



# Santa Barbara County Proposition 47

## Preliminary Evaluation



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Nicole Liner-Jigamian

Emma Schifsky

Debbie Mayer

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# Executive Summary

## Background and Context

Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. Prop 47 requires the Board of State and Community Corrections (BSCC) to allocate 65% of these savings to local agencies for mental health and substance use disorder treatment that is aimed at reducing recidivism.

In 2019, the Santa Barbara County Office of the Public Defender obtained a \$5,998,511 grant from the BSCC to develop and implement the Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program, which began in January 2020. The CREDO47 program diverts individuals with a history of serious mental illness (SMI) and/or substance use disorder (SUD) from the criminal justice system to community-based services, including crisis stabilization, comprehensive mental health and SUD wraparound services, case management support, and housing assistance. Santa Barbara County contracted Resource Development Associates (RDA) as the external evaluator of the County's Prop 47 program.

## Evaluation Overview

This preliminary evaluation report provides a midpoint review of implementation activities and client outcomes from the first year and a half of the CREDO47 program. Santa Barbara County identified the following program goals:

- **Goal 1:** Reduce number of individuals in the target population who are booked in jail.
- **Goal 2:** Connect individuals in the target population to the right level and type of care to meet their individualized needs and prevent hospitalization or jail.
- **Goal 3:** Improve CREDO47 clients' housing status.

To assess progress toward these goals, and the implementation and impact of the CREDO47 program more broadly, RDA developed the following process and outcome evaluation questions:

### Process Questions

1. How has the CREDO47 program been implemented? To what extent has implementation followed the original program model? What changes, if any, were necessary?
2. What successes and challenges have program partners experienced implementing the CREDO47 program?
3. Who is being served by the CREDO47 program and what services are they receiving?

### Outcome Questions

1. To what extent does the CREDO47 program contribute to reductions in criminal justice involvement?
2. To what extent does the CREDO47 program contribute to reductions in crisis episodes and psychiatric hospitalizations?
3. What proportion of CREDO47 clients who engage in Step Down Housing obtain permanent housing?

### Key Data Sources

- Service data and client demographics from the pre-arrest diversion (co-response), pre- and post-filing diversion, CREDO47 Center, and Step Down Housing program components
- Step Down Housing client outcomes
- Behavioral Wellness behavioral health service participation
- Sheriff's Office jail bookings
- Interviews with 24 stakeholders, including program staff and clients

# Key Evaluation Findings

## Pre-Arrest Diversion (Co-Response)

Between January 2020 and March 2021, the **Co-Response team served 167 unique clients**. Most Co-Response encounters were **responses to crisis calls (74%)** and approximately one quarter (22%) were proactive engagements. The team provided **direct service referrals or resource linkages to mental health services** during 42% of interactions. In line with the Co-Response team's goal of diverting individuals from the criminal justice system, only **2% of encounters resulted in arrest**.

### Strengths

- **Partnerships.** The team has established and expanded partnerships to connect clients to mental health services and other supports.
- **Flexible service delivery.** Flexibility in the Co-Response model allows the team to engage with clients in a way that best meets their needs.

### Challenges

- **COVID-19.** COVID-19 restrictions and capacity limitations have made it challenging for the team to divert clients in crisis to emergency mental health services.
- **Capacity.** The vast geography of Santa Barbara County and the limited number of Co-Response teams can hinder appropriate and timely responses to crisis situations.
- **Service placements.** Delays placing clients in services can limit the Co-Response team's availability to respond to incoming crisis calls.

## Pre-Filing and Post-Filing Diversion

Between March 2020 and March 2021, 113 clients were referred to the pre- and post-filing diversion program and **10 enrolled**. Clients were referred to the program from **jail (38%) or during pre-arraignment (62%)**. **All diversion clients participated in behavioral health treatment**, with 70% receiving services from Behavioral Wellness and 30% receiving services from an alternative provider (e.g., private, CBO). As of March 31, 2021, four clients exited the program and six were still enrolled. The four clients who exited **all successfully completed program requirements and had their case dismissed by the District Attorney**.

### Strengths

- **Connections and information sharing.** The Holistic Defense Advocate effectively connects justice-involved individuals with the Public Defender's Office to be considered for diversion and serves as a CREDO47 resource for the community.
- **Coordination.** The Public Defender's Office established clear processes for receiving and reviewing cases, defined staff roles, and facilitated cross-sector collaboration.
- **Refined processes.** The District Attorney's Office has refined the process for reviewing cases for pre-filing and post-filing diversion, which has allowed cases to be assessed more expediently and increased understanding among partners about which cases to recommend for diversion.

### Challenges

- **COVID-19.** COVID-19 impacts and restrictions required program partners to quickly modify the diversion component of the CREDO47 program from the original model.
- **Eligibility and participation criteria.** There is some confusion about the eligibility criteria and participation requirements among program partners and potential clients.
- **Data collection and data sharing.** Data collection processes and data access are continuing to be defined across partners.

## CREDO47 Stabilization Center

Between February 2020 and March 2021, the Stabilization Center served **380 unique clients**. Most clients arrived from, or were brought to the Center by, Cottage Hospital, the police, jail, the Public Defender's Office, the Sheriff's Office, or the Probation Department. **Three-quarters (75%) of clients stayed for up to one day**, 15% of clients stayed between one and two days, and 11% of clients stayed for three days or more. Most (89%) clients were **medically monitored** and/or received **sobering services** (76%). Almost half (41%) of clients received support **transitioning to treatment** and about one quarter (23%) received support **transitioning to the community after being released from jail**.

### Strengths

- **Service linkages.** The CREDO47 Stabilization Center effectively facilitates service linkages and successful client outcomes.
- **Safe sobering services.** The Center provides effective sobering services and serves as a safe, supportive space for individuals under the influence of drugs and/or alcohol.
- **Outreach and awareness.** Staff conducted extensive community outreach when the CREDO47 Stabilization Center opened, which effectively generated awareness and referrals.
- **On-site medical screenings.** The Center adapted to conduct medical screenings on-site, which has substantially streamlined the intake process.

### Challenges

- **Length of stay.** At times, the CREDO47 Stabilization Center houses individuals for longer than 24 hours to account for delays in transitions to treatment or housing facilities, which creates confusion in the community about the Center's role.
- **Eligibility criteria.** Eligibility requirements and behavioral health needs can limit the types of support clients receive through the CREDO47 Stabilization Center.

## Step Down Housing

Between February 2020 and March 2021, the Step Down Housing program served **20 unique individuals**. Individuals were referred to Step Down Housing from the Public Defender's Office, behavioral health providers, or CBOs. **All clients participated in behavioral health services** through Behavioral Wellness or a private provider. Approximately **two-thirds (62%) of discharged clients successfully completed the program** and about one-third (38%) were terminated early. All (100%) eight clients who successfully completed were unhoused prior to Step Down Housing and **successfully transitioned to stable housing** upon program exit. Of the five clients for which employment was applicable, **all (100%) advanced their employment**. Of the seven clients for which education was applicable, about **one-third (29%) furthered their education**.

### Strengths

- **Client-centered.** Staff have adopted a client-focused approach to working with clients.
- **Supportive staff.** Clients feel supported by housing staff while they are living in the house and after they transition to a new residence.
- **Collaboration.** Housing staff have developed collaborative relationships with CREDO47 partners, CBOs, and community stakeholders to meet clients' needs.

### Challenges

- **Population served.** Step Down Housing may not be reaching all individuals who can benefit from the program, particularly women and individuals experiencing mental health challenges.
- **Staff turnover.** Staff turnover makes it challenging for housing staff to fulfill their many responsibilities.



# Preliminary Outcomes

## Ongoing Behavioral Health Services

- **Pre-Arrest Diversion (Co-Response).** About one-quarter (22%) of the 167 Co-Response clients received behavioral health services through Behavioral Wellness after their encounter with the Co-Response team.
- **Pre-Filing and Post-Filing Diversion.** Almost three-quarters (70%) of the 10 diversion clients received behavioral health services through Behavioral Wellness and about one-third (30%) received behavioral health services through an alternative provider (e.g., private, CBO).
- **CREDO47 Center.** Over one-third (34%) of the 380 Center clients received behavioral health services through Behavioral Wellness after initial engagement with the CREDO47 Center.
- **Step Down Housing.** Three-quarters (75%) of the 20 Step Down Housing clients engaged in behavioral health services through Behavioral Wellness and one-quarter (25%) received behavioral health services through a private provider.

## Crisis Episodes and Hospitalizations

- **Crisis episodes and psychiatric hospitalizations.** The proportion of clients who experienced crisis episodes and psychiatric hospitalizations increased after program engagement for Co-Response and CREDO47 clients and decreased for Step Down Housing clients. These trends are not surprising given that Co-Response and the CREDO47 Stabilization Center involve short interactions intended to address acute mental health crises or instances of substance use. Alternatively, clients engage in Step Down Housing for six months to one year, which allows sufficient time for individuals to stabilize their mental health and substance use more long term.

## Recidivism Outcomes

- **Jail bookings.** Jail booking rates after initial program engagement are lower for clients across all program components compared to booking rates prior to CREDO47 program engagement.



## Overarching Themes

- **Progress towards goals and objectives.** The CREDO47 program provides important support to individuals with SUD and SMI. The program has made significant progress towards the program's goals and objectives, including reducing the number of people booked into jail, connecting individuals to appropriate services, and improving clients' housing status.
- **COVID-19.** COVID-19 significantly impacted program implementation and fidelity to the original model, requiring a high level of coordination and flexibility across partners.
- **Capacity limitations.** At times, capacity limitations prevented the crisis stabilization unit from accepting new clients, which strained the CREDO47 program and the County's mental health system more broadly. Additionally, the County's limited short- and long-term housing capacity creates challenges throughout the CREDO47 program.
- **Collaboration.** CREDO47 partners are developing systems and processes to work together to make decisions, develop work flows, and meet clients' needs.
- **Data collection and reporting.** Limited capacity and the cross-system nature of the CREDO47 program creates challenges for data collection, sharing, and reporting across program stakeholders.



# Introduction

Approved by California voters in November 2014, Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. Prop 47 requires these savings to be placed in the Safe Neighborhoods and Schools Fund and mandates the Board of State and Community Corrections (BSCC) to allocate 65% of the fund for mental health and substance use disorder treatment that is aimed at reducing recidivism, 25% for crime prevention and support programs in schools, and 10% for trauma recovery services for crime victims. Funds are allocated to local agencies through a competitive grant process administered by the BSCC to provide services to justice-involved individuals with behavioral health needs.

## Project Overview

The Santa Barbara County Office of the Public Defender, in partnership with the Santa Barbara County Department of Behavioral Wellness, the Santa Barbara County District Attorney's Office, and the Santa Barbara Sheriff's Office, obtained a \$5,998,511 grant from the BSCC to develop and implement the Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program.<sup>1</sup> The CREDO47 program diverts individuals with a history of serious mental illness (SMI) and/or substance use disorder (SUD) from the criminal justice system to trauma-informed, community-based treatment services, including crisis stabilization, comprehensive mental health and SUD wraparound services, case management support, and housing assistance (see Appendix A for the program's logic model, which depicts inputs, activities, outputs, and outcomes). Specifically, Santa Barbara County is using Prop 47 funds to implement the diversion activities and services illustrated in Figure 1.

**Figure 1. CREDO47 Program Components**



<sup>1</sup> The program was formerly called the Crisis Intervention, Diversion and Support (CIDS) Program.

## Diversion

- **Pre-arrest diversion through a Co-Response team.** The team includes a mental health clinician and a Sheriff's deputy who respond to behavioral health crisis calls received by the Sheriff's Office. In lieu of arrest for minor crimes (e.g., low-level misdemeanors), the Co-Response team may provide referrals and/or facilitate warm handoffs to subsequent services, including mental health stabilization support, sobering services, longer-term behavioral health treatment, social services, basic needs assistance, and housing support.
- **Pre- and post-filing diversion for individuals who have been cite-released or booked into custody.** Individuals who have been cite-released or booked into custody undergo a thorough, three-stage screening process to determine their eligibility for the CREDO47 program. Individuals with cases that are approved by the Holistic Defense Advocate, Public Defender, and, ultimately, the District Attorney, are approved for diversion and formally enrolled in the program. Clients have the opportunity to have their charges dropped or dismissed pending successful completion. Completion requirements are tailored to each individual and reflect their unique SUD and mental health needs.

## Services

- **CREDO47 Stabilization Center.** The CREDO47 Stabilization Center (formerly the Sobering Center) is led by a local community-based organization (CBO), Good Samaritan. The Center provides short-term sobering services and serves as a temporary transition space for individuals who are stepping down from jail to the community and/or entering a behavioral health residential program. Individuals can typically remain at the Center for approximately 24 hours, although longer stays are permitted on a case-by-case basis. The Center offers case management, alcohol and drug counseling, transition support, and medical care.
- **Step Down Housing.** The Step Down Housing program is led by Good Samaritan and offers 4 supportive housing facilities with the capacity to house up to 20 individuals with SMI and/or SUD. Individuals can reside in houses for 6 to 12 months and receive case management, behavioral health services, life skills assistance (e.g., financial literacy classes), and housing support (e.g., securing housing vouchers) in order to support resident's long-term housing and behavioral health stability.



# Evaluation Overview and Methodology

Santa Barbara County contracted Resource Development Associates (RDA) as the external evaluator of the County's Prop 47 program. This preliminary evaluation provides a midpoint review of implementation activities and client outcomes from the first year and a half of the CREDO47 program, which began in January 2020.

The County established the following goals and objectives listed in Table 1 to measure the CREDO47 program's success:<sup>2</sup>

**Table 1. CREDO47 Goals and Objectives**

Goal	Objective
<b>Goal 1: Reduce number of individuals in the target population who are booked in jail.</b>	Co-Response team to direct CREDO47 clients to the South County Crisis Services (SCCS) Hub <sup>3</sup> or CREDO47 Stabilization Center, preventing bookings in jail.
<b>Goal 2: Connect individuals in the target population to the right level and type of care to meet their individualized needs and prevent hospitalization or jail.</b>	Provide immediate support and engagement to successfully transition individuals to the right level of care and services for their individual needs.
<b>Goal 3: Improve CREDO47 clients' housing status.</b>	Partner with CBOs to transition adults with SMI/SUD who come into contact with law enforcement to housing and continuum of support programs.

To assess progress toward the goals and objectives, and the implementation and impact of the CREDO47 program more broadly, RDA developed the following process and outcome evaluation questions:

<b>Process Questions</b>	<ol style="list-style-type: none"> <li>1. How has the CREDO47 program been implemented? To what extent has implementation followed the original program model? What changes, if any, were necessary?</li> <li>2. What successes and challenges have program partners experienced implementing the CREDO47 program?</li> <li>3. Who is being served by the CREDO47 program and what services are they receiving?</li> </ol>
<b>Outcome Questions</b>	<ol style="list-style-type: none"> <li>1. To what extent does the CREDO47 program contribute to reductions in criminal justice involvement? What proportion of program clients recidivate?</li> <li>2. To what extent does the CREDO47 program contribute to reductions in crisis episodes and psychiatric hospitalizations?</li> <li>3. What proportion of CREDO47 clients who engage in Step Down Housing obtain permanent housing?</li> </ol>

<sup>2</sup> Some of the language in the goals and objectives changed from the original proposal to reflect updated names.  
<sup>3</sup> The SCCS Hub is the centralized location for crisis services in southern Santa Barbara County and includes the Crisis Stabilization Unit (CSU), Psychiatric Health Facility (PHF), the mobile crisis/triage teams, the CREDO47 Stabilization Center, the Substance Use Disorder (SUD) Wellness and Recovery Access Point, and Jail Mental Health (Wellpath). The SCCS Hub offers support for individuals experiencing a mental health crisis, including intake assessments and referrals and warm hand-offs to treatment.

# Quantitative Data Collection and Analysis

## Data Collection

RDA requested individual-level administrative data for individuals participating in each of the CREDO47 program components, including pre-arrest diversion, pre- and post-filing diversion, the CREDO47 Stabilization Center, and Step Down Housing from the beginning of program implementation, approximately January 2020,<sup>4</sup> through March 2021. RDA received the following quantitative data:

- Program participation and client demographics
- Step Down Housing client outcomes
- Behavioral health services
- Client jail bookings

Demographic information (e.g., age, gender, race/ethnicity), behavioral health service receipt, and recidivism outcomes<sup>5</sup> were assessed for all clients. The key quantitative data elements outlined in Table 2 were also used to assess each of the program components.

**Table 2. Key Quantitative Data Elements**

Program Component	Data Element
<b>Pre-Arrest Diversion (Co-Response)</b>	<ul style="list-style-type: none"> <li>• Call date</li> <li>• Call source</li> <li>• Call type (e.g., proactive engagement, crisis response)</li> <li>• Call outcome</li> <li>• Service referrals</li> </ul>
<b>Pre- and Post-Filing Diversion</b>	<ul style="list-style-type: none"> <li>• Date screened</li> <li>• Diversion recommendation, approval, and rationale</li> <li>• Diversion outcome</li> </ul>
<b>CREDO47 Stabilization Center</b>	<ul style="list-style-type: none"> <li>• Service date</li> <li>• Service type</li> <li>• Discharge date</li> <li>• Service referrals</li> </ul>
<b>Step Down Housing</b>	<ul style="list-style-type: none"> <li>• Intake date</li> <li>• Number of bed days</li> <li>• Behavioral health need</li> <li>• Service participation</li> <li>• Discharge date/status</li> <li>• Client education, employment, housing outcomes</li> </ul>

## Data Analysis

**Data Preparation and Quality Assurance.** When necessary, data was merged on one or more identifiers. Program and client data from Vertical Change<sup>6</sup> and behavioral health service data from Behavioral Wellness's Electronic Health Record system (EHR) utilized a common client identification number, which allowed RDA to match distinct datasets utilizing the client identification number and service date. To

<sup>4</sup> Each program component began on a different date, as described in the *Findings* section.

<sup>5</sup> Recidivism was assessed using the definition of a new booking for a misdemeanor and/or felony offense that was committed after program enrollment or engagement.

<sup>6</sup> Santa Barbara County's Department of Behavioral Wellness data collection and program monitoring software.

match jail booking and criminal conviction recidivism data to CREDO47 clients, client's first and last name as well as their date of birth were used. Anyone who did not match with these criteria was reviewed individually, resulting in a high level of matching accuracy.

**Descriptive Statistics.** RDA calculated descriptive statistics (e.g., means, frequencies, percentages) to examine client demographic characteristics, program participation, behavioral health service receipt, and preliminary client outcomes, including recidivism, housing, education, and employment outcomes. Demographic characteristics, program participation, behavioral health service details, and recidivism outcomes were examined by program component for all clients. Preliminary housing, education, and employment outcomes were calculated for Step Down Housing clients only because individuals in this program component engaged in more in-depth, long-term Prop 47-funded activities.

**Change Over Time.** RDA employed a pre- and post-test design to examine clients' recidivism (i.e., new bookings) and behavioral health crisis (i.e., crisis episodes, psychiatric hospitalizations) outcomes before and after CREDO47 enrollment.

## Qualitative Data Collection and Analysis

### Data Collection

RDA conducted interviews with 24 CREDO47 stakeholders, including program staff and clients. Some individuals were interviewed twice to assess changes in the program over time. Table 3 provides a list of all qualitative data sources and the number of individuals engaged.

**Table 3. Qualitative Data Collection Activities**

Data Source	# Individuals
Behavioral Wellness	3
Public Defender's Office	3
District Attorney's Office	2
Sheriff's Office	1
Holistic Defense Advocate	1
Co-Response Staff	3
CREDO47 Stabilization Center Staff	3
Step Down Housing Staff	2
Wellpath Staff	1
Step Down Housing Clients	5
<b>TOTAL</b>	<b>24</b>

### Data Analysis

RDA employed thematic analysis to examine interview transcripts and identify common trends in perspectives across the different stakeholders. The data was categorized into high-level themes, including program implementation, associated strengths and challenges, and recommendations for improvements to future service delivery. These trends were then synthesized into key findings.

# Limitations and Considerations

**Inter-Agency Data Collection.** In March 2020, Santa Barbara County's Department of Behavioral Wellness implemented a new software, Vertical Change, to support data collection and program monitoring for Prop 47 and other inter-agency efforts. Staff from each program component enter data on clients (e.g., demographics) and activities (e.g., encounter date, services provided) into Vertical Change, and Behavioral Wellness staff oversee and monitor data entry and reporting. The data elements and reporting process have evolved over time to reflect the unique needs and activities of each component. Some data elements were available from the start of implementation while others are newer additions. Additionally, data prior to March 2020 is less reliable since staff back-entered these data into Vertical Change while they were onboarded to the new software and the reporting process.

RDA worked closely with Behavioral Wellness to undergo an extensive data quality assurance process to ensure the data from Vertical Change presented in this report accurately reflects Prop 47 program activities in Santa Barbara County. RDA also limited the reporting period for most analyses through April 2021 to allow sufficient time for data review and cleaning. The evaluation team will continue to work with program staff to ensure data validity and integrity throughout the remainder of project implementation.

Data on new criminal convictions to assess client recidivism was not available at the time of reporting. Therefore, this report uses Santa Barbara County's local recidivism definition of new jail bookings. Program stakeholders have established a process for Santa Barbara County's Criminal Justice Data Committee to calculate new criminal convictions and this information will be provided in the final evaluation report.

**Impacts of COVID-19.** RDA began data collection in February 2021, in the midst of the COVID-19 pandemic. Data collection activities, including interviews, that were planned to be in-person shifted to virtual settings. Virtual interviews mitigated some travel and scheduling barriers, but the pandemic also created personal challenges for some individuals that may have impacted their availability to engage in data collection activities and resulted in fewer Step Down Housing clients participating in interviews.

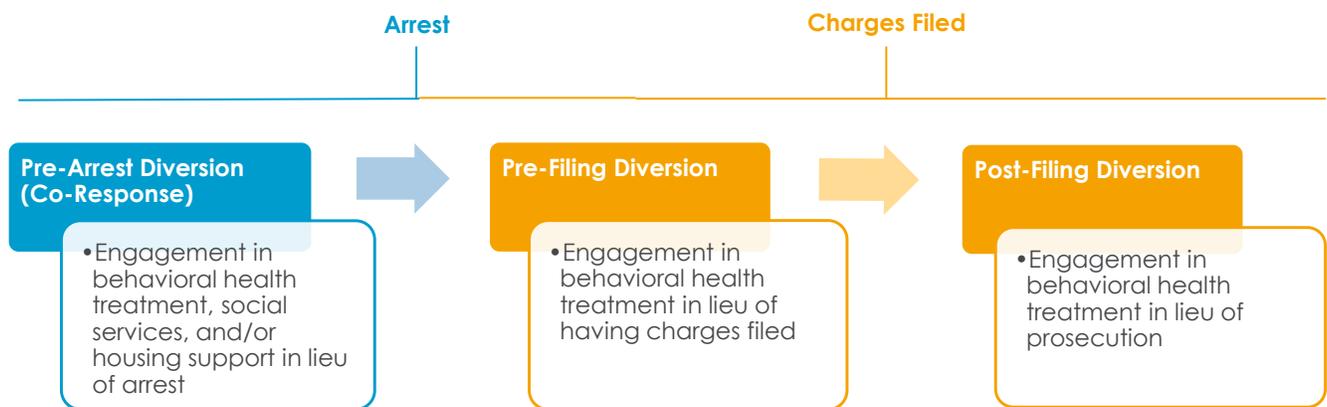
**Preliminary Outcomes.** Outcome measures included in this report should be considered preliminary. Implementation of the CREDO47 program began in January 2020 with Co-Response. Step Down Housing and the CREDO47 Stabilization Center opened in February 2020, and the first pre- and post-filing diversion client was enrolled in March 2020. As a result, most clients have not completed a sufficient amount of time since beginning services to adequately assess the impact of program participation on recidivism or crisis outcomes. These outcome measures, with a longer follow-up period, will be included in the final evaluation report.



## Findings: Diversion Entry Points

The CREDO47 program diverts individuals with a history of SMI and/or SUD from the criminal justice system to a variety of community-based treatments and services. Individuals can be diverted at one of two points, including (1) in the field prior to arrest through the Co-Response team or (2) through the District Attorney's Office after a citation or arrest and either before or after charges are filed, as depicted in Figure 2 below.

**Figure 2. CREDO47 Diversion Entry Points**



### Pre-Arrest Diversion (Co-Response)

Santa Barbara County's Prop 47 program includes one Co-Response team that responds to behavioral health crises and diverts individuals from jail to appropriate treatment prior to arrest.<sup>7</sup> The Co-Response team include a mental health clinician who is a member of the County's Mobile Crisis Response (MCR) team,<sup>8</sup> and a Sheriff's deputy who is trained in crisis intervention. The team responds to behavioral health crisis calls received by the Sheriff's Office from Goleta and Isla Vista, which together account for over 40% of the County's mental health-related law enforcement calls.<sup>9</sup> The team also conducts proactive engagements, in which they follow up with an individual for whom they previously responded to a crisis call or who could be at risk of experiencing a future crisis. Team members are trained to identify symptoms of SMI and SUD and can divert individuals from arrest for minor crimes (e.g., low-level misdemeanors) to the CREDO47 program, including stabilization, sobering, longer-term behavioral health, and housing services. The team is managed by a coordinator who oversees and supports the Co-Response program;

<sup>7</sup> Santa Barbara County has three additional Co-Response teams that serve other areas of the County - two of which are funded by another grant and one in partnership with the Santa Barbara Police Department

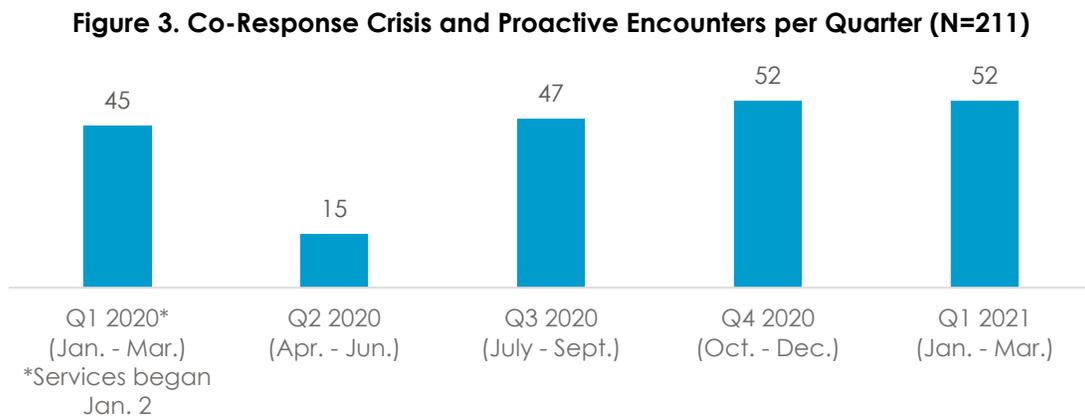
<sup>8</sup> MCR is a Behavioral Wellness program composed of mental health clinicians who respond to requests for involuntary psychiatric hold assessments from law enforcement, families, hospitals, and others.

<sup>9</sup> Lee, C. (2019). Crisis Intervention Team statistics. Internal Report: Santa Barbara County Sheriff's Office.

provides training to team members, law enforcement, crisis staff, and dispatchers countywide; and consults on arrest and mental health/SUD treatment decisions in the field.

### Co-Response Services

Santa Barbara's Prop 47 Co-Response services began on January 2, 2020. In the 15-month period from January 2020 through March 2021, the Co-Response team served 167 unique clients across 211 encounters. On average, the Co-Response team engaged in 42 encounters per quarter (see Figure 3). It is important to note that the number of Co-Response encounters was low in quarter 2 compared to other quarters because COVID-19 severely limited the team's capacity.



**74% of  
Co-Response  
Encounters were  
Crisis Calls**

Most Co-Response encounters were responses to crisis calls (74%), while about one quarter (22%) were proactive engagements.<sup>10</sup> Nearly all crisis calls (94%) came from 911 dispatch, whereas proactive engagements were requested from the Co-Response team itself (39%), law enforcement agencies (33%), and/or from Behavioral Wellness (18%).<sup>11</sup>

Most clients interacted with the Prop 47 Co-Response team once, however clients may have also interacted with other non-Prop 47 Co-Response teams not detailed in this report. Among the 167 Co-Response clients, 70% had one crisis encounter and 12% had one proactive engagement. Additionally, 18% of all Co-Response clients had more than one crisis encounter and/or proactive engagement with about one third (33%) of the clients who had more than one encounter experiencing both crisis responses and proactive engagements. Among clients who had multiple interactions with Co-Response, most (83%) had two encounters.

Of the 133 Co-Response encounters in which referral data was available,<sup>12</sup> the team provided direct service referrals or resource linkages to mental health services during approximately 42% of interactions.<sup>13</sup> The team also referred clients to SUD services (6%) or SUD and mental health services (3%). Both mental health and SUD referrals included direct service linkages when applicable, in which the team would transport the client to the referral agency. The top mental health and/or SUD providers to which clients

<sup>10</sup> Clients were unable to be contacted for a proactive engagement or the crisis call was cancelled en route for 4% of encounters.

<sup>11</sup> Encounters can be requested by multiple sources.

<sup>12</sup> Of the 211 Co-Response encounters, 78 are missing referral data.

<sup>13</sup> Clients can receive multiple referrals during a single encounter.

were referred were County crisis services (51%), the client's current treatment provider (49%), and/or the Access Line<sup>14</sup> (42%).<sup>15</sup>

Additionally, for approximately half of encounters (45%), the team assisted clients with other support services, including providing contact information for local services and resources.<sup>16</sup> Although less frequent, the team also connected clients with social services (15%), basic necessities (8%), and medical/healthcare services (8%). While the Co-Response team attempted to refer clients to subsequent services, about a quarter (20%) of encounters resulted in clients denying referrals offered by the team because they were either uninterested or already receiving services. Additionally, among the 49 encounters in which the client was unhoused, 67% resulted in a referral to a shelter or housing resource, such as the Salvation Army, Recovery Way, Rescue Mission and PATH.<sup>17</sup>

In addition to providing referrals and warm hand-offs to services, 165 Co-Response encounters resulted in additional outcomes.<sup>18</sup> Over one third (39%) resulted in the team placing the client in an involuntary psychiatric hold (i.e., 5150 or 5585) and/or completing a safety plan<sup>19</sup> with the client (36%). Encounters also resulted in voluntary emergency department holds for medical and psychiatric purposes (10%) and the team transporting clients to additional types of services, including Safe Alternatives for Treating Youth (SAFTY)<sup>20</sup>, the SCCS Hub, and shelters (8%). Finally, in line with the Co-Response team's goal of diverting individuals from the criminal justice system, only 2% of encounters resulted in arrest.

**2% of Co-Response Encounters Resulted in Arrest**

**Table 4. Gender and Race/Ethnicity of Co-Response Clients**

Category	Count	Percent
<b>Gender (n=142)</b>		
Male	76	54%
Female	66	46%
<b>Race/Ethnicity (n=119)</b>		
White	77	65%
Hispanic, Latino, or Spanish	20	17%
Black or African American	9	8%
Asian	7	6%
Other <sup>1</sup>	6	5%

**Client Profile**

Among the 152 unique Co-Response clients for whom some demographic data was available,<sup>21</sup> about half identified as female and half identified as male.<sup>22</sup> On average, Co-Response clients were 39 years old, with an age range from 12 to 79 years old. Approximately two-thirds of Co-Response clients (65%) identified as White, 17% as Hispanic/Latino/Spanish, 8% as Black/African American, and 6% as Asian.<sup>23</sup>

<sup>14</sup> The Access Line is provided by the Department of Behavioral Wellness individuals who have or are eligible for Medi-Cal. Individuals can call a 24-hour toll-free number and complete an intake assessment over the phone to be referred to appropriate behavioral health and supportive (e.g., housing, basic needs) services.

<sup>15</sup> Of the 60 encounters that had a mental health and/or SUD treatment referral, 17 are missing referral agency data. Mental health/SUD referrals can be made to multiple agencies.

<sup>16</sup> Program partners are continuing to strengthen data collection efforts to identify these services in future reports.

<sup>17</sup> More detailed information on shelter/housing resources was not available at the time of reporting.

<sup>18</sup> One encounter can result in multiple outcomes.

<sup>19</sup> A safety plan is a guide that an individual creates to assist themselves in being safe during crisis situations and can include emergency contacts, locations they feel secure, and people they can trust to provide appropriate support.

<sup>20</sup> SAFTY supports children under 21 and their families by providing specialized crisis intervention services; in-home support services; and linkages to County alcohol, drug, mental health, or other appropriate services.

<sup>21</sup> Of the 167 Co-Response clients, 16 are missing all demographic data.

<sup>22</sup> Gender was unknown or not recorded or not recorded for 10 clients.

<sup>23</sup> Race/ethnicity was unknown or not recorded for 33 clients.

## Strengths & Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

### Strengths

**The Co-Response team has established and expanded partnerships to connect clients to mental health supports and other services.** Families and program stakeholders praised the Co-Response team for leveraging local resources to expediently and effectively link clients to treatment and supports. In particular, patrol officers commended the team's willingness to collaborate and divert clients from criminal charges through de-escalation tactics and individualized connections to services. The team connects eligible individuals to County behavioral health services through the Access Line. If an individual does not meet eligibility criteria for County services or is uninsured, the Co-Response team works with the individual and, as appropriate, their family, to connect them to services. Co-Response staff recounted the lengths they went through to place a client in a "safe space," including reaching out to family and friends when other options were not available.

*"...Co-Response going out and doing field interventions has made a difference.... I have to imagine there would have been a lot more [arrests without the Co-Response team]. ...The clinician connects [clients] to Access, refers them to a shelter bed, food, transportation, etc. The one-touch service is really remarkable." – CREDO47 Partner*

Additionally, the Co-Response team has strengthened existing partnerships and developed new connections to respond to clients' needs. At the start of the program, the team set up meetings with crisis stabilization unit (CSU) staff to build rapport and establish credibility to facilitate placing clients in the facility. The team also actively works to identify new community partnerships that can support the needs of clients with whom they engage. For example, the team received a number of calls for veterans in crisis and developed a partnership with a CBO that serves this population.

**Flexibility in the Co-Response model allows the team to engage with clients in a way that best meets their needs.** The Co-Response team's approach allows either the Sheriff's deputy or the clinician to take the lead when responding to a crisis call or proactive engagement. Team staff noted that clients may require law enforcement intervention if they are a danger to themselves or others, whereas in instances in which safety is not a concern, intervention by the clinician may be more appropriate. Additionally, some individuals may be more responsive to law enforcement or mental health providers based on past experiences with staff in these fields. The team's responsiveness to clients' needs and preferences helps diffuse crises, build rapport between the team and the client, and ultimately connect them to supports.

*"We had a family member say we saved [their sibling's] life [by placing them] in the hospital.... We are there to save their lives...[and] do our best to keep the public safe as well. The proof has been in those family members that call and say thank you." – Co-Response Team Member*

## Challenges

**COVID-19 restrictions and capacity limitations have made it challenging for the Co-Response team to divert clients in crisis to emergency mental health services.** The team noted that on multiple instances they took clients to Cottage Hospital<sup>24</sup> for a 5150 hold, and that the clients were released within several hours or redirected to the CSU or CREDO47 Stabilization Center due to limited beds at the facility. Similarly, at times the CSU was unable to accept clients in crisis due to staffing limitations. These challenges were exacerbated at both facilities during the COVID-19 pandemic when social distancing requirements further decreased capacity.

**The vast geography of Santa Barbara County and the limited number of Co-Response teams can hinder appropriate and timely responses to crisis situations.** Santa Barbara County's large geographic area and mountainous terrain can result in travel times of 30 to 60 minutes for the Co-Response team to respond to crisis calls. In the interim, law enforcement officers with limited clinical training are typically the first to arrive on scene and must either wait to intervene until the Co-Response team arrives or intervene using de-escalation skills. Co-Response staff explained that some crises are time sensitive and require immediate clinical interventions. Additionally, deputies have expressed frustration when they employ de-escalation techniques, or when de-escalation is not appropriate, and they must wait for a clinician to arrive with the co-response team for the client to be assessed and referred or transported to subsequent services.

**Delays placing clients in services can limit the Co-Response team's availability to respond to incoming crisis calls.** In some cases, the team struggled to locate available beds while in other situations the process for clients to be approved and admitted to a particular service was time consuming. Given that there are only four Co-Response teams in the county (one of which is funded by Prop 47), the time it takes to transport clients and admit them to inpatient services can significantly impact the teams' presence in the field and ability to respond to new incoming calls.

## Stakeholder Recommendations

Stakeholders shared the following recommendations to strengthen Co-Response:

- Expand crisis response trainings for law enforcement officers who may respond to behavioral health crises without a clinician, to ensure they are prepared to manage the situation.
- Given that there can be misalignment in treatment decisions between Sheriff's deputies and providers, develop opportunities for relationship-building and co-learning, such as having clinical staff ride along with deputies.
- Explore opportunities to increase the number of Co-Response teams to facilitate faster response times and ensure that at least one team is active in the field at all times. Recently, Behavioral Wellness and the Sheriff's Office presented a plan to the Board of Supervisors for five more Co-Response teams and additional infrastructure.
- To assess the efficacy of the Co-Response team on client outcomes, define benchmarks and goals related to service referral, service completion, and mental health stabilization. Establish a process to collect appropriate data and measure success.

*"If someone is picked up and diverted, then there is no follow-up. [We're] not defining outcomes. Recidivism is just one piece of the puzzle. Knowing whether [they] get connected to a program and whether [they] stay in a program.... Did I stabilize the mental health crisis?" – CREDO47 Partner*

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<sup>24</sup> Cottage Hospital offers involuntary and voluntary emergency psychiatric services for individuals experiencing acute mental health crises.

# Pre-Filing and Post-Filing Diversion

The CREDO47 program provides pre-filing and post-filing diversion opportunities for individuals who have been cite-released or booked into custody for minor crimes and have a history of SMI and/or SUD. The original program model included a Holistic Defense Advocate housed in the jail to screen individuals before they were booked into custody and divert eligible individuals from custody to the CREDO47 program. However, due to COVID-19 restrictions, most individuals eligible for the program were cited and released. Therefore, the County restructured the diversion program and relocated the Holistic Defense Advocate to the Public Defender's Office

When the diversion program was first implemented, individuals were also required to be residents of Santa Barbara County and to be Medi-Cal eligible; however, eligibility criteria has expanded over time in order to serve a greater number of individuals and a more diverse population. The program is now open to residents from any county who (1) received a citation, were arrested, or charged with a non-violent misdemeanor or low-level felony in Santa Barbara County, (2) display symptoms or have a history of SMI/SUD, and (3) are willing to engage in SUD/SMI treatment. Individuals are also eligible for diversion regardless of their Medi-Cal eligibility, which has opened the program to Santa Barbara County's undocumented population.

Individuals can be referred to the program through the Public Defender's Office or the District Attorney's Office. Program staff have also engaged in outreach efforts to promote the diversion program to providers and CBOs that serve individuals with mental health issues and/or SUD, and clients can be referred to the diversion program through these individuals and organizations as well. Once an individual is referred to the program, the Public Defender's Office or District Attorney's Office conducts a pre-screening and refers approved clients to the Holistic Defense Advocate, who conducts an in-depth screening to determine eligibility and to provide resources and referrals for needed services (e.g., housing, behavioral health services, social services) to individuals as appropriate. Eligible cases are then submitted to the District Attorney's Office for final review. The District Attorney ultimately determines whether an individual is approved to participate in diversion through the CREDO47 program.

**Figure 4. Case Review Process from Referral to Enrollment**

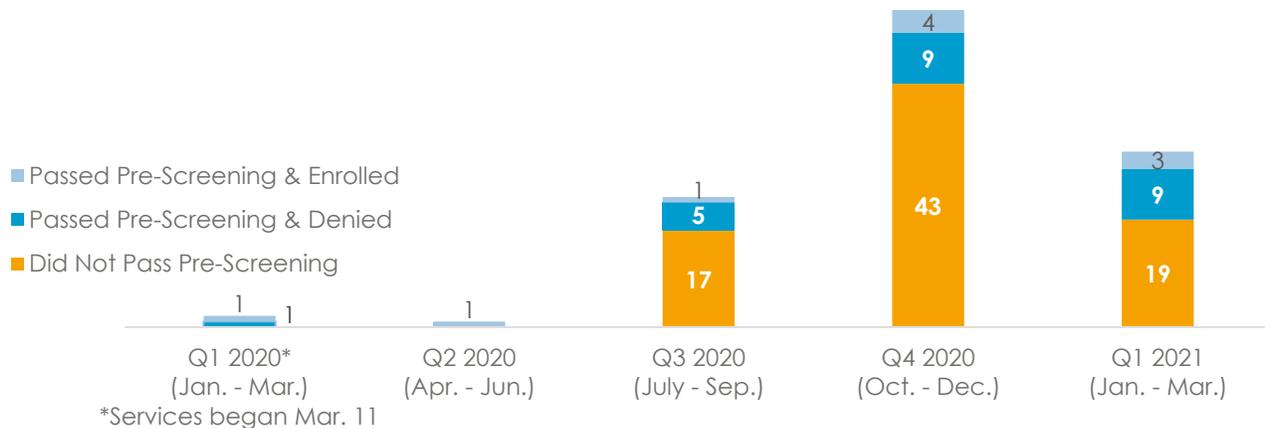


Cases can be approved both before and after charges are filed—referred to as pre- and post-filing, respectively. The charges of clients enrolled pre-filing are held in abeyance and dropped upon successful program completion or filed if program requirements are not met. Alternatively, the charges of clients enrolled post-filing are dismissed upon successful program completion or their cases are tried if program requirements are not met. Program requirements are tailored to the needs of each individual client and generally include participation in behavioral health treatment.

## Pre-Filing and Post-Filing Diversion Services

Santa Barbara County's Prop 47 diversion services began on March 11, 2020, at the onset of the COVID-19 pandemic. Across the 13-month period from March 2020 through March 2021, 113 were referred to the program, 34 passed pre-screening (e.g., were initially found eligible), and 10 were enrolled. Due to start-up delays as the diversion program restructured due to the COVID-19 pandemic, a limited number of clients were referred during the first two quarters of implementation. Beginning in the third quarter of 2020 (July – September), the number of referrals has increased and continued to grow as depicted in Figure 5.

**Figure 5. Referrals and Enrollment Status per Quarter (N=113)**



**53% of Referrals were from the Public Defender**

Clients who passed pre-screening (n=34) were referred to the diversion program from jail (38%) or during pre-arraignment (62%). Approximately half (53%) of these clients were referred by the Public Defender while a quarter (24%) were referred by a CBO and/or treatment provider. Although less frequently, 15% of clients referred themselves to the program and 9% of clients were referred by the District Attorney's Office. The offenses for which clients were arrested included drug offenses (43%), crimes against people (33%) and/or property (24%), nuisances (24%), illegal possession of a firearm (10%) and/or non-compliance (10%).<sup>25</sup>

After passing pre-screening, almost all (94%) clients received case management from the Holistic Defense Advocate, including service referrals.<sup>26</sup> Most referrals were to mental health (74%) and/or SUD services (70%), with over half (55%) of these behavioral health referrals to the County's Access Line.<sup>27</sup> Clients also received referrals to existing behavioral health treatment providers (32%) and Step Down Housing (18%). Among the 20 clients who were unhoused, 75% were referred to a shelter or other housing resources.

Of the 34 clients who passed pre-screening, about two-thirds (68%, n=23) were deemed eligible and submitted to the District Attorney's Office for review. Eight clients were found ineligible due to medical needs, arraignment status, or other unspecified reasons, and two cases did not advance because the

<sup>25</sup> Charge data was missing, unknown, or not recorded for thirteen clients. Clients can also have multiple charges in multiple offense categories.

<sup>26</sup> Three clients are missing data on assistance provided.

<sup>27</sup> Seven clients are missing referral data. Of the 25 clients with mental health/SUD referrals, 3 are missing mental health/SUD referral agency data. Clients can be referred to multiple mental health/SUD agencies.

client declined services or lost contact. One case was still under review (i.e., pending) at the time of reporting.<sup>28</sup>

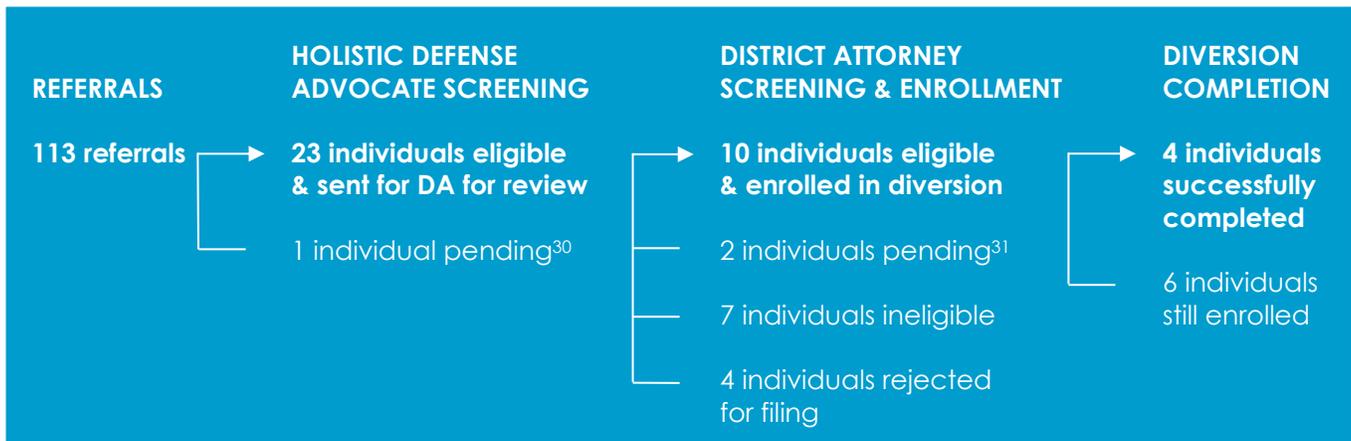
Of the 23 eligible clients, 10 were ultimately approved by the District Attorney and enrolled in diversion. Four were enrolled in the program before the District Attorney filed charges and six were enrolled in the program after charges were filed. Four clients also had their cases rejected for filing by the District Attorney, wherein their charges were dropped and they did not have any further criminal proceedings. Among the nine clients who were not approved, seven were ineligible due to their criminal record and/or offense type and two were still under review (i.e., pending) at the time of reporting.<sup>29</sup>

Per the program requirements, all diversion clients participated in behavioral health treatment, with 70% receiving services from Behavioral Wellness and 30% receiving services from an alternative provider (e.g., private, CBO). Over half (60%) of clients were engaged in treatment prior to enrollment while less than half (40%) began treatment after enrollment. Most clients who began treatment after enrollment did so within a month of starting the diversion program.

As of March 31, 2021, four clients exited the program and six were still enrolled. The four clients who exited were enrolled for an average of seven months and all successfully completed the program requirements and had their case dismissed by the District Attorney. The flow of clients through the diversion component is depicted in Figure 6 below.

**100% of Completed Clients Exited Successfully**

**Figure 6. Diversion Referral and Enrollment Flow Chart**



**Client Profile**

Among the 34 individuals who passed pre-screening, about two-thirds were male (65%) with an average age of 36. Gender and age were similar between referred clients who were denied and those who were enrolled, however race/ethnicity differed between the two groups as depicted in Table 5. While approximately half (47%) of pre-screened clients identified as White, they made up 70% of enrolled individuals. Alternatively, 38% of pre-screened clients identified as Hispanic/Latino/Spanish, however they made up 20% of the enrolled population.

<sup>28</sup> Pending includes *pending screening*.

<sup>29</sup> Pending includes *has not received request to file and pending screening*.

<sup>30</sup> Pending includes *pending screening*.

<sup>31</sup> Pending includes *has not received request to file and pending screening*.

**Table 5. Race/Ethnicity of Pre-Screened Diversion Clients by Enrollment Status**

Race/Ethnicity	Enrolled (N=10)	Not Enrolled (N=24)	Total Pre-Screened (N=34)
White	70%	38%	47%
Hispanic, Latino, or Spanish	20%	46%	38%
Other <sup>32</sup>	10%	13%	9%
Unknown/Declined to state	0%	4%	3%

### Strengths and Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

#### Strengths

**The Holistic Defense Advocate effectively connects justice-involved individuals with the Public Defender's Office to be considered for diversion and serves as a CREDO47 resource for the community at large.** The Holistic Defense Advocate was originally going to be located in the jail but was moved to the Public Defender's Office due to COVID-19 restrictions on jail visitors. Program partners emphasized that the Advocate's close physical proximity to and personal connections with public defender staff have helped establish processes for referring clients to the program and consistent follow up, as well as supported information sharing between clients and public defender staff to advance clients through the diversion process.

Program partners also noted that having the Holistic Defense Advocate as a point of contact for all clients, attorneys, and CBOs streamlines communication and provides an efficient process for connecting clients to services. Having one person explain the CREDO47 program, conduct screenings, and connect individuals to services (e.g., calling the Access Line with clients) makes it easy for partners to know where to refer individuals who are seeking more information. The Advocate's strong community partnerships also help link clients to other services and supports as needed.

*"My client felt really supported by a team – myself [the Holistic Defense Advocate], their attorney, and I also brought in a housing coordinator – they went from being alone to having a team of providers they could reach out to."  
– Holistic Defense Advocate*

**The Public Defender's Office established clear processes for receiving and reviewing cases, defined staff roles, and facilitated cross-sector collaboration.** At the start of program implementation, the Public Defender's Office designated a deputy public defender to oversee CREDO47 activities for the agency. The deputy public defender established process flows for key program activities, such as receiving referrals and recommending cases for diversion to the District Attorney. Program partners noted that establishing clear protocols has increased efficiencies in client screenings and referrals, and made it easier to review and improve processes when something is not working. Additionally, collaborating with CBOs increased awareness about the program and led to additional referrals from the community, which have been particularly important given that COVID-19 limited referrals from jail.

**The District Attorney's Office has refined the process for reviewing cases for pre-filing and post-filing diversion, which has allowed cases to be assessed more expediently and increased understanding among partners about which cases to recommend for diversion.** The District Attorney's Office appointed

<sup>32</sup> Other includes Black or African American; Two or more races; and Other identified ethnic origin, ethnicity or race.

a deputy district attorney to manage the agency's CREDO47 activities. Partners noted that having a point person at the District Attorney's office has resulted in faster case reviews and, in some cases, made it easier to get post-filing cases approved for the program, as they can be referred to the deputy district attorney rather than having to go through the court. The District Attorney's Office also developed a standard operating procedure (SOP) document that outlines the referral process, eligible offenses, and diversion participation process, which stakeholders noted has helped clarify the District Attorney's Office's expectations at this stage of the program.

## Challenges

**COVID-19 restrictions required program partners to quickly modify the diversion component of the CREDO47 program from the original model.** The original model planned that most referrals to the diversion program would come through the jail. When COVID-19 drastically decreased the jail population, program partners were required to adapt to this change while managing other impacts of the pandemic. In addition to moving the Holistic Defense Advocate to the Public Defender's Office, stakeholders also refined and expanded the eligibility criteria over time to make the diversion component available to a greater number of individuals, including those who live outside of Santa Barbara County and those who are not Medi-Cal eligible. However, these updates were not uniformly communicated across partners, which may have resulted in missed diversion opportunities.

*"The program was built to catch people who are flooding into the system at a low level, but with COVID we got to zero bail and all of our low-level folks stopped coming through the arraignment process at all. We built a program to catch in-custody people being booked on low level things and they just disappeared."*

*– CREDO47 Partner*

**There is some confusion about the eligibility criteria and participation requirements among program partners and potential clients.** The SOP developed by the deputy district attorney explains that all individuals charged with misdemeanor offenses are eligible to participate in the CREDO47 program, with some exceptions noted in the document, such as cases involving domestic violence or stalking, registration as a sex offender or inappropriate sexual conduct as an element, and the sale of alcohol or tobacco products to minors. However, several partners shared that there is debate regarding whether certain charges should be eligible. One partner also noted that individuals with minor charges who should be automatically eligible for the program must undergo the same time-intensive review process as individuals with more complex or severe charges.

Partners also indicated that while it is helpful to have participation requirements tailored to individuals' needs, this flexibility also makes it challenging to explain the requirements to potential clients and manage their expectations about how to successfully complete diversion. Additionally, some partners expressed concern that the program is open to individuals with a history of SMI and/or SUD, and that the eligibility criteria does not include individuals with mild to moderate mental illness who could benefit from CREDO47 services.

*"It's hard to advise a client on what it means if they get diverted because it depends on what they need. This is a challenge and strength. It's not one size fits all. ...It can be hard to explain to an outside agency, like the court, that wants to know what [diversion] means." – Program Partner*

**Language barriers and eligibility requirements can make it challenging to place diversion clients into appropriate services.** Some stakeholders raised concerns about the lack of supports available in Spanish. Additionally, while some providers offer free or sliding fee scale services to undocumented individuals who are ineligible for Medi-Cal, the process to identify and access these services can be challenging.

**Data collection processes and data access are continuing to be defined across partners.** While the County has adopted Vertical Change for data collection and reporting purposes, the Office of the Public Defender and the Office of the District Attorney manage independent databases to track client referrals and diversion participation. Historically, there have been some discrepancies in the data tracked by each agency, and they are continuing to develop data comparison and quality assurance processes. Concerns also persist about which partners can access sensitive and protected client data (e.g., criminal justice involvement, behavioral health services).

*"The biggest thing around data that people have questions about, but not answers, is ROIs, data sharing, and cross-departmental collaboration. What is acceptable to share? Do you need a client's permission to share with another agency? ...There are lots of open questions about privacy, policy, what's reasonable to expect, and what is sharing too much." – CREDO47 Partner*

### **Stakeholder Recommendations**

Stakeholder recommendations specific to the pre- and post-filing diversion component included:

- Identify ways to streamline the referral process by further clarifying eligibility criteria for pre- and post-filing diversion, including criminal charges and behavioral health needs and diagnoses. Also identify ways to streamline the case review process, particularly for cases more likely to qualify for diversion, such as those with minor charges brought on individuals with no priors. Consider different levels of case review based on case individual characteristics.
- Develop a system for timely sharing of program updates (e.g., new referral forms, different eligibility criteria) to all partners, including a description of the changes and the date of implementation.
- Clarify and disseminate information about ways that undocumented individuals who are ineligible for Medi-Cal can access treatment services.
- Continue to define and improve data sharing and quality assurance processes across partners to ensure stakeholders can securely and appropriately access relevant client data.



## Findings: Services

In addition to diversion opportunities, the CREDO47 program offers a continuum of supports to meet individuals' immediate and longer-term needs. The CREDO47 Stabilization Center offers short-term (e.g., approximately 24 hours) sobering services and transition services out of custody and/or into treatment. The Center has an open-door policy to anyone in need of sobering or transition services, including those who decide to independently seek Center services, people who have recently engaged in a Co-Response encounter, or individuals enrolled in the diversion or Step Down Housing components. The program also connects people experiencing mental health crises to the CSU; however, there have been fewer placements at this facility than anticipated because the CSU has faced ongoing challenges related to the COVID-19 pandemic and capacity issues (e.g., staffing shortages, limited hours of operation). As a result, the CREDO47 Stabilization Center has taken on a greater number of clients and individuals with more severe mental health needs than anticipated.

In addition to short-term interventions, the CREDO47 program's Step Down Housing component offers up to one year of supportive housing, including wraparound services, for homeless individuals with mental health and/or SUD needs and an open criminal case. Both Step Down Housing and the CREDO47 Stabilization Center offer case management services, which aim to support clients to voluntarily engage in services and to link them to the County's broader network of social supports (e.g., housing, social services) and behavioral health treatment (e.g., psychiatry, medication-assisted treatment (MAT), residential, outpatient).

### CREDO47 Stabilization Center

The CREDO47 Stabilization Center (formerly the Sobering Center) is managed by Good Samaritan and provides short-term sobering and transition services. The Center offers a safe place for individuals acutely under the influence of alcohol or drugs who need a supportive intervention without fear of arrest. Additionally, the CREDO47 Stabilization Center provides temporary housing and assistance for individuals who have been released from custody and are awaiting their next destination and/or for individuals who have been assigned a bed in a residential program within the next few days. The Center has ten beds: 4 for female clients and 6 for male clients. Before receiving Center services, clients must be medically screened to determine their needs and service eligibility. Individuals can remain at the Center for approximately 24 hours,<sup>33</sup> and services include case management, alcohol and drug counseling, and medical care. Staff include an Alcohol and Other Drugs (AOD) certified counselor, a registered nurse (RN), a recovery assistant, an emergency medical technician (EMT), and a case worker.

#### CREDO47 Stabilization Center Services

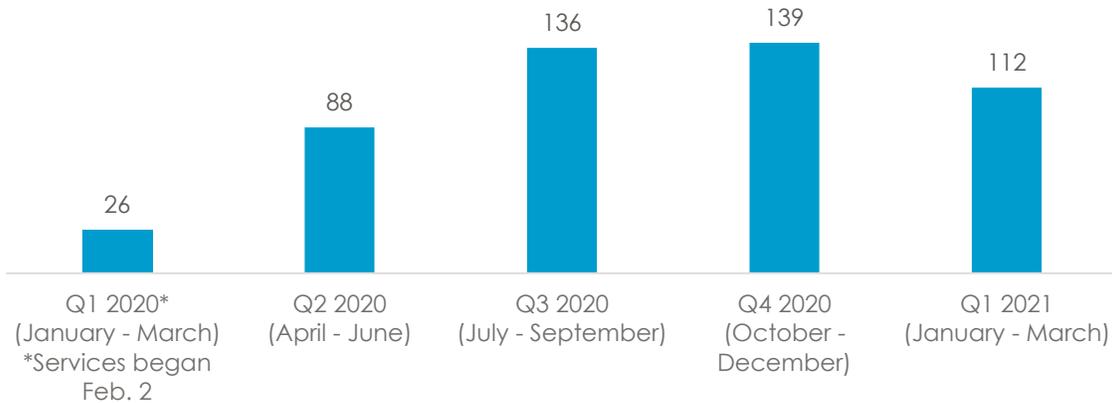
The CREDO47 Stabilization Center began serving clients on February 2, 2020. In the 14-month period from February 2020 through March 2021, the Center served 380 unique clients across 501 encounters. Encounters steadily increased over time until quarter 1 of 2021, when encounters began to decline (see Figure 7). This decline may, in part, be due to the COVID-19 pandemic. On average, Center staff engaged in 100 encounters per quarter. The majority of clients (81%) were served by the CREDO47

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<sup>33</sup> In some instances, clients remain at the Center for up to 72 hours to await an open bed at their next placement.

Stabilization Center once and 12% of clients returned to the Center twice. A smaller proportion of clients (7%) returned to the Center more frequently, with one client engaging in Center services eight times over the reporting period.

**Figure 7. CREDO47 Stabilization Center Encounters per Quarter (N=501)**



Most clients arrived at the Center from, or were brought to the Center by, Cottage Hospital (31%), the police (16%), jail (14%), the Public Defender's Office (11%), the Sheriff's Office (8%), or the Probation Department (5%).<sup>34</sup>

After clients were screened and found eligible for Center services, they received sobering and/or transition support. While the Center is intended to house clients for up to 24 hours, between February 2020 and March 2021, 75% of clients stayed for up to one day, 14% of clients stayed between one and two days, and 11% of clients stayed for three days or more. The maximum length of stay was eight days. During these short encounters, the majority (89%) of clients were medically monitored by the CREDO47 Stabilization Center staff and/or received sobering services (76%).<sup>35</sup> About half (41%) of clients received support transitioning to treatment and about a quarter (23%) received support transitioning to the community after being released from jail.

The CREDO47 Stabilization Center team also connected clients to subsequent services and transported them to their next location. Most encounters (91%) resulted in a referral to SUD treatment,<sup>36</sup> while a smaller proportion of clients (21%) were referred to mental health services. The majority of behavioral health referrals were for the County's Access Line (80%).<sup>37</sup> Clients were also referred to housing support (43%), services to support their basic needs (39%), and food assistance (38%). Regardless of the client's next location, CREDO47 Stabilization Center staff transported clients following most encounters (85%).

### Client Profile

Clients who interacted with the CREDO47 Stabilization Center were primarily male (76%) with an average age of 39. About half (52%) of CREDO47 clients were White, over one-third (37%) were Hispanic/Latino/Spanish, 5% were Black/African American, and 5% were two or more races (see Table 6).

<sup>34</sup> Transportation data was unavailable for 14 encounters.

<sup>35</sup> Service date was unavailable for 21 encounters. Clients could receive multiple services per encounter.

<sup>36</sup> Referral data was unavailable for 30 encounters. Clients could receive multiple referrals per encounter.

<sup>37</sup> The Access Line is a centralized hotline that CREDO47 staff assist clients' with calling to get screening for behavioral health services, including residential treatment. Behavioral health referral data was unavailable for 77 encounters. Clients could receive multiple referrals per encounter.

**Table 6. Demographic Characteristics of CREDO47 Encounter Clients**

Category	Count	Percent
<b>Age Group (n=367)</b>		
18-24	37	10%
25-34	125	34%
35-44	80	22%
45-54	64	17%
55-64	51	14%
65 and over	10	3%
<b>Gender (n=369)</b>		
Male	282	76%
Female	87	24%
<b>Race/Ethnicity (n=366)</b>		
White	189	52%
Hispanic, Latino, or Spanish	135	37%
Black or African American	16	5%
Two or More Races	18	5%
Other <sup>38</sup>	8	2%

### Strengths and Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

#### Strengths

**The CREDO47 Stabilization Center effectively facilitates linkages to services and successful client outcomes.** Program partners and clients emphasized that the Center has been a vital component of the CREDO47 program since its inception, with one stakeholder referring to the Center as “the greatest success story.” Multiple partners highlighted that the Center fills the gap for necessary short-term sobering and transition services that were previously unavailable to the community. They also provided examples of successful client outcomes, including linkages to therapy, housing, and diversion from jail for individuals under the influence without more serious criminal charges. Stakeholders praised Center staff, noting that they encourage clients and can anticipate their needs, understand the County’s service landscape, and are consistently generating referrals and/or securing new placements. Center staff attribute the Center’s success to staff’s regular communication with other partners over the phone and through weekly meetings, opportunities to reflect on their work as a team and improve processes as needed, and consistent follow-through with clients and providers.

*“So many individuals have gone through [the Center]. They rave about the support and encouragement they’ve gotten. [Center staff] will encourage [clients] to go to therapy and make a call and get them a bed if they’re interested. And then if they need housing, Center staff will do preemptive referrals for housing. They know possible paths for people and can anticipate needs.” – CREDO47 Partner*

<sup>38</sup> Other includes Asian, Other identified ethnic origin, ethnicity or race and American/Indian Alaska Native.

**The CREDO47 Stabilization Center provides effective sobering services and serves as a safe, supportive space for individuals under the influence of drugs and/or alcohol.** Stakeholders shared that the Center provides an alternative to jail by offering a safe, short-term space for individuals who are under the influence. In addition to keeping people out of custody, the Center temporarily supports Step Down Housing clients who relapse and are unable to stay in the house. Since sobriety is one of the house conditions, clients who relapse must temporarily leave the residence until they are no longer under the influence. The Center gives Step Down Housing clients the ability to continue in the program, while being supported by staff who understand the challenges they face and who support their recovery.

*“The fluidity between Step Down Housing and the [CREDO47] Center when there’s a relapse has been great. Getting someone the help they need when they need it and having them back in the house right away. [The Center is] not judgmental about recovery and has a true understanding of what that process looks like, the ups and downs.” – CREDO47 Partner*

**Staff conducted extensive community outreach when the CREDO47 Stabilization Center opened, which effectively generated awareness and referrals.** When the Center opened in February 2020, staff outreached to the community to raise awareness about the new facility. They held presentations for CREDO47 partners and others, including the Police Department, Sheriff’s highway patrol officers, the Public Defender’s Office, the hospital, and CBOs. Outreach efforts have resulted in a high number of referrals from a range of agencies and organizations, such as probation officers. Awareness of the program has also grown through word of mouth, as the Center has developed a strong reputation within the community.

**The Center adapted to conduct medical screenings on-site, which has substantially streamlined the intake process.** In the original program model, clients were to be medically screened at the crisis stabilization unit (CSU) prior to placement at the CREDO47 Stabilization Center. Early program data, which indicates that most clients who engaged with the Center from February 2020 through March 2021 were screened at the CSU (58%),<sup>39</sup> reflects the original model. However, as previously noted, over the past year, the CSU faced challenges related to the COVID-19 pandemic and capacity issues (e.g., staffing shortages, limited hours of operation). This resulted in a process change that now allows Center staff to conduct medical screenings on-site. For example, once an individual is arrested, a Sheriff’s Deputy can take them directly to the CREDO47 Stabilization Center for screening and clearance. If Center staff feel a client needs more medical and/or behavioral health expertise than they have on-site, they can be referred to external facilities for additional support. This change has drastically reduced the time of the screening and clearance process.

*“The Sheriff’s Department appreciates [that the CREDO47 Stabilization Center can do] assessments and clearance because we can do it in 5 minutes instead of 45 minutes.”  
– CREDO47 Stabilization Center Staff*

## Challenges

**At times, the CREDO47 Stabilization Center houses individuals for longer than 24 hours to account for delays in transitions to treatment or housing facilities, which creates confusion in the community about the Center’s role.** As noted above, the CREDO47 Stabilization Center was originally envisioned as a sobering center intended to help divert individuals who are under the influence of drugs or alcohol from jail while providing services and supports. However, the purpose of the Center has expanded to include a temporary space for clients exiting jail and/or transitioning to treatment, with almost half (41%) of clients

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<sup>39</sup> Clients were also medically screened at the jail or CREDO47 Stabilization Center (35%) or Cottage Hospital (8%).

receiving support transitioning to treatment and about a quarter (23%) receiving support transitioning from jail to the community. The change occurred because of the need to release clients from jail due to COVID-19 coupled with placement delays in treatment, shelter, and housing facilities. The Center will keep clients for longer than 24 hours on a case-by-case basis to account for these delays. However, this leads some organizations to believe the Center has the capacity to hold clients for longer periods and act as a type of shelter, which the Center is not intended for or equipped to do.

*“The average stay is 48 hours. We try really hard to get [clients] out in a day, but programs may not have a bed available.” – CREDO47 Stabilization Center Staff*

*“We’ve had several agencies that wanted to use us as a shelter – [they ask us to house a client for] a couple of days, overnight, [or say] we need four to five days until a bed is open. We can’t do that.” – CREDO47 Stabilization Center Staff*

**Eligibility requirements and behavioral health needs can limit the types of support clients receive through the CREDO47 Stabilization Center.** Clients who are on Medi-Cal in Santa Barbara County can be connected to services through the County’s Access Line. However, it can be difficult to link clients who are on Medi-Cal in another county or who do not have Medi-Cal to subsequent services. Placement options for uninsured clients are even more limited and typically involving taking them to social services or a shelter. Staff are also unable to adequately serve severely mental ill clients who are not on medication and/or using substances that make their behavior unpredictable (e.g., methamphetamine). In these situations, clients are typically referred to the CSU or Cottage Hospital to receive appropriate medication and/or stabilization services, which can be challenging given the CSU’s capacity issues.

*“[It’s] become a challenge because the CSU is not always open, or [the client] needs to go back to Cottage and get their appropriate medication. Once on medications, they are fine. [Clients who are] not medicated or not compliant are difficult for us.” – CREDO47 Stabilization Center Staff*

### **Stakeholder Recommendations**

Stakeholder recommendations specific to the CREDO47 Stabilization Center are included below:

- Engage in ongoing community outreach to continue to inform clients and community stakeholders about the Center’s services. While program staff initially engaged in outreach activities, more recent efforts have been curbed due to COVID-19. Staff recommended enhancing outreach efforts to raise awareness of the Center and serve more people. One suggestion is to provide outreach and transition support (e.g., checking in with former clients, developing an alumni group), particularly through the shelter for clients who lack cell phones or access to communication.
- Develop opportunities to check in with former clients and ensure their needs are being met. Center staff identified that many clients need support beyond their brief time at the Center but may not know how to access services. They recommend dedicating time for staff to check in with clients in the months after they exit the Center to assess how they are doing and link them to additional support as needed and/or holding monthly group meetings in which former clients can drop in and receive assistance.
- Expand the resources at the CREDO47 Stabilization Center by offering on-site shower and laundry facilities for clients and staff.

*“My wish would be to have a group that says let’s meet once a month to check on people. They need that support but don’t know how to get it, [they also have] that lack of trust [because they] don’t know [other] people. Having known us, it would be a safe place. We could talk to them for a bit and show them that someone still cares for them.” – CREDO47 Stabilization Center Staff*

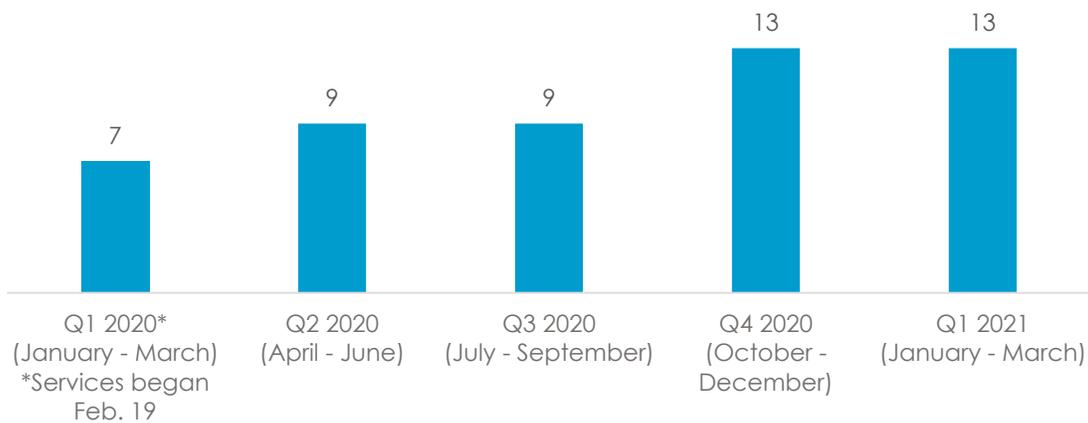
# Step Down Housing

Step Down Housing is overseen by Good Samaritan and offers supportive housing for up to 20 individuals at a time with SMI and/or SUD. Following stabilization, individuals are “stepped down” from higher level of care settings, such as residential treatment, to one of four homes where they can reside for six to twelve months to facilitate reentry into the community. Individuals living in the house receive case management, behavioral health services, life skills education (e.g., financial literacy, managing personal property), and housing support (e.g., securing housing vouchers, locating long-term housing) as appropriate. Housing staff include four live-in house assistants (one per house), one life skills case manager, one program manager, and one behavioral health case manager, all of whom are trained in trauma-informed approaches to client engagement. House assistants are full-time positions for which individuals with lived SUD recovery experience receive housing and a modest stipend. The life skills case manager is a part-time position and the behavioral health case manager, and program manager are full-time positions. The behavioral health case manager is required to be a licensed clinical social worker.

## Step Down Housing Services

Step Down Housing opened on February 19, 2020. During the 14-month period between February 2020 and March 2021, the program served 20 unique individuals, with 1 client who exited and later re-entered the house. Step Down Housing served an average of 10 clients per quarter, as depicted in Figure 8, and the number of clients steadily increased over time. Individuals were referred to Step Down Housing from the Public Defender’s Office, behavioral health providers, or CBOs. Those identified as a good fit for the program were expediently connected to services, with an average wait time of two weeks from referral to date of entry.

**Figure 8. Step Down Housing Clients per Quarter (N=20)<sup>40</sup>**



All Step Down Housing clients participated in behavioral health services through Behavioral Wellness or a private provider. At the time of reporting, service data was available for the 12 clients who exited Step Down Housing. Among these clients, all (100%) received case management services, and most received life skills education (92%) as well as medical (83%), behavioral (75%), and sobriety support (75%), as depicted in Table 7 on the following page.

<sup>40</sup> Figure 8 reflects the number of housing clients per quarter. Clients can be counted multiple times across quarters.

Two-thirds (67%) of discharged clients successfully completed the program and one-third (33%) were terminated early. Of the eight clients who successfully completed Step Down Housing, all participated in the program for over three months and half (50%, n=4) participated in the program for six months or more. All (100%) eight clients were unhoused prior to Step Down Housing and successfully transitioned to stable housing upon program exit. Of the five clients for which employment was applicable (i.e., they were not retired or did not have a disability that prevented them from working), all (100%) advanced their employment by beginning a new job or being promoted by a current employer. Of the seven clients for which education was applicable, approximately one-third (29%) furthered their education by applying for their GED or continuing community college.

**Table 7. Step Down Housing Services Received by Discharged Clients (N=12)**

Service	Count	Percent
Case Management	12	100%
Life Skills	11	92%
Medical Support	10	83%
Behavioral Support	9	75%
Sobriety Support	9	75%
Health Assessment	7	58%
Other <sup>41</sup>	6	50%

### Client Profile

Step Down Housing clients were mainly ages 25-34 (30%) or 45-54 (25%) and averaged 44 years old. There were more men (60%) than women (40%) and half of the clients (50%) identified as White.

**Table 8. Demographic Characteristics of Housing Clients (N=20)**

Category	Count	Percent
<b>Age Group</b>		
18-24	2	10%
25-34	6	30%
35-44	3	15%
45-54	5	25%
55-64	1	5%
65 and over	3	15%
<b>Gender</b>		
Male	12	60%
Female	8	40%
<b>Race/Ethnicity</b>		
White	10	50%
Two or more races	5	25%
Other <sup>42</sup>	5	25%

### Program Strengths and Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

#### Strengths

**Staff have adopted a client-focused approach to working with clients.** From the moment clients enter the house, housing staff support them to achieve stability and independence, and regularly seek out new

<sup>41</sup> Other includes Mental Health Treatment, Employment Services and Assistance, Substance Use Disorder Treatment, Food, Medically Assisted Treatment (MAT), Housing, and Transportation.

<sup>42</sup> Other includes Black or African American and Hispanic, Latino, or Spanish.

ways to meet their needs. For example, staff are exploring more efficient and engaging strategies to interview and orient new clients to the home for smoother transitions. In response to the needs that have arisen in the house, Step Down Housing has introduced training for staff on harm reduction and supporting clients with a history of trauma. This has made it easier for clients to get the help they need and ensure they feel supported by housing staff despite any challenges they experience. Additionally, staff designed a new transition program to meet clients' needs as they move on from Step Down Housing that is aimed at helping clients develop proficiency in financial literacy, budgeting, shopping, and other life skills.

*"I had a relapse when I first came here and I was in the house, and I was high. I got in trouble for it. The house [assistant] was very stern with me; he was not rude, he wasn't mean, but he was very stern. I feel safe because of that because basically it says we're not allowed to have drugs in the house, it has to be drug free to be safe, so I feel good because of that." – Step Down Housing Client*

**Clients feel supported by housing staff while they are living in the house and after they transition to a new residence.** Most clients praised both the Step Down Housing program and the housing staff. One client emphasized how welcome they felt at Step Down Housing after experiencing discrimination at another agency due to their sexual orientation. Multiple clients shared examples of how they were supported by Step Down Housing staff while they were living in the house and after they transitioned to a new residence—staff encouraged clients to choose their own path to recovery, provided rides as needed, and taught financial literacy skills (e.g., opening a bank account) and basic life skills (e.g., taking care of personal property).

*"I like [living in the house]. My experience so far has been pleasurable.... I feel very comfortable and free here. Also, I feel like there's structure to it; it's not just like whatever you want to do here.... I do feel like I have enough freedom to be myself, I don't have to act a certain way." – Step Down Housing Client*

A housing staff member recounted helping a former client navigate logistical challenges paying rent their first couple of months living outside of the house. The staff member provided advice and accompanied the client to the bank until the client was able to manage the situation independently. The client was ultimately able to pay rent on their own, maintain stable housing, and receive a raise at work.

*"[A landlord] wouldn't take [a former client's] rent because they hadn't recalculated it when her income changed. ...She held it for two and a half weeks...then we had to go back...to the bank and pay them. ...the next month they still hadn't calculated it, and I texted her and she said, 'Don't worry I got it.' Then in a few months she texted me and said, 'I'm paying rent, got a raise at work, and miss you and others in the house.'" – Step Down Housing Staff*

**Housing staff have developed collaborative relationships with CREDO47 partners, CBOs, and community stakeholders to meet clients' needs.** Housing staff interact frequently with the CREDO47 Stabilization Center, Housing Authority, Behavioral Wellness, and the Public Defender's Office to address clients' behavioral health, housing, and criminal justice needs. Given that a number of clients are on probation, housing staff have also developed strong relationships with the Probation Department and clients' probation officers. Housing staff are also continuing to build rapport with local landlords to help ease the difficult process of securing long-term housing.

Staff also coordinate with local CBOs that provide important services to clients while they are in the house and after they have exited. One of their strongest partnerships is with the Mental Wellness Center, which offers additional case management, a full kitchen to provide lunches and dinners, a music room, arts and crafts, and some housing. Other community partners include People's Self-Help Housing, Rescue Mission, the Salvation Army, and Sanctuary.

## Challenges

**Step Down Housing may not be reaching all individuals who can benefit from the program, particularly women and individuals experiencing mental health challenges.** Program stakeholders and clients raised concerns that Step Down Housing serves a greater number of clients with SUD than with mental illness. Staff emphasized that certain house requirements are more appropriate for individuals with SUD (e.g., mandatory drug testing). Housing staff shared that external partners might not know the criteria for living in the house, which may impact referrals. There is also a discrepancy between the number of male and female clients being served. Staff noted that female referrals to Step Down Housing have decreased and reflect a countywide trend in reduced female referrals to behavioral health programs. Stakeholders are unsure of what is driving this trend; however, the reduced referrals drove the decision to convert one of two female houses to a male house, leaving only one female house and three male houses.

*“There are more people referred [to Step Down Housing] that have SUD rather than mental health [challenges]. A lot of times people think SUD is more approachable. ...Whereas mental health issues are more complicated. ...[It’s] much further out of peoples’ wheelhouses and familiarity.” – CREDO47 Partner*

**Staff turnover makes it challenging for housing staff to fulfill their many responsibilities.** Over the first 14 months, a few houses experienced turnover with the house assistant position. Clients also raised concerns over turnover in the house more broadly, noting that it was evident the program manager needed additional support. At the time of data collection, two key positions were vacant: a behavioral health case manager and a part-time life skills case manager.<sup>43</sup> These staffing shortages—which direct service providers are facing across the country—make it challenging to fully meet clients’ needs, maintain the house, engage partners and community stakeholders, and participate in data collection and reporting.

## Stakeholder Recommendations

Stakeholder recommendations specific to the Step Down Housing program are included below:

- Modify the admission and orientation processes to create smoother transitions into the program for clients. Housing staff suggested revising the screening process to begin with a file review, rather than an interview, to ensure clients meet the program criteria. Once it is determined that an individual is eligible to reside in the home, they can participate in an interview and meet the housing staff.<sup>44</sup> Housing staff also suggested updating the onboarding process to allow new clients to meet staff (outside of the interview process) and other residents before or after they initially move in, as the first day in the house can be overwhelming for some individuals.
- Identify opportunities to best serve individuals with mental health needs. Consider expanding Step Down Housing staff to include more individuals outside the behavioral health case manager who are formally trained to support clients with mental illness. CREDO47 stakeholders noted that having staff on-site who are equipped with the best practices to meet clients’ mental health needs will help ensure all clients feel supported. Also consider adjusting participation requirements based on each individuals’ unique needs (e.g., less frequent drug testing for clients without SUD).
- Explore strategies to help retain housing staff, including the house assistants and the behavioral health and life skills case manager positions.

*“At Step Down Housing, staff are not trained to work with clients who are mentally ill. Having staff that are trained and can de-escalate [mental health crises] will help.” – CREDO47 Partner*

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<sup>43</sup> As of September 2021, the part-time life skills case manager position has been filled.

<sup>44</sup> As of September 2021, the screening process was updated to begin with a file review.



# Findings: Preliminary Behavioral Health & Recidivism Outcomes

## Behavioral Health

The following data reflects the proportion of clients from each program component who went on to receive behavioral health services through Behavioral Wellness after initial engagement with the CREDO47 program. These analyses are based on service receipt data from January 2020 through May 2021.<sup>45</sup>

As described below, all diversion and Step Down Housing clients received behavioral health services through County or private providers after enrolling in the CREDO47 program. A smaller proportion of Co-Response (22%) and CREDO47 Stabilization Center (34%) clients received County behavioral health services after program engagement; however, data was not available on Co-Response or Center clients who received services from private providers. These findings are expected given the pre- and post-filing diversion and Step Down Housing requirements, which indicate that clients must engage in mental health and/or SUD treatment. Additionally, Co-Response and Center services are short-term interventions, ranging from 1 hour to approximately 24 hours, whereas diversion and Step Down Housing are long-term services that can last up to a year. Overall, the following results are promising but preliminary given the narrow implementation period.

- **Pre-Arrest Diversion (Co-Response).** Approximately one-quarter (22%, n=46) of the 167 Co-Response clients received behavioral health services through Behavioral Wellness after their first encounter with the Prop 47-funded Co-Response team. Of those 46 clients, 22% participated in SUD treatment and 87% participated in mental health treatment. The proportion of clients receiving private services was unknown at the time of reporting.
- **Pre- and Post-Filing Diversion.** All 10 individuals (100%) enrolled in pre- and post-filing diversion received behavioral health services. Almost three-quarters (70%, n=7) of clients received behavioral health services through Behavioral Wellness and about one-third (30%, n=3) received behavioral health services through an alternative provider (e.g., private, CBO). Of the seven Behavioral Wellness clients, 71% participated in SUD treatment and 43% participated in mental health treatment.
- **CREDO47 Stabilization Center.** Over one-third (34%, n=168) of the 380 CREDO47 Stabilization Center clients received behavioral health services through Behavioral Wellness after their first encounter with the Center. Of those 168 clients, 85% participated in SUD treatment and 42% participated in mental health treatment.

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<sup>45</sup> Program enrollment data through is through March 2021, therefore the minimum follow-up time period to measure post-encounter behavioral health service provision was two months.

- **Step Down Housing.** All 20 Step Down Housing clients (100%) received behavioral health services while staying in the house. Three-quarters (75%, n=15) of the 20 Step Down Housing clients engaged in behavioral health services through Behavioral Wellness and one-quarter (25%, n=5) received behavioral health services through a private provider. Of the 15 Behavioral Wellness clients, 87% participated in SUD treatment and 53% participated in mental health treatment.

In addition to ongoing behavioral health services, this evaluation also assessed the proportion of crisis episodes and psychiatric hospitalizations one full year before and after program engagement. Given that behavioral health data was available through May 20, 2021, clients were included in the analysis if they began participating in the CREDO47 program on or before May 20, 2020. Pre- and post-filing diversion was not included in this analysis since only one client had been in the program for one year or longer at the time of analysis. Table 9 depicts the proportion of clients with pre- and post-engagement crisis episodes and psychiatric hospitalizations.<sup>46</sup> Given the small sample size and early stage of the program, these findings identify early trends and areas to monitor as implementation continues.

**Table 9. Pre- and Post-Engagement Crisis Episodes and Hospitalizations for Clients Who Engaged with a CREDO47 Program Component on or Before May 20, 2020**

Program Component	Crisis Episodes		Hospitalizations	
	Pre	Post	Pre	Post
Co-Response (Pre-Arrest Diversion) (n=26) <sup>47</sup>	27%	38%	8%	12%
CREDO47 Stabilization Center (n=66)	35%	44%	8%	17%
Step Down Housing (n=7)	43%	14%	0%	0%
<b>Total Unique Individuals (n=97)</b>	<b>33%</b>	<b>41%</b>	<b>7%</b>	<b>14%</b>

The proportion of clients who experienced crisis episodes and psychiatric hospitalizations increased after program engagement for all program components except Step Down Housing, which saw a 29% decrease in crisis episodes. These trends are not surprising given that Co-Response and the CREDO47 Stabilization Center involve short interactions intended to address acute mental health crises or instances of substance use, rather than provide ongoing interventions. Alternatively, clients engage in Step Down Housing for six months to one year, which allows more time for individuals to stabilize their mental health and substance use more long term.

<sup>46</sup> A pre/post assessment was also completed for clients who were in the CREDO47 program for at least six months (i.e., started on or before November 20, 2020) and resulted in similar trends in crisis episodes and hospitalizations across program components and the program overall.

<sup>47</sup> In order to ensure that hospitalizations as a result of co-response encounters were not included, all hospitalizations within a week of a client's co-response encounter were not included in this analysis.

# Recidivism

For the preliminary evaluation, recidivism is assessed in terms of new jail bookings. The final evaluation will also include information about criminal convictions for offenses that took place after engagement with the CREDO47 program.

## Jail Bookings

The following data compares the proportion of clients from each program component who were booked into jail prior to CREDO47 engagement compared to the proportion of clients who were booked into jail since engaging with a CREDO47 program component. Given that booking data was only available through January 4, 2021, this analysis was limited to individuals who started the program on or before December 5, 2020, in order for clients to have a minimum of 30 days in the program. In order to present an accurate comparison of pre- and post-jail bookings, this analysis measures a comparable number of days for each client prior to engagement and after engagement.

As depicted in Table 10, post-engagement booking rates are lower for all program components compared to pre-engagement booking rates. While these results are promising, they are also preliminary, as data was only available through January 4, 2021. Additionally, trends should be interpreted with caution since decreased booking rates during the COVID-19 pandemic likely had a stronger impact on post-engagement booking rates.

**Table 10. Pre- and Post-Engagement Recidivism (i.e., Jail Bookings) Rates**

Program Component	One Year Pre-Engagement Bookings	Post-Engagement Bookings
Co-Response (Pre-Arrest Diversion) (n=99)	16%	16%
Pre-Filing & Post-Filing Diversion (n=4)	100%	0%
CREDO47 Stabilization Center (n=298)	48%	32%
Step Down Housing (n=15)	47%	0%
<b>Total Unique Individuals (n=416)</b>	<b>41%</b>	<b>27%</b>

Jail booking rates slightly vary across racial/ethnic groups. As depicted in Table 11, Hispanic, Latinx, or Spanish individuals had slightly higher rates of jail bookings compared to other racial/ethnic groups.

**Table 11. Recidivism (i.e., Jail Booking) Rates by Race/Ethnicity<sup>48</sup>**

Race/Ethnicity	Recidivism Rate
Black or African American (n=19)	26%
Hispanic, Latinx, or Spanish (n=127)	34%
White (n=197)	27%
More Than One Race (n=15)	27%
Missing, Unknown, or Declined to State (n=52)	13%

<sup>48</sup> Due to low numbers (n<10), American Indian/Alaska Native and Asian individuals' recidivism rates are not included in this table.



## Findings: Overarching Themes

The following overarching themes reflect key findings across all components of the CREDO47 program.

**The CREDO47 Program is providing important support to individuals with SUD and SMI.** Between January 2020 and March 2021 the program served a total of 564 unique clients with SUD and/or SMI. Partners and clients across the program components emphasized the positive impact the CREDO47 program has had on clients' lives. Stakeholders shared that short-term interventions, including the Co-Response team and CREDO47 Stabilization Center, prevented people from being booked into custody and connected them to behavioral health services. They also noted that longer-term interventions, including diversion and Step Down Housing, reduced the number of jail bookings, crisis episodes, and hospitalizations; helped clients engage in ongoing behavioral health treatment; and supported improved housing, education, and employment outcomes. Program partners also highlighted client success stories and relayed multiple instances where they were thanked by former clients and their family members. Additionally, multiple clients expressed their gratitude for the program, particularly that it helped them become sober, access therapy, locate stable housing, secure employment, and reunite with their families. They acknowledged Step Down Housing staff's willingness to work with them to find suitable housing and to advance personal and professional areas of their lives despite having prior involvement with the justice system.

*"I was [previously] never sober, so [when I became sober] I got to know myself. I spent six months knowing my health, my mind, what I was thinking, everything about me that I never knew before or didn't care for." – Step Down Housing Client*

*"I have worked with many clients that have been successful ... clients who were the most challenging, chronically homeless, severely mentally ill. Now they have reached stability and permanent housing through this program. – CREDO47 Partner*

**COVID-19 significantly impacted program implementation and fidelity to the original model, requiring a high level of coordination and flexibility across partners.** The CREDO47 program launched in January 2020 and two months later California initiated shelter-in-place and other COVID-19 pandemic response protocols throughout the state. As a result, the program was unable to serve clients in many of the ways initially envisioned and processes were quickly revised to meet federal, state, and local regulations. Given that the CREDO47 program was in the early months of implementation and the uncertainty surrounding the pandemic, redesigning many aspects of the service delivery model was a challenging process and required stakeholders to be nimble and collaborative.

While the program did not operate at full capacity, all components adapted to continue to support clients with SUD and mental health challenges. Under the direction of the CREDO47 program manager, leadership and staff across the county, including individuals from Behavioral Wellness; the Offices of the Public Defender, District Attorney, and the Sheriff; the jail; the Co-Response team; the Holistic Defense Advocate; Good Samaritan; and CBOs, coordinated to design new processes to respond to crisis calls; divert individuals from the criminal justice system pre-arrest, pre-filing, and post-filing; and provide step-down, sobering, and housing services, all while adhering and adapting to COVID-19 regulations.

*"We did a really good job pivoting when COVID hit. We have all these different elements, each of which is a massive program lift on its own." – CREDO47 Partner*

**At times, capacity limitations prevented the CSU from accepting new clients, which strained the CREDO47 program and the County's mental health system more broadly.** The CSU was intended to play a key role in the CREDO47 model, both screening and assessing individuals prior to admission to the CREDO47 Stabilization Center and/or Step Down Housing, and stabilizing individuals experiencing behavioral crises prior to being connected to treatment. However, many program partners were unable to transfer clients to the CSU and suggested this was due to COVID-19 capacity limits and budget and staffing challenges. As a result, other program components were required to provide screenings and assessments and, at times, support individuals experiencing mental health crises although they were not fully equipped to provide these services. The CREDO47 Stabilization Center began conducting screenings and assessments, and absorbed clients who might otherwise have been placed at the CSU due to their mental health needs. The Co-Response team, unable to place clients at the CSU, had to search for alternative placements (e.g., family, friends, CBOs) for clients experiencing mental health crises. Finally, although Cottage Hospital was experiencing COVID-related limitations, the facility accepted a greater number of clients, including individuals with stabilization needs more appropriately served by the CSU.

*"Crisis stabilization [the CSU] could have been more effective, but because of COVID and COVID restrictions we couldn't put people there. And for staffing and budget reasons it wasn't fully operating." – CREDO47 Partner*

**The County's limited short- and long-term housing capacity creates challenges throughout the CREDO47 program.** At each stage of the program, partners experienced barriers and delays locating beds and securing housing for clients. Staff spent a significant amount of time securing housing for clients, although that was often not the primary purpose of their program component; clients experienced longer than anticipated stays at the CREDO47 Stabilization Center while waiting for beds to become available at other facilities; and Step Down Housing clients prolonged their stay in the house as they struggled to identify alternative long-term housing options. These housing barriers delayed exits out of the CREDO47 program and, in turn, prevented new clients from entering. While COVID-19 has limited the capacity of some group residential settings, the County ultimately lacks sufficient housing for all residents in need of shelter (a prevalent need across California).

*"It's really hard [to find long-term housing]. I have a client with a housing voucher and am struggling to find them housing." – Step Down Housing Staff*

**CREDO47 partners are continuing to learn how to work together make decisions, develop work flows, and meet clients' needs.** The agencies involved in the CREDO47 program are collaborating in new ways and some partners are working together for the first time. Partners are still learning what each agency does and the ways in which they contribute to the CREDO47 program and support clients' success. As is common with new teams, partners are building trust as they continue to streamline process flows and refine policies, data collection methods, and reporting procedures. Ultimately, all partners agree with the behavioral health diversion principles that underlie the CREDO47 program and are committed to improving and expanding the program to make it more accessible and effective for those in need.

Although inter-agency communication has improved over time, some stakeholders identified challenges with consistent communication. They noted that some program partners regularly attend meetings while others participate less frequently, which raised concerns about the level of buy-in across different agencies. In some instances, programmatic decisions were made among smaller stakeholder groups and not expediently shared with all partners. Partners emphasized the need for equal engagement across agencies and to establish processes for disseminating program updates in real time. Despite these challenges, communication is improving. Partners have coordinated to support data collection, access, and reporting, and to streamline the program model for clients and all agencies involved.

*“Weekly meetings with partners where we bounce things around with each other, communicate, that has made a difference to me. The most important part is how can we make [the program] work better. In turn they tell us, “What do you need from us?” That’s made a big difference.” – CREDO47 Partner*

**There is limited capacity for data collection, sharing, and reporting across program stakeholders.** Given the complex model of the CREDO47 program and the number of agencies involved, the program requires a significant staffing investment to support data collection and reporting. Data collection processes continue to evolve and vary across agencies, and at times there have been reporting discrepancies between partners. It can be challenging to address these discrepancies because partners have different understandings regarding the types of personal client information (e.g., criminal justice involvement, behavioral health services) they are legally permitted to share. Additionally, there are multiple software systems (e.g., Vertical Change, Behavioral Wellness’s EHR) that must communicate with one another to fully assess program impacts and client outcomes.<sup>49</sup> Facilitating this communication requires a great deal of time and high levels of technical expertise and coordination across staff.

*“When we can get the Electronic Health Records and Vertical Change to talk, the outcome data will ... tell a story, follow trajectories, see if [the program] is working.”  
– CREDO47 Partner*

*“[CREDO47 is] a program but it’s really like four programs. That piece of trying to keep every single situation straight and describe all participant statuses is a lot to [manage].” – CREDO47 Partner*

**The CREDO47 program has made significant progress towards the program’s goals and objectives, including reducing the number of people booked into jail, connecting individuals to appropriate services, and improving clients’ housing status.** The program aims to prevent jail bookings by directing clients to services and supports through the Co-Response team. Given that only 2% of Co-Response interactions resulted in jail bookings and, instead, most encounters resulted in referrals and/or linkages to behavioral health, social, housing, and other services, the program has effectively prevented jail bookings.

The CREDO47 program also intends to connect individuals to the right level and type of care to meet their needs and prevent hospitalization or jail. All diversion and Step Down Housing clients received behavioral health services aligned with their mental health and/or substance use needs and Co-Response and CREDO47 Stabilization Center clients were often assessed through the County’s Access Line and/or directly linked to subsequent behavioral health services. Additionally, there were fewer hospitalizations among Step Down Housing clients and fewer jail bookings among clients across the program.

Finally, the program’s third goal is to improve clients’ housing status. While the program provides referrals for housing services to all clients as needed, housing outcomes are only tracked for Step Down Housing clients given their longer-term engagement in the program. Of the eight clients who successfully completed Step Down Housing, all were unhoused prior to Step Down Housing and successfully transitioned to stable housing upon exit from the program. Thus far, the program has achieved the three program goals and is expected to continue to do so in the next year and a half of service delivery.

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<sup>49</sup> Additionally, information must frequently be double entered in each agency’s own data systems, which increases the administrative burden of data entry.



## Conclusion

Over the first year and a half of implementation, the CREDO47 program effectively adjusted to developing community and client needs and diverted individuals from the criminal justice system to a variety of supports. The four CREDO47 program components—(1) pre-arrest diversion (Co-Response), (2) pre- and post-filing diversion, (3) the CREDO47 Stabilization Center, and (4) Step Down Housing—have become integrated into the larger County system that aims to meet peoples' behavioral health, housing, and social needs. Moving forward, expanded inter-agency and cross-sector collaboration can help support a more efficient and effective system. Stakeholders involved in the pre- and post-filing diversion component can also review strategies to increase coordination and streamline the case review process to ultimately enroll a greater number of individuals in diversion. Similarly, Step Down housing can expand outreach efforts, enroll more diverse clients with a variety of mental health and substance use needs, and identify staff retention strategies to expand and enhance the program. Finally, the Co-Response team and CREDO47 Stabilization Center can continue to strengthen relationships with CBOs and other partners to facilitate referrals and linkages to ongoing treatment and supports. While the CREDO47 program has been successful, these recommendations and the findings outlined throughout this report should be considered to further enhance diversion opportunities and services in the future.

# Appendix A: Logic Model



Process		
Inputs <i>What do we contribute to accomplish our activities?</i>	Activities <i>What activities does our program offer to accomplish our goals?</i>	Outputs <i>Once we complete our activities, what is the evidence of service delivery?</i>
<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• BSCC Prop 47 grant funding</li> <li>• Leveraged funds</li> </ul> <p><b>Leadership, Oversight, &amp; Staffing</b></p> <ul style="list-style-type: none"> <li>• Partnerships                             <ul style="list-style-type: none"> <li>○ Public Defender</li> <li>○ Behavioral Wellness</li> <li>○ Sheriff's Office</li> <li>○ District Attorney</li> <li>○ Good Samaritan</li> <li>○ Family Service Agency</li> </ul> </li> <li>• Local Advisory Committee</li> </ul> <p><b>Evidence-Based Practices</b></p> <ul style="list-style-type: none"> <li>• Trauma-Informed Care</li> <li>• Cognitive Behavioral Therapy</li> <li>• Motivational Interviewing</li> <li>• Grounding Techniques</li> </ul> <p><b>Existing Services &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• Crisis Stabilization Unit (CSU)</li> <li>• Co-Response Teams (not funded by Prop. 47) &amp; Mobile Crisis Response (MCR)</li> <li>• Psychiatric Health Facility (PHF)</li> <li>• Crisis Residential Treatment (CRT) program</li> <li>• Individualized outpatient services</li> <li>• Good Samaritan shelter</li> </ul>	<p><b>Engagement and Screening Co-Response</b></p> <ul style="list-style-type: none"> <li>• Engagement and screening in the field</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li>• Holistic Defense Advocate, PD, DA engagement and screening</li> </ul> <p><b>Services &amp; Supports Co-Response</b></p> <ul style="list-style-type: none"> <li>• Linkages to services/resources</li> </ul> <p><b>CREDO47 Stabilization Center</b></p> <ul style="list-style-type: none"> <li>• Alcohol and drug counseling</li> <li>• Transition support from jail and/or to treatment</li> <li>• Case management</li> <li>• Medical care</li> <li>• Transportation</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li>• Linkages to services/resources</li> <li>• Diversion monitoring</li> <li>• Charges reviewed and dismissed as appropriate</li> </ul> <p><b>Step Down Housing</b></p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Case management</li> <li>• Crisis intervention</li> <li>• Linkages to services/resources</li> <li>• Transportation</li> </ul>	<p><b>Engagement &amp; Screening Co-Response</b></p> <ul style="list-style-type: none"> <li>• # calls received &amp; source</li> <li>• # encounters</li> <li>• # individuals screened &amp; results</li> <li>• # individuals found eligible</li> <li>• # choosing to participate</li> <li>• # referred to services</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li>• # individuals screened by Holistic Defense Advocate/PD/DA &amp; results</li> <li>• # individuals found eligible</li> <li>• # choosing to participate</li> <li>• # individuals who complete diversion</li> </ul> <p><b>Services &amp; Supports CREDO47 Stabilization Center</b></p> <ul style="list-style-type: none"> <li>• # receiving services &amp; type of services provided</li> <li>• # of linkages to services/resources</li> </ul> <p><b>Step Down Housing</b></p> <ul style="list-style-type: none"> <li>• # receiving housing</li> <li>• # bed days</li> <li>• # receiving services &amp; type of services provided</li> </ul> <p><b>Services &amp; Supports (Not Prop. 47-Funded) Other County Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>• # receiving services &amp; type of services received</li> </ul>

Outcome	
Short- & Middle-Term <i>What changes do we expect to see during engagement period?</i>	Long-Term <i>What changes do we expect to see during engagement period?</i>
<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Reduced crisis episodes and psychiatric hospitalizations</li> <li>• Reduced substance use</li> <li>• Improved behavioral health functioning</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Increased housing stability</li> </ul> <p><b>Criminal Justice</b></p> <ul style="list-style-type: none"> <li>• Reduced recidivism, including new criminal charges and jail bookings</li> </ul> <p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li>• Increased collaboration between County and community service providers</li> </ul>	<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Positive outcomes related to behavioral health treatment</li> <li>• Improved quality of life</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Maintained housing stability</li> </ul> <p><b>Criminal Justice</b></p> <ul style="list-style-type: none"> <li>• Reduced recidivism, including new criminal charges and jail bookings</li> <li>• Reduced burden on jail system</li> </ul> <p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li>• Expanded and sustained diverse network of County and community service providers</li> </ul>



## Appendix B: Grantee Highlight

Please see following page for grantee highlight.

# Santa Barbara County CREDO47 Program

Santa Barbara County's Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program diverts individuals with a history of serious mental illness (SMI) and/or substance use disorder (SUD) from the criminal justice system to trauma-informed, community-based treatment services. The program includes four key components:



## Pre-Arrest Diversion Through Co-Response

From January 2020 through March 2021, **Co-Response served 167 unique clients across 211 encounters**. Among 165 encounters with known outcomes, only **2% resulted in arrest**. Instead, **the team provided referrals, warm service handoffs, and/or facilitated** appropriate placements.



## Pre-Filing and Post-Filing Diversion

From March 2020 through March 2021, **10 clients enrolled in pre- or post-filing diversion and 4 successfully completed and had their cases dismissed by the District Attorney** (6 clients were still enrolled at the time of reporting). Clients engaged in behavioral health and other services.



## CREDO47 Stabilization Center

From February 2020 through March 2021, **the Center served 380 unique clients across 501 encounters**. Clients were medically monitored and received sobering services. They also received support transitioning into treatment and out of jail into the community.



## Step Down Housing

From February 2020 and March 2021, Step Down Housing served **20 unique clients**, including **8 who successfully completed** the program. Clients received case management services; life skills education; and medical, behavioral, and sobriety support.

## Program Highlight: Step Down Housing

Of the eight clients who successfully completed Step Down Housing at the time of reporting:



### 100% Secured Stable Housing

All were unhoused prior to program engagement



### 100% Advanced Employment

Of the five clients for whom employment was a goal



### 29% Furthered Education

Of the seven clients for whom education was a goal



Living room at one of the houses.

*"My case manager is wonderful. I've learned so much from [the Housing] program... I'm on my feet now. Thanks to [the housing staff] my life changed. ... I was [previously] never sober, so [when I became sober] I got to know myself. I spent six months knowing my health, my mind, what I was thinking... I didn't know I had all these problems with my mental health. I got better... then [my case manager] helped me look for jobs and I'm working now thanks to her." – Step Down Housing Client*