



PUBLIC SAFETY REALIGNMENT IN ORANGE COUNTY

ANNUAL REPORT FY 2019-20

Prepared by:

Orange County Community Corrections Partnership



**Orange County
Community Corrections Partnership
Executive Committee**

Steven J. Sentman, Chief Probation Officer (Chair)

Don Barnes, Sheriff-Coroner

Todd Spitzer, District Attorney

Martin Schwarz, Public Defender

Jeffrey Nagel, Health Care Agency

Tom DaRe, Chief, Garden Grove Police Department

The background of the page features a large, faint watermark of the Seal of Orange County, California. The seal is circular and contains the text "COUNTY OF ORANGE CALIFORNIA" around the perimeter. In the center, there is a depiction of a landscape with a mountain, a river, and a field of crops.

VISION STATEMENT

“Enhancing the quality of life of Orange County residents by promoting public safety, reducing recidivism and creating safer communities.”

MISSION STATEMENT

The Mission of the Orange County Community Corrections Partnership is to enhance public safety by holding offenders accountable and reducing recidivism by utilizing fiscally responsible, quantifiable, evidence-based and promising practices that support victims and community restoration.

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EXECUTIVE SUMMARY

The County of Orange (County) presents the Fiscal Year (FY) 2019-20 Public Safety Realignment Report, which serves as an update to the Community Corrections Partnership (CCP) Plan. The purpose of this report is to highlight the programs and collaborative investments made across County departments, courts, and local law enforcement entities implemented to address the additional responsibilities under Realignment and review the statistical data and trends further impacting public safety.

The statistical information included in this report was obtained from the County's Sheriff-Coroner's Department, District Attorney's Office, Public Defender's Office, Probation Department, Health Care Agency, as well as the Courts and local law enforcement entities.

A major component of the data collection and analysis centers on recidivism. Recidivism data is a central metric to measuring the impacts of Realignment, effectiveness in programming, and efficiency in funding utilization. Orange County has collected recidivism data per the Board of State and Community Corrections (BSCC) definition as follows:

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

In February 2019, the Orange County Board of Supervisors (Board) revised their adopted definition for recidivism to include sustained parole or probation violations or a lawful arrest based on a new criminal offense and expanded the time frame to include three years after the end of the individual's supervision.

Currently, the County has the infrastructure to report recidivism data based on the BSCC definition of recidivism. The County stakeholders continue to refine the Board-adopted definition and work to put systems and processes in place that will allow for the collection of data based on the Board-adopted definition and facilitate metrics to meet both definitions of recidivism.

The information and data in this report covers the fiscal year period of July 1, 2019, to June 30, 2020. During this fiscal period, Orange County received a Base allocation of \$74M in 2011 Public Safety Realignment funds from the State of California. Funds were distributed to the Sheriff-Coroner's Department, Probation Department, Health Care Agency, District Attorney's Office, Public Defender's Office, and Local Law Enforcement entities based on the amount available and the impact to operational costs from the increased responsibilities resulting from the Public Safety Realignment. Collectively, the County continues to work collaboratively across departments and partner agencies to address public safety concerns to create or expand programming to meet the needs of

the supervised and incarcerated populations.

2011 Public Safety Realignment Summary

In 2011, Assembly Bill (AB) 109 was enacted to address the overcrowding in California's 33 prisons and alleviate the State's financial crisis. The law, effective October 1, 2011, also known as the 2011 Public Safety Realignment (Realignment), mandates that individuals sentenced to non-serious, non-violent or non-sex offenses serve their sentences in county jails instead of state prison. Realignment made some of the largest and most pivotal changes to the criminal justice system in California. In short, Realignment transferred the responsibility for supervision of felons (excluding high-risk sex offenders) released from prison whose commitment offenses are statutorily defined as non-serious and non-violent to the 58 counties. Offenders convicted after October 1, 2011, who have no current or prior statutorily defined serious, violent or sex-offense convictions serve time locally (regardless of length of sentence) with the possibility of community supervision in place of time spent in custody.

Realignment established the Postrelease Community Supervision (PCS) classification of supervision; altered the parole revocation process placing more responsibility in local jurisdictions; gave local law enforcement the freedom to manage offenders in a more cost-effective manner; and, as of July 1, 2013, parole violations are housed, prosecuted, and tried locally. Realignment created an unprecedented opportunity for all 58 California counties to determine an appropriate level of supervision and services to address both the needs and risks of individuals released from prison and local jails into the community.

The following summarizes the key components of the 2011 Public Safety Realignment Legislation:

- **Redefined Felony Sentencing**

Individuals convicted of certain felonies on or after October 1, 2011, may be sentenced to Orange County jail for more than 12 months. Individuals sentenced under Penal Code (PC) 1170(h) can receive a sentence that falls within a low, middle or upper term of incarceration based on their specific offense. Some felony offenses (i.e., serious, violent and sex offenses) are excluded from sentencing under PC 1170(h) and will be sentenced to state prison time. Pursuant to PC 1170(h), an individual convicted of a non-serious, non-violent or non-sex offense may be sentenced to serve that entire time in county jail or may be sentenced to serve that time split between county jail and Mandatory Supervision (MS). Offenders sentenced to MS are supervised by Probation.

- **Postrelease Community Supervision**

Those released from state prison on or after October 1, 2011, who had been incarcerated for a non-serious offense (pursuant to PC 1192.7(c)), a non-violent offense (pursuant to PC 667.5(c)) or a sex offense deemed not high-risk (as defined

by California Department of Corrections and Rehabilitation) are released to a local jurisdiction based on their county of residence at time of conviction for supervision under PCS. These individuals may have prior violent or serious offenses or be registered sex offenders. PCS supervision cannot exceed three years.

- **Custody Credits**

PC 4019 was amended to allow for those sentenced to county jail to receive pre- and post-sentence conduct credit of two days for every four days actually spent in custody, resulting in sentences being served more quickly. This is the same conduct credit offenders receive when serving time in state prison.

- **Alternative Custody Program**

Senate Bill (SB) 1266 allows for non-serious, non-violent and non-sex offenders to serve part of their sentence in a non-custodial facility, such as a residential home, non-profit drug-treatment program or transitional-care facility recognizing that alternative custody is an integral part in reintegrating these individuals back into their community.

- **2016 Legislation**

SB 266 - Probation and Mandatory Supervision: Flash Incarceration. This Bill amended several Penal Codes, including Section 1203; amended and added to Section 4019; and added Section 1203.35. SB 266 allows a court to authorize the use of flash incarceration, as defined, to detain the offender in county jail for no more than 10 days for a violation of his or her conditions of probation or mandatory supervision, as specified. These provisions would not apply to persons convicted of certain drug possession offenses. Prior to January 1, 2021, the bill will allow a person to receive credits earned for a period of flash incarceration pursuant to these provisions if his or her probation or mandatory supervision is revoked.

- **Implementation Plans**

The 2011 Public Safety Realignment legislation required each county to submit a comprehensive implementation plan to the BSCC along with any revisions, thereafter. In addition, the responsibility for the development and implementation of such plan was charged to each county's established Community Corrections Partnership.

Community Corrections Partnership

The Orange County Community Corrections Partnership (OCCCP) was established with the enactment of the California Community Corrections Performance Incentives Act of 2009 (SB 678) and serves as a collaborative group charged with advising on the implementation of SB 678 funded initiatives and Realignment programs.

Chaired by the Chief Probation Officer, the OCCCP oversees the 2011 Public Safety Realignment process and advises the Board in determining funding and programming for

the various components of the plan. The OCCCP includes an Executive Committee which, pursuant to bylaws adopted by the OCCCP, consists of the following voting members: the Chief Probation Officer; the County Sheriff; the District Attorney; a Chief of Police; the Public Defender; and the Director of County Social Services or Mental Health or Alcohol and Drug Services (as determined by the Board). The original 2011 Public Safety Realignment Plan and subsequent updates are developed by the OCCCP members, their designees, and other key partners.

For FY 2019-20, the OCCCP consisted of the following voting members:

Steve Sentman, Chief Probation Officer (Chair)
Don Barnes, Sheriff-Coroner
Todd Spitzer, District Attorney
Sharon Petrosino and Martin Schwarz, Public Defender
Dr. Jeff Nagel, Health Care Agency
Tom Darè, Chief of Police, Garden Grove

The 2011 Public Safety Realignment legislation tasked the OCCCP to develop and recommend an implementation plan for consideration and adoption by the Board. The plan outlined multifaceted strategies to meet Realignment implementation and developed system goals to guide implementation and ongoing efforts in Orange County and was adopted by the Board on October 18, 2011. This report is intended to serve as an update to the implementation plan.

Implementation Plans of all 58 California counties are available through the BSCC at the following website:

http://www.bscc.ca.gov/s_communitycorrectionspartnershipplans/

Since implementation, the goals and objectives established by the OCCCP have remained consistent and aligned with the vision and mission of the OCCCP by maintaining a:

- Streamlined and efficient system to manage additional responsibilities under Realignment.
- System that protects public safety and utilizes best practices in recidivism reduction.
- System that effectively utilizes alternatives to pre-trial and post-conviction incarceration where appropriate.

2011 Public Safety Realignment Funding

The 2011 Public Safety Realignment provides a dedicated and permanent revenue stream through a portion of Vehicle License Fees (\$12) and State sales tax (1.0625%). This is outlined in trailer bills AB 118 and SB 89. Funding became constitutionally guaranteed by California voters with the passage of Proposition 30 in 2012.

The funding formula adopted by the State has changed dramatically from the initial implementation. The Realignment Allocation Committee formed by the California State Association of Counties, established the allocation methodology framework for Base Allocation and Growth Funding with both formulas containing factors weighted as follows:

Base Allocation

- Caseload (45%) recognizes the quantifiable impacts 2011 Realignment has had on public safety services. Factors consist of PC 1170(h) jail inmates, the MS and PCS population, and felony probation caseloads.
- Crime and Population (45%) recognizes the general county costs and the costs of diversion programs not otherwise captured in caseload data. Factors include the adult population and the number of serious crimes.
- Special Factors (10%) recognizes the socioeconomic and other unique factors that affect a county's ability to implement Realignment. Factors consist of poverty and the impact of state prisons on the counties.

Growth Funding

Distributed based on the following performance factors:

- SB 678 Success Rates (80%): Based on data indicating the success and improvement in probation outcomes. Factors include the number of non-failed probationers (60%) and year-over-year improvement in the success rate (20%).
- Incarceration rates (20%): Focus is on reducing prison incarcerations. Factors include the year-over-year reduction in the number of felons admitted to state prison (10%), success measured by the per capita rate of prison admissions (10%), and a year-over-year reduction in the number of felons admitted to prison as a 2nd strikers (fixed dollar amount).

In compliance with Government Code (GC) 30029.07 and beginning with the growth funding attributed to FY 2015-16, 10% of the Growth Funds received are used to fund a Local Innovation Account for the County. Additional funding of this account is received from similar growth funding from other realigned public safety programs with the primary funding being AB 109. Funds in this account must be used for activities otherwise allowable per the realigned public safety programs included in the funding with expenditures determined and approved by the Board.

For FY 2019-20, Orange County received a Base Allocation of \$74M and \$4.4M in Growth Funding net of the 10% of the Growth Funds received (\$494,322) used to fund the Local Innovation Account. Funds were allocated, as approved by the OCCCP and Board, to five County agencies (Sheriff-Coroner's Department, Probation Department, Health Care Agency, District Attorney's Office, and Public Defender's Office) and 21 Local Law Enforcement entities. Each of the agencies that received an allocation utilized

Realignment monies for costs associated with local incarceration, PCS oversight, and other Realignment programmatic services, such as, but not limited to:

- Short-term housing/shelter beds
- Sober Living
- Day Reporting Center
- Restorative Justice Services
- Bus Passes
- GPS Electronic Monitoring
- Adult Non-medical Detoxification Services Outpatient and Residential Services.

Additionally, pursuant to GC 30027.8(e)(3) with respect to costs associated with revocation proceedings involving persons subject to state parole and the Postrelease Community Supervision Act of 2011, the District Attorney's and Public Defender's Offices received a total of \$2.3M. In addition, the OCCCP was eligible and received a one-time grant of \$200,000 through the Corrections and Planning Grant Program. The OCCCP and Board have authorized the use of this money to fund research and training related to Realignment.

FY 2019-20 Allocations

Department	Prior Years Unspent Allocation	FY 19-20 Base Allocation Received	FY 18-19 Growth Funds Received (2)	Total Allocated for FY 19-20
Community Corrections (AB109)				
Sheriff-Coroner	-	39,922,319		39,922,319
Probation	-	15,320,742		15,320,742
Health Care Agency	-	15,320,742		15,320,742
District Attorney	-	810,232		810,232
Public Defender	-	810,232		810,232
Local Law Enforcement (LLE)	-	1,473,148		1,473,148
CEO/CCP Coordination	114,680	-		114,680
CCP Approved - Reentry Services	440,705	75,968	4,448,900	4,965,573
Total Community Corrections (AB109)	555,385	73,733,383	4,448,900	78,737,668
CCP Approved Projects (1)	456,384	-	-	456,384
Community Corrections Incentive Funds	1,397,044	200,000	-	1,597,044
Subtotal	2,408,813	73,933,383	4,448,900	80,791,096
District Attorney & Public Defender Subaccount				
District Attorney	468,010	1,143,693	107,381	1,719,084
Public Defender	2,072,789	1,143,693	107,381	3,323,863
Total District Attorney & Public Defender	2,540,799	2,287,386	214,762	5,042,947
Total Allocations/Expenditures	4,949,612	76,220,769	4,663,662	85,834,043

GOALS AND OBJECTIVES

FY 2019-20 Realignment Accomplishments

The following goals were identified for the County in FY 2019-20 and are shown along with notable achievements:

Goal #1: Increase linkage to appropriate reentry and behavioral health services upon release from incarceration.

Status:

Orange County Health Care Agency (HCA) Behavioral Health Services (BHS) has been working in collaboration with the County and community partners to develop a comprehensive plan for a coordinated reentry system. The implementation of a coordinated reentry system began in November 2019. In FY 2019-20, BHS and Correctional Health Services (CHS) worked closely to identify staffing and other resources needed to support linkage to services. CHS and BHS worked to establish and share a list of individuals needing in-reach and behavioral health services upon release. BHS identified a behavioral health staff to help coordinate with service providers. BHS also identified 2 Full Service Partnership (FSP) staff from the Telecare and Orange (TAO) Central program and 1 staff from Project Kinship to provide in reach and support reentry and linkage to behavioral health services. These staff are coordinating services with CHS, providing in-reach, coordinating for transportation, and linking referred individuals to services at time of release. BHS Residential Treatment Services has staff to provide level of care screenings to inmates prior to release. Open Access staff are coordinating with CHS staff to provide individuals who need outpatient services with intake appointments. During FY 2019-20, there was an increase in the percentage of individuals linked to behavioral health services upon release in a number of programs:

- Opportunity Knocks FSP had a 19.3% linkage rate (8.5% in FY 2018-19).
- Open Access had linkage rate of 16% (11% in FY 2018-19).
- TAO Central FSP had a 67% linkage rate from January – June 2020. The program is a newer program and had not been providing in reach prior to January 2020.

Goal #2: Increase access to housing opportunities and support for justice involved individuals who also report a behavioral health issue.

Status:

Orange County HCA is the recipient of the Proposition 47 (Prop 47) Grant, Cohort 1 and Cohort 2. During the planning phase of the grant, housing was identified as a significant need for individuals being released from jail who also have behavioral health needs. HCA reviewed the current contracts and alternate funding sources to expand existing contracts to serve individuals so they can be housed immediately upon release in a variety of settings, such as recuperative care, bridge housing, and recovery residences. Expanding housing resources for justice involved population is also a part of the larger initiative to create a Countywide coordinated reentry system.

As of May 2020, BHS added 15 Bridge Housing beds to support individuals coming out of jail who have behavioral health issues and are also experiencing homelessness. In FY 2019-20, recovery residence contracts were expanded. This expansion allows for individuals that were incarcerated to be served upon completing a residential treatment program. To support successful housing placements, housing trainings

were available for behavioral health provider staff. Housing topics included “Coordinating with Property Management & Supportive Services,” “Eviction Prevention and Working with Landlords” and “Engaging Tenants in Services.” BHS was also able to increase the number of housing specialists in the system of care to support housing needs. Project Kinship has a Housing Case Manager dedicated full time to support Prop 47 clients’ housing needs. BHS reviewed the FSPs contracts and was able to add housing staff to provide on-site services at permanent supportive housing locations.

Goal #3: Implement a streamlined and efficient system in Orange County to manage additional responsibilities under Realignment.

Status:

The Orange County Board of Supervisors initiated a Performance Audit to analyze the cost of services received by the AB 109 population and funding received to determine the fiscal impacts on AB 109 has had on the County. This audit began in January 2020 and was scheduled to be completed by June 2020, but was delayed slightly due to the COVID-19 pandemic. In addition, the County also entered into an agreement with a data consultant to assist with identifying key metrics needed to measure the success of the County’s implemented programs.

Goal #4: Create a Countywide multi-agency AB 109 Enforcement Task Force in an effort to reduce recidivism in the County of Orange.

Status:

In the summer of 2019, the District Attorney’s Office formed the AB 109 Task Force with participating personnel from the District Attorney’s Office, the Santa Ana Police Department, and the Probation Department. The AB 109 Task Force personnel were equipped with all safety related equipment, vehicles, and had access to state-of-the-art investigative resources. The AB 109 Task Force conducted over 5,800 compliance and reporting checks, worked with the Probation Department to ensure AB 109 participants received needed County resources and held AB 109 participants accountable for repeated criminal violations. Subjects involved in violent crimes and property crimes impacting the quality of life for Orange County residents were arrested, including arrests for attempted murder, robbery, burglary, auto theft, and narcotic sales.

FY 2020-21 Realignment Goals

The OCCCP identified the following goals for the County for FY 2020-21. For each goal, the OCCCP will strive to guide every partner in public safety to work together for a safe Orange County through a reduction in recidivism achieved through rehabilitation and other alternatives to incarceration. Following each goal is a description of how each goal may be attained in the next year.

Goal #1: Improve public safety outcomes and utilize best practices in reducing recidivism.

Objectives:

- a. Leverage technology to continue to deliver the needed programming, counseling and other services to Day Reporting Center clients who are unable to attend in person.
- b. Work with the Probation Department and other law enforcement agencies to identify AB 109 participants who are in need of County assistance, sober living, intervention, mental health assistance or who are in need of law enforcement intervention due to repeated criminal activity.
- c. Hold AB 109 participants accountable when they violate the terms of their release or commit new crimes.

Goal #2: Work with the Probation Department and other law enforcement agencies to identify AB 109 participants responsible for impacting major crime patterns within Orange County, utilizing technology and intelligence-based investigative techniques.

Objectives:

- a. Utilize Countywide crime data to identify emerging crime patterns and develop collaborative relationships with local law enforcement investigative and intelligence units in an effort to identify and arrest AB 109 participants responsible for major crime patterns.

Goal #3: Increase linkage to appropriate reentry and behavioral health services upon release from incarceration.

Objectives:

- a. Reevaluate and expand the coordinated reentry system.
- b. Train behavioral health and correctional health staff on best practices for reentry and successful transition of individuals with behavioral health disorders.
- c. Increase linkage to reentry and behavioral health services.

Goal #4: Increase access to housing opportunities and support for justice involved individuals who report a behavioral health issue.

Objectives:

- a. Increase linkage to the Bridge Housing Program for individuals coming out of jail who report a behavioral health issue and are experiencing homelessness.
- b. Increase collaboration between housing specialists and Bridge Housing Program staff to support individuals served to secure permanent housing.

The goals and objectives identified above requires collaboration and coordination across

departments and, in some cases, outside entities. The programs and efforts made by the departments and partner agencies to address the needs of the AB 109 population are highlighted in the following sections.

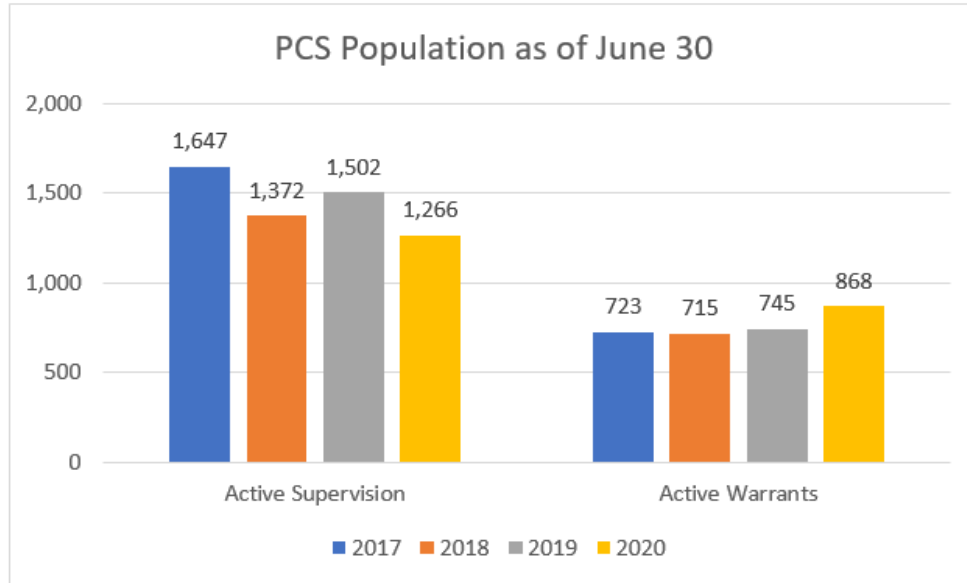
PROBATION DEPARTMENT

The Orange County Probation Department (Probation) provides supervision services for approximately 15,000 adult and juvenile offenders on court-ordered supervision or in diversion programs. Deputy Probation Officers (DPOs) serve an investigative role for the court by producing sentencing reports and recommendations and by working in specialized units alongside local law enforcement entities, the Sheriff-Coroner's Department, and the District Attorney's Office to reduce gang-related crime and to supervise convicted narcotics dealers.

With the 2011 Public Safety Realignment, Probation was tasked with the supervision of the Postrelease Community Supervision (PCS) population and individuals under Mandatory Supervision (MS) who would have been sentenced to state prison but completed their sentence through a combination of local incarceration and a period of community supervision. As with formal probation, each DPO works with these populations to ensure compliance with the court's terms of their probation and assists with their reintegration into society by identifying constructive social outlets, like jobs, school, and community activities to help rehabilitate offenders so that future anti-social behavior does not occur.

As of June 30, 2020, there were 1,266 actively supervised PCS individuals, a decrease of 236 individuals (19%) from the 1,502 reported for June 2019. There were 868 PCS individuals with a warrant status as of June 30, 2020, an increase of 14% from the 745 reported for the prior year. An estimated 44% of the PCS population reports residency in just two cities, Anaheim (19%) and Santa Ana (25%). PCS individuals are predominantly male (91%), while 9% are female.

For the same reporting period, the number of MS individuals on active supervision totaled 476, which was a decrease of 19 individuals (-4%) from the prior year. Those with MS active warrants totaled 422, which was an increase of 8 individuals (2%) from the prior year. Similar to the PCS population, approximately 36% reside in the same two cities, Anaheim (18%) and Santa Ana (18%).



Needs and Services Assessments

The responsibility of the PCS and MS populations are primarily those of Probation's AB 109 Field Services Division and the dedicated Reentry Team. This Division utilizes evidence-based practices and collaborates with other County and community partners to best address the needs of their clients. An objective risk/needs assessment tool is utilized to determine the appropriate level of supervision that is necessary and to identify the type of evidence-based treatments and services that are needed to be successful on supervision, thereby reducing the risk of reoffending and increasing pro-social functioning and self-sufficiency.

The risk/needs assessment tool assigns weighted scores to each factor on the instrument in order to obtain an overall risk classification. Risk classification is assigned as high, medium or low. As of June 30, 2020, the majority of individuals were classified as high risk (PCS 90%; MS 85%). There are ten risk factors on the assessment tool. Five of these factors carry the highest correlation of risk with subsequent new law violations. They include prior probation violations, substance use, age at first conviction, number of prior periods of probation supervision, and the number of prior felony convictions.

In practice, the DPO completes a risk/needs assessment on every client on their caseload and develops a comprehensive case management plan addressing criminogenic factors as well as treatment services and basic needs/support services. Approximately every six months, the DPO conducts a reassessment and updates the supervisory case management plan based on any changes in the risk level and/or in the identified needs for services.

In addition, the Reentry Team also assesses the individual's basic needs at the time of reentry into the community and provides clothing, hygiene kits, food vouchers, and bus passes as applicable and appropriate.

Graduated Interventions and Sanctions

The Postrelease Community Supervision Act of 2011 supports the use of evidence-based sanctions and programming, which includes a range of custodial and noncustodial responses to criminal or noncompliant activity to improve community safety. The use of graduated interventions and sanctions for both technical violations of supervision and subsequent new law violations ensure the sanctions are proportionate to the seriousness of the violation and hold the individual accountable; assert sufficient control and properly manage the risk that the individual presents to the community; and facilitates the individual's continued progress in changing behavior to achieve ongoing compliance, successful completion of supervision, and future law-abiding behavior.

DPOs have broad discretion and determine when to properly implement graduated interventions and sanctions and when to effectively utilize secure detention after prior interventions or sanctions have failed and/or when the safety of the individual, others, or the community are at risk. They consider a wide range of supervision options with the understanding that detention for technical violations does not always result in improved outcomes or reduced recidivism¹. Programming and treatment options are as important to supervision as enforcement activities and it is understood that custodial sanctions manage risk well, but it does nothing to reduce the risk once an offender is released into the community².

Promoting swift, certain, and graduated responses to technical violations of supervision is an evidence-based, research-supported strategy that is both consistent and fair³. The objectives of graduated interventions and sanctions for both technical violations of supervision and subsequent new law violations are: make sanctions proportionate to the seriousness of the violation and to hold the offender accountable; assert sufficient control and properly manage the risk that the offender presents to the community; and facilitate the offender's continued progress in changing behavior to achieve ongoing compliance, successful completion of supervision, and future law-abiding behavior.

Flash incarceration is an intermediate sanction tool utilized by a DPO to arrest individuals for lesser new law violations and/or technical violations, such as positive drug tests,

¹ Pew Center on States, Public Safety Performance Project (2012) Time Served: The High Cost, Low Return on Longer Prison Terms.

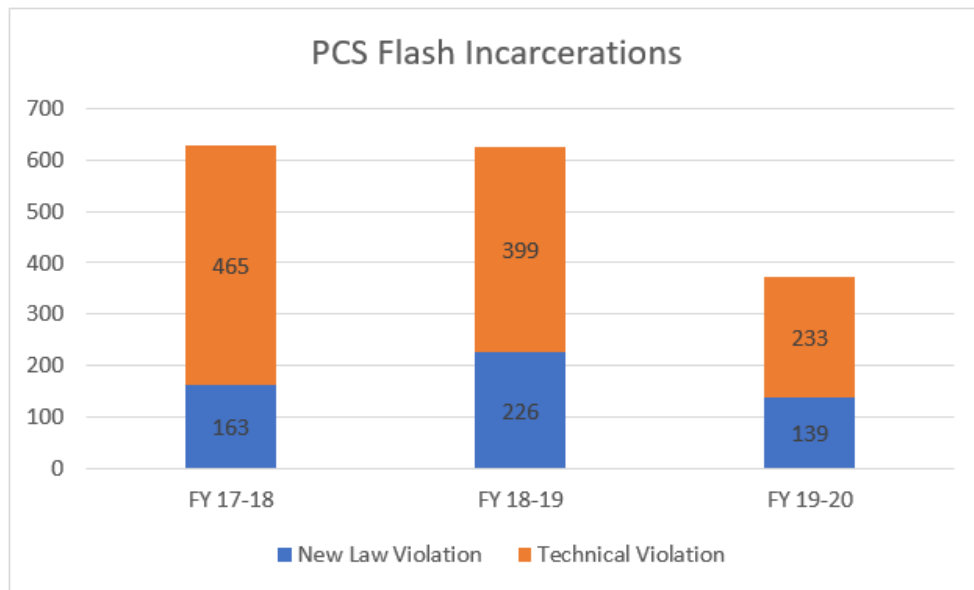
² Edward Latessa Ph.D. Keynote Address: What Works and What Doesn't Work in Reducing Recidivism at the CA State Association of Counties (CSAC), CA State Sheriffs Association (CSSA), and Chief Probation Officers of CA (CPOC) 4th Annual Conference on Public Safety Realignment, Sacramento, CA. January 22, 2015.

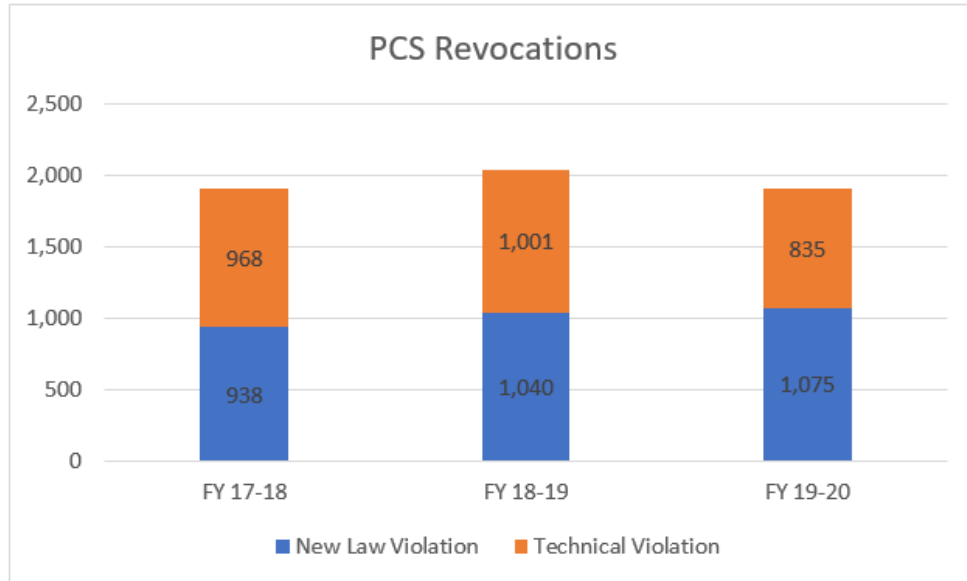
³ Taxman, Fayes et.al. (2004) Tools of the Trade: A Guide to Incorporating Science into Practice National Institute of Corrections US Department of Justice and Maryland department of Public Safety and Correctional Services.

absconding, etc. The detention period of up to 10 days maximum is intended to deliver a swift and certain sanction while minimizing the impact on the individual's success in the community.

As of January 2017, flash incarceration can be utilized for the MS population if agreed upon at the time of sentencing via a Court Order. During FY 2019-20, there were 20 flash incarcerations for the MS population (down from the one reported for FY 2018-19) and a total of 372 flash incarcerations for the PCS population, which, due to the COVID-19 pandemic was down significantly (68%) from the prior year's total of 625. Of the 372 flash incarcerations for FY 2019-20, 233 were for a technical violation and 139 pertained to a new law violation arrest.

PCS revocations decreased from 2,041 in FY 2018-19 to 1,910 in FY 2019-20. The charts below summarize PCS flash incarcerations and revocations.





The counts for both flash incarcerations and revocations were impacted by the COVID-19 emergency beginning in March 2020.

Day Reporting Centers for Adults

Non-residential adult Day Reporting Centers (DRCs) deliver structured reentry services and comprehensive programming for individuals released to the community. The main objective is to increase self-sufficiency and promote behavior changes through the delivery of evidence-based rehabilitation proven to reduce recidivism. By reducing recidivism, DRCs may reduce pressure on jails and prisons while decreasing correctional costs.

The first DRC opened in the city of Santa Ana in July 2012 and provides a combination of intensive treatment and programming, on-site supervision, and immediate reporting of behavior to the assigned DPOs of the AB 109 clients, those on PCS and MS. In June 2015, DRC services became available to the formal probation (FP) supervision population. The Santa Ana DRC is a stand-alone facility and can service up to 140 clients.

The second DRC opened in the city of Westminster in September 2017 and can service up to 75 clients. It is co-located at the Probation Department's West County Field Services Office.

DRC participants go through a multi-phase program that potentially runs six to nine months. The program includes frequent reporting to the center where participants are placed on different treatment levels and training based on a risk and needs assessment tool. DRC staff monitor individuals closely with daily check-ins, ongoing drug and alcohol testing, and intensive case management. DRC programs are rooted in consistent delivery of programming, immediate response for rewards or sanctions, and other evidence-based

principles proven to change criminal behavior. DRCs help individuals gain structure, learn stability, modify the way they think and behave, and develop new life skills.

There was a total of 2,964 participants served by the DRC through June 30, 2020. During FY 2019-20, there were 619 referrals made resulting in 335 enrollments. Of the 335, an average of 68% were classified as high risk. There were 327 total exits from the DRCs; 84 were satisfactory and 62 were for other reasons or considered “no fault.”

DRC Services

Typically, all participants are assessed by a DRC case manager at entry, receive services based on their assessed risk/needs and are held accountable for their behaviors through specific measures in the chart below.

Services	Assessments/Accountability Measures
Development of a Behavior Change Plan	Orientation & Intake Assessment using LSI Risk Assessment
Life skills & Cognitive Behavioral Therapy (Moral Reconciliation Therapy)	Daily attendance, participation in individual and group counseling, progress reports & communication with assigned DPO
Substance Abuse Counseling	On-site random alcohol & drug testing, individual and group sessions, progress reports & communication with assigned DPO
Anger Management Counseling	Group sessions, attendance, periodic evaluation and communication with assigned DPO
Parenting & Family Skills Training	Group sessions, attendance, periodic evaluation and communication with assigned DPO, and family nights
Job Readiness & Employee Assistance	Assistance with job preparation and placement monitored by Education & Employment Coordinator
Education Services	Access to educational computer lab, assistance and monitoring by Education & Employment Coordinator
Community Connections	Getting Connected computer application, attendance at Community Connections meetings monitored by case manager & communication with assigned DPO
Restorative Justice Honors Group	Participation and attendance monitored by coordinator & certificate of completion
Reintegration & Aftercare	Aftercare case plan, weekly check-ins, and 1:1 meetings

Due to the COVID-19 pandemic, both DRCs closed for in-person services on March 16, 2020. From March until May 2020, all services were conducted via telephone and the decrease in numbers (referrals, entries, exits) reflect the effect the shutdown had on FY 2019-20. In June 2020, the DRCs transitioned into Phase 1 of reopening of both locations. For Phase 1, intakes and initial assessments were done in-person while all other services were still implemented via phone. Both locations will remain in Phase 1 for the remainder of 2020 and plan to move to Phase 2 reopening by January 2021.

SHERIFF-CORONER DEPARTMENT

The Orange County Sheriff-Coroner's Department (OCSD) is a large multi-faceted law enforcement agency comprised of five Command areas including the Custody Operations and Court Services. This Command includes the management of the Orange County jail system that processes over 46,000 bookings this fiscal year.

OCSD operates four jail facilities in the County with a total bed capacity of 6,159 beds as follows:

- Intake Release Center (IRC) with a capacity of 903 beds.
- Theo Lacy Facility with a capacity of 3,442 beds.
- Central Men's Jail with a capacity of 1,428 beds.
- Central Women's Jail with a capacity of 386 beds.
- Operations at James A. Musick Facility have been suspended pending construction of the facility.

In 2012, the State, by way of AB 900, created a competitive grant source for expansion and/or construction of new jail facilities. OCSD was awarded a \$100 million grant to fund a 512 bed expansion project at the James A. Musick Facility. OCSD also received an \$80 million grant via SB 1022 for an additional expansion to the James A. Musick Facility as part of a rehabilitation program that will add 312 beds. OCSD has merged these two projects into one modern rehabilitation facility and is currently in the construction phase with an expected completion date by January 2023.

County Jail Population

Approximately 39% of the individuals housed in the County jail facilities are serving out their sentence while 61% are awaiting trial or sanctioned. Of those sentenced, an average of 73% were convicted of a felony and 27% of a misdemeanor crime.

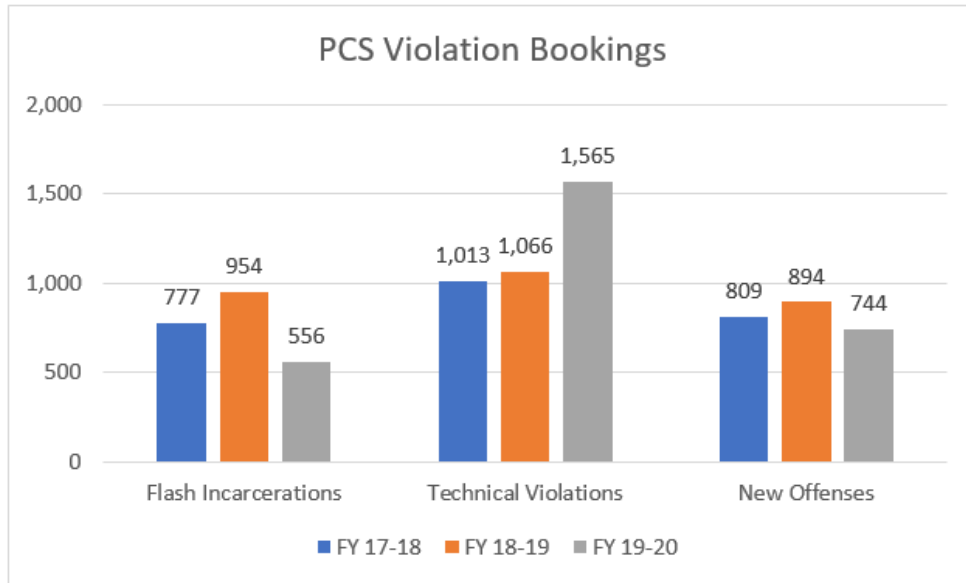
The inmate population in the County's four jails that pertain to the 2011 Public Safety Realignment includes individuals completing their sentence awaiting supervision (local custody/MS) per PC 1170(h), PCS individuals serving less than 180 days, parole violators serving less than 180 days, and individuals sanctioned with a flash incarceration serving 10 days or less.

Local Custody: MS Population

During FY 2019-20, there were approximately 4,946 MS individuals booked with an average stay of 207 days and an additional 1,500 new commitments sentenced to serve their sentences in the Orange County Jail system. This represents the largest portion of OCSD's realigned population and has remained consistent.

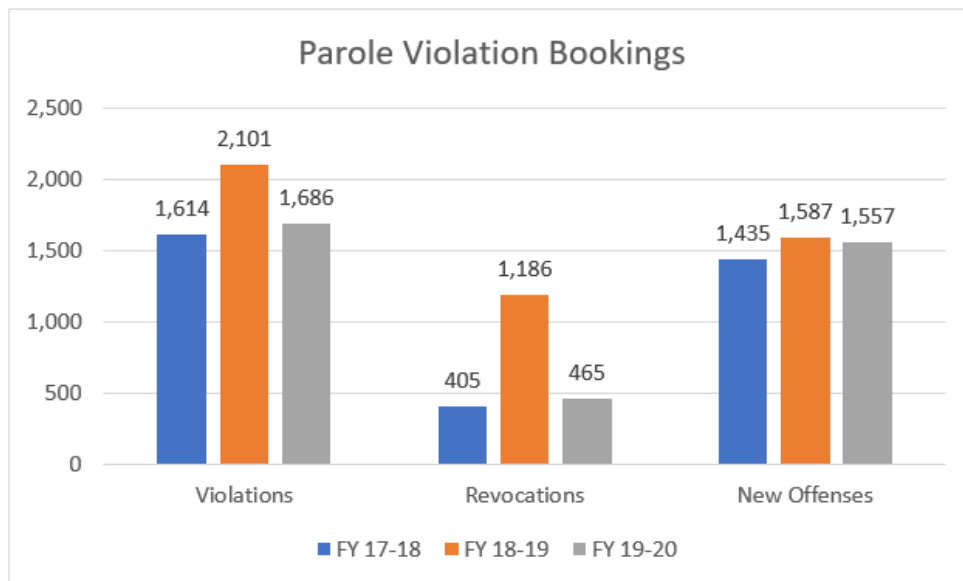
PCS Population

During the same reporting period, an estimated 2,865 PCS violators were booked with an average length of stay of 59 days, a 2% decrease (49 violators) from FY 2018-19. Of this amount, 556 were flash incarcerations, 1,565 were revocations for technical violations, and 744 were revocations for a new charge.



Parole Violations

There were 3,708 bookings related to parole violations reported in FY 2019-20, a decrease of 1,166 (24%) from prior year. Of this amount, 1,686 were for violations, 465 were for revocations, and another 1,557 were for new offenses.



In-Custody Programs

Inmate Classes

OCSD offers a host of classes and programs for inmates taught by Inmate Services staff, other County agencies, community and religious organizations, and educational and vocational partners.

Educational	Vocational	Substance Abuse	Life Skills	Reentry
<ul style="list-style-type: none"> •Academic Skills •Attitudes for Success •GED •Inside Out Program •Money Matters •WIN Tutoring 	<ul style="list-style-type: none"> •Introduction to Software Applications •Institutional Food Preparation 	<ul style="list-style-type: none"> •AA Study Group •Alcoholics Anonymous Panels •Narcotics Anonymous Panels •Substance Abuse Class 	<ul style="list-style-type: none"> •Anger Management •Back on Track •Bible Study Discipling •Faith Based Parenting •Finding the Way •Healthy Families •Kinship 101 •Malachi Men •Personal Empowerment Program •Positive Parenting •Seeking Safety •TUMI •Women of Purpose •Workforce Preparation 	<ul style="list-style-type: none"> •College Counseling •Great Escape •Probation 101

In addition, inmates have access to religious services, counseling, and bible study as well as mentoring for reentry.

All-In Program

This is an intensive program for 15 selected female inmates for an 8-week course that addresses all aspects of the person from parenting and coping skills to workforce preparation. This is a multi-partner collaboration led by OCSD that also includes Probation, the Public Defender's Office, and a community provider.

In FY 2019-20, a similar program was established for male inmates but had to go on hiatus due to unforeseen circumstances prior to the completion of the first course. It will be resumed dependent on the state of the COVID-19 pandemic.

Fire Camp Program

OCSD has an established Memorandum of Understanding (MOU) with the California Department of Corrections and Rehabilitation (CDCR) to utilize PC 1170(h) sentenced inmates for state fire crews. Inmates who volunteer for the program undergo extensive training and screening. Successful candidates are subsequently selected to serve their

sentence at a designated fire camp and may be considered for hire by the state as employees afterward. OCSD uses this option sparingly, primarily due to cost; however, it continues to be an option.

Community Work Program

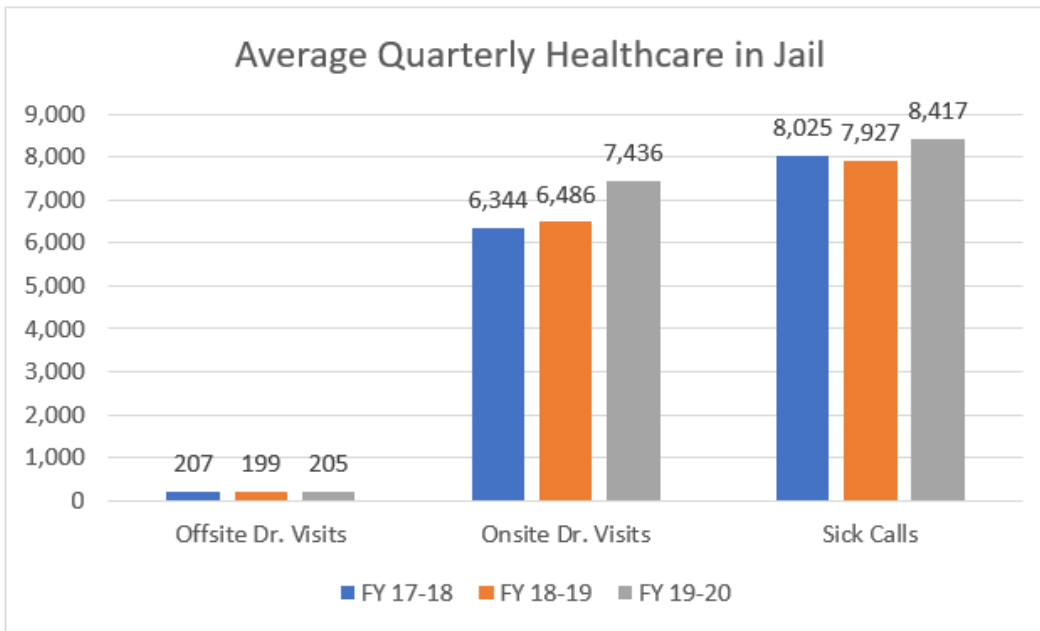
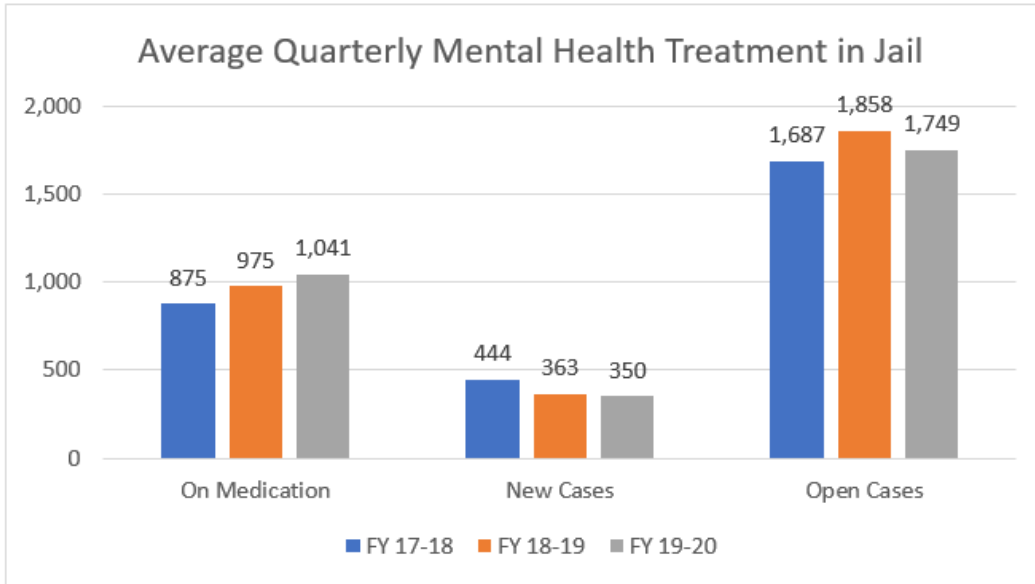
OCSD has used a combination of methods to manage the increase in the inmate population. One notable change has been the expansion of inmates assigned to the Community Work Program (CWP) to include PC 1170(h) offenders. The CWP is an alternative to incarceration that allows sentenced PC 1170(h) offenders to serve their time by working on municipal work crews often providing janitorial or landscaping services at County buildings and parks. The offender is allowed to live at home but must report to a predetermined worksite location as part of a crew. Every workday completed is considered one day of service towards the offender's sentence. Failure to follow the stringent rules (curfew, avoiding substance abuse, etc.) results in a return to custody where he/she will serve the remainder of his/her sentence.

OCSD screens inmates for suitability and has the discretion to add or remove the offender from the program at any time. OCSD has dedicated resources to conduct welfare and compliance checks on PC 1170(h) inmates serving time on the CWP. This includes work site and home inspection checks. Since the inception of Prop 47, the number of eligible offenders has declined dramatically. Nevertheless, the program is still relevant and continues to be a successful population management tool as well as an opportunity for offenders to assimilate into the community while under strict supervision.

CORRECTIONAL HEALTH SERVICES

The Orange County Health Care Agency's (HCA) Correctional Health Services (CHS) Division provides the medical, dental, mental health and substance use treatments to those individuals incarcerated at a County jail facility. Services are performed at a community standard of care on a 24-hour, 7-days a week basis.

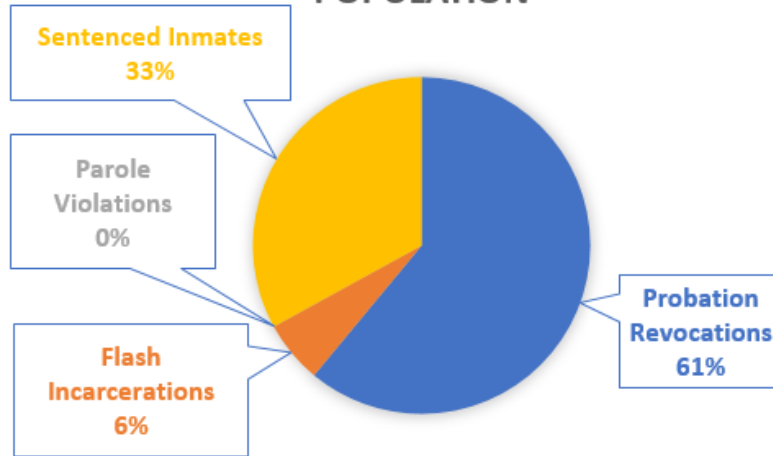
Upon intake into the County jail facility, CHS triages and screens the individuals to determine their medical, mental health, and dental needs and identify subsequent treatment and medication plans. In FY 2019-20, for all in-custody patients there was an average of 1,749 open cases for mental health treatments and 350 new cases added each quarter. In addition, there were approximately 101,009 sick calls, 89,231 doctor visits in-custody, and just under 2,459 offsite doctor visits for the year.



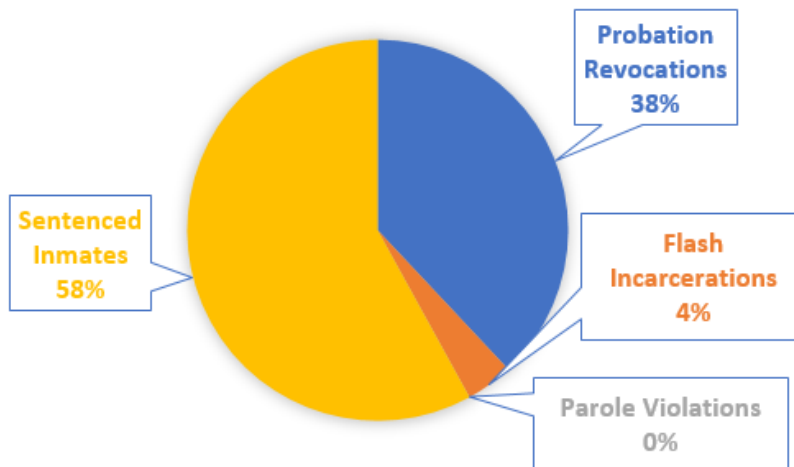
All primary care physician services are provided within the jail; however, when an inmate needs specialty services, they are transported to specialty medical clinics off-site. Currently, there are over 25 specialty clinic services available.

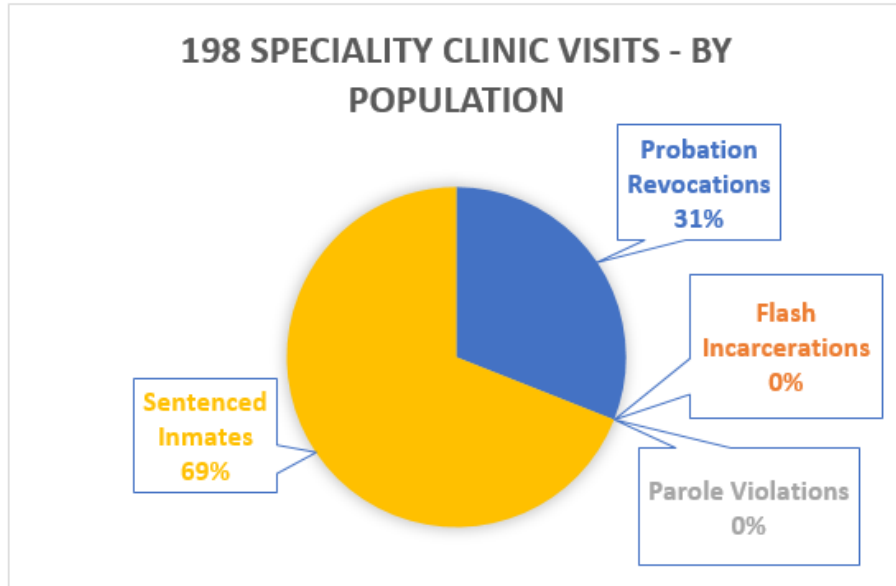
For the population in the County jails per the AB 109 legislation, during the same reporting period, there were 51 emergency room visits, 26 hospitalizations, and 198 visits to specialty clinics, such as for orthopedics, radiology, dialysis, or cardiology.

51 EMERGENCY ROOM VISITS - BY POPULATION



26 HOSPITALIZATIONS - BY POPULATION





CHS works collaboratively with HCA Behavioral Health Division to identify those individuals who are chemically dependent and/or are incarcerated for alcohol and/or drug related crimes to participate in Vivitrol injections. CHS provides an initial injection of Vivitrol for inmates who are medically cleared prior to their release. Vivitrol, naltrexone for extended-release injectable suspension, blocks receptors in the brain where opioids and alcohol attach, preventing the feelings of pleasure that these substances produce.

- In FY 2019-20, CHS clinical staff administered 38 Vivitrol injections to inmates prior to their release.

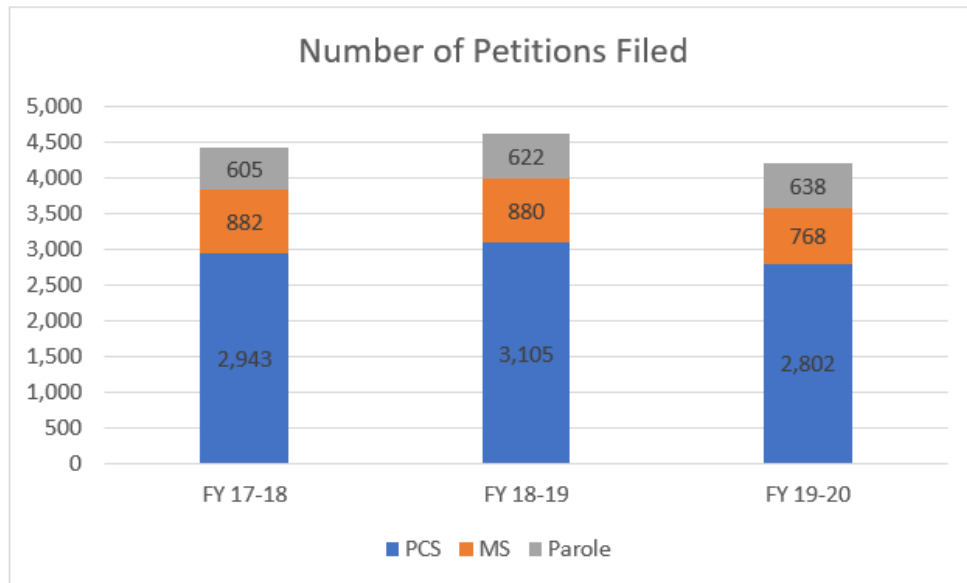
The County's Strategic Financial Plan has identified a priority for an In-Custody/Post-Custody Drug Treatment Program that would provide professional substance use disorder treatment to eligible inmates while incarcerated, continuing post-custody treatment services, and case management services during the entire program period. Another priority was also identified for a Recidivism Reduction Community Reintegration Program that would provide professional case management and cognitive-behavioral program services to eligible inmates while incarcerated and continued case management post-custody for one year. The In-Custody/Post-Custody Drug Treatment Program began implementation in FY 2019-20, with selection of contracted personnel to coordinate this program.

ORANGE COUNTY DISTRICT ATTORNEY'S OFFICE

The Orange County District Attorney's (OCDA) Office is the chief prosecutor for the County and has the responsibility to enhance public safety and welfare and create a sense of security in the community through the vigorous enforcement of criminal and civil law.

OCDA is responsible for the prosecution of PCS and MS violators as well as parole violators. Within the department, there is a dedicated unit that reviews the violations, makes appropriate dispositions, and works with the Court to ensure that the appropriate sentence is meted out in each case. When cases do not settle, deputies will call upon witnesses for testimony at hearings. OCDA works with Probation, CDCR and local law enforcement entities to ensure appropriate laws are being enforced and the community is being protected.

In FY 2019-20, OCDA prosecuted over 3,500 petitions between the PCS and MS populations and another 638 for parole violations.



The 4,208 petitions filed in FY 2019-20 pertained to a total of 2,101 different defendants. Of the 2,101 defendants, 1,621 (77%) were repeat offenders, having received at least one prior petition: 725 defendants (34%) had at least five prior petitions and 231 (10%) had 10 or more prior petition.

# Prior Petitions	0	1	2	3	4	5	6-10	11-15	15+
# Defendants	480	308	235	202	151	116	378	153	78

Additionally, in FY 2019-20, OCDA filed 6,591 new criminal cases against a total of 3,105 different defendants who are currently or previously on AB 109 supervision. Vehicle theft, drug sales, and weapon charges remain the most common felony charges by an AB 109 defendant. These numbers are lower than experienced in FY 2018-19: 3,666 cases against 7,858 defendants. These numbers may have been impacted by the COVID-19 pandemic.

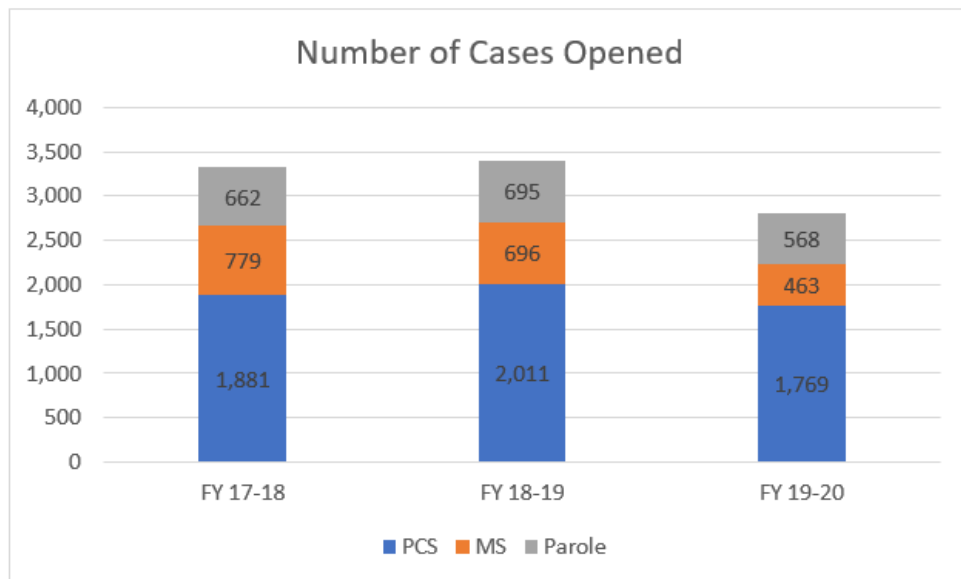
ORANGE COUNTY PUBLIC DEFENDER'S OFFICE

The Orange County Public Defender's (OCPD) Office provides quality representation to those individuals in need of legal representation in criminal or mental health cases who are unable to afford a private attorney. OCPD provides legal services to indigent adults accused of felony or misdemeanor criminal violations, keep their clients informed of the status of their cases, and provide legal representation.

The 2011 Public Safety Realignment has steadily increased OCPD's workload and the types of services provided to the clients. OCPD has placed a greater emphasis on developing and presenting individualized alternative sentencing plans to the court as potential options to incarceration. OCPD has filed thousands of petitions for resentencing or applications for reclassification, allowing low-level, non-violent offenders to get a second chance, and saving taxpayers millions of dollars.

In addition, OCPD is actively involved in ensuring a client's successful reintegration back into the community. As mentioned earlier, OCPD collaborates with other County partners on a weekly basis at Probation's DRC to assist in the coordination of services with the Probation Department, Health Care Agency, California's Employment Development Department, and other community-based partners on behalf of the clients.

While the COVID-19 pandemic did cause a slight decrease in the number of cases filed, in FY 2019-20, OCPD had 2,800 cases opened between the PCS, MS, and parole populations and made over 5,050 court appearances.



Realignment continues to be a dynamic area of the law. OCPD attorneys have been raising issues related to court implementation of realignment in the Superior Court, Court

of Appeal and California Supreme Court with the goal of providing clarity for all stakeholders.

OCPD continues to maximize relief for clients by making the most of the September 2017 Legislation (AB 1115), which expanded expungement relief for OCPD's clients. The statute permits clients previously sentenced to state prison to receive an expungement if their felony would have qualified under the 2011 Public Safety Realignment. The expungement process permits these individuals to have their guilty convictions withdrawn and dismissed. This releases them from penalties and disabilities that would otherwise prevent them from acquiring employment. OCPD expects to increase the number of petitions filed while continuing efforts to obtain post-conviction relief for these clients.

Reentry Services for Clients

OCPD works in a collaborative manner with the County's public protection partners, Probation Department, Sheriff-Coroner's Department, the California Department of Corrections and Rehabilitation, Health Care Agency, and the District Attorney's Office, to provide coordinated reentry services for OCPD's clients.

OCPD has been utilizing two in-house Recidivism Reduction Advisors (RRA) trained in social work to support clients. RRAs primarily work with clients on MS who may need more intensive case management in order to successfully navigate reentry services. The need for this support increased during the COVID-19 pandemic and OCPD RRAs increased services to meet the needs of non-MS clients. RRAs collaborate with other County partners to meet the specific needs of individual clients increasing their opportunity for success.

OCPD has staff dedicated to assist client reentry into the community by assisting with the following:

- Completing a comprehensive interview to obtain a life history and ensure their needs are accurately assessed.
- Helping obtain government documents, including birth certificates, consular documents for immigration purposes, reduced-fee identity cards, passports, social security cards, and more. In FY 2019-20, 1,272 valid forms of identification were issued which is up nearly 45% from FY 2018-19's count of 700.
- Assisting clients to ensure they have proper medical care via SSI/SSDI applications.
- Obtaining food stamps, Cash Aid, Cal-Works, Medi-Cal, and bus passes for clients.
- Coordinating drug treatment and rehabilitation programs, mental health resources, and dental and vision benefits.
- Referring clients for specialized services for Legal Aid, Child Support, and Family Law purposes.
- Conducting daily visits to the jail, helping in-custody client's transition into the community by discussing housing needs, employment opportunities, as well as

substance abuse and mental health needs. Staff also visit drug treatment programs to provide monthly on-site services.

- Collaborating with the Division of Adult Parole Operations of the CDCR. Dedicated staff also attend monthly meetings held by Parole for recently released parolees.
- Working with “Project Kinship,” a non-profit organization helping to ensure Medi-Cal, General Relief, and food stamp benefits for clients. Project Kinship representatives accompanied staff on visits to clients and provided guidance in submitting Medi-Cal applications and other forms of assistance.
- Locating and assisting OCPD’s clients with housing.
- Setting up vocational training and education, such as truck driving schools.
- Locating transitional housing, treatment, and military records for veteran clients
- Providing clothing and hygiene kits.
- Attending resource fairs and network with other providers to ensure that clients have the most current, up to date program and resource access.

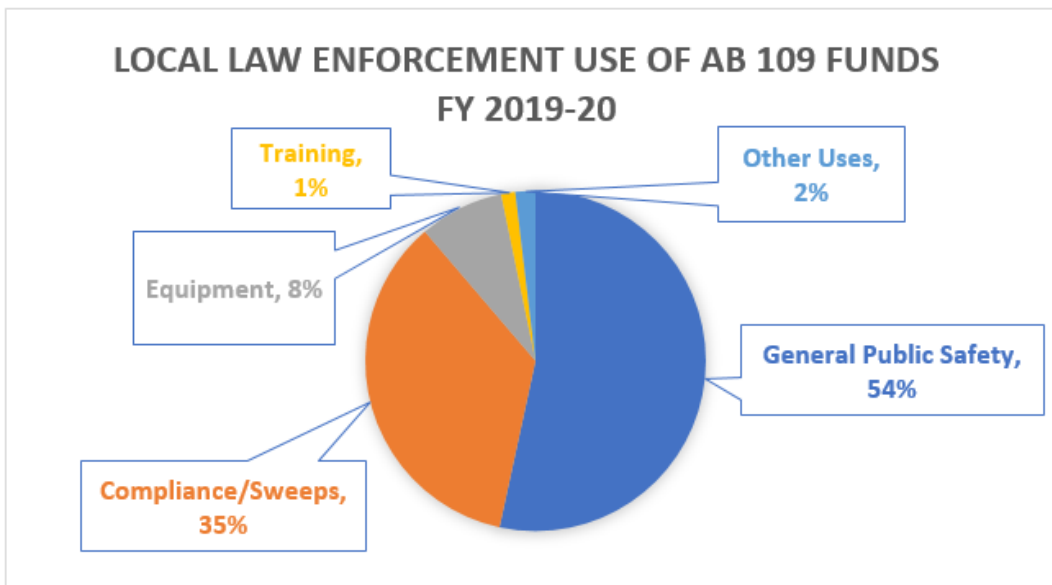
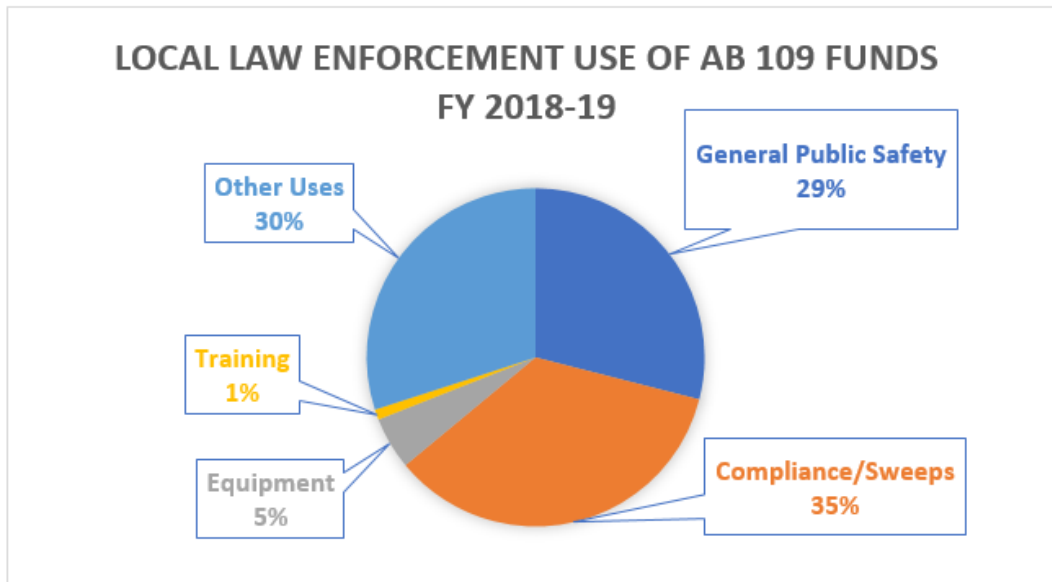
OCPD provides referrals to various resources that enable clients to obtain assistance for their basic needs, including food, clothing, and shelter. Housing, particularly transitional housing and employment, continue to be the biggest obstacles for client success on supervision.

LOCAL LAW ENFORCEMENT AGENCIES

Local Law Enforcement (LLE) agencies continue to progress to meet the public safety needs of the community. As each city’s needs vary, the funding for the LLE’s is allocated per direction of the Orange County CCP Committee and used to maintain public safety. The following highlights the investments made in the local communities:

- Staffing costs for PCS-related operations, such as compliance checks, sweeps, warrant services, and surveillance operations. (35%)
- Front line law enforcement costs, including staffing, operational costs, and general overtime expenses involved with public safety enforcement and investigations. (53%)
- Purchases of equipment to enhance or maintain public safety, such as an armored rescue vehicle, surveillance equipment, or protective gear and entry tools. (8%)
- Training for peace officers on advanced criminal activities, such as gang activity, and for public safety officials, including law enforcement personnel, specific for the Homeless Liaison Officer program. (1%)
- Costs associated with specialized programs such as: (2%)
 - Mapping/crime analysis software to systematically monitor activities of potential offenders and dangers or hazards posed by AB 109 early-released individuals.
 - Automated License Plate Reader (ALPR) program.
 - Dedicated staff for crime analysis or monitoring AB 109 offenders.

- Services to prevent harm to self or others, homelessness, and preventable incarceration or institutionalization.



BEHAVIORAL HEALTH SERVICES

The Orange County Health Care Agency (HCA) Behavioral Health Services (BHS) division provides mental health (MH) and substance use disorder (SUD) services for the County and strives to provide the right type of treatment, at the right place, by the right person/programs, to help individuals achieve and maintain the highest quality of health and wellness.

As such, BHS developed a continuum of treatment services comprised of many programs, both County-operated and contracted. These programs are available to residents in Orange County, including AB 109 individuals identified with untreated MH and/or SUD. Access to services is facilitated by the use of AB 109 Screeners located in Anaheim, Santa Ana and Westminster Probation offices.

Upon release, individuals meeting criteria for AB 109 meet with a DPO. Individuals with behavioral health issues are referred to a BHS AB 109 Screener who assesses and identifies the most appropriate level of care required and links the individual accordingly. The programs are voluntary and designed to provide community services and support to address behavioral health issues and reduce recidivism. AB 109 clients have a wide variety of services available to them, based on their individual needs. Services include behavioral health assessments, outpatient treatment (e.g., medications, individual/group therapy), case management, crisis intervention, detoxification (e.g., outpatient, medical inpatient), narcotic replacement therapy, residential treatment, recovery residences, medication assisted treatment (e.g., Vivitrol), referral and linkage to community resources and Full Service Partnership (FSP) services. AB 109 clients with serious mental illness are primarily treated at the AB 109 Adult and Older Adult Behavioral Health (AOABH) Clinic in Santa Ana but can be seen at other clinic locations. AB 109 clients needing psychiatric services are referred to a psychiatrist at the AB 109 AOABH Santa Ana Clinic for medication evaluation, bridge medications, and treatment until they can be linked for ongoing treatment.

Current Services Provided

During FY 2019-20, there were 2,434 referrals received from Probation. Of this total, HCA AB 109 Screeners were able to complete 2,029 assessments. The table below summarizes the number of referrals that AB 109 Screeners made for different behavioral health services and the number of admissions during same reporting period.

BHS Referral and Admission FY 2019-20			
Services	Referral	Admission	Percentage Admitted⁴
Outpatient SUD Treatment	668	361	54%
Residential SUD Treatment	593	299	50%
Outpatient Mental Health	131	49	37%
Recovery Residences	174	142	82%
Social Model Detox	167	111	66%
Medical Detox	5	4	80%
Full Service Partnership	21	15	71%
MH Shelter Beds	4	1	25%
Methadone Detox	4	2	50%
Methadone Maintenance	35	16	46%
Psychiatric Services	28	15	54%
Total	1,886	1,023	54%

During the last quarter of this fiscal year, modifications had to be made in response to the COVID-19 pandemic. HCA AB 109 Screeners remained available on site at Probation offices to follow up with referrals, screen, assess, and link individuals to appropriate services. To promote safety and as Probation offices were closed to the public, assessments were provided mostly via telephone. As needed, AB 109 Screeners also coordinated for assessments to be done on site at one of the AOABH County-operated clinics.

SUD Program: Updates and Outcomes

During FY 2019-20, HCA continued to utilize Drug Medi-Cal Organized Delivery System (DMC-ODS) to provide a continuum of care approach for clients needing SUD treatment services. This approach allows clients with Medi-Cal to access services within the plan in various levels of care as determined in their current assessment based on the American Society of Addiction Medicine (ASAM). This includes SUD Residential, withdrawal management and outpatient treatment services. With DMC-ODS, clients are able to move through the system of care with coordination to achieve sustainable recovery.

Under DMC-ODS, clients with insurance or ability to pay are referred to programs that accept those types of payments. All clients with Medi-Cal are referred to Medi-Cal

⁴ Percentages are presented for AB 109 clients admitted to BHS based on number of referrals made during the specified time frame.

approved providers. HCA recognizes that there are AB 109 clients who do not have Medi-Cal, are pending approval or reinstatement, or do not qualify for Medi-Cal. Those individuals are referred to AB 109 providers who are not DMC-certified or to the County-operated SUD outpatient clinics.

During FY 2019-20, HCA has a total of five SUD outpatient contracted providers with a total of ten locations within Orange County. These providers are Korean Community (KC) Services (three locations), Phoenix House, Pacific Educational Services (PES), Twin Town (three locations), and Wel-Mor Psychology Group (two locations), providing outpatient treatment and recovery services to AB 109 clients with Medi-Cal. Additionally, there were Narcotic Treatment Programs (NTPs) for clients with an opioid addiction and receiving Medication Assisted Treatment (MAT). The two providers for NTP and MAT were Western Pacific with locations in Costa Mesa, Stanton and Fullerton and Recovery Solutions with one location in Santa Ana. During this fiscal year, a new outpatient treatment service location was added for Wel-Mor in the city of Fullerton and one additional location is pending in the city of Laguna Hills. In addition, Western Pacific now has a total of four locations adding Mission Viejo as the newest location for NTP services. These added locations for both outpatient treatment and NTP services increase accessibility for clients needing SUD services.

Since DMC-ODS implementation, HCA has been able to identify gaps in SUD services and has been working to address them by developing new programs to ensure clients are getting linked to services without interruptions and that providers are continuing to be co-occurring capable when providing SUD treatment. SUD Peer Mentoring Program is a new program that will focus on system navigation, referral and linkage to supportive services, and community reintegration. The program will support SUD clients to access current treatment and other benefits available to them and assist with consistent flow in moving through the system in various levels of care without interruption in current services. The In-Custody SUD Treatment program, approved this year and will be available next year, was designed to provide SUD services while clients are incarcerated. This program will also assist in getting clients linked to appropriate treatment upon discharge from jail in hopes of increasing overall linkage and improve continuity of care. Project VISTA is a new SUD Training and Education Program that will be available for both County and contracted providers. This training curriculum will include standardization of assessments, additional evidenced based practices material and coaching and consultation sessions. The curriculum and resources will ensure standardized and integrated approach to SUD services between all levels of care. These newly developed programs focus on the overall improvement and quality of services being delivered to clients as well as ensuring that clients are able to move through the system of care to maintain sustainable recovery.

With DMC-ODS, HCA also expanded the number of residential providers that could provide services to Orange County AB 109 clients. HCA contracted with Clean Path and Vera's Sanctuary to provide perinatal residential treatment. Due to limited providers in

Orange County and to meet the need, HCA contracted with His House and New Creation located in San Bernardino County to provide residential treatment. Additionally, HCA was able to bring Roque Center and Woodglen Recovery Junction on as DMC providers for clinically managed withdrawal management services. Behavioral Health Services, Inc., which has two locations throughout Los Angeles County, also contracted with HCA as a DMC provider for medically managed withdrawal management services.

During FY 2019-20, HCA contracted with six providers to provide recovery residence services. They included Clean Path Recovery, Gage House, Step House Recovery, The Villa, Collette's Children Home, and Grandma's House of Hope. Recovery residences provide excellent opportunities for clients to continue their recovery through outpatient services, develop healthy socialization, secure employment and save money to move out.

With the COVID-19 pandemic, SUD providers were quick to adjust and made program modifications so that treatment services remained available. SUD outpatient providers were able to set guidelines and safety precautions (i.e., touchless sanitizing stations, plexi-glass, etc.) in place to keep clients and staff safe while providing the treatment services needed for the clients individually and in groups. Telehealth and telephonic services were offered while face to face services continued to be available. Residential treatment providers experienced significant changes due to the COVID-19 pandemic. One program, Cooper Fellowship temporarily closed its doors and clients had to be directed to treatment elsewhere. This had a significant impact to those needing services and were waiting for bed availability. HCA made a decision to no longer contract with Cooper Fellowship and the agreement was terminated. Other residential providers had to change their capacity in order to have space to quarantine individuals affected by the COVID-19 pandemic.

The table below shows the treatment completion rates for SUD residential treatment, detox/withdrawal management and outpatient (County and contracted) treatment during FY 2019-20. AB 109 clients in residential treatment were more likely to complete treatment compared to those in outpatient. The relatively low completion rate for outpatient clients could be due to the fact that many clients dropped out of treatment, either due to relapse or being incarcerated.

SUD Treatment Completion Rates⁵			
FY 2019-20			
	Discharges	Completed Treatment Goals	Completion Rate
Residential Treatment	136	56	41%
Detox/Withdrawal Management	123	92	75%
Outpatient Treatment	211	22	10%

⁵ Source: CalOMS and HCA IRIS for AB 109 Special Cohort FY 2019-20.

Vivitrol

Vivitrol, used with counseling, is a non-addictive, once-monthly injectable medication provided to those who are suffering from opioid and/or alcohol dependence. This treatment is used to help block the effects of these substances, including pain relief or other curative benefits. It is also used to prevent relapse in people who have become dependent on opioid medication, as well as reduces one's urge to drink alcohol.

During FY 2019-20, a total of 101 AB 109 clients were referred for Vivitrol by HCA's Correctional Health Services (CHS) and BHS AB 109 Screeners. Of those referrals, 75 completed a medical evaluation and 61 of those clients were approved to receive Vivitrol. Twenty-nine AB 109 clients received their initial Vivitrol shot in-custody and 13 clients received their initial Vivitrol shot in the community. Some clients, although approved, did not receive their initial shot due to early release from jail, declining, or not attending their scheduled appointment. Of those who received their first shot either in-custody or in the community, a total of 19 clients received their second shot in the community.

Vivitrol FY 2019-20	
	N
Total Referred	101
Total Evaluated	75
Total Approved	61
In-Custody 1 st Shot	29
In Community 1 st Shot	13
In Community 2 nd Shot	19

Of the 29 clients who were evaluated and received their first Vivitrol injections in-custody, 88% were engaged in treatment upon release and received their ongoing shots in the community. In addition, of the 19 clients who received their second shot in the community, 63% of the clients reported obtaining employment and/or attending school and have reconnected with their immediate families after receiving their second shot of Vivitrol.

Life Functioning Improvements




The table below summarizes the responses received from AB 109 clients (n=477) when asked about their engagement in several life functioning outcomes during FY 2019-20. Overall, there was a large reduction in number of client arrests (81% decrease) and days incarcerated (84% decrease), and fewer number of clients reported serious family conflict (68% decrease). Overall, there were improvements in employment (37% increase), abstinence from alcohol (23% increase), abstinence from drug use (89% increase), along with a 42% increase in the use of recovery networks.

Life functioning outcomes also differed depending on whether clients were enrolled in outpatient or residential treatment. AB 109 clients receiving residential treatment saw larger reductions in arrests and were more likely to abstain from using alcohol and drug use and engage in support recovery networks at discharge.

Life Functioning Outcomes of AB 109 SUD Clients ⁶ FY 2019-20				
		Outpatient Treatment % Change	Residential Treatment % Change	Overall % Change
Arrested (Once or More)	# Clients	*	*	-81%
	Average # arrests	-33%	-88%	-69%
Incarcerated	# Clients	-74%	-89%	-86%
	Average # days	-59%	-90%	-85%
Employed (Full or Part Time)	# Clients	-38%	*	37%
Alcohol Abstinent	# Clients	6%	32%	23%
Drug Use Abstinent	# Clients	-29%	177%	89%
Serious Family Conflict	# Clients	*	*	-68%
Participate in Recovery Network	# Clients	-45%	96%	42%

*% change not calculated for indicators with fewer than 10 cases or with unreliable change scores.

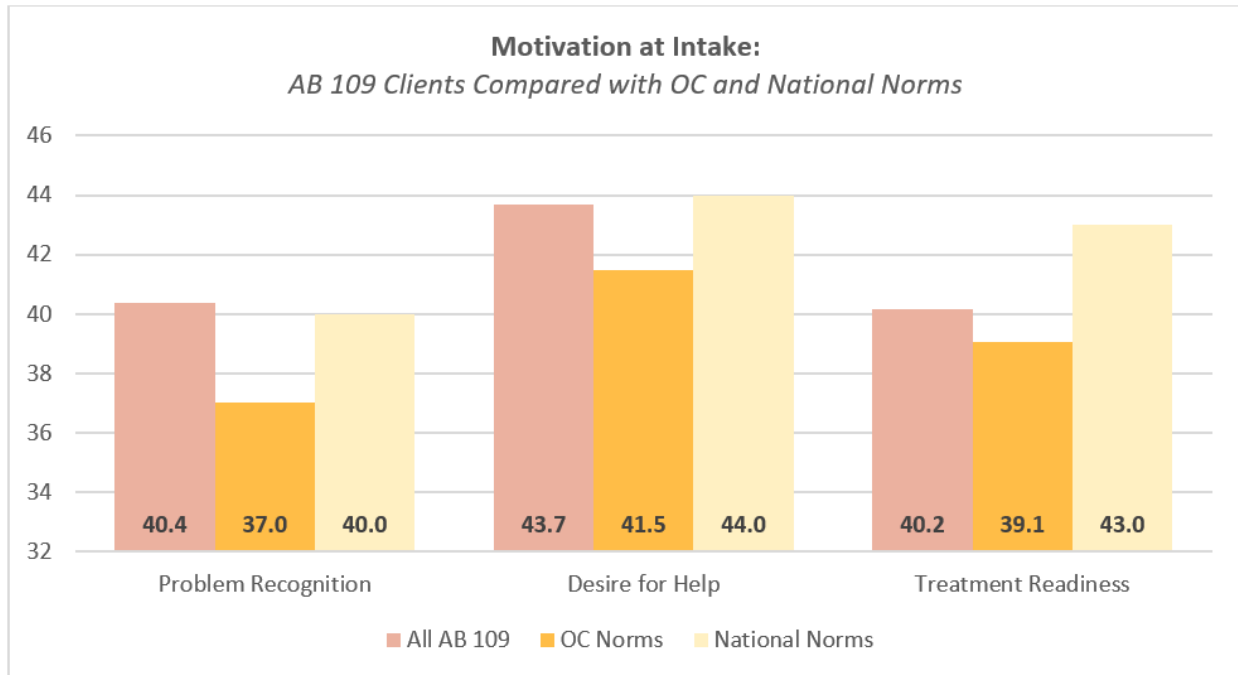
During FY 2019-20, the majority of AB 109 SUD clients maintained similar living arrangements over the course of treatment; however, roughly 49% of clients who were initially homeless gained independent or dependent living upon discharge from treatment.

 <p>191 people were homeless at intake.</p>	 <p>175 people were in dependent living at intake.</p>	 <p>111 people were in independent living at intake.</p>
<p>Of those, at discharge: 24.6% independent living 24.6% dependent living 49.2% homeless 1.6% unable to locate</p>	<p>Of those, at discharge: 16.0% independent living 69.7% dependent living 4.6% homeless 9.7% unable to locate</p>	<p>Of those, at discharge: 49.5% independent living 12.6% dependent living 2.7% homeless 35.1% unable to locate</p>

⁶ Source: CalOMS database from HCA.

Motivation and Engagement during Treatment

Between July 2019 and February 2020⁷, 138 AB 109 SUD clients were asked about their motivation to complete and likelihood to engage in treatment. Overall, results show that AB 109 clients at intake had similar or lower motivation than clients receiving SUD treatment nationwide.⁸ However, AB 109 clients had higher motivations scores than the average Orange County SUD client.

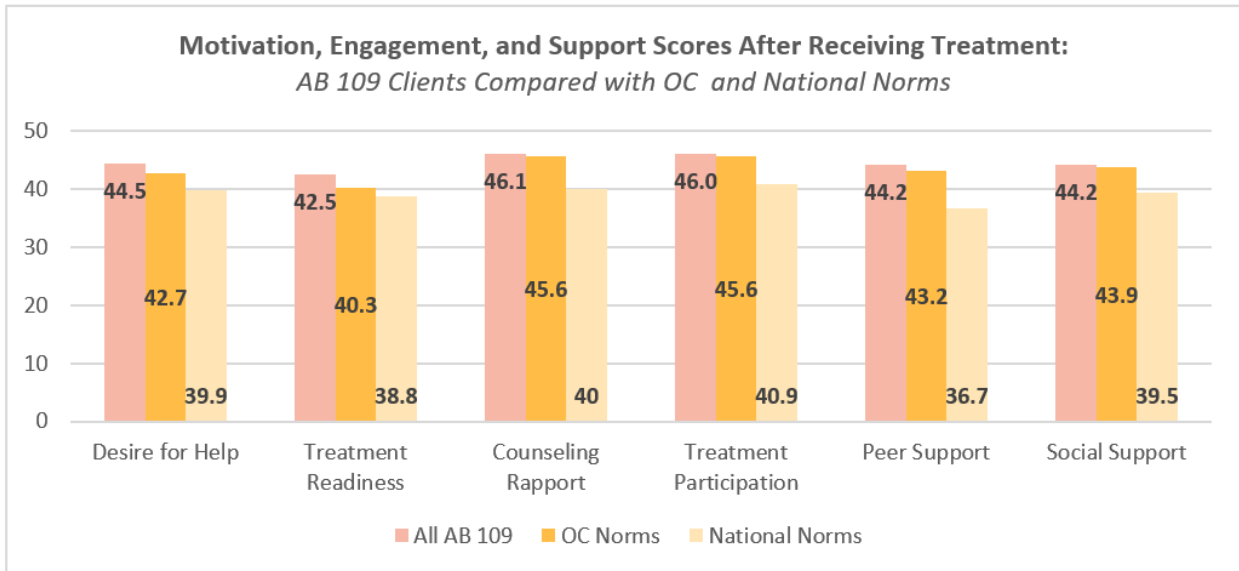


After receiving treatment (n=106), AB 109 SUD clients, on average, scored higher on all scales compared to the SUD clients in the County and nationwide.⁹ Specifically, AB 109 SUD clients had higher levels of motivation, treatment engagement, and support. For treatment engagement and support scales, AB 109 clients and clients Countywide scored similarly. Compared to clients nationwide, however, AB 109 clients and Orange County clients well exceeded national norms for motivation, treatment engagement, and support. This suggests that Orange County SUD clients, and particularly AB 109 clients, respond well to treatment compared to substance abuse clients nationwide.

⁷ Due to COVID-19, there was a disruption in survey intake and processing.

⁸ National norms – Problem Recognition (40), Desire for Help (44), and Treatment Readiness (43).

⁹ National norms – Desire for Help (39.9), Treatment Readiness (38.8), Counseling Rapport (40), Treatment Participation (40.9), Peer Support (36.7), and Social Support (39.5).



Mental Health Program: Updates and Outcomes

County-Operated Adult and Older Adult Behavioral Health Clinic

AB 109 clients with serious mental illness are linked to an AB 109 Plan Coordinator at the County-operated Adult and Older Adult Behavioral Health (AOABH) outpatient clinic in Santa Ana for treatment. Services include assessment, case management, counseling and therapy, and medication support.

This fiscal year, the AB 109 AOABH mental health outpatient clinic treatment team located in Santa Ana continued to explore and implement different clinical tools to improve engagement and client care. Bi-weekly treatment team meetings were implemented to ensure consistent communication and care coordination for AB 109 clients. Additionally, the program also worked on increasing coordination with housing programs to reduce homelessness for those participating in treatment.

During the COVID-19 pandemic, County-operated AOABH clinics remained open to provide essential services including initial intakes, psychiatric assessments and crisis services and see clients who do not have access to a phone. Other services were provided telephonically or via telehealth when possible to promote safety and social distancing.

The data listed below are life functioning outcomes for 70 AB 109 clients receiving mental health services at the AOABH AB 109 clinic in Santa Ana during FY 2019-20. There were significant reductions in incarceration days (94% decrease) and psychiatric hospitalization days (82% decrease). Fewer AB 109 MH clients experienced homelessness while enrolled in the program with less number of days in homelessness (9% decrease). Engagement in a structured role improved with treatment participation, with a 1,557% increase in days spent in a vocational or educational activity.

Life Functioning Outcomes of MH Clients – AB 109 Santa Ana Clinic ¹⁰				
Outcomes		12 Months Prior to Enrollment	FY 2019-20	% Change
Psychiatric Hospitalizations	# Clients	7	8	14%
	# Days	640	114	-82%
Incarcerations	# Clients	67	19	-72%
	# Days	14,531	939	-94%
Homelessness	# Clients	29	24	-17%
	# Days	3,099	2,831	-9%
Structured Role	# Clients	1	26	2,500%
	# Days	21	348	1,557%

County Contracted Program: Opportunity Knocks

Opportunity Knocks (OK) is a Full Service Partnership (FSP) program that provides intensive outpatient services to AB 109 clients with a serious mental illness who have a history of incarceration due to their mental illness, and are homeless or at-risk of homelessness and needing that level of care. Services include assessment, case management, counseling and therapy, 24/7 on-call response, medication support, skill-developing groups, educational and vocational support, housing support, benefits acquisition, as well as linkage to primary care and other community resources. The program has a multi-disciplinary team which includes a psychiatrist, nurse practitioner, licensed psychiatric technicians, Personal Service Coordinators (PSC), outreach specialist, vocational specialist, benefits specialist, housing specialist, and peer support staff. OK FSP follows the Assertive Community Treatment (ACT) model of providing comprehensive, community-based interventions, linguistically and culturally competent services that promote well-being and resilience in those living with serious mental illness.

This fiscal year, the OK program worked to increase coordination with the HCA AB 109 Screeners, probation officers, jail and case managers to expedite enrollment in the program, as well as expedite admission to residential rehabilitation services and linkage to outpatient substance use disorder treatment in order to address additional co-occurring needs of AB 109 clients. This allowed for improved coordination for screenings, enrollment, linkage to resources and improved follow through with legal requirements.

The data listed below are life functioning outcomes for 44 AB 109 clients participating in OK FSP services during FY 2019-20. Over the course of treatment, there were significant reductions in psychiatric hospitalization days (100% decrease) and incarceration days (95% decrease). Fewer AB 109 FSP clients experienced homelessness while enrolled in the program with significantly less days spent in homelessness (96% decrease).

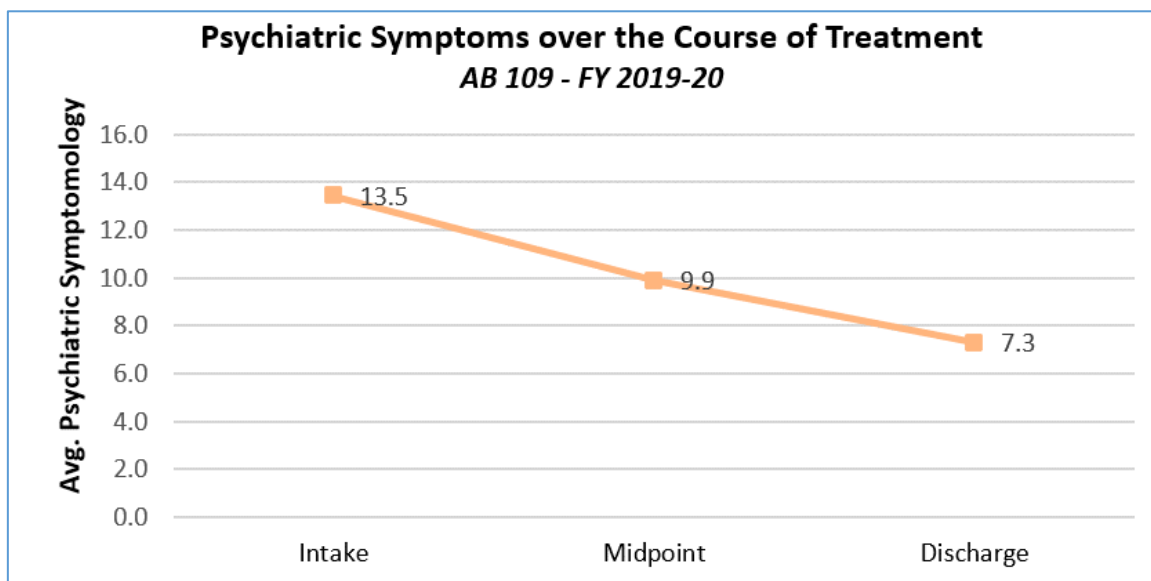
¹⁰ Source: MS Access database HCA.

Engagement in a structured role improved with treatment participation, with a 62% increase in days spent in a vocational or educational activity.

Life Functioning Outcomes of MH Clients – AB 109 OK FSP ¹¹				
Outcomes		12 Months Prior to Enrollment	FY 2019-20	% Change
Psychiatric Hospitalizations	# Clients	16	0	-100%
	# Days	525	0	-100%
Incarcerations	# Clients	38	6	-84%
	# Days	7,850	377	-95%
Homelessness	# Clients	29	3	-90%
	# Days	3,885	151	-96%
Structured Role	# Clients	2	2	0%
	# Days	728	279	62%

Additional Outcomes: Both SUD and MH Clients

AB 109 clients admitted to residential treatment, outpatient SUD and mental health services were also asked a series of questions regarding their psychiatric symptomology (i.e., how often they experienced certain psychological or emotional difficulties) at intake and during treatment.¹² Overall, AB 109 clients (n=294) experienced less psychiatric symptoms with treatment (see graph below).



¹¹ Source: Caminar database HCA

¹² Source: Modified Colorado Symptom Inventory (Conrad, J.J., et al, 2001).

When comparing types of services AB 109 clients received, on average clients in residential programs exhibited similar frequency of psychiatric symptoms at discharge as clients in outpatient programs (7.76 vs. 6.42). However, on average, clients in both residential treatment and outpatient programs exhibited less psychiatric symptoms at discharge than at intake or midpoint.

OC COURTS

The Court has responsibility for PCS, MS, and Parole Revocation Hearings. Pursuant to California Rules of Court 4.541 and upon receipt of a petition for revocation of supervision from the supervising agency or a request for warrant, the Court accepts and files the matter for action. The Court prescribes the hearing dates and times within the required period, unless time is waived or the Court finds good cause to continue the matter. The Court provides a hearing officer, courtroom facility, interpreter services and the means to produce a record and complies with reporting requirements to local and state agencies as defined.

COUNTY & COMMUNITY PARTNER ORGANIZATIONS

In addition to the programs and services described, other County and Community partners provide supportive services that include housing assistance, workforce preparation, and basic needs and support services.

Orange County Community Resources Department

Within the Orange County Community Resources (OCCR) Department, the OC Community Services and the OC Housing & Homeless Services Divisions focus on linking eligible individuals to safe, affordable housing and shelters and provides comprehensive employment assistance and development services with the goal to help them achieve self-sufficiency.

Social Services Agency

A significant responsibility of the Social Services Agency (SSA) is to determine the eligibility of individuals for Public Assistance Programs, such as CalFresh and Medi-Cal, to facilitate stability and self-sufficiency. In addition, SSA processes all reinstatements of benefits and continues to foster collaborations between programs and outreach efforts.

Orange County Re-Entry Partnership

The Orange County Re-Entry Partnership (OCREP) is a collaboration with state, county and community-based organizations to promote a system of care. Linkages are provided to public, community and faith-based agencies and advocates as resources to help

individuals who were formerly incarcerated to reintegrated back into the community. Additional information can be viewed on their website at: <http://ocreenty.org>.