Successful Reentry (referred to as Cohort 2 throughout the report). Findings presented here draw from program activities and data collected between August 2019 and March 2023. Cohort 2 funding began in August 2019, though service delivery under Cohort 2 began in the fourth quarter of the grant, on July 1, 2020. The findings address program activities and implementation, final recidivism outcomes among the target population compared with a comparison group, and other program successes. These findings are drawn from observations of the Proposition 47 services, a review of program materials, interviews with program staff members and stakeholders, and analysis of program and criminal justice data.

HCA's Proposition 47 Initiative

The HCA's Proposition 47 initiative was created to address critical reentry needs within the county. The HCA's original proposal to the BSCC noted that only a fraction of individuals in county jail with mental health and substance use disorders (SUDs) were receiving in-custody services or linkages upon release. Moreover, the HCA solicited direct feedback from community stakeholders on the proposed

Proposition 47 service model through a variety of methods. First, they established the Proposition 47 Local Advisory Committee (LAC) by drawing upon existing partnerships and collaboratives consisting of other county agencies and community organizations, including the Orange County Community Corrections Partnership, the Orange County Criminal Justice Coordinating Council, the Catholic Diocese Office of Restorative Justice/Detention Ministry, and the Orange County Re-Entry Partnership, which represented over 350 organizations that provide employment, education, housing, and faith-based in-custody and reentry services. The HCA further organized a community forum, conducted numerous one-on-one meetings with key stakeholders, and created and disseminated a dedicated Proposition 47 email address to obtain additional community input.

Through this process, community stakeholders identified the need for better reentry planning and coordination in the county, as well as linkages and supportive services immediately upon release from custody. Stakeholders noted a lack of housing, transportation, and other basic needs and support for people in the Proposition 47 target population. To that end, the aim of the HCA's Proposition 47 grant-related services is to reduce the number of people with mild-to-moderate mental health or SUDs incarcerated in the county jail by reducing recidivism through intensive case management, linkages to treatment, and community supports immediately upon release.

As noted in the final evaluation report of the HCA's Cohort 1 Proposition 47 grant-related services, the HCA was able to meet this goal and significantly reduced recidivism among program participants. Through the additional grant funding for Cohort 2 services, the HCA aimed to both continue and expand on service provision. Specifically, the HCA, with input from members of the Proposition 47 LAC and other partners, identified the need to extend services offered at the Community Support and Recovery Center (CSRC) and expand services around housing for Proposition 47 clients. To that end, the Cohort 2 initiative had the following three objectives:

1. Enhance successful reentry by increasing the number of people receiving peer engagement and assistance with basic needs at release, as well as daytime services at the CSRC.
2. Reduce homelessness among people reentering the community after incarceration by expanding access to emergency, short-term, and permanent housing for justice-involved people with SUD or co-occurring mental health disorders.
3. Reduce the risk of recidivism by expanding access to and provision of community-based reentry focused SUD and mental health or co-occurring services by providing SUD treatment coordination, peer navigation, and support to improve participation in SUD treatment.

The Orange County Proposition 47 Cohort 2 target population is transitional-aged youth (ages 18 to 26) and adults (ages 18 and older) diagnosed with a substance use disorder or mild-to-moderate mental health condition who are in jail or recently released from jail for a misdemeanor or nonviolent felony offense.

HCA Proposition 47 Grant Management and Partners

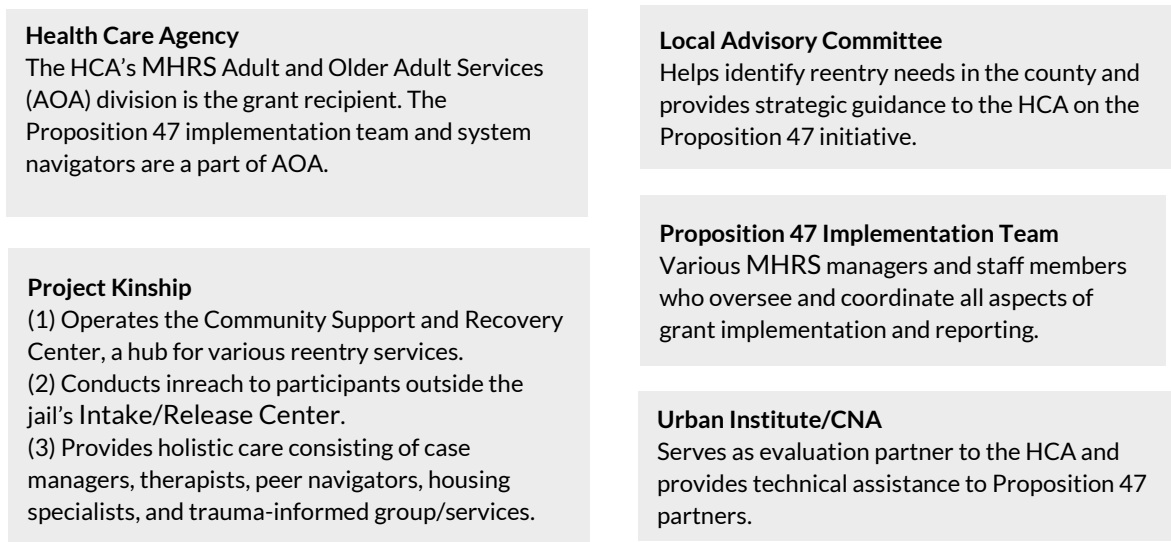
The management and partners involved in the HCA's Proposition 47 initiative are depicted in Figure 1. The HCA is the prime recipient of the BSCC Proposition 47 grant. The agency's Mental Health and Recovery Services (MHRS) Adult and Older Adult Services (AOA) division manages the grant. Most direct services and referrals to Proposition 47 clients come from Project Kinship, with whom the HCA has partnered to operate a CSRC for people leaving the county jail system.

The HCA also collaborates with the Urban Institute and CNA (the "Urban research team") as the grant's independent research partner and technical assistance provider, and with the Orange County Proposition 47 LAC. The LAC provides an avenue for ongoing community feedback and engagement with the program, which has helped agencies share knowledge about events affecting service delivery to the target population and about the broader landscape of reentry services and challenges in the county. Current LAC membership is comprised of many of the same agencies, organizations, and individuals who provided input on the initial design of the Proposition 47 program and the county's application to the BSCC. LAC members include county justice partners (e.g., OCSD Custody Operations and Inmate Services, the probation department, and representatives from the Orange County Public Defender's Office), the Orange County Executive Office, MHRS, CHS, the Orange County Collaborative Courts, the Orange County Social Services Agency, and nonprofit partners serving or representing justice-involved populations. LAC membership also includes peer board members—people with direct experience in the criminal justice system—who are selected by other LAC members and the Proposition 47 implementation team. LAC meetings provided updates on Cohort 2's implementation, service provision, budgeting and contracts, and quarter reporting and evaluation. This provided an opportunity for stakeholders to understand and discuss the overall performance of Proposition 47 grant-related services.

Under Cohort 1, the HCA regularly convened implementation meetings to facilitate oversight of the Proposition 47 initiative and communication among relevant partners. Attendees included leaders

from key county agencies, such as AOA Proposition 47 program managers, service chiefs and contract monitors, HCA program support and contract departments, CHS, OCSD Inmate Services, and the system navigator team. The HCA later invited staff members from Project Kinship and Urban to attend these meetings and regularly invited other key stakeholders as the need arose. These meetings helped identify and coordinate service delivery, solve problems, and maintain consistent monitoring of the program's budget and expenditures, service administration, and other facets of implementation. During the period of overlap between Cohort 1 and 2, these meetings also focused on how Proposition 47 services should be expanded under Cohort 2 and included updates on progress toward accessing housing and behavioral health resources. These meetings continued with relevant program partners after Cohort 1 services ended.

FIGURE 1
Organization of HCA's Proposition 47 Initiative



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Components of Proposition 47 Cohort 2 Service Model

Many of the core components of the HCA's Proposition 47 service model began under Cohort 1, but we subsequently continued or expanded under Cohort 2. Cohort 1 services ended in spring 2021 and, as a result, were still being implemented during the reporting period covered in this report. However, MHRS and Project Kinship staff members coordinated closely to ensure there was a clear delineation between Cohort 2 and Cohort 2 clients and services. The overlap and transition between Cohort 1 and Cohort 2

is described in greater detail in the “Evaluation Findings” section below. For information specifically on the services provided under Cohort 1, refer to the Urban Institute’s Cohort 1 Final Evaluation Report.

The county’s Proposition 47 Cohort 2 service model included several core components, such as inreach and field engagement services provided and, reentry planning and postrelease services, and a CSRC that provides peer support and navigation for behavioral health and housing services. These components are described in greater detail in the following sections

HCA SYSTEM NAVIGATOR INREACH

In Cohort 1, the HCA’s MHRS division created system navigator positions through which county representatives provided inreach services to people in the Proposition 47 target population shortly before they were released from the County’s jail system. CHS staff members provided system navigators a list of people who met the target-population eligibility criteria—that is, those who were diagnosed with a mild-to-moderate mental health or SUD and were in jail for misdemeanor or nonviolent felony offenses—and were within two weeks of their expected release from custody. System navigators then provided inreach services at the county jail’s Intake/Release Center (IRC)—the county jail system’s primary release location—during which they met with people in the facility’s visiting booths.

During inreach, system navigators asked people in the target population about their immediate reentry needs, including whether they had someone to call, transportation, and a place to stay upon release from jail. They also asked about the types of services or support people needed once they returned to the community. System navigators then provided information on available reentry resources, including a booklet with the names, locations, and contact information of dozens of service providers in the county.

System navigators’ primary function was to link people in the target population to the appropriate Proposition 47 services in the county. To that end, they used the information collected about people’s reentry needs to make specific service referrals to the CSRC operated by Project Kinship and to MHRS clinical mental health services. They also provided the names and contact information of the people they referred directly to Project Kinship and the MHRS clinicians so staff members from these organizations could follow up with these potential clients. In addition to targeted inreach and referrals, system navigators waited in the lobby of the IRC during part of the day to provide everyone released from jail information on reentry resources in the county. In a limited capacity, the system navigators also offered people being released from jail some direct services (e.g., phone charges and personal hygiene items) and provided bus passes to people in the target population that were placed with the

person's property and were available to them upon release. These services continued into Cohort 2 through leveraged funds.

PROJECT KINSHIP INREACH AND FIELD ENGAGEMENT SERVICES

In addition to the inreach services provided by HCA system navigators, Project Kinship peer navigators and case managers began providing jail inreach services under Cohort 1 in October 2019. This was partially funded by leveraged funds through the California Community Reinvestment Grants program, which the county specifically applied for and used to improve warm handoffs between jail inreach and the CSRC. Project Kinship staff members received the list of people in jail who met Proposition 47 eligibility criteria from CHS and met with them in the jail's visiting booths. Staff members also received referrals for jail inreach through the Theo Lacy Facility's Provider Fair and through partnerships with other programs (e.g., the Community Health Initiative of Orange County and the Catholic Ministry). During inreach, the staff member conducted a preliminary screening of the person and referred them to Project Kinship services.

Project Kinship Van



Source: Project Kinship.

In addition to inreach, Project Kinship peer navigators were stationed in the IRC lobby and just outside the facility to provide field engagement services to people as they were released from custody. They used this opportunity to describe the services that Project Kinship offers at the CSRC and conduct quick screenings to determine eligibility for the Proposition 47 initiative. If the people released from custody were eligible, peer navigators asked for contact information and referred them to the program.

In April 2019, Project Kinship rented a van that peer navigators used to transport people directly from the jail IRC to the CSRC to immediately begin the process of providing services and support. In 2021, Project Kinship embedded a case manager in the field engagement team to provide more in-depth on-site eligibility screening and triaging to facilitate a warm handoff to the CSRC or other appropriate services.

The time immediately after release from custody is critical in the reentry process, as a lack of resources and support can lead to recidivism, homelessness, victimization, or overdose. Thus, peer navigators aimed to address the immediate reentry needs of people as they were released from the IRC by providing clothing, food, hygiene products, phone calls, phone charging, connections to shelter, and information about other services. This support was offered to everyone leaving the jail.

The provision of these immediate items and services, as well as the professional set-up and strategic placement outside IRC doors, helped peer navigators establish instant rapport with people leaving the IRC. Moreover, all peer navigators have relevant lived experience and center their work in trauma-informed practices. This further facilitated meaningful connections and trust with people as they are released from jail and mitigated some of the anxiety, uncertainty, and fear people experience during this period. Peer navigators were also stationed within the CSRC, where they provided services and warm handoffs to case managers, clinicians, and other support staff. This created a seamless transition between screening, enrollment, and program participation.

I think what makes us unique is that we are individuals that understand the population, and we're really able to relate to them. We could come up with stories every day, every week there's a new story. I think what makes it unique is us understanding the population that's coming out and knowing the obstacles they're going to face. We've all been there, and we know what it takes to put those relationships back together, and we're able to relate with them and bring the mental health aspect to it.

—Raymond, peer navigator

REENTRY PLANNING AND POSTRELEASE SERVICES

One of the critical functions of the Proposition 47 grant was to provide holistic reentry planning and postrelease services and linkages. Therefore, most grant funds were used to develop the Community

Support and Recovery Center (CSRC), which began operation under Cohort 1 in July 2018. The CSRC was designed as a hub where people in the target population can go immediately after release from custody (or at any subsequent time) to receive various on-site supportive services and linkages to other community services and resources.

Entrance to the CSRC



Source: Project Kinship.

Through a competitive solicitation, the HCA selected Project Kinship, with support from its fiscal sponsor, Charitable Ventures of Orange County, to develop and operate the CSRC. Cohort 2 funding maintained and expanded upon the services provided at the CSRC under Cohort 1. Project Kinship offered clients on-site case management; clinical mental health and substance use counseling; supportive services that include “Kinship” and supportive circles for a variety of challenges including grief, recovery, and healing; and linkages to other services and resources. Linkages included ongoing clinical mental health services through the county MHRS, housing placements, rental assistance, employment training and support, Medi-Cal and public assistance programs, civil legal services, and transportation assistance. To support these linkages, MHRS and Project Kinship built partnerships with housing providers, recovery residences, and other treatment providers in the county to enhance Project

Kinship staff members' ability to engage in warm handoffs with their clients. In addition, the drop-in nature of the CSRC provided an opportunity for all clients, people returning from jail, and others in the community to have a place to rest, obtain needed services, and have their basic needs met.

The effectiveness of the CSRC is rooted in Project Kinship's philosophy and approach to service provision. Project Kinship's mission is to provide support and training to lives affected by incarceration, gangs, and violence through hope, healing, and transformation. All their services and programs center trauma-informed practices by acknowledging the role trauma plays in their clients' decisions and behaviors and providing a road map for holistic services that promote healing and empowerment. Additionally, more than 50 percent of Project Kinship's staff, including members of its executive team, are themselves resilient survivors of trauma. This affords the Project Kinship team unique qualifications and compassion for the people they serve. More importantly, this keen understanding of trauma improves the efficacy of services by bridging cultural gaps and enhancing engagement in a population that has historically not engaged in services. Project Kinship's trauma-informed practice has positively impacted the county system of care. For example, Project Kinship staff members have provided trainings on trauma and trauma-informed practices to other county stakeholders and providers.

Clients are engaged and referred to the CSRC primarily by system navigators, Project Kinship peer navigators (described above), other county agencies (e.g., the public defender's office or the probation department), and word of mouth from other Project Kinship clients. Project Kinship supports not just individuals, but also their families, offering services such as family support groups. A key component of Cohort 2 funding was the addition of dedicated housing staff and services for clients, which is described further below. Project Kinship staff members hold triage meetings daily to review potential clients' case files and determine which level of service provision best suits each client's needs. Clients can also be reassigned to another level of service if their needs change. The primary focus is to identify the participant's current needs while preparing for longer-term support for sustainable success. Staff members also want to ensure that clients are appropriately matched to the service provider, even if Project Kinship is not the organization providing the service.

I see people with their kids here, and I think this can honestly stop the generational cycle. Kinship is incorporating families into it and making it a family affair. This can influence the children to see the right way to live.

—Project Kinship client

Project Kinship Peer Navigators



Source: Project Kinship.

BEHAVIORAL HEALTH SERVICES

Under Cohort 1 grant funds, and continued under Cohort 2 leveraged funds, the HCA provided MHRS clinicians to meet the behavioral health needs of the Proposition 47 population. MHRS clinicians provided clinical services to people in the target population, or linked people ineligible for the Proposition 47 initiative to more appropriate services. That is, they screened clients referred from Project Kinship or the system navigators and either enrolled them on their caseload or linked them to outside services, such as County Mental Health Outpatient Clinics, the Beneficiary Access Line, or County Substance Use Clinics if they required a higher level of care than the Proposition 47 initiative could provide. The MHRS clinicians received training in trauma-informed approaches and effective therapeutic modalities, such as Moral Reconciliation Therapy and motivational interviewing. The MHRS clinicians were also instrumental in developing the comprehensive resource list used during jail inreach.

These services were eventually integrated with the clinical services offered by Project Kinship at the CSRC in early 2019 to further centralize reentry services and resources. Project Kinship hired their own clinicians to serve people with lower-level of care behavioral health needs. They offered group-based restorative circles, which build a sense of community and create a safe space for participants that promote a sense of belonging and healing. In addition, Project Kinship case managers provided

individualized attention to the unique needs of people in the target population as they helped clients overcome barriers to reentering the workforce and other formal institutions. The clinical staff and case managers worked together to build out and help clients execute their treatment and case plans.

CSRC HOUSING COORDINATION

A core component of Cohort 2 funding was increasing dedicated housing and housing assistance for people in the target population, including those in need of longer-term transitional housing. This included increasing capacity to provide housing navigation and peer support to access and maintain housing and behavioral services. To meet this goal, Project Kinship case managers and the housing coordinator built relationships with housing providers across the county. This includes a partnership with Grandma's House of Hope, which provides long-term transitional housing, to dedicate beds for Proposition 47 clients. Project Kinship staff members met with staff members at Grandma's House of Hope biweekly to maintain this relationship and discuss client care. Project Kinship staff members also built relationships with the county's sober living providers and regularly referred clients to Orange County Sober House, Step House Sober Living, Agape Sober Living, Action Alliance, Flagman's Sober Living, and High Hopes.

The relationships with housing providers ensured that Project Kinship staff members are aware of and can support clients' needs, regardless of where they are staying. Project Kinship staff maintain frequent communication with their housing partners to monitor participants' progress while they are in supportive housing placements, working together to identify barriers and improve outcomes for clients. Although Project Kinship's housing coordinator manages many of these processes and relationships, the housing coordinator also collaborates closely with all Project Kinship staff because housing needs are relevant to all staff members' caseloads.

IMPACT OF RESTRICTIONS RELATED TO THE COVID-19 PANDEMIC

On March 16, 2020, and again on January 7, 2021, inreach services were halted to comply with the Centers for Disease Control and Prevention's (CDC) and the State of California's guidelines on reducing in-person contact and maintaining social distancing because of the COVID-19 pandemic. Following these guidelines, Project Kinship was able to efficiently adapt their programmatic components to ensure the safety of both clients (a particularly vulnerable population) and staff members. Peer navigators moved their services from inside the IRC lobby to the courtyard immediately outside the facility and maintained social distancing and other protective measures when conducting field engagement with people released from jail. Project Kinship implemented remote work policies and

limited the number of staff members in the CSRC offices. In addition, staff members were provided with personal protective equipment, including masks to wear in the office and when interacting with clients.

The COVID-19 pandemic continued to impact in-person service delivery for the duration of the grant period. Some clients reportedly were wary of in-person programming, which may have reduced the number of people who attended services. Project Kinship moved swiftly to adapt many of their in-person services, such as Kinship Circles, to remote settings. This included providing clients with technology, such as tablets or phones, for the ability to log into sessions or reach their case managers. This shift from in-person services to remote services required an immense amount of flexibility and coordination on the part of Project Kinship.

Not only did Project Kinship identify ways to offer existing services in remote settings, they also expanded service offerings, which mitigated existing barriers to reentry and further encouraged ongoing participation. Project Kinship began offering group sessions on such topics as mental health and substance use five days a week via Zoom and RingCentral, but it posed challenges for some clients because of limited access to technology or a private place to login. At the conclusion of the grant period, Project Kinship was providing in-person services in the office while following COVID-19 safety protocols, as well as telehealth services for participants who were unable to meet for in-person services.

During the COVID-19 pandemic, the HCA's cross-agency implementation meetings shifted to a virtual format. Because agencies were highly motivated to stay informed during the pandemic, implementation meetings were held more consistently, and agencies communicated more frequently. These regular opportunities to share updates helped stakeholders stay informed about reentry efforts.

In addition to the impacts on the service model, the COVID-19 pandemic mandates affected the Urban team's ability to carry out their planned research activities. Because of travel restrictions, and to protect staff and client safety, Urban was able to conduct only virtual site visits in 2020 and 2021. In consultation with Proposition 47 stakeholders, Urban researchers also delayed their summer 2020 virtual site visit until fall 2020 so as not to overload service providers during the first months of the pandemic. The Urban research team determined that it was not feasible or safe to conduct virtual focus groups with Project Kinship clients during these visits, as it would have placed an unreasonable burden on staff members to arrange these meetings and may have put clients at risk. The researchers' inability to gather input from Project Kinship clients in 2020 and 2021 is a significant omission from this report. However, the research team was able to resume in-person meetings with Project Kinship clients in June

2022 to gather valuable insights into how the program met its clients' needs during the later portion of the grant period.

Evaluation Data and Methodology

As the independent research partner on the County's Proposition 47 grant, Urban researchers conducted a process evaluation to document program implementation—including successes, challenges, and lessons learned—and an outcome evaluation to determine whether the services improved outcomes for people in the target population. This approach relies on qualitative and quantitative data sources and methods.

Qualitative Data

The evaluation team conducted two virtual site visits during the height of the COVID-19 pandemic (in fall 2020 and summer 2021) and two in-person site visits (in summer 2022 and spring 2023). During these visits, Urban researchers observed program operations and conducted semistructured interviews and focus groups with Proposition 47 program staff members and clients. Qualitative data were drawn from the following three primary activities:

- **Semistructured interviews and focus groups.** Between August 2020 and August 2021, Urban researchers conducted semistructured interviews via Zoom or by telephone with HCA staff members, the OCSD, Project Kinship, and the Proposition 47 program managers. In June 2022, Urban conducted in-person focus groups with Project Kinship clients and virtual interviews with Project Kinship staff. In February 2023, Urban conducted in-person interviews and focus groups with Project Kinship staff and clients, followed by virtual interviews with additional Project Kinship and CHS staff.
- **Observations of program services.** Although Urban researchers could not observe most program services because of ongoing federal and state-level mandates related to the COVID-19 pandemic, they observed virtual Project Kinship staff meetings in September 2020.
- **Meetings with key stakeholders.** Urban researchers held in-person meetings and phone calls with members of the Local Advisory Committee and other key criminal justice agencies in the county, including CHS and the MHRS clinicians.

Quantitative Data

To document program operations and assess early outcomes, Urban researchers collected quantitative data from the OCSD, the Orange County Courts (OC Courts), CHS, and Project Kinship. For the interim report published in September 2021, Urban researchers also collected Criminal Offender Record Information (CORI) data from the California Department of Justice (CA DOJ). However, because of changes made to the CA DOJ's CORI data use agreements since the interim report was published, the Urban team was unable to collect these data again for this final report. Quantitative data collected for this report included the following:

- **The Orange County Sheriff's Department** provided comprehensive data on all releases from the County jail system between January 1, 2010, and January 17, 2023. Some people were booked into jail multiple times during this period and were thus represented multiple times in the dataset. These data included information about people's booking and release dates, as well as personal identifiers and other demographic information. Urban researchers linked these data to the CHS, OC Courts, and Project Kinship data for the recidivism analysis. This allowed the team to measure recidivism (defined as "returns to jail") as well as to create a measure of criminal history (i.e., the number of jail bookings since January 1, 2010).
- **The Orange County Courts** provided data on criminal cases filed in the county court system between January 1, 2020, and March 30, 2023 (205,264 total records). The file included a state-level identifier for each person, which could be linked to the OCSD data, as well as the date of the violation that resulted in a criminal charge and the disposition of the case (e.g., guilty, not guilty, pending). This allowed the team to develop two additional measures of recidivism: new charges and new convictions.
- **Correctional Health Services** provided data on the diagnoses of all people booked into the County jail system between January 1, 2020, and March 30, 2023. Diagnosis data were available for anyone who self-disclosed a mental health disorder to CHS staff during intake at the IRC or had a history of mental health diagnoses known to CHS staff (e.g., from a previous jail stay). People without a self-disclosed or otherwise known mental health diagnosis were not included in these data. Diagnoses were reported using International Statistical Classification of Diseases and Related Health Problems (ICD)-10 codes. The CHS data also included an identifier that allowed Urban researchers to link them to the OCSD data used for the recidivism analysis.

- **Project Kinship** maintains data on all the referrals it receives and clients it serves. These data include information about client identifiers and demographics, client referral details (including referral sources), and records of services provided by Project Kinship on site, at the IRC, and of referrals and linkages to other service providers.

Methodology for Recidivism Analysis

A critical component of Urban’s Proposition 47 evaluation was the recidivism analysis, which aimed to generate information about the impact of the county’s Proposition 47 services. Urban researchers created a treatment group for the recidivism analysis following these steps:

- The research team requested data on everyone enrolled in Project Kinship’s Cohort 2 Proposition 47 initiative between July 1, 2020 (the beginning of Cohort 2 services), and February 15, 2023. Although Project Kinship enrolled and served clients through March 30, Urban requested an earlier extract of the data to expedite the data processing and merging activities required for the recidivism analyses. People served after this period would have been dropped from the analysis regardless because not enough time had passed between the time in which Project Kinship provided them with services and the time at which Urban collected information on their recidivism outcomes (March 31, 2023). Removing duplicates (i.e., people with multiple enrollments into Proposition 47 services) produced a dataset of 3,371 unique Project Kinship clients.
- Urban researchers then linked Project Kinship client data to the OCSD data. For many clients, Urban researchers completed this linking process by using OCSD identifiers that Project Kinship staff routinely collected from clients at intake (i.e., the “Orange County number” and “jail booking number”). For individuals missing OCSD identifiers, Urban researchers linked Project Kinship clients to the OCSD data using fuzzy matching (a matching technique that identifies individuals in two datasets with similar, but not identical, elements in identifying variables). Specifically, Urban researchers used a combination of name, date of birth, race, and sex for the fuzzy matching. Applying these direct and fuzzy matching techniques, Urban researchers were able to link 2,860 Project Kinship clients to the OCSD data—a link rate of 85 percent.
- Urban researchers further reduced the treatment group to the people who had been released from the County jail system within 31 days of their enrollment in the Proposition 47 program. Since the comparison group comprised individuals released from the County jail system,

limiting the treatment group to clients who had very recently been in jail was necessary for ensuring the two groups were similar and their recidivism outcomes were comparable. The final treatment group sample was 1,035 people.

Next, Urban researchers constructed a comparison group of people for the recidivism analysis. The comparison group comprised all unique people released from county jail between January 1, 2020, and January 17, 2023, who had never been served by Project Kinship. This group was further limited to individuals with valid information on their primary charging offense and those with a primary charging offense that was also found among Project Kinship clients (to improve the comparability of the two groups). This resulted in a final comparison group sample of 39,174 people.

Table 1 provides descriptive information on demographic, criminal history, and case-level variables for the treatment and comparison groups. There are several significant differences between the two groups. For example, Project Kinship served disproportionately more Hispanic clients (57.2 percent) relative to the share of Hispanic people among people released from county jail (49.7 percent). Those in the treatment group were also significantly less likely to have been booked for a violent crime (24.8 percent) than those in the comparison group (34.1 percent) and significantly more likely to have had a mental health or substance use diagnosis than those in the comparison group (i.e., 33.6 percent of treatment group participants had no official ICD-10 diagnosis, compared with 67.2 percent of those in the comparison group). This indicates that Project Kinship was successful at targeting and serving individuals who aligned with the Proposition 47 eligibility requirements (i.e., people with mild-to-moderate mental health conditions facing less serious criminal charges). Furthermore, individuals in the treatment group had lengthier criminal histories (9.3 prior jail bookings) than those in the comparison group (3.6 prior jail bookings).

It's worth noting that while the share of people in the treatment group charged with violent crimes seems to contradict the eligibility criteria for Proposition 47 services, there are two possible explanations for their inclusion in these data. First, these offense categories are derived from the initial charges at the time of jail booking. These charges are often amended or dropped. Thus, it is likely that many people initially booked for a violent crime were ultimately charged with less serious, eligible offenses. Second, eligibility for Proposition 47 services was determined by Project Kinship staff members and relied on potential participants self-disclosing their criminal histories. It is therefore possible that some people misstated or simply did not know what offenses they were being charged with at the time of their intake and enrollment into the Proposition 47 program.

TABLE 1

Differences between the Treatment Group and the Comparison Group

	Treatment Group (n = 1,035)	Comparison Group (n = 39,174)	P value from t-test or chi- squared test of significance	Effect size (Cohen's d or Cramer's V)
	Percentage/mean (SD)	Percentage/mean (SD)		
Sex			0.10	0.01
Female	18.5%	20.6%		
Male	81.6%	79.4%		
Age	36 (11.4)	36.3 (11.4)	0.39	0.03
Race or ethnicity			0.00	0.03
White	31.4%	33.7%		
Hispanic	57.2%	49.7%		
Black	6.9%	8.6%		
Other	4.5%	8.0%		
Offense			0.00	0.09
Violent	24.8%	34.1%		
Property	13.2%	15.9%		
Drug crime	26.4%	35.6%		
Public Order/Other	35.6%	14.4%		
Number of prior jail bookings	9.3 (5.7)	3.6 (5.6)	0.00	-1.01
Primary diagnosis			0.00	0.12
None	33.6%	67.2%		
Anxiety	9.3%	4.9%		
Mood	6.2%	4.4%		
SUD	44.0%	18.9%		
Other	7.0%	4.7%		
Number of diagnoses			0.00	0.11
No diagnosis	33.6%	67.2%		
Single diagnosis	12.3%	7.4%		
2+ diagnoses	54.1%	25.4%		

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, and Correctional Health Services data.

The differences between the treatment and comparison groups depicted in table 1 demonstrate that people served by Project Kinship were significantly different than those in the comparison group. Specifically, given their disproportionately high rates of mental health and substance use conditions and their more extensive criminal histories, Project Kinship clients appear to be more at risk of recidivism than the general jail population. It was therefore important to account for these differences in the recidivism analysis. To that end, Urban researchers employed propensity score matching (PSM) techniques. PSM helps balance treatment and comparison groups on the covariates that predict assignment into the treatment group condition, such as those listed in table 1.

Urban researchers used the *teffects* command in Stata version 18 to execute the PSM. Findings from the PSM models are presented as the average treatment effect—that is, the average percentage point difference in recidivism outcomes between people in the treatment group and those in the comparison

group. A detailed description of the cases in the final analytic sample, the measures of independent and dependent variables, and the results of the recidivism analyses are presented on page 44.

Evaluation Findings

This section describes the final findings from Urban’s evaluation of Cohort 2 of the HCA’s Proposition 47 initiative, drawing from the data collection and analysis strategies described in the previous section. These takeaways highlight the challenges the Proposition 47 project partners faced during program implementation and noteworthy successes toward project goals. As part of its role as the evaluation partner and technical assistance provider, Urban regularly provided feedback to the County based on its data collection activities and worked with the HCA to recommend improvements across the initiative. Urban researchers also met regularly (first biweekly, then monthly) with Project Kinship and HCA staff members to support the selection and integration of the new case management and data system, troubleshoot data entry questions, and share updates pertaining to the implementation and evaluation of the Proposition 47 grant-related services. As such, findings also highlight project modifications, including programmatic improvements made during the project period.

As noted in the following sections, the County made rapid and substantial progress in developing new system components and linking existing ones to coordinate provision of Proposition 47 grant-related services. There are mixed findings across the current and previous evaluation reports around the impact of the Proposition 47 initiative on recidivism; however, findings indicate that the initiative established meaningful inreach, system navigation, and case management program models. It also expanded the network of integrated supportive and holistic services, enhancing the county’s reentry ecosystem. These findings are aligned with many of the intended outputs and outcomes described in the program logic model (see “Appendix”).

Collaboration and Coordination

The development of HCA’s Proposition 47 initiative necessitated strong coordination and collaboration. Cohort 2 services benefited from the strong infrastructure of communication and collaboration between partners that was developed under Cohort 1. In stakeholder interviews, people from across program components cited the strong relationships between agencies as foundational to the program’s success. This deliberate collaboration across stakeholders is reflected in the many conversations on Cohort 2 service provision that occurred before initiating service delivery.

BOX 1

Lessons from Cohort 1: Interagency collaboration

The Proposition 47 initiative also fostered coordination between county agencies and community organizations. For instance, the referral process developed under Cohort 1 created constant communication channels between CHS, Project Kinship, the Proposition 47 implementation team, OCSD, MHRS clinicians, and system navigators. The Proposition 47 initiative has enhanced how county reentry providers interact, making collaboration more routine and supporting those efforts with funding that previously did not exist. This successful collaboration is particularly evident in the partnership between MHRS and Project Kinship. In keeping with the BSCC's requirement that counties share the award with local community organizations to ensure shared partnership and community engagement, MHRS prioritized partnering with a community-based organization, and through a competitive bidding process, Project Kinship was selected as the service provider to develop and operate the CSRC. MHRS invested a considerable amount of time and leveraged resources working with Project Kinship and its fiscal sponsor, Charitable Ventures of Orange County, to build up their capacity for managing such a contract. The grant infused Project Kinship with enough funding to transform it from a small agency of a dozen staff members to one five times that size and enhanced the organization's visibility to stakeholders across the county. It also meant bringing people who had experienced reentry to the table as co-owners of the initiative. This has prompted new opportunities for collaboration.

Cohort 2 officially began in August 2019, but direct services did not begin until July 1, 2020. Project Kinship and the HCA spent the nearly 10 months from funding approval to service delivery building relationships with county service providers and planning the specifics of Cohort 2 delivery and the wind-down of Cohort 1. As a result, Project Kinship was able to immediately begin providing comprehensive support for Cohort 2 clients in July 2020.

To see that we can all come to the table and share information is just incredible. That is one of the great successes, in my opinion: that we can freely exchange information for the same cause.

—Ana Hernandez, service chief II, Adult & Older Adult Services

Service Linkage and Provision

A central goal of HCA's Proposition 47 grant is to build and strengthen links among the services that eligible people receive and to improve service delivery to the target population. In particular, the program aimed to facilitate "warm handoffs" between the jail, the CSRC, and the county's broader network of community services and treatment providers to ensure clients received the services they needed for successful reentry. In addition to extending the behavioral health and reentry services offered at the CSRC, Cohort 2 funding focused on increasing dedicated housing and housing assistance for Proposition 47-eligible people with SUD needs and people experiencing homelessness. This included increasing capacity to provide housing navigation and peer support to access and maintain housing and behavioral services.

Project Kinship

The original program design imagined the CSRC as a one-stop shop for people to access case management and various supportive services. HCA successfully executed this vision by supporting Project Kinship's growth and increased service capacity. Through Proposition 47 funding, Project Kinship expanded and matured, developing a more robust infrastructure to ensure its sustainability beyond Proposition 47 funding. Project Kinship relocated to a larger space and hired new staff members for service provision, including case managers, clinicians, and peer navigators.

Moreover, its hiring process considered the target population's needs. Its staff includes a certified drug and alcohol counselor, and its peer navigators were selected for their lived experience of incarceration and ability to connect with clients, which many stakeholders have lauded as one of Project Kinship's greatest strengths. Project Kinship is unique in that more than 50 percent of its workforce, including the executive team, and 100 percent of its peer navigators have lived experience. Peer navigators successfully build rapport with potential clients as they are released from jail through a deep understanding and shared histories of trauma and generational incarceration. Their ability to connect with clients facilitated a smooth assessment and referral process for further Proposition 47 services. Peer navigators, case managers, or other staff trained in trauma-informed practices are also the first point of entry at the CSRC. These characteristics create a welcoming environment that engenders hope and leads to positive changes among clients. In interviews, clients commented on how different it feels to come to Project Kinship compared to criminal justice agencies like probation, because Project Kinship is about supporting them through struggles and not just waiting for them to make a mistake.

Project Kinship’s approach is evident in its organizational culture as well. Its staffing model has created a framework for supporting staff members’ longer-term career goals; some peer navigators have gone on to pursue higher education and become case managers or SUD counselors. Many staff commented on how understanding, appreciative, and supportive their colleagues were, and that this was rooted in the idea of “living their values” and modeling the attitudes and behaviors they ask of their clients, namely vulnerability and mutual support. Some staff noted that this has not always been easy: they experienced demanding workloads to meet the needs of the target population, which was even more challenging when staff had to adapt the federal and state health mandates established during the COVID-19 pandemic (e.g., transitioning from in-person to virtual services). It has therefore been important for Project Kinship leadership to encourage team-building and ensure that all staff members feel supported when challenges arise.

What makes the Project Kinship team environment different than others is that they see the strengths in their own staff and take a strengths-based approach with their interpersonal staff relationships, not just with the clients they serve.

—Project Kinship staff member

Even as Project Kinship has earned community trust, it has also cultivated relationships with key institutions in the county that lend it credibility with system stakeholders. For example, Project Kinship’s relationship with the OCSD has resulted in access to the IRC, where its peer navigators make crucial connections with potential clients before they leave the jail. Because it has a positive reputation among the reentry community, staff note that peer navigators are often able to convince clients to seek services and cooperate with county institutions (such as meeting with their probation officer) of which they might otherwise be wary. Project Kinship staff noted that it has at times been challenging to simultaneously build trust with the reentry community and county institutions, but its ability to walk this tightrope has been one of its key successes. Staff spoke often about the need to consciously ensure that they maintain the “heartbeat” of Project Kinship and not allow its grassroots identity to shift even as it has expanded and become more established as an organization, including needing to follow formal procedures in order to secure and maintain grant funding.

Project Kinship’s reentry service model is centered on the provision of multiple services, a holistic approach, and a seamless transition between field engagement and the CSRC. The CSRC began

providing services under Cohort 1 in 2018 and received subsequent funding from the BSCC to expand upon existing services and increase services dedicated to housing and SUD support. The first three quarters of Cohort 2 funding were dedicated to planning and capacity building at Project Kinship to support the target population's needs. This included hiring and training more staff members and building relationships with housing providers across the county. As a result, Project Kinship began serving Cohort 2 clients in the fourth quarter of the grant, on July 1, 2020. The next sections illustrate enrollment in Cohort 2 services, services provided, and referrals and links from July 1, 2020, through March 31, 2023 (the entire duration of Cohort 2). During part of this period, Cohort 1 services were ongoing, which posed some challenges in providing and tracking services, such as determining which clients were eligible for each cohort and tracking client outcomes between cohorts.

To address this challenge, Project Kinship and MHRS staff members strategically created and executed a progressive plan to enroll some clients into Cohort 2 services before executing a full transition from Cohort 1 to Cohort 2. This plan allowed Project Kinship to serve clients effectively and seamlessly without simultaneously drawing on Cohort 1 and Cohort 2 funds for the same individuals. Thus, the plan prevented clients from being dually enrolled into the two cohorts and allowed the HCA to spend down Cohort 1 funding. Over the first two quarters of Cohort 2 service provision, Project Kinship enrolled people with housing needs into Cohort 2, while others continued to be enrolled into Cohort 1. In winter 2021, Project Kinship staff members then began rolling over eligible Cohort 1 clients to Cohort 2 services as the initial grant began to wind down services. This rolling over of eligible clients is reflected in an uptick in services and referrals in Q6.

If a client comes in with a need for a new service we've never done before, we make it something that we do.

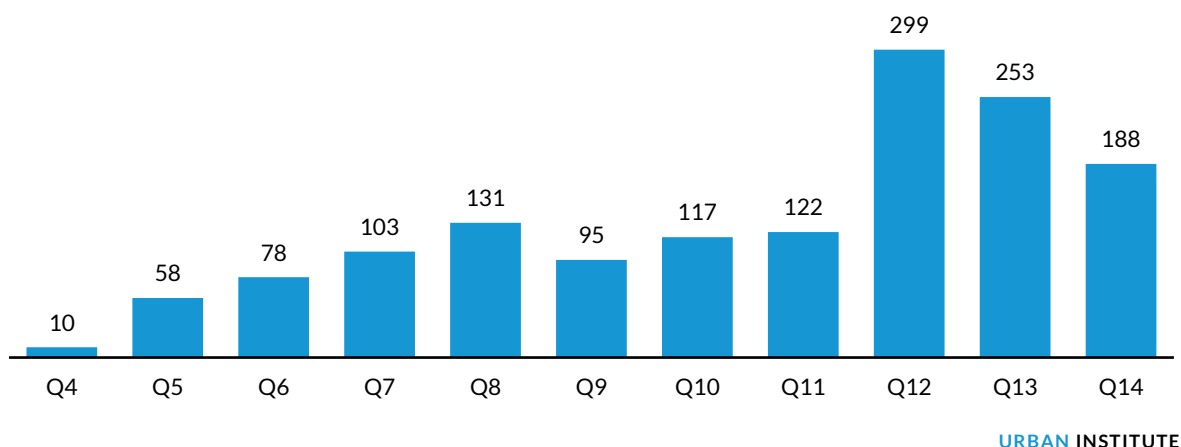
—Jeff, peer navigator

CLIENT ENROLLMENT

Figure 2 illustrates the number of enrolled clients served per quarter. Project Kinship served 1,454 enrolled clients between July 2020 and March 2023. Enrollments increased from a low of 10 in Q4 to a high of 299 in Q12 before declining to 188 in Q14. The overall increase in the number of clients enrolled over the duration of Cohort 2 underscores Project Kinship's success at expanding the delivery of

services to their target population. Clients enrolled in services received a wide range of support depending on their needs and priorities, which Project Kinship case managers helped identify.

FIGURE 2
Clients Enrolled in Proposition 47 Services, by Quarter



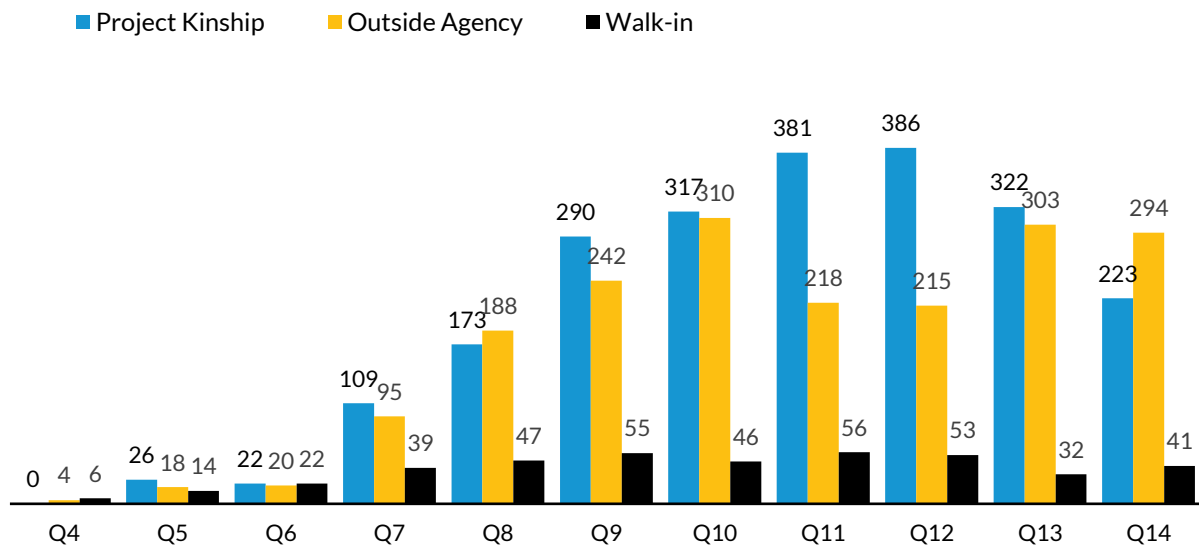
Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Figure 3 shows referral sources for enrolled clients by quarter. Project Kinship was the largest referral source, accounting for 2,249, or 49 percent of total referrals. These internal referrals include clients enrolled by peer navigators, who met with, screened, and recruited clients as they departed the IRC, as well as referrals from other programs operated by Project Kinship. Over 1,900 referrals were received from outside agencies, which includes HCA system navigators, CHS, probation officers, and the offices of the Orange County Public Defender. An additional 411 clients were enrolled via walk-ins, demonstrating the spread of information via word of mouth about Project Kinship services. These numbers highlight the diverse sources of referrals to Project Kinship.

FIGURE 3

Referral Source, by Quarter



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Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Throughout the grant period, Proposition 47 stakeholders addressed the challenge of reaching and enrolling people referred to the program by improving procedures to increase warm handoffs between referral sources and Project Kinship staff members. This included embedding a case manager in the CSRC team, performing field engagement at the jail, hiring a housing coordinator, and working with other referral sources to ensure they could provide accurate and up-to-date information on Proposition 47 services to potential clients.

Table 2 provides the demographic characteristics of the 3,735 enrollments to Project Kinship's Proposition 47 grant-funded services during the reporting period. Project Kinship most often served men; people identifying as Hispanic, Latino, or Spanish; and people ages 26 to 39.

TABLE 2

Demographic Characteristics of Enrolled Project Kinship Clients

	Frequency	Percentage
Age		
18–25	604	16.2%
26–39	1,920	51.4%
40–59	1,073	28.7%
60+	96	2.6%
Sex		
Male	2,864	76.7%
Female	751	20.1%
Unknown or Prefer not to state	120	3.2%
Race or ethnicity		
Hispanic, Latino, or Spanish	2,052	55.0%
White	1,094	29.3%
Black or African American	270	7.2%
Asian	134	3.6%
Native Hawaiian or Pacific Islander	17	0.5%
American Indian or Alaska Native	19	0.51%
Middle Eastern or North African	18	0.5%
Other	4	0.11%
Two or more races	1	0.03%
Unknown or declined to state	126	3.4%
Total	3,735	100.0%

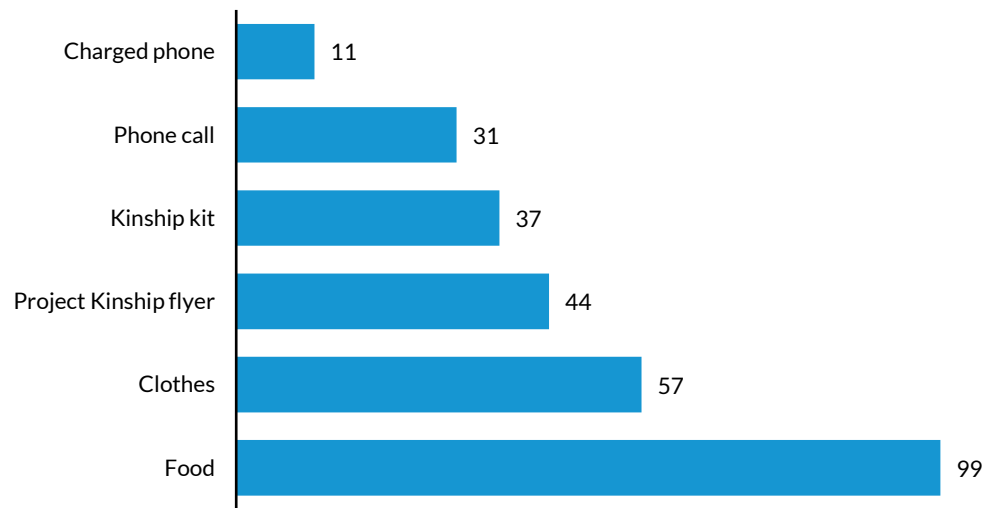
Source: Urban Institute analysis of Project Kinship data.

DIRECT SERVICES

Project Kinship staff members provided several types of direct services. Peer navigators on the field engagement team, for example, provided services meant to address people’s basic needs upon their release from custody (figure 4). This is a pivotal point in the reentry process, as people are at risk of recidivism, victimization, and homelessness when they do not have vital resources like clothing and food. The County’s jail system operates like most other systems across the country. People are released in the clothes they were wearing at the time they were booked into jail. On occasion, these clothes are soiled or inadequate. In these cases, peer navigators can offer supplemental articles of clothing, such as a jacket if the person was booked in warm weather but released during cold weather. Through these services, the peer navigators addressed an important reentry service gap. Further, by offering people released from jail these essential items, peer navigators are better able to engage potential members of the target population and conduct quick eligibility screenings. Therefore, this type of support is offered to everyone leaving the jail.

FIGURE 4A

Direct Services Project Kinship Provided to Address Basic Needs

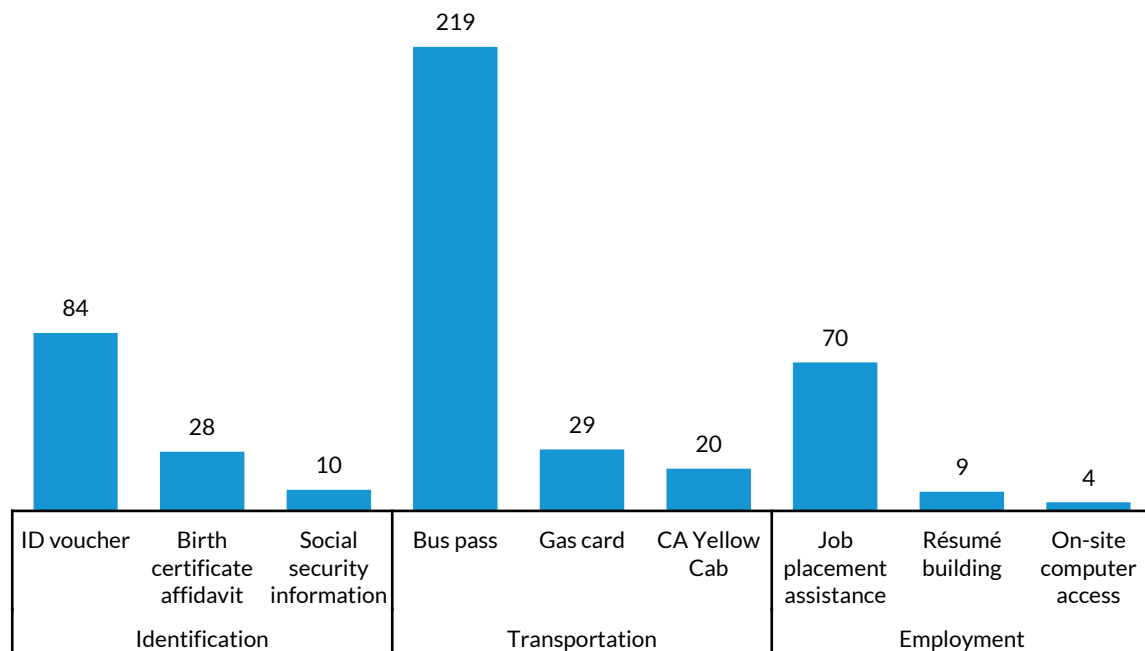


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Source: Urban Institute analysis of Project Kinship data.

FIGURE 4B

Other Direct Services Project Kinship Provided



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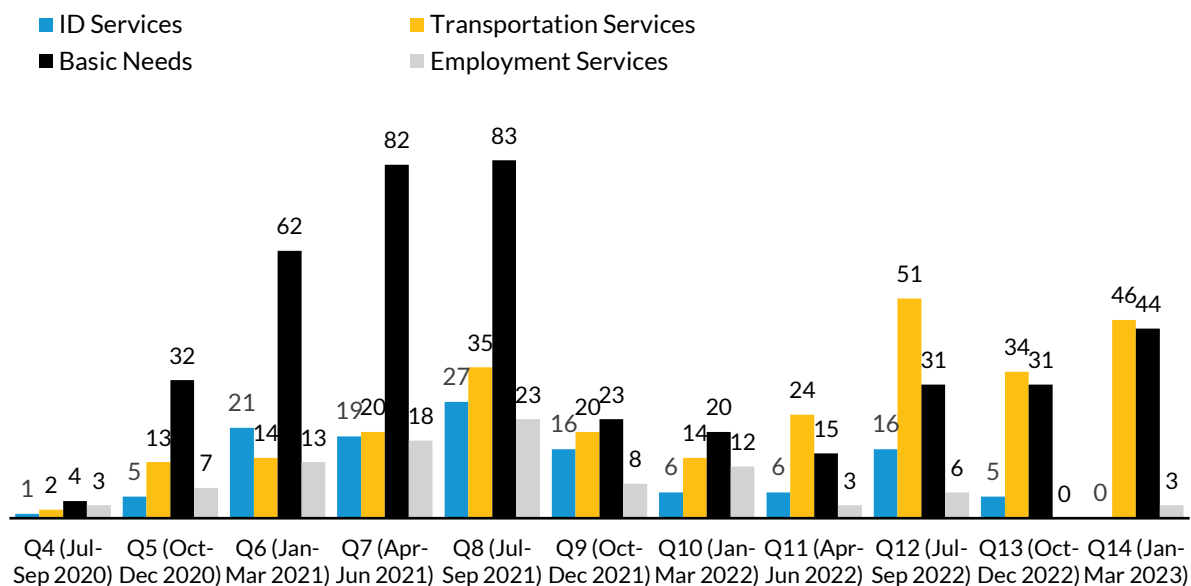
Source: Urban Institute analysis of Project Kinship data.

Project Kinship provided 752 services to enrolled clients during the Cohort 2 service period (from July 2020 to March 2023). The most common direct services Project Kinship provided are shown in figure 4. These include meeting people’s basic needs upon release from the IRC, as well as employment, transportation, and identification services. Notably, Project Kinship provided 84 ID vouchers and 219 bus passes and provided job placement assistance to 70 people. Project Kinship also met many basic needs, including providing 99 food items, 57 clothing items, and 37 “kinship kits” (packages with hygienic and other essential products). Most of the basic needs were provided by peer navigators stationed in the IRC courtyard doing field engagement with people upon release from the jail.

Figure 5 shows the number of services provided in each category by quarter. All service types increased from Q4 to Q8, with basic needs services growing at the fastest rate during that period. Services fluctuated throughout the remainder of the Cohort 2 period, with the peak of basic needs services reaching 83, transportation reaching 51, ID services reaching 27, and employment services reaching 23. Although it is unclear what definitively caused a decrease in services provided after Q8, it is important to note that there was a sharp decline for the remainder of the grant cycle. The following paragraphs explore barriers and challenges the Project Kinship team experienced during the Cohort 2 service period that could have contributed to a reduction in the number of services provided.

FIGURE 5

Services Project Kinship Provided, by Quarter



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Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Although there was an initial spike in releases from the IRC at the onset of the pandemic because of state mandates, admissions to the IRC decreased as officials sought to reduce the number of incarcerated people to protect against the transmission of the virus. This resulted in fewer releases and, consequently, fewer opportunities to engage people and provide services over much of the Cohort 2 service period.

Project Kinship staff also faced barriers providing adequate transportation services to Proposition 47 clients. Although Project Kinship purchased a van in April 2019 under Cohort 1 to offer clients rides, which expanded transportation availability, the federal and state mandates related to the COVID-19 pandemic restricted their ability to use the van because of concerns about transmitting the virus in enclosed spaces. To address this, Project Kinship expanded services with a transportation provider contracted by the county, which provided a cab that waited outside the IRC to transport clients to the CSRC. Peer navigators reported that some people declined the taxi transportation to the CSRC because they were either anxious to leave the premises to return to family, had other responsibilities, or had other commitments they needed to attend to before going to Project Kinship. In addition, the County began operating its bus system without collecting fares during the pandemic, and Project Kinship staff members noted that, without the incentive of free bus passes, people released from jail were less interested in speaking with the peer navigators about other available services.

The limitations in transporting people from the IRC to the CSRC created barriers for providing warm handoffs between Project Kinship peer navigators and their CSRC staff. In response, Project Kinship decided to embed a case manager in the field engagement team outside the IRC. While peer navigators conducted eligibility screenings of clients on site, the case manager could complete the intake process to immediately enroll clients in the program and begin helping them receive services.

Some people leaving jail were wary about speaking with Project Kinship peer navigators during the pandemic. Peer navigators therefore developed strategies for making quick connections, such as asking “Can we help you make a phone call?” or “Can we provide a service for you?” In that limited time, they found it challenging to explain what Project Kinship is and offers and to clarify that they are not affiliated with OCSD. They have also learned how to navigate situations that might be triggering for people leaving the jail (for instance, they typically try to have a female peer navigator approach women exiting the jail). During the pandemic, the field engagement team also wore personal protective equipment, maintained social distance, and stationed themselves outdoors in the IRC courtyard, rather than in the lobby, to mitigate fears around transmitting the virus. As COVID-19 case rates declined, however, the field engagement team was welcomed into the IRC lobby and allowed to establish a more formal presence there with a dedicated table and chairs.

We only have a few seconds, that door to the front gate, and they see that gate, and they want to be gone. If they're waiting for a ride, we may go talk to them. Once they take a few free breaths out, they may be more interested.

—Gilbert, peer navigator

During the pandemic, Project Kinship staff members paused in-person delivery of direct services and began providing some of these services remotely, such as the recovery and kinship circles. Case managers also reached out to clients via telephone or performed check-ins outdoors at a safe distance and with masks on to reduce the risk of virus transmission. Because of these steps, Project Kinship continued providing critical services, despite the barriers presented by pandemic-related government mandates. Near the end of the Cohort 2 service period, Project Kinship returned to in-person service delivery, but continued to offer services remotely or through hybrid formats.

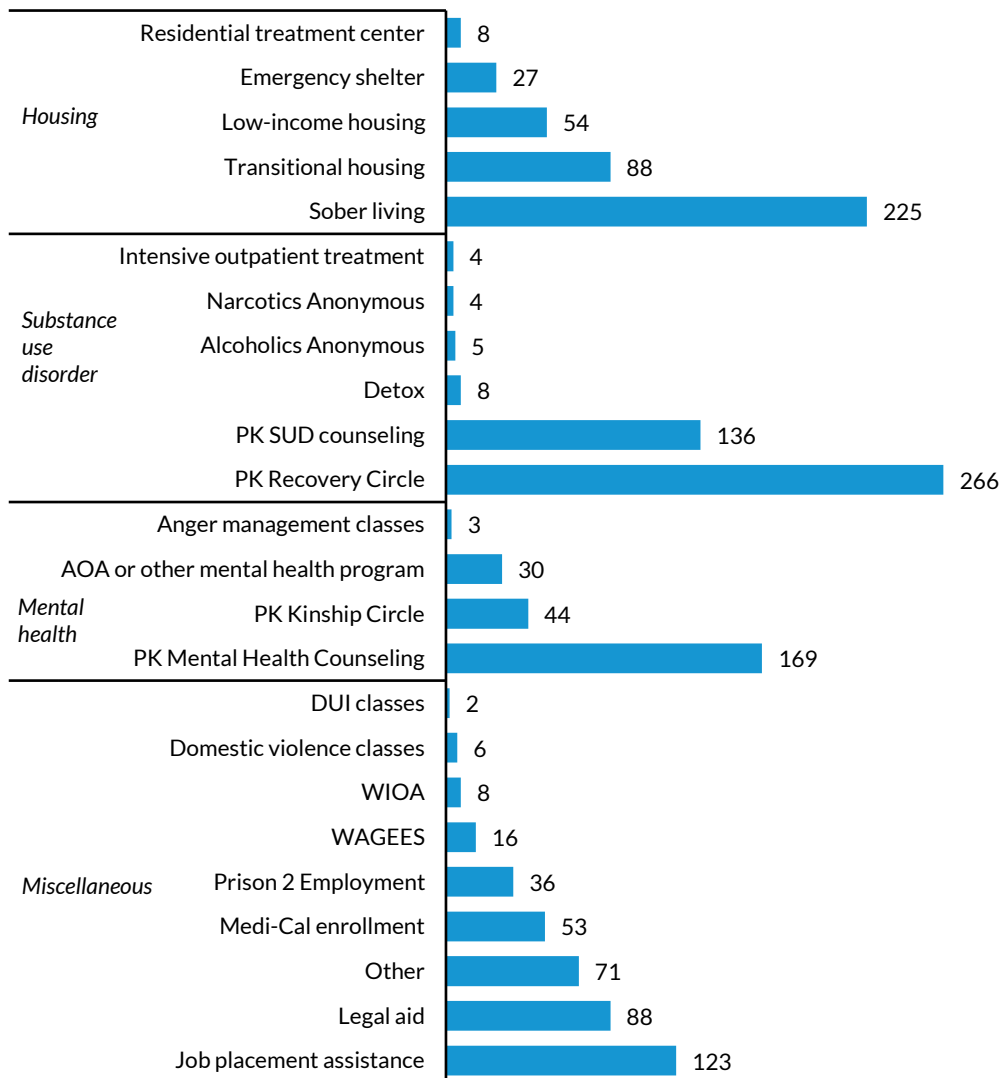
REFERRALS TO SERVICES

In addition to the services highlighted in figures 4 and 5, Project Kinship also provided referrals and links to in-house services (internal services and programs provided by Project Kinship separate from their Proposition 47 services) and outside services (provided by external service providers) to meet clients' mental health, SUD, and housing needs. Figure 6 shows the number of referrals Project Kinship made to these services. In addition to their own on-site staff and infrastructure, Project Kinship hosts other service providers and agencies on site to consolidate services at a single location and improve access. For example, the public defender's office, which also provides referrals to Project Kinship, began sending a paralegal to work at the CSRC one day a week to provide legal services. This was transitioned to phone support one day a week during the pandemic.

Project Kinship provided several in-house behavioral health supports (see figure 6). During the reporting period, CSRC staff made 44 referrals to Project Kinship Circles and 169 to Project Kinship mental health counseling. Similarly, CSRC staff made 266 referrals to the Project Kinship recovery circles and 136 referrals to Project Kinship SUD counseling. The SUD and mental health counselors provided targeted support in conjunction with case managers to build out a treatment and case plan for each client. Interviews with Proposition 47 clients suggest that these in-house mental health services were very useful, but that it was sometimes difficult to sustain relationships with clinicians in the long term because of limited capacity and high staff turnover.

FIGURE 6

Referrals Project Kinship Made



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Source: Urban Institute analysis of Project Kinship data.

Notes: AOA = Adult and Older Adult Services; DUI = driving under the influence; PK = Project Kinship; SUD = substance use disorder; WIOA = Workforce Innovation and Opportunity Act. WAGEES (Work and Gain Employment and Education Skills) is an employment preparation program run by Project Kinship.

Referrals to SUD counseling, Kinship Circles, and mental health counseling were crucial for the Proposition 47 target population, given that the initiative targeted individuals with behavioral or mental health disorders. Further, making referrals to address the complex mental health needs of Proposition 47 clients is directly aligned with the program logic model (see the appendix), which

includes providing immediate access to mental health services for individuals to increase the likelihood of reentry success (a short-term goal) and reducing recidivism by expanding access to and the provision of community-based, reentry-focused SUD and mental health services (a long-term goal).

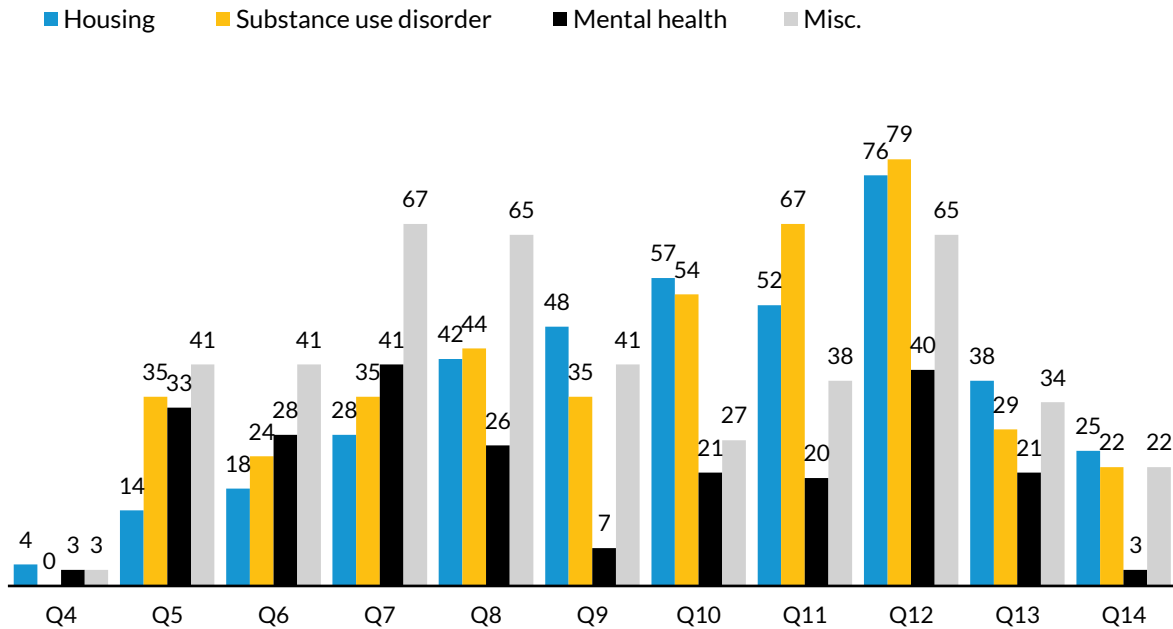
In Cohort 2, Project Kinship created a strong peer-led SUD support group. Kinship Recovery Circles provided a group setting for people to discuss their behavioral health needs and progress toward goals. Many of these services were supported by peer navigators, and in staff interviews, many commented on the integral role staff members with lived experience play in service delivery by encouraging peer engagement. This is a program component that stakeholders highlighted during interviews as having a large benefit to the credibility of the CSRC and Proposition 47 services.

Like mental health and SUD, housing was identified as a critical need among Proposition 47 clients, many of whom were experiencing homelessness or housing instability. Because of that, many of the short and long-term outcomes in the program logic model are focused on improving access to housing services and reducing homelessness. To achieve those objectives, Project Kinship staff made numerous referrals during the Cohort 2 grant period to various housing services. For example, they referred 225 clients to sober living, which was the second-highest number of referrals among all categories. Staff also referred many clients to transitional housing, low-income housing, emergency shelters, and residential treatment centers.

Figure 7 shows the number of referrals Project Kinship made to each category of service type per quarter. As with the services, referrals to both in-house and external services fluctuated from Q4 to Q14. Referrals to miscellaneous services, which covers areas such as job placement assistance, legal assistance, health, and employment, increased from 3 services in Q4 to 67 services in Q7 (its peak point), or nearly 22 times the original number of people served. Referrals to housing supports increased from 4 in Q4 to 76 in Q12 (or 19 times), reaching its highest point in Q12. Referrals to mental health services increased by more than 13 times the original number of referrals (3 in Q4 to 41 in Q7, also its highest point). Similarly, referrals to substance use services increased drastically, from 0 in Q4 to 79 in Q12 (its peak point). The increase in referrals to substance use services over time may indicate that Project Kinship has improved at identifying and referring people to appropriate services. The overall upward trend in referrals reflects the increased capacity to provide support under Cohort 2 as well as the rollover of eligible Cohort 1 clients to the second cohort of funding.

FIGURE 7

Referrals Project Kinship Made, by Quarter



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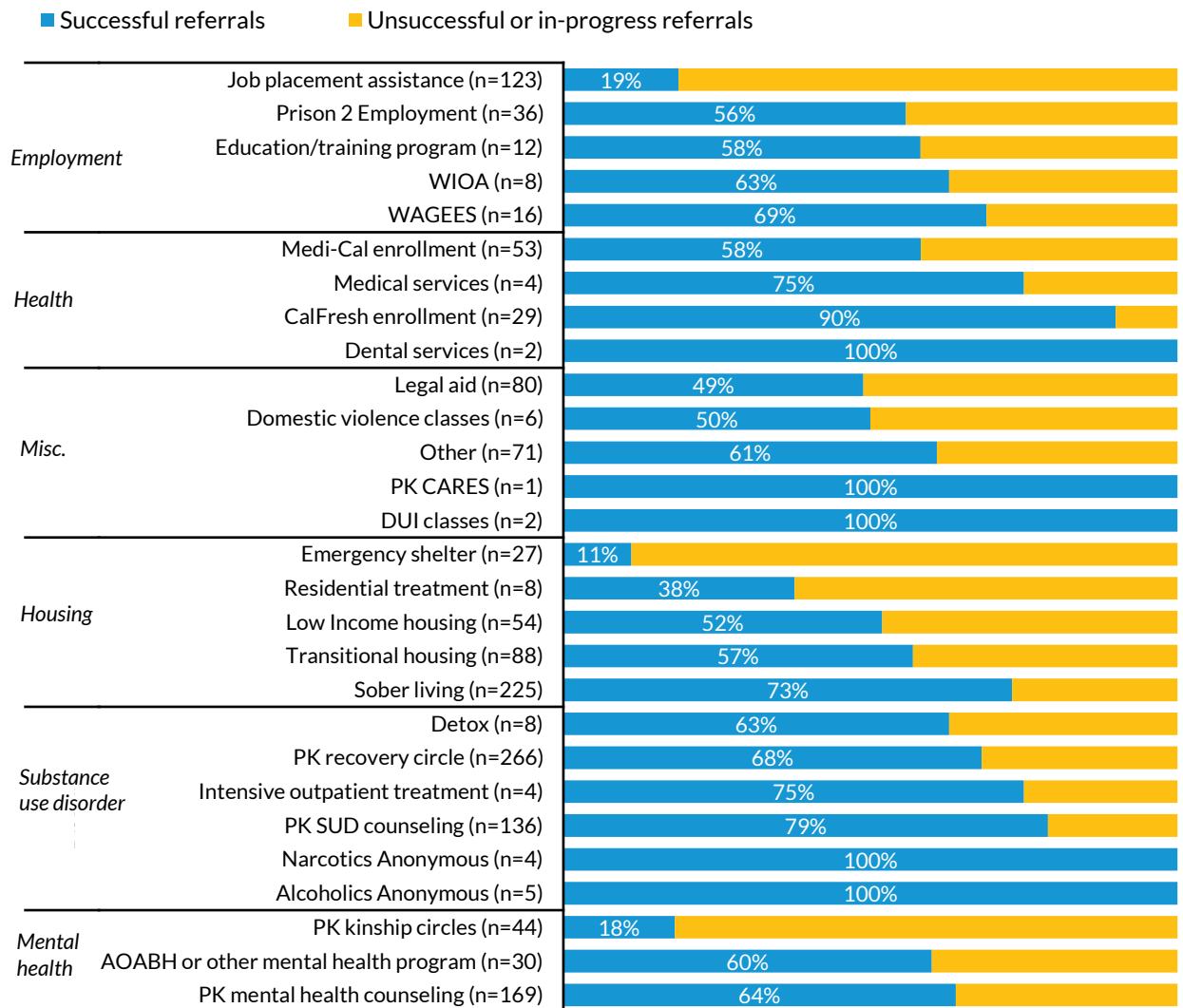
Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter and Misc. means other, health, employment, and basic needs.

Figure 8 shows the share of referrals made by category that resulted in a successful link, or the proportion of referrals that led to a client participating in the services to which they were referred. The successful-referral rate for total mental health and miscellaneous services was 55 percent. Seventy-two percent of all SUD referrals were successful. The successful-referral rate for employment and health services was 34 and 70 percent, respectively. Similarly, 62 percent of referrals to housing services were successful, indicating that Project Kinship successfully linked most clients who came in with housing needs to appropriate services. These numbers provide some indication that for the target populations of mental health, SUD, and housing, at least 50 percent of all referrals made in these categories were successful. This is meaningful considering referrals for these groups were critical to the mission and goals of the HCA and the Proposition 47 grant-funded services. Referral success rates across these categories are further examined below.

FIGURE 8

Successful Referrals Project Kinship Made, by Category



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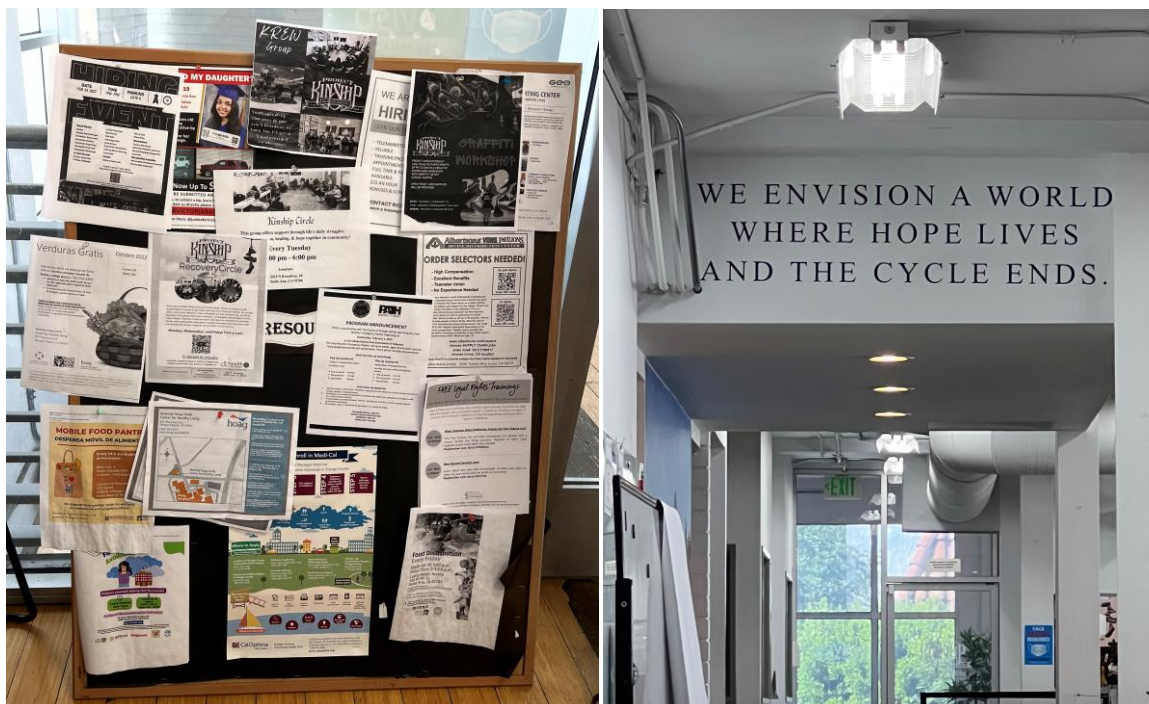
Source: Urban Institute analysis of Project Kinship data.

CSRC staff members noted an increased interest in support for more immediate services such as employment and housing, rather than behavioral health, at the onset of the pandemic. This is likely because of ongoing difficulties accessing housing and employment, making both an immediate priority over behavioral health services.

Project Kinship is getting me into a healthier atmosphere and willing to actually go to any lengths to get me the help that I need, whether it be mental, physical, emotional or spiritual. They are going to every length, they are really trying.

—Project Kinship client

Project Kinship Office



Source: Project Kinship.

HOUSING, MENTAL HEALTH, AND SUBSTANCE USE SERVICES

One of the greatest needs of the reentry population is housing, which is often exacerbated in urban areas such as Orange County by a lack of affordable options. A key component of Cohort 2 funding was an increased focus on housing coordination. In Cohort 1, Project Kinship hired a dedicated housing coordinator for the CSRC to research housing availability and potential partnerships with county housing providers. Staff members report that having a housing coordinator focused on building relationships with providers and securing beds for Proposition 47 clients has increased bed availability and made it a much smoother process to connect clients with various types of housing. Project Kinship also partnered with the county's Housing and Supportive Services office to increase housing

accessibility. Housing and Supportive Services provided Project Kinship with support in accessing and navigating the county's housing system, including transitional housing services, shelters, residential treatment programs, and so on. This increased housing opportunities for the reentry population in Cohort 1. Continuing to address these challenges was a major focus under Cohort 2.

Additionally, Project Kinship staff members provided peer support and housing navigation for clients to increase linkages to appropriate housing resources. As noted in figure 8, Project Kinship provided 27 referrals to emergency housing, 88 to transitional housing, 8 to residential treatment, 225 to sober living homes, and 54 to low-income housing. The success rates across these referral types varied, with 52 percent of referrals to low-income housing resulting in successful linkages, a 57 percent success rate for transitional (bridge) housing referrals, a 73 percent success rate for sober living referrals, and only an 11 percent success rate for emergency shelter referrals. Despite the variation across specific categories, most of the housing referrals were successful. These referrals were an essential component of the Proposition 47 initiative, and the associated linkages are a key marker of its overall success. As noted above, several of the intended short- and long-term outcomes of the Proposition 47 grant-related services were focused on connecting clients to appropriate housing and reducing homelessness in the county.

In addition to a focus on housing support, addressing mental health issues was another focal point of Project Kinship's work. As depicted in figure 8, Project Kinship provided a total of 169 referrals to Project Kinship mental health counseling during the Cohort 2 service period, 30 referrals to AOA or another mental health program, and 44 referrals to Kinship Circles. Although only 18 percent of the referrals to Kinship Circles were successful, the referrals to other mental health services had higher linkage rates, including 64 percent of the referrals to mental health counseling and 60 percent to AOA or other programs. Again, the successful linkages are critical for the success of the program and are aligned with the program logic model.

It was also critical for Project Kinship to supply clients with adequate substance use supports and services, and as a result, Project Kinship referred clients to a variety of resources. During the Cohort 2 service period, Project Kinship provided 5 referrals to Alcoholics Anonymous, 4 to Narcotics Anonymous, 4 to intensive outpatient treatment, and 8 clients to detox. Additionally, 136 referrals were made to Project Kinship SUD counseling and 266 to Project Kinship's recovery circles. Of these categories, Alcoholics Anonymous and Narcotics Anonymous had the highest successful linkage rates at 100 percent. Seventy-nine percent of SUD counseling referrals were successful, as were 75 percent of intensive outpatient treatment referrals. Project Kinship's recovery circles and detox both had success rates of around two-thirds (68 and 63 percent, respectively). The high success rates across all these

categories underscores the impact of the program and its ability to meet programmatic goals of connecting clients to appropriate SUD services.

Finally, it is important to note a few other categories with relatively high success rates in which majorities of clients were connected to services. DUI classes and PK Cares both had success percentages of 100 percent, which means that all referrals resulted in the client participating in the service or resource. CalFresh enrollment referrals and medical services had successful linkage rates of 90 percent and 75 percent, respectively. WAGEES referrals had a success rate of 69 percent, and similarly, WIOA had a success rate of 63 percent. Legal aid referrals had a success rate of 49 percent.

Because there is no known “baseline referral success rate” by which to compare the above numbers, it is important to note that the Proposition 47 initiative targeted people who are often difficult to engage and serve: people returning from jail with behavioral health and SUD disorders, many of whom were experiencing homelessness or housing instability. Thus, relatively high rates of successful linkages, particularly in the critical programmatic areas like housing, SUD, and mental health services, offer evidence of Project Kinship’s ability to effectively reach and serve their clients. This also highlights the HCA’s success in their overall goals of building and strengthening links among available reentry services and improving service delivery to the Proposition 47 target population.

HOUSING CHALLENGES AND STRUCTURAL BARRIERS

Despite an overall referral success rate of 62 percent, Project Kinship staff noted several challenges and structural barriers to successfully linking their clients to appropriate housing services. For example, clients’ housing and behavioral health needs can compound one another. It can be difficult to identify suitable housing—even short-term placements—for people with dual diagnoses of mental health and substance use treatment needs that may require a higher level of care than is offered by standard sober living providers, such as people who need immediate short-term housing while adjusting to new medication. Staff noted that immediate support during this vulnerable time is often critical to their clients’ success, and even successful housing referrals may fail if the process takes too long; Project Kinship staff may lose contact with clients who are not placed in housing quickly enough. Some housing providers may not be well equipped to handle these needs or may be hesitant to accept high-need clients, even when Project Kinship staff advocate for them. In some cases, Project Kinship facilitated these referrals by paying housing providers additional fees to cover enhanced monitoring of clients at higher risk and committing to emergency exit plans for clients who do not succeed in their placements.

Another challenge Project Kinship staff identified is that most of their available housing placements are best suited for individuals, not the families that may rely on them. Clients may want to live with

family members, and the stress of not being able to find housing that accommodates the rest of their families can compound their stress and lead to worse outcomes. Near the end of Cohort 2, staff reported that they had recently identified opportunities to provide rental assistance to families as long as one family member was a Project Kinship client.

Project Kinship staff also reported having to navigate certain structural factors that slowed the housing referral process, like needing to wait for the county to approve payment for placements before housing providers would feel comfortable accepting clients. To build trust with housing providers, Project Kinship's housing coordinator developed a two-week housing plan in which several housing providers agreed to allow clients to stay for just two weeks at a time—as opposed to committing to 30 days—and provide Project Kinship with credit if the participant left before their housing approval expired. During this two-week period, Project Kinship staff would work to get to know the client, build rapport, and provide services as needed to encourage their success.

Another structural barrier was the overall lack of available housing in the county. As noted above, there are significant housing shortages in the county, in terms of total beds and spaces available and the types of housing that meet clients' needs. These shortages were exacerbated during the pandemic because shelters and other housing providers with communal living spaces had to serve at a reduced capacity in accordance with CDC and state requirements. Staff members noted an increased need for emergency housing among people who were referred during this time.

Well into the pandemic, it continued to be difficult to link clients to short-term housing services and emergency shelters for several reasons, including limited capacity, required quarantine periods, or required proof of a negative coronavirus test. In addition, most shelters require a form of ID when placement takes place, and many clients do not have ID. With the DMV working only off appointments during the pandemic, it was more challenging than usual for clients seeking to obtain photo identification. The other way to gain identification verification for placement is via the police department, but many clients are reluctant to use this avenue even with the support of peer navigators and case managers. All referrals to shelters are vetted via CityNet, the HCA, or the police department, which added an extra barrier for gaining access to shelter for clients.

To address barriers to emergency shelter, CSRC staff members increased the number of ID vouchers they provided to clients. But clients still must schedule an appointment and get to the DMV to obtain an ID. Administratively, the MHRS team coordinated with social services and OCSD to find alternative ways for clients to obtain an ID in a timely manner. Project Kinship staff members also

collaborated directly with CityNet to support those in need of emergency shelter. CityNet staff members often responded to requests in person, allowing for a warm handoff to services for clients.

Project Kinship also expanded its housing resource capabilities in July 2022 after the state's Homeless Management Information System's Coordinated Entry System accepted Project Kinship as an access point and provider. The Coordinated Entry System allowed for a more accurate understanding of the county's unhoused community members. This helped CSRC staff see the bigger picture of what factors contribute to homelessness in the county and how they can better address those factors. Becoming a Coordinated Entry System access point further helped Project Kinship navigate their clients through the county's limited yet complicated housing system. Entry as a provider into this system allowed the Project Kinship team to route clients for direct consideration and access to housing vouchers available in the county. This streamlines the process for participants, easing the stress of navigating transitional housing resources beyond the support from Project Kinship.

THE TRANSITION FROM PROPOSITION 47 GRANT FUNDING

With the successful conclusion of Proposition 47 grant funding came the sunset of the CSRC on March 31, 2023. In its place, Project Kinship has instated the Reentry Success Center program through a new stream of county funding in place through the summer of 2025. This new funding source expands the resources available to Project Kinship and broadens its reach to include the Theo Lacy jail. Project Kinship ensured that there would be no disruption to client services by gradually migrating Proposition 47 clients to Reentry Success Center services or, if appropriate, preparing them for discharge.

Many of the services Project Kinship provided through the Proposition 47 initiative will continue through the Reentry Success Center. The inreach peer navigator will continue to meet with potential participants in detention and will continue to receive a list from CHS of potential participants to screen for needs that Project Kinship could meet. Project Kinship's clinicians will use a similar triage and assessment process to verify client diagnoses and determine program and linkage needs. Project Kinship's partnerships with housing providers will also continue under the Reentry Success Center program. However, compared to Proposition 47, the new funding broadens client eligibility criteria and the types of services Project Kinship can offer. Program leadership expects that through this funding, Project Kinship will continue to grow and provide new services. For example, they are expanding their in-reach team to include clinicians and case managers to better provide a wraparound experience for optimal reentry assessment and planning while people are still in custody. Although this will allow the organization to serve more people than before, leadership noted that they will need to be mindful to maintain the focus on Project Kinship's mission and avoid scope creep.

It's easy to forget how important it is that Project Kinship is here. When participants fall off track or end up back in jail or prison, people think that these are "failures." But it is important to remember that growth is gradual. If someone does fall off or ends up back in jail, they have still made progress. And when they come back, they will be different. When you talk about years of addiction and living a certain lifestyle, people don't realize how hard and long that process is to unlearn and relearn a better, healthier lifestyle.

—Project Kinship clinician

Recidivism

Recidivism is one metric of participant-level success and a primary objective of HCA's Proposition 47 grant-funded services. This section provides information on the final analytic sample used for the recidivism analyses, describes the measures of variables included in the models, and presents findings on the initiative's impact on recidivism. The analysis is limited to people who were enrolled into Project Kinship's Proposition 47 services, including those who received a single direct service or referral as well as those who were actively engaged in the program over a longer period and received comprehensive and holistic support to address their various reentry needs.

Measures and Sample Descriptives

For this report, recidivism is measured in three ways. Using OCSD data, Urban researchers measured whether people in the treatment group or comparison group **returned to jail** after being released from jail (through January 2023). This measure does not discriminate between individuals who returned to jail for a new criminal charge, a technical violation of their supervision conditions, or any other reason. Thus, the research team also used OC Courts data to measure **new criminal charges** and whether these new charges resulted in **new criminal convictions** (through March 2023). It is important to note that not every individual who returns to jail is charged with a new crime. For example, someone may have returned to jail for a technical violation of their supervision conditions or may have been arrested and booked into jail for a new crime that was never brought up on charges. Likewise, many people are charged with new crimes that never resulted in a return to jail, such as when an individual is cited and released (but not booked) on a new charge.

Across all three measures, Urban researchers examined six-month and one-year recidivism rates, resulting in six distinct outcomes. The recidivism measures were limited to six-month and one-year rates because of the time frame in which Project Kinship began providing Cohort 2 services. That is, because clients were not enrolled into the program until July 1, 2020, and because the majority of clients were enrolled in the most recent quarters (see figure 2), not enough time had passed for the final evaluation report to include longer-term outcomes.

For each recidivism measure, the subsequent analysis was limited to only people with a “time at risk” that was longer than the recidivism measure. Time at risk is the amount of time that had passed between a person’s release from jail and the time of data collection for this report (March 2, 2023). For example, the “six-month return to jail” analysis included only people from the final analytic sample whose release date was at least six months before March 2, 2023. Further, the “return to jail” outcomes use the jail booking date as the date of the recidivism event, while the “new charge” and “new conviction” variables use the date on which the new crime was committed. For example, in the “six-month new charge” analysis, someone is considered to have recidivated if they committed a new crime within six months of the date of their release from jail that resulted in a new charge. If the person was ultimately found guilty of this charge, that recidivism event would also be counted in the “six-month new conviction” measure. However, if the charge resulted in a “not guilty” disposition, or if the charge was still pending at the time of data collection, that would not be counted as recidivism in the conviction measure.

Descriptive statistics for the six recidivism outcomes are provided in table 3. More than 16 percent of people in the final analytic sample had returned to jail for any reason within six months of their baseline release from jail, while more than 23 percent returned to jail within one year. Similarly, nearly 20 percent of individuals committed a crime that resulted in charges within six months of their release from jail, compared to 26 percent who committed a crime within the one-year mark. Finally, only 12 percent of people in the sample had committed a crime that resulted in a conviction at six months postrelease, which increased to just under 16 percent after one year.

TABLE 3

Descriptive Statistics of Recidivism Variables

	Frequency	Percent
Six-month return to jail (n = 40,209)		
No	30,173	83.3%
Yes	6,033	16.7%
One-year return to jail (n = 36,206)		
No	23,851	76.9%
Yes	7,177	23.1%
Six-month new charge (n = 36,206)		
No	29,136	80.0%
Yes	7,070	19.5%
One-year new charge (n = 31,028)		
No	23,006	74.2%
Yes	8,022	25.9%
Six-month new conviction (n = 36,206)		
No	31,720	87.6%
Yes	4,486	12.4%
One-year new conviction (n = 31,028)		
No	26,081	84.1%
Yes	4,947	15.9%

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, and Orange County Courts data.

Table 4 provides descriptive information on the demographic and case-level covariates included in the PSM models. On average, people in the final analytic sample were about 36 years old, and over three-quarters were male. About half were Hispanic, one-third were white, and the remaining were Black or from another racial or ethnic group.

The group's criminal histories varied, with an average of 3.7 jail bookings between January 1, 2010, and their baseline release from jail, ranging from 0 to 88 prior bookings. People's primary offenses for their baseline jail bookings encompassed various categories. The largest shares of primary offense categories were for drug offenses and violent offenses, with fewer people booked in jail on property offenses and public order offenses.

Table 4 also provides details on the sample's ICD-10 diagnoses. CHS staff members captured these diagnoses as people were booked into the county jail system. As a result, CHS staff members typically relied on people to disclose during intake whether they had ever been diagnosed with a mental health disorder. Alternatively, if a person had previously spent time in a county jail, CHS staff members could look at their medical history to see if they had previously received a mental health diagnosis. Because of this process, many people with mental health issues, particularly those with the mild-to-moderate disorders at the focus of Proposition 47, would not have been flagged at their booking. In other words, if

a person chose not to self-disclose their mental health struggles, or staff members had not otherwise known of a previous diagnosis, they would not be included in the CHS data.

TABLE 4A

Descriptive Statistics of Continuous Variables included in PSM Models

	Mean	Standard deviation	Minimum–maximum
Age	36.3	11.4	18–91
Number of jail bookings	3.7	5.7	0–88

TABLE 4B

Descriptive Statistics of Categorical Variables included in PSM Models

	Frequency	Percent
Group assignment		
Treatment	1,035	2.6%
Comparison	39,174	97.4%
Sex		
Female	8,250	20.5%
Male	31,959	79.5%
Race or ethnicity		
White	13,535	33.7%
Hispanic	20,068	49.9%
Black	3,423	8.5%
Other	3,183	7.9%
Offense		
Violent	13,623	33.9%
Property	6,351	15.8%
Drug crime	14,236	35.4%
Public Order/Other	5,999	14.9%
Primary diagnosis		
None	26,674	66.3%
Anxiety	1,993	5.0%
Mood	1,787	4.4%
SUD	7,860	19.6%
Other	1,895	4.7%
Number of diagnoses		
No diagnosis	26,674	66.3%
Single diagnosis	3,008	7.5%
2+ diagnoses	10,527	26.2%

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff’s Department, and Correctional Health Services data.

Given this process of identifying mental health diagnoses, it is no surprise that more than two-thirds of the people in the analytic sample did not have a known ICD-10 diagnosis. However, as shown in table 1 (page 17), the share of those in the treatment group with an ICD-10 diagnosis was significantly larger than of those in the comparison group. Client focus groups revealed that people felt more comfortable sharing information about their mental health with Project Kinship staff members

during the eligibility screening process (which is completed voluntarily in the CSRC’s trauma-informed environment) than disclosing that information to CHS staff members (which occurs while an individual is being booked into jail). Of those with a known diagnosis, the largest share had been diagnosed with a mental or behavioral disorder caused by psychoactive substance use (SUD diagnoses, 19.6 percent of total), followed by anxiety disorders (5 percent of total), other disorders (4.7 percent of total), and mood disorders (4.7 percent of total). Moreover, 26.2 percent of people in the sample were diagnosed with two or more disorders, and 7.5 percent were diagnosed with a single disorder. This underscores the complexity of these issues and the needs of this population.

Recidivism Findings

Table 5 provides the results from the PSM models examining the impact of being in the treatment group on the six recidivism measures. These models control for the covariates described in table 4.

TABLE 5
Recidivism Findings

	Percentage point difference (treatment versus comparison group)	z-statistic	P-Value
Returns to jail			
Six months	0.04	1.42	0.155
One year	-0.01	-0.30	0.762
New charges			
Six months	-0.02	-1.38	0.166
One year	-0.01	-0.03	0.980
New convictions			
Six months	0.01	0.61	0.545
One year	0.01	0.03	0.974

Source: Urban Institute analysis of Project Kinship, Orange County Sheriff’s Department, Correctional Health Services, and Orange County Court data.

The results from the PSM models are interpreted as the estimated percentage point difference between the treatment group participants and comparison group participants after controlling for the covariates described above. For example, PSM results suggest that, by 4 percentage points, a larger share of individuals in the treatment group returned to jail within six months of their baseline release than of those in the comparison group. Yet at the one-year mark, a slightly smaller share (by 1 percentage point) of people in the treatment group had returned to jail than of those in the comparison group. Across all six PSM models, however, the differences between the treatment and comparison groups failed to reach

statistical significance. In other words, participation in the Proposition 47 program did not appear to have a statistically significant impact on returns to jail, new charges, or new convictions.

It is important to note that these findings diverge substantially from those reported in the [Cohort 2 Interim evaluation report](#), as well as the Cohort 1 [interim](#) and [final](#) evaluation reports. Across all three of those reports, Urban researchers found significant and meaningful reductions in recidivism among program participants compared to their counterparts in the comparison groups. There are a few possible reasons for the different findings.

First, as noted above, the Cohort 2 interim evaluation report and Cohort 1 final evaluation report utilized the California Department of Justice's CORI data. These data included complete state-level criminal records for individuals in the analytic sample, such as arrest records, jail bookings, charges and convictions, and prison terms from all law enforcement, court, and correctional agencies across the state. For the current report, Urban researchers only had data from criminal justice agencies in the county (i.e., OCSD and OC Courts). OCSD data were also limited to jail bookings since January 1, 2010, while OC Courts data only included charges since January 1, 2020. Moreover, though CORI data allowed the Urban team to create more, and more meaningful, categories of primary offense information (i.e., 14 distinct offense categories), they could only create broad categories of "violent," "property," "drug," and "public order/other" offenses from the OCSD data. In short, the data used for this report had limited measures of criminal history and primary offense information, resulting in weaker overall matches between treatment and comparison group members. It also resulted in more limited measures of recidivism compared to those created for previous evaluation reports.

A second potential explanation for the current study's findings stems from the differences between treatment and comparison group members. Specifically, as described in the "Methodology for Recidivism Analysis" section above (see table 1), treatment group members were more likely than those in the comparison group to have (1) more prior jail bookings, (2) a mental health diagnosis and dual diagnoses, and (3) less serious primary offenses. All three of these differences have been shown in the research literature to increase the likelihood of recidivism, suggesting that Project Kinship clients, on average, were at a greater risk of recidivism than the general jail population. While urban researchers employed PSM techniques to control for these differences, the limited primary offense and criminal history measures resulted in less-than-ideal matches between the two groups.

Finally, it is important to note that members of the treatment group include all Project Kinship clients who were eligible for Proposition 47 services, not only individuals who were successfully served. Because of Urban's approach for creating the treatment group sample (i.e., limiting it to individuals who

had been released from jail within a month of receiving services at Project Kinship), there was a disproportionate number of people who had only limited engagement in the Proposition 47 grant-related services. For example, as shown in table 6, of the 1,035 individuals included in the final treatment group, only 33 (3.2 percent) completed program requirements. On the other hand, 113 (10.9 percent) exited the program without completing requirements and another 815 individuals (78.7 percent) received only a one-time intervention at Project Kinship (most often food, clothing, or some other service targeting an immediate need).

TABLE 6
Program Status of Individuals in the Final Treatment Group

	Frequency	Percent
Status in Proposition 47 program		
Completed program requirements	33	3.2%
Enrolled, active participant	12	1.2%
Assessed/engaged/screened/linked to services, but not enrolled	62	6.0%
Exited without completing program requirements	113	10.9%
One-time intervention	815	78.7%

Source: Urban Institute analysis of Project Kinship and Orange County Sheriff's Department data.

Because of the large share of individuals in the treatment group with limited program engagement, it is not surprising that the recidivism rates of treatment group members were similar to those in the comparison group. To further elucidate this point, table 7 provides the recidivism rates of individuals in the treatment group by their status in the program. Across all measures of recidivism, individuals who were assessed/engaged/screened/linked to services but not enrolled and people who only received a one-time intervention had the highest rates of recidivism. Conversely, those who completed program requirements and those who were enrolled and active at the time of data collection had the lowest rates of recidivism.

Although many factors could explain these differences (e.g., individuals who completed services may have been more motivated to refrain from future criminal activity and involvement in the justice system), there is a clear link between program status and recidivism. Thus, it is likely that focusing on individuals who completed the program would have changed the results of the recidivism analysis. The Urban research team explored executing such analyses but could not because of the small number of treatment group individuals who fell into this program status category.

TABLE 7

Recidivism Rates, by Program Status

	Returns to Jail		New Charges		New Convictions	
	6-mths (n=808)	1-yr (n=430)	6-mths (n=808)	1-yr (n=430)	6-mths (n=738)	1-yr (n=380)
Status in Proposition 47 program						
Completed program requirements	35.5%	50.0%	35.5%	46.4%	33.3%	40.0%
Enrolled, active participant	25.0%	N/A	25.0%	63.4%	25.0%	N/A
Assessed/engaged/screened/linked	58.6%	80.5%	41.4%	60.0%	34.6%	58.3%
Exited without completing program	49.1%	68.0%	46.0%	62.9%	40.0%	53.9%
One-time intervention	53.0%	69.9%	47.3%	61.4%	42.4%	58.3%

Source: Urban Institute analysis of Project Kinship, Orange County Sheriff's Department, and Orange County Courts data.

Conclusion

The Urban research team draws the following conclusions from its observations of the HCA's Proposition 47 activities and services, a review of program materials, interviews with program staff and stakeholders, focus groups with program participants, and analyses of program and criminal justice data. First, this section summarizes the challenges the Proposition 47 implementation team and partners faced while implementing services.

- **There were initial considerations implementing Cohort 2 services because they overlapped with Cohort 1 services.** Project Kinship began serving Cohort 2 clients on July 1, 2020, even though it continued serving Cohort 1 clients through spring 2021. This overlap presented challenges for Project Kinship staff members, as they had to determine which clients were best suited for each cohort. To address this, Project Kinship and the HCA developed a strategic plan that would involve enrolling only a few people into Cohort 2 services (i.e., people with housing needs) before fully transitioning all Proposition 47 clients into Cohort 2 in early 2021. This prevented clients from being dually enrolled into the two Cohorts and allowed the HCA to spend down Cohort 1 funding.
- **Because of the stigma associated with behavioral health disorders, people with mild or moderate cases may not seek treatment, particularly over the long term.** Even if they are open to treatment, they may consider it less urgent than their other needs, such as securing a job or housing. Project Kinship's model, including the trauma-informed environment at the CSRC and their use of peer navigators, helped mitigate this stigma and improve the accessibility of vital clinical services.
- **It can be difficult to identify appropriate housing for people with dual diagnoses of mental health and SUD treatment needs that require a higher level of care.** Some housing providers are not well equipped to handle these needs or hesitant to accept high-need clients, and structural factors can slow the housing referral process in ways that jeopardize client success. However, Project Kinship staff found innovative solutions to mitigate these challenges, such as reaching agreements with housing providers to have reserved beds. This reduced challenges with trying to triage bed availability across multiple sites and has allowed the Project Kinship team to spend more time directly supporting the client in immediate re-entry and stabilization. These reserved beds and relationships with local sober living facilities that allow Medication Assisted Treatment have been crucial toward helping dual diagnosis clients.

- **Project Kinship's success as a hub for reentry services has led referring agencies to send people there for services even if they do not fall within the Proposition 47 target population.** Project Kinship has earned a reputation for not turning anyone away. Some agencies may refer people to Project Kinship because they do not know whether their clients are eligible for Proposition 47 services, lack awareness about other community services, or lack the capacity to match clients to specific services. As a result, Project Kinship must quickly assess clients' needs and link them to the resources that will best position them for success. They have worked tirelessly with agency partners to minimize the extent to which people are shuffled around the county before receiving services that meet their needs. This challenge may be alleviated further as Project Kinship transitions to a new source of funding with fewer eligibility restrictions and expands its capacity to serve a broader clientele.
- **There was a lack of a shared data system and personal identifiers across Proposition 47 service providers and partners.** Project Kinship made a concerted effort in Cohort 2 to gather relevant county and OCSD identifiers (i.e., the Orange County number and jail booking number) from their clients during the intake process. However, because Project Kinship staff and clients did not always have this information readily available at intake, many of the clients in their database were missing this information. This made it difficult for the Urban research team to link Project Kinship clients to OCSD and OC Court data, which is why they relied on fuzzy matching techniques (described in the "Methodology for Recidivism Analysis" section above) for this purpose.

Despite these challenges, the Proposition 47 implementation team and service provider partners made great accomplishments and progress toward some of their project goals. These are summarized below.

- **As part of a broader goal to improve the county's reentry system, the HCA's Cohort 2 Proposition 47 initiative helped strengthen access to and coordination of reentry services across the county.** Although these efforts began under Cohort 1, the HCA continued to strengthen existing partnerships across county agencies and organizations in Cohort 2, supporting service delivery to the target population. These partnerships included MHRS clinicians, CHS, the OCSD, Project Kinship, the Proposition 47 implementation team, and system navigators.
- **Likewise, Project Kinship enhanced the CSRC developed under Cohort 1 and set the stage for continuing to provide robust reentry services following the successful conclusion of Proposition 47 funding.** By centering people with lived experience in its reentry work, Project

Kinship has developed a positive reputation among its clients, staff, and others in the county for providing a supportive and welcoming environment through which the reentry population can access essential supports immediately after release.

- **Project Kinship succeeded in continuing to build relationships with housing providers that address a critical limitation of adequate housing for clients.** Through these partnership-building efforts, Project Kinship established relationships with several housing providers that have helped them navigate difficult challenges with placing high-need clients. Most of the referrals Project Kinship staff made to housing service providers resulted in successful linkages. Although challenges remain, particularly with placing clients with dual diagnoses of mental health and substance use treatment needs, more beds are reserved and readily available for clients with a multitude of needs. This is the result of extensive relationship-building and problem-solving by Project Kinship staff, which will be sustained beyond the Proposition 47 funding.
- **Project Kinship successfully provided a variety of behavioral health and SUD services and referrals to meet the varying and complex needs of its target population.** Project Kinship staff offered services at the CSRC for most of their clients. This included mental health and SUD counseling, as well as group-based restorative and recovery circles. For clients requiring additional service, Project Kinship staff referred clients to external services provided by other county or nonprofit service providers. The ability for Project Kinship to address the complex mental health and SUD needs of Proposition 47 clients is directly aligned with the short- and long-term goals of the program logic model.
- **Most of the referrals Project Kinship staff made resulted in successful linkages to services for their clients.** For example, 55 percent of mental health referrals, 72 percent of SUD referrals, and 62 percent of housing referrals were successful. The relatively high rate of successful linkages in these critical programmatic areas offers evidence of Project Kinship's ability to effectively reach and serve their clients. This also highlights the HCA's success in their overall goals of building and strengthening links among available reentry services and improving service delivery to the Proposition 47 target population.
- **Project Kinship's success is rooted in its ability to earn the trust of both its clients and system stakeholders.** Project Kinship has built trust within the reentry community while also cultivating relationships with County criminal justice agencies like the OCSD. Project Kinship's positive reputation has lent it credibility with system stakeholders while allowing the

organization to stay true to its original mission and grassroots identity, even as it has expanded and become more established as an organization.

- **Results from the recidivism analyses in the current report indicate that the Proposition 47 grant-related services did not significantly reduce recidivism among program participants; however, these results contradict several earlier analyses that relied on more robust sources of data.** Given the limitations of the data used for this report, the Urban research team suggests considering the results from the current study along with the results from the previous Cohort 1 and Cohort 2 evaluation reports. Taken as a whole, the results are mixed, but there is evidence in the earlier reports that suggests Proposition 47 services were successful in reducing recidivism and keeping participants out of the justice system.
- **Despite the imposition of numerous federal and state mandates in response to the COVID-19 pandemic, Project Kinship was able to adapt these circumstances and continue providing critical support to their clients.** The rapid onset of the COVID-19 pandemic in March 2020, which occurred before Cohort 2 services began in the county, significantly affected day-to-day service operations as service providers attempted to minimize in-person contact and to adhere to Centers for Disease Control and Prevention (CDC) guidelines to reduce transmission of the virus. Project Kinship adapted swiftly to these mandates and restrictions at the county jail's Intake/Release Center by providing some services remotely and adhering to social distancing and personal protection equipment guidelines during inreach and field engagement activities. This allowed Kinship to ensure client needs were met without compromising safety. Throughout the pandemic, services provided at the CSRC met the needs of a population highly affected by the pandemic's economic, social, and health consequences.

It's easier when I build that rapport with somebody and put them at ease. I'm not trying to tell you what to do, I've been there. If we had something like this when I was doing time, things for me may have been different. I'm trying to help you before you get to where I was.
—David, peer navigator

In Memoriam

Near the end of HCA's Proposition 47 grant implementation period, Project Kinship lost two of its peer navigators to the COVID-19 pandemic. The peer navigators were critical to the operation and success of the county's Proposition 47 initiative. The following was written by the Project Kinship executive team in remembrance of these two exceptional individuals.

It is with great sadness that we report the loss of two of our Safe Haven [CSRC] Team members, Angelito "Lito" Rualo and David Ortiz. We are very grateful to have known and walked with both men. While it is difficult to wholly summarize who they were and what they meant to our Project Kinship (PK) Family, we'll try to do so.

Lito began his service with PK as a Driver without any previous experience with the reentry population. He was hesitant at first, but over time it became clear that he found his calling and even shared that his dream was to become a Peer Navigator. Thankfully, he was able to fulfill this dream.

In remembering Lito, we recall his kindness, generosity, and humble spirit. Lito showed up as himself every day. In every interaction, with every client, these qualities shined. He made everyone feel like they were at home and that they were genuinely important.

Lito approached his duties as both a Peer Navigator and a Driver with integrity and pride. Our van was well maintained, had gas, and was kept clean and safe for staff and participants. He ensured that the Field Service Team at the Intake and Release Center (IRC) was fully equipped with supplies. He hated to see anyone do without – clients and coworkers alike.

Lito loved food and shared his love by making sure everyone in our office was fed. If Lito had the means to meet a need, he would meet it, even if it was the last bite of food on his own plate.

Lito often did the jobs no one else wanted to do. More importantly he completed them with integrity, and he did them better than anyone else. If someone needed help putting shoes or a pants belt on at the IRC, he would assist them without hesitation. If the supply closet needed to be organized, Lito was on it. His work in service to others truly felt like love in action.

When COVID hit, we all struggled with fear, uncertainty, and as many of us began to work remotely in compliance with the governor's statewide mandate, Lito willingly volunteered to go to the IRC with Raymond and the IRC team. Lito said he knew his presence was needed more than ever—especially as early releases took shape.

Everyone Lito met was his friend.

David Ortiz was also Lito's friend.

When Lito passed, David stated that he lost his best friend. It was difficult to witness the depth of David's grief for Lito. David was also highly devoted to his work as a Peer Navigator and Case Manager. He was devoted to providing hope to those with lived experiences such as his own. Like many of whom we serve, David was involved with the justice system throughout his life and overcame addiction. He had a bachelor's degree in Human Services and had planned to return to school for his master's degree. His lived experience and education made him a powerful force for change. He treated people with kindness, respect, and patience. He did not give up on folks easily. He was intelligent, not afraid to speak his mind, and loved a good honest conversation, whether he agreed with the viewpoint or not.

David began as a Peer Navigator with the Safe Haven team and eventually became the Lead Peer Navigator before being promoted in 2020 to a Case Manager. In his work with the Field Service Team at the IRC, David used his own experiences to connect with potential clients and those needing services. David offered himself as an example that change is possible and he also offered the tools for folks to make these changes.

When COVID hit, he also volunteered, without hesitation, to join Raymond, Peer Navigator Coordinator, and the Field Service Team as he knew people being released would need services more than any other time. While most of us worked from home, David chose to continue our service in the field.

When the position for Case Manager presented itself, David interviewed and was immensely proud when he got the position. David shined as a Case Manager, empowering clients with tools to help themselves. When reading his case notes, his compassion for them and his passion for giving back to his community was evident. Many of David's clients requested to be put back on his caseload as soon as he returned to work.

In conversations after he became ill, David was concerned for his clients and for his position as a Case Manager despite being assured that both were safe and being taken care of until he returned. David and the office team jokingly agreed that his clients would be told that he was scouting sober living locations in the Caribbean so they would not worry about him. David will be missed by the PK Family for many reasons — among them for his joyful devotion to decorating for holidays, his diverse taste in music, his sense of humor and his willingness to take the hardest cases.

In losing David and Lito, we not only mourn them as friends and coworkers, but we also mourn the ability to witness their work, their growth, and the unique manner in which they planted seeds of hope in those around them. To honor David and Lito, we will carry the lessons we learned from them with us and continue to do the work they both loved with humility, kindness, generosity, and patience.

Thank you for the opportunity to acknowledge their impact on our lives and our Project Kinship mission.

David (left) and Lito (right)





Source: Project Kinship.


Appendix

TABLE A.1


Program Logic Model


TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Mission & Vision 	All Project Kinship Staff Community Members/Partners	Training <ul style="list-style-type: none"> Trauma-informed care (TIC) Kinship Culture 	Training <ul style="list-style-type: none"> Direct service staff and community partners will receive training on best practices for trauma-informed care Direct services staff will participate in team-building activities to learn about the culture of Kinship 	Training <ul style="list-style-type: none"> # of staff that participated in TIC trainings # of community members/partners that attended TIC presentations # of team-building events offered 	Training <ul style="list-style-type: none"> Provide opportunities to expand knowledge of TIC to better tailor re-entry services to system-impacted individuals Provide opportunities to participate in team-building activities that enforce the culture of Kinship 	<ul style="list-style-type: none"> To provide <i>trauma-informed trainings</i> to the community at large, and create <i>partnerships</i> based on the <i>culture of Kinship</i>
		OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Peer Navigation 	Peer Navigators Guest Speakers Volunteers	One-on-One Sessions <ul style="list-style-type: none"> Check-ins Ongoing coaching 	One-on-One Sessions <ul style="list-style-type: none"> Peer Navigators will complete one check-in per client a week Peer Navigators will attempt to contact clients on assigned caseload once per week 	One-on-One Sessions <ul style="list-style-type: none"> # of check-ins completed # of clients receiving a minimum of 4 attempts of contact 	One-on-One Sessions <ul style="list-style-type: none"> Clients are able to overcome challenges and reach personal goals with relational peer support Provide peer navigation and support to facilitate access to appropriate level of care & improve engagement in treatment. 	<ul style="list-style-type: none"> Enhance successful reentry by increasing the number of individuals receiving <i>peer engagement</i> and assistance with <i>basic needs at release</i>, and <i>daytime services</i> at the CSRC
		Group Sessions <ul style="list-style-type: none"> Kinship Circles 	Group Sessions <ul style="list-style-type: none"> One circle offered per week – the duration of each circle will be 1.5 hr. 	Group Sessions <ul style="list-style-type: none"> # of Kinship Circles held # of individuals (unduplicated) who attended Kinship Circles 	Group Sessions <ul style="list-style-type: none"> Increase opportunities for peer interaction to expand client's social support network 	
		In-Reach <ul style="list-style-type: none"> Engagement and re-entry planning with clients in custody 	In-Reach <ul style="list-style-type: none"> In-Reach Navigator will meet with a minimum of 5 clients per week. 	In-Reach <ul style="list-style-type: none"> # of meetings with in-custody clients # of linkages with the IRC team 	In-Reach <ul style="list-style-type: none"> Increase access to immediate post-release services 	
		Outreach <ul style="list-style-type: none"> Engagement <ul style="list-style-type: none"> Basic Needs (including Kinship Kits) Presentations <ul style="list-style-type: none"> Peer Navigators Guest Speakers Re-engagement home visits/community-based appointments* 	Outreach <ul style="list-style-type: none"> Peer Navigators will provide a minimum of 10 individuals with basic needs per week Eight presentations offered per year Peer Navigators will conduct a minimum of two home visits or community-based meetings with clients who have enrolled and disengaged from services and within two weeks following two missed appointments* 	Outreach <ul style="list-style-type: none"> # of individuals that received basic needs per week # of presentations provided per year # of home visits/community-based meetings conducted with client within two weeks following two missed appointments* 	Outreach <ul style="list-style-type: none"> Continue supporting operation of the CSRC daytime services Expand CSRC staffing to provide expanded hours and better meet the needs of individuals with SUD and/or experiencing homelessness Create awareness of Safe Haven services available to service providers Use presentations as a platform for recruitment of clients and staff Increase retention rates via home visits/community-based appointments* 	<ul style="list-style-type: none"> Reduce recidivism, by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing SUD treatment coordination, <i>peer navigation</i>, and support to improve participation in SUD treatment.
		Transportation <ul style="list-style-type: none"> IRC to Project Kinship office Critical appointments <ul style="list-style-type: none"> i.e., check-in with housing, parole, or other agencies 	Transportation <ul style="list-style-type: none"> Peer Navigators will offer shuttle* and California Yellow Cab (CYC) services from IRC to facility and will also assist getting individuals to critical appointments Monday through Friday 	Transportation <ul style="list-style-type: none"> # of individuals transported to Safe Haven from IRC via shuttle* and CYC # of individuals transported to critical appointments via shuttle* and CYC 	Transportation <ul style="list-style-type: none"> Eliminate a common barrier for clients to meet mandates and access critical services such as housing 	


*Activity was on hold due to the COVID-19 Pandemic

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Case Management 	Case Managers Peer Navigators Certified Alcohol & Drug Counselors Community Partners	One-on-One Sessions <ul style="list-style-type: none"> Case Management Needs Assessment Behavioral Health Diagnosis and Treatment Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File Review/Case Closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed within first session Behavioral Health Diagnosis and Treatment Plan completed within 30 days Case Managers will attempt to contact clients on assigned caseload once per week Case will be reviewed on a weekly basis during case review meetings Case will be reassessed at a minimum of two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> # of Needs Assessments completed # of Behavioral Health Diagnosis and Treatment Plans completed # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify basic needs of individuals to anticipate and address barriers to re-entry Establish and monitor re-entry goals and action steps to achieve success Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. Create awareness of resources and skill-building that allows individuals to navigate resources efficiently 	<ul style="list-style-type: none"> Enhance successful reentry by increasing the number of individuals receiving peer engagement and assistance with basic needs at release, and <i>daytime services</i> at the CSRC Reduce homelessness among individuals reentering the community after incarceration by <i>expanding access to emergency, short term, and permanent housing</i> for justice-involved individuals with substance use disorders and/or co-occurring mental health disorders. Reduce recidivism, by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing <i>SUD treatment coordination</i>, peer navigation, and <i>support</i> to improve participation in SUD treatment.
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow up with individual and referral agency within 48 hours of linkage Individuals will be linked to services outlined on their initial service plan (ISP) within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to mental health services # of individuals linked to substance abuse treatment # of individuals linked to housing services # of individuals linked to employment services # of individuals linked to other services (i.e., legal, medical, government benefits, etc.) 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to services for clients to increase likelihood of re-entry success Cultivate collaborative relationships with providers throughout the county to increase access to resources for re-entry individuals 	
		Outreach <ul style="list-style-type: none"> Resource fairs* Site visits to referral agencies* Establish lead contact at referral agencies 	Outreach <ul style="list-style-type: none"> Case Managers will attend resource fairs and conduct site visits* Case Managers identify lead contact at each agency 	Outreach <ul style="list-style-type: none"> # of resource fairs attended* # of site visits conducted* # of lead contacts included in resource directory 	Outreach <ul style="list-style-type: none"> Cultivate collaborative relationships with providers throughout the county to increase access for re-entry individuals 	

*Activity was on hold due to the COVID-19 Pandemic

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Mental Health Services 	Recovery Center Clinicians System Navigators AOABHS Clinicians	One-on-One Sessions <ul style="list-style-type: none"> Mental Status Exam Biopsychosocial Assessment Mental Health Treatment Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File review/Case closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Mental Status Exam completed Mental Health Treatment Plan completed Biopsychosocial assessment completed Clinicians will attempt to contact clients on assigned caseload once per week 	One-on-One Sessions <ul style="list-style-type: none"> # of Mental Status Exams completed # of Mental Health Treatment Plans completed # of Biopsychosocial Assessments completed # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify eligibility of individuals prior to program enrollment to ensure client is connected to the appropriate level of care Identify needs of individuals to anticipate and address barriers to mental health and re-entry Establish and monitor re-entry goals and action steps to achieve success Link clients to professionals that can identify mental health needs 	<ul style="list-style-type: none"> Reduce recidivism, by <i>expanding access</i> to and provision of community based, reentry focused SUD and <i>mental health/co-occurring</i> services by providing <i>SUD treatment coordination</i>, peer navigation, and <i>support</i> to improve participation in SUD treatment.
		Group Sessions <ul style="list-style-type: none"> Support groups with a mental health focus <ul style="list-style-type: none"> i.e., Kinship Circle, anger management, domestic violence, trauma Presentations <ul style="list-style-type: none"> Guest speakers 	Group Sessions <ul style="list-style-type: none"> Kinship Circles offered weekly Clinicians will provide warm hand-off to other providers offering support groups Guest speakers will attend support groups 	Group Sessions <ul style="list-style-type: none"> # of Kinship Circles provided <ul style="list-style-type: none"> # of individuals who attended Kinship Circles # of individuals linked to other support groups # of guest speakers that participated in support groups 	Group Sessions <ul style="list-style-type: none"> Increase opportunities for peer interaction to expand client's social support network 	
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow-up with individual and referral agency within 48 hours of linkage Clients will be linked to services outlined on their Mental Health Treatment Plan within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to mental health services with Recovery Center Clinicians # of individuals linked to mental health services with AOABHS Clinicians # of individuals linked to other mental health support groups 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to mental health services for individuals to increase likelihood of re-entry success Embed dedicated staff in outpatient programs to provide treatment that uses an integrated behavioral health-reentry approach Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. 	

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Substance Abuse Treatment 	Certified Alcohol & Drug Counselors Peer Navigators Case Managers Recovery Center Clinicians Guest Speakers	One-on-One Sessions <ul style="list-style-type: none"> Addiction Severity Index (ASI) Assessment Recovery and Relapse Prevention Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File review/Case closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed Recovery and Relapse Prevention Plan completed Substance Abuse Counselor will attempt to contact clients on assigned caseload once per week Case will be reviewed on a weekly basis during case review meetings Case will be reassessed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> # of ASI assessments completed # of Recovery and Relapse Prevention Plans created # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify needs of individuals to anticipate and address barriers to sobriety Establish and monitor re-entry goals and action steps to maintain sobriety Monitor progress and increase level of motivation regarding re-entry goals Increase client's awareness of community resources Increase client's awareness of triggers and risk factors associated with relapse 	<ul style="list-style-type: none"> Reduce recidivism by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing SUD treatment coordination, peer navigation, and support to improve participation in SUD treatment.
		Group Sessions <ul style="list-style-type: none"> Recovery Circle using a recovery and relapse prevention curriculum Presentations <ul style="list-style-type: none"> Guest Speakers 	Group Sessions <ul style="list-style-type: none"> Recovery Circles offered weekly Guest speakers will attend Recovery Circles 	Group Sessions <ul style="list-style-type: none"> # of Recovery Circles provided <ul style="list-style-type: none"> # of individuals who attended Recovery Circle # of guest speakers that participated in Recovery Circles 	Group Sessions <ul style="list-style-type: none"> Increase opportunities for peer interaction to expand client's social support network Increase opportunities for exposure to system-impacted role models/mentors to foster hope and improve future outlook 	
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow-up with individual and referral agency within 48 hours of linkage Clients will be linked to services outlined on their Recovery and Relapse Prevention Plan within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to substance abuse treatment services with CADC # of individuals linked to substance abuse treatment services with other provider # of individuals linked to detox # of individuals linked to intensive outpatient treatment # of individuals linked to recovery residences # of individuals linked to AA/NA groups 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to substance use treatment for individuals to increase likelihood of re-entry success Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. 	

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Housing Services 	Housing Coordinator Case Managers Recovery Center Clinicians Certified Alcohol & Drug Counselors	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment Follow-up on placement and needs 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed HCA Housing Request form completed CaseMGR Housing Placement form completed Direct Service Staff will attempt to contact clients on assigned caseload once per week to check in/follow-up on housing placement 	One-on-One Sessions <ul style="list-style-type: none"> # of Needs Assessments completed # of Housing Request forms submitted to County <ul style="list-style-type: none"> # of housing requests approved # of Housing Placement forms completed 	One-on-One Sessions <ul style="list-style-type: none"> Identify needs of individuals to anticipate and address barriers to housing and re-entry Provide housing coordination, conduct eligibility assessments Provide housing navigation and peer support to access and maintain housing. 	<ul style="list-style-type: none"> Reduce homelessness among individuals reentering the community after incarceration by <i>expanding access to emergency, short term, and permanent housing</i> for justice-involved individuals with substance use disorders and/or co-occurring mental health disorders.
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Individuals will be linked to housing services by stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to emergency shelter # of individuals linked to transitional housing # of individuals linked to recovery residence # of individuals linked to residential treatment 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to housing services for individuals to increase likelihood of re-entry success Link individuals to appropriate housing supports 	
		Engagement with Provider <ul style="list-style-type: none"> Coordination with housing manager or staff Site visits to existing and potential providers* Establish Lead Contact at partnering housing agencies Payment 	Engagement with Provider <ul style="list-style-type: none"> Weekly contact with housing managers on existing clients' behavior and treatment Weekly contact with housing staff on bed availability, vacancies, and early terminations Reassess need for housing on a biweekly basis Monthly virtual site visits to existing and potential providers* 	Engagement with Provider <ul style="list-style-type: none"> # of housing managers that received a minimum of 4 attempts of contact # of beds provided to clients # of extensions provided to client # of clients exiting before target date # of site visits* 	Engagements with Provider <ul style="list-style-type: none"> Cultivate collaborative relationships with housing providers throughout the county to increase access to resources for re-entry individuals Foster relationships with housing agencies to increase the number of beds and vacancies available for Project Kinship clients Increase dedicated housing and housing assistance for individuals referred from the CSRC 	

*Activity was on hold due to the COVID-19 Pandemic

About the Authors

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STATEMENT OF INDEPENDENCE

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