

The 4th Annual Report on

PUBLIC SAFETY REALIGNMENT IN ORANGE COUNTY



**ANNUAL REPORT
2015**

Vision Statement:

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

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

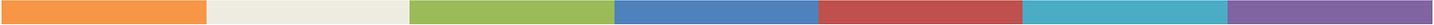
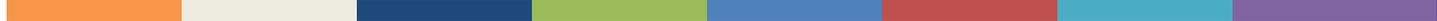


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As approved by the Executive Committee of the Community Corrections Partnership



Executive Summary

In an effort to address overcrowding in California's prisons and assist in alleviating the State's financial crisis, the Public Safety Realignment Act (Realignment) was signed into law on April 4, 2011 and took effect October 1, 2011.

Realignment made some of the largest and most pivotal changes to the criminal justice system in California. In short, Realignment transferred the responsibility for supervision of felons (excluding high-risk sex offenders) released from prison whose commitment offenses are statutorily defined as non-serious and non-violent to the 58 counties. Offenders convicted after October 1, 2011 who have no current or prior statutorily defined serious, violent, or sex-offense convictions serve time locally (regardless of length of sentence) with the possibility of community supervision in place of time spent in custody.

Realignment established the Postrelease Community Supervision (PCS) classification of supervision, altered the parole revocation process placing more responsibility in local jurisdictions, gave local law enforcement the freedom to manage offenders in a more cost-effective manner, and charged the Community Corrections Partnerships (CCPs) with planning and implementing Realignment in each county as of October 1, 2011. Also, effective July 1, 2013, parole violations are housed, prosecuted and tried locally. Realignment created an unprecedented opportunity for all 58 California counties to determine an appropriate level of supervision and services to address both the needs and risks of individuals released from prison and local jails into the community. With the passage of Proposition 30 in 2012, Realignment is ensured a continuous source of State funding. For Fiscal Year 2015-16, Orange County was allocated 6.3939% of the total appropriated by the legislature for Realignment, which equates to \$67,779,309.

For the four years since Realignment was implemented (October 1, 2011 - September 30, 2015) 5,296 individuals have been released to PCS and 2,700 sentenced to Mandatory Supervision (MS) in Orange County. Nearly all departments in the Orange County Community Corrections Partnership (OCCCP) had to increase staff to address the needs and legal mandates of PCS, MS and Parole Violation offender populations. Realignment data through September 2015 for Orange County demonstrate that the vast majority of the three offender groups supervised by the Orange County Probation Department (OC Probation) have not had convictions for new crimes within one, two or three years of release from custody or adjudication of their case: 74% of general supervision Probationers, 78% of PCS, and 70% of MS have no convictions for new crimes within one year. In addition, 64% of Probationers, 65% of PCS, and 56% of MS have no convictions for new crimes within two years. Finally, 60% of Probationers, 55% of PCS, and 52% of MS have no convictions for new crimes within three years.

The most significant event this reporting year was the passage of Proposition 47 in November 2014. Proposition 47 reduced many non-serious drug and some property crimes from felonies to misdemeanors. Additionally after November 2014, simple narcotic possession cases and some theft cases were permanently reclassified as straight misdemeanors. Proposition 47 permitted convicted felons to petition the court to have their felony cases reduced to misdemeanors. In many of these cases, the petitioner's formal probation, MS or PCS was changed to informal probation. Proposition 47 has led to fewer cases being handled by the District Attorney's Office AB 109 unit. OC Public Defender Realignment team of attorneys was active in identifying and filing Proposition 47 petitions. OC Probation experienced a decrease in the number of actively supervised offenders. OC Sheriff's Department had a decrease in the number of 1170(h) bookings and the overall jail population. The impacts of Proposition 47 are profound and will continue to be monitored by each County agency.



Realignment Legislation

Redefined Felony Sentencing

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

Postrelease Community Supervision

Those released from state prison on or after October 1, 2011 who had been incarcerated for a non-serious offense, pursuant to PC § 1192.7(c), a non-violent offense, pursuant to PC § 667.5(c), or a sex offender deemed not high-risk, as defined by California Department of Corrections and Rehabilitation, were released to a local jurisdiction based on their county of residence at time of conviction for supervision under PCS. These individuals may have prior violent or serious offenses, or be registered sex offenders. PCS supervision cannot exceed three years.

Custody Credits

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

Alternative Custody Program

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

2015 Legislation

SB 231 amended section PC § 3003 (h) to authorize probation to grant relocation of postrelease community supervision offenders in circumstances where a victim of a stalking related offense makes the request that the offender does not reside at a location within 35 miles of the victim's actual residence or place of employment if the probation department determines that relocation is feasible and appropriate.



Community Corrections Partnership

Local Planning

Senate Bill 678, which preceded the adoption of Realignment, required each county to establish a “Community Corrections Partnership” (CCP). For Orange County, the local CCP (OCCCP) collaborative group is charged with advising on the implementation of SB 678 funded initiatives and Realignment programs. Realignment tasked the OCCCP to develop and recommend a plan for consideration and adoption by the Orange County Board of Supervisors (Board). The OCCCP original plan required by Realignment was adopted by the Board on October 18, 2011.

Chaired by the Chief Probation Officer, the OCCCP oversees the Realignment process and advises the Board in determining funding and programming for the various components of the plan. The OCCCP includes an Executive Committee which, pursuant to bylaws adopted by the OCCCP consists of the following voting members: the Chief Probation Officer; the County Sheriff; the District Attorney; a Chief of Police; the Public Defender; and the Director of County Social Services or Mental Health or Alcohol and Drug Services (as determined by the Board). The original Public Safety Realignment Plan, along with the update, was developed by OCCCP members, their designees, and other key partners.

For more information on Community Corrections Partnership Plans throughout California, please visit the Board of State and Community Corrections website (http://www.bscc.ca.gov/s_communitycorrectionspartnershipplans.php).

The OCCCP presents this report as the fourth annual report on Realignment in Orange County. Whenever possible, figures that are noted in this report will cover the one-year period between October 2014 and September 2015. An overview of the practices and programs utilized to improve services and outcomes for Realigned individuals and the community is also included in this report. Previous years’ reports can be found on the Postrelease Community Supervision page of OC Probation website (<http://ocgov.com/gov/probation/prcs>).



OC Realignment Accomplishments

As Realignment continues to evolve, progress has been and continues to be made throughout each of the agencies involved in the Orange County Community Corrections Partnership. Below are some of the notable accomplishments that have been achieved for each of the three major goals.

Goal #1: Implementation of a streamlined and efficient system in Orange County to manage our additional responsibilities under Realignment.

- Orange County is one of 12 counties participating in a Multi County Study by the Board of State and Community Corrections (BSCC) and the Public Policy Institute of California (PPIC). The goals of this study are: a) compile recidivism statistics for the full realignment population and range of recidivism measures; b) analyze relative effectiveness of different services, programming, sanctioning and other recidivism-reduction strategies; and c) assist counties with improvements in data collection and the use of data for continuous self-evaluation. PPIC anticipates releasing the results from the first round of data collection sometime in 2016.
- On October 27, 2015 the Board of Supervisors authorized the Chief Probation Officer to enter into a Memorandum of Understanding (MOU) with the United States Marshals Service Regional Fugitive Task Force (RFTF) for participation in a joint law enforcement operation to investigate, arrest or extradite local, state and federal fugitives, thereby improving public safety and reducing violent crime. The Orange County Sheriff's Department (OCSD) and the Orange County District Attorney's Office (OCDA) currently participate in RFTF.
- The Health Care Agency (HCA) and OC Probation received the 2015 National Association of Counties (NACo) award for "Providing Effective Behavioral Health Treatment and Resources in a Probation Setting" in the Criminal Justice/Public Safety and Health Category.
- HCA and OC Probation received the 2015 California State Association of Counties (CSAC) Merit Award for the "Removal of Treatment Barriers for Offenders." The CSAC Challenge Awards recognizes County programs for innovation and cost-effectiveness.

Goal #2: Implementation of a system that protects public safety and utilizes best practices in reducing recidivism.

- OC Probation's Adult Re-entry team partners with the OCSD's Inmate Services unit to educate and assist offenders currently in jail serving custody commitments. The team's outreach efforts include both AB 109 classes specific to PCS and MS inmates along with "Back on Track" classes that are provided to all inmates regardless of supervision status. The classes address treatment and program options along with other services that will prepare the offender for successful community re-entry and increase offender accountability, rehabilitation and public safety.
- The BSCC awarded a \$500,000 Community Recidivism Reduction Grant to Orange County in 2015. Orange County then released a Request for Proposals (RFP) for qualified organizations to provide transitional housing services in a sober living environment for adult offenders recently released from a correctional facility to OC Probation supervision.

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- HCA provides to the Realignment population a wide scope of treatment options that addresses a variety of assessed needs such as substance abuse, mental illness, stable housing, sober living, and other needs. Client Evaluation of Self at Intake and during Treatment (CESI/CEST) data since November 2011 demonstrated that after receiving treatment, Realignment clients had higher motivation and readiness for change scores compared with the general HCA clientele in Orange County and also nationwide scores.
 - On May 12, 2015, the Board of Supervisors approved the annual renewal of the current Adult Day Reporting Center (DRC) contract with BI Inc. In addition to the Realigned population, the contract was amended to include provision of re-entry services to the general supervision offender population. As a result, the average daily population increased from 44 in May 2015 to 84 as of September 2015. Between July 30, 2012 and September 30, 2015, the DRC processed a total of 1,009 referred offenders, 911 of whom had exited the program as of September 30, 2015.

Goal #3: Implementation of a system that effectively utilizes alternatives to pre-trial and post-conviction incarceration where appropriate.

- In October 2015 OCSD established an MOU with the California Department of Corrections and Rehabilitation (CDCR) Conservation Fire Camps to utilize 1170(h) sentenced inmates for state fire crews.
- The District Attorney's Office has collaborated with the Courts and the Public Defender's Office to increase the number of eligible participants for Drug Court. The new criteria was expanded to allow certain 1170(h) defendants to participate in this program if they have a current drug problem and their crime was motivated by a drug dependence need. This allows certain theft crimes, commercial burglaries, automobile burglaries, car thefts and some narcotic related sales cases to be screened for suitability for Drug Court. The expansion allows more defendants to receive drug treatment as an alternative to incarceration.
- In 2015 the Judicial Council of California awarded a grant to Orange County to establish a pre-trial pilot program. The multi-agency team, led by the OC Superior Court, includes OC Probation, OCSD, OCDA, and Public Defenders Office. Implementation is scheduled for early 2016.



Fiscal Year 2016-17 Goals

Orange County Realignment Goals

The Orange County Community Correction Partnership (OCCCP) has chosen the same three major goals/priorities for FY 2016-17 as the 2011 Implementation Plan. For each goal, OCCCP will strive to guide every partner in public safety to work together for a safer Orange County through a reduction in recidivism achieved through rehabilitation and other alternatives to incarceration. Following each goal is a description of how each goal may be attained in the next year.

Goal #1: Implementation of a streamlined and efficient system in Orange County to manage our additional responsibilities under Realignment.

- a) Continue participating in the pilot project by the Board of State and Community Corrections (BSCC) and the Public Policy Institute of California designed to identify best practices among county corrections agencies and measure offender behavior and system performance under public safety Realignment.
- b) Participate in a joint law enforcement operation with the United States Marshal Service Regional Fugitive Task Force (RFTF) to investigate, arrest or extradite local, state and federal fugitives, thereby improving public safety and reducing violent crime.

Goal #2: Implementation of a system that protects public safety and utilizes best practices in recidivism reduction.

- a) Secure BSCC Pay for Success Grant funding to provide in-custody and post-custody substance use disorder treatment to the Realignment population.
- b) Utilizing funds award by the BSCC through the Community Recidivism Reduction Grant to Orange County in 2015, begin implementation of emergency transitional housing services in a sober living environment for Realigned offenders recently released from a correctional facility to OC Probation supervision.

Goal #3: Implementation of a system that effectively utilizes alternatives to pre-trial and post-conviction incarceration where appropriate.

- a) Successfully implement a pre-trial pilot program in Orange County that utilizes evidence-based practices. The goal of a pre-trial program is to identify, through a validated risk assessment, defendants who would be likely to stay out of trouble and appear in court for arraignment on their criminal charges. In Orange County, more than half of the inmates in jail are still awaiting sentencing for their crimes. A pre-trial program will provide an objective method to reduce the jail population without sacrificing public safety.
- b) OCSD will implement the CDCR Conservation Fire Camps Program for which an MOU was signed in October 2015. The fire camp program utilizes selected candidates to serve in a variety of emergency fire capacities and/or on conservation projects. Inmates who volunteer for the program will undergo extensive screening and training. After graduation they will serve the remainder of their sentence in the fire camp. The program will provide inmates valuable work experience which, after they complete their sentence, they may apply for a fire related position with the State.

Funding Allocations

The funding formula adopted by the State for the first year of Realignment FY 2011-12 was a unique formula that was intended to fund counties' Realignment costs for the period of October 1, 2011 through June 30, 2012. For FYs 2012-13 and 2013-14, the funding formula applied by the State for purposes of allocating funds to the 58 counties was developed by a committee comprised of members from the California State Association of Counties (CSAC), the County Administrative Officers (CAO) and the Department of Finance. This committee reviewed the existing funding formula and made a proposal to the Governor for funding Realignment in future years. The Governor adopted the allocation framework recommended by CSAC/CAO for FYs 2012-13 and 2013-14.

Existing legislative mandates dealt with the statewide distribution of Realignment funds through FY 2013-14. CSAC/CAO created the Realignment Allocation Committee (RAC) to create a new methodology for FY 2014-15 and beyond. With the decline in available statewide funding (\$998.9M for FY 2013-14 to \$934.1M in FY 2014-15) the RAC proposed that the FY 2014-15 Base and Growth Allocations be treated differently than previous or future fiscal years. For the Base Allocation, a "blended rate" was established which combines each county's share of the FY 2013-14 base funds and its share of the FY 2012-13 growth funds (paid in FY 2013-14). This blended rate was then applied to the FY 2014-15 base amount of \$934.1M and resulted in a base allocation of \$63M for Orange County, 6.7493% for the total state appropriation of Realignment funding.

A new one-time methodology was also established for the allocation of Growth funding earned in FY 2013-14 and scheduled for distribution in FY 2014-15. The Growth Allocation has been divided two-thirds on a performance factor (number of the county's non-failed felony probationers in proportion to the total statewide) and one-third on the fiscal stabilization (same as permanent base share). Using this new methodology, Orange County's Growth Allocation for FY 2014-15 was \$5.5M.

State allocated \$200,000 for FY 2014-15 in one-time monies to the Orange County Community Corrections Partnership (OCCCP) for planning purposes. The OCCCP and the Orange County Board of Supervisors (Board) have authorized the use of this one-time money to fund research and training related to Realignment.

Orange County distributed FY 2014-15 base allocation of \$1,032,592 equally between the Orange County District Attorney (OCDA) and the Orange County Public Defender (OCPD).

Fiscal Year 2014-15 Base Funds	
Postrelease Community Supervision/Local Incarceration	\$63,045,168
Realignment Planning Grant (one-time funds)	\$200,000
District Attorney/Public Defender's Office (PCS representation)	\$1,032,592
Total	\$64,277,760

The \$63.0M in funding allocations approved by the OCCCP and the Board are consistent with the methodology for allocation of the funds used in FY 2013-14, with two exceptions: 1) Local law enforcement was allocated \$623,951, which is 0.99% of the total County base allocation, a higher percentage than allocated in previous fiscal years; however, the County budget contains separate funding that goes directly to the cities for the Realignment population; 2) \$5.5M in growth money earned in FY 2013-14 was allocated to the counties in FY 2014-15. The OCCCP determined the greatest need for these funds were in those areas with operating funding shortfalls; therefore, the growth money was split between the Sheriff (81%) and Health Care Agency's (HCA) In-Custody Correctional Health Services (19%).

Additionally, \$158K one-time Board of Equalization (BOE) funding was distributed to Sheriff (48%), Probation (25%), HCA In-Custody (11%), HCA Post-Custody (9%), Local Law Enforcement (1%), and OCDA/OC PD PCS Representation (6%).

Department	Prior Year(s) Carryover	FY 14-15 Base Allocation/Revenue	FY 13-14 Growth Allocation/Revenue [1]	One-Time BOE Adjustment	FY 14-15 Total Allocation/Revenue	FY 14-15 Year-End Expenditures	Variance/Expenditures to Revenue	Funds Available for Reallocation	Allocation of Unspent Funds	Year-End Shortfall
Postrelease Community Supervision (PCS)/ Local Incarceration										
Sheriff		32,053,784	4,523,271	77,043	36,654,098	36,291,875	362,223	362,223-	(362,223)	
Probation		16,178,579		38,886	16,217,465	13,650,815	2,566,650	2,566,650	(2,566,650)	
HCA (In-Custody)		7,324,329	1,061,014	17,604	8,402,947	7,957,978	444,970	444,970	(444,970)	
HCA (Post-Custody)		5,714,435		13,735	5,728,170	3,920,294	1,807,876	1,807,876	(1,807,876)	
District Attorney		250,000			250,000	753,311	(503,311)		503,311	
Public Defender		250,000			250,000	349,129	(99,129)		99,129	
Local Law Enforcement [2]	136,901	623,951		1,500	762,351	491,272	271,060			271,080
Total PCS/Local Incarceration	136,901	62,395,078	5,584,285	148,767	68,265,031	63,414,673	4,850,358	5,181,719	(4,579,278)	271,080
One-time Funds										
Undistributed Allocation		650,090			650,090		650,090	650,090	6,109,882	6,759,972
HCA (Risk Pool/ Stop Gap)	1,530,604				1,530,604		1,530,604	1,530,604	(1,530,604)	
Total One-time Funds	1,530,604	650,090			2,180,694		2,180,694	2,180,694	4,579,278	6,759,972
Community Corrections Partnership	399,147	200,000			599,147	2,103	597,044			597,044
Subtotal Allocations/Expenditures	1,929,751	850,090			2,779,841	2,103	2,777,738	2,180,694	4,579,278	7,357,016
District Attorney/Public Defender PCS Representation										
District Attorney	412,636	516,296	159,437	4,849	1,093,218	940,605	152,614	-	-	152,614
Public Defender	435,809	516,296	159,437	4,849	1,116,392	648,206	468,185	-	-	468,185
Total DA/PD PCS	848,445	1,032,592	318,875	9,699	2,209,610	1,588,811	620,799	-	-	620,799
Total Allocation/Expenditures	2,915,097	64,277,760	5,903,160	158,466	73,254,482	65,005,587	8,248,895	7,362,413	0	8,248,895



FY 2015-16 Funding Plan

Existing legislative mandates dealt with the statewide distribution of Realignment funds through FY 2013-14. CSAC/CAO created the Realignment Allocation Committee (RAC) to create a new methodology for FY 2014-15 and beyond. Each county's share of the base would be defined beginning in FY 2015-16 according to a new formula. The growth formula for 2014-15 (distributed to counties in October 2015) would help counties transition to the new formula ("base share"). The new formula to establish each county's FY 2015-16 base share – contains factors in three categories – Caseload – 45% (22.5% Jail and 22.5% Probation), Crime and Population – 45% (22.5% Adult Population and 22.5% Crime), and Special Factors – 10% (poverty, small county minimums and impacts of state prison on host counties). Using this new methodology, Orange County was allocated 6.3939% of the total state appropriation of Realignment funding. For FY 2015-16 this resulted in \$67.7M in Realignment allocation for Orange County.

The RAC proposed for FY 2014-15 a one-time Transition Payments Growth for counties where its permanent base allocation is lower than its blended rate – 35%, and the remainder 65% to be distributed between Performance Growth (2/3) and One-time Fiscal Stabilization Growth (1/3) to be paid in FY 2015-16. Using this methodology, Orange County's Transition Growth Allocation is \$4.9M for FY 2015-16, and Stabilization Growth Allocation is \$1.7M and Performance Growth Allocation is \$5.9M. FY 2014-15 Performance Growth will be distributed based upon the following factors: 1) SB 678 Success - 80% (all counties – 60%, and SB 678 year-over-year improvement – remaining 20%); 2) Incarceration rates - 20% (year-over-year reduction in second strike admissions, overall new prison admissions, and per-capita rate of prison admissions).

OCCCP's proposed allocation for the FY 2015-16 base amount, which was approved by the Board, remained consistent with the methodology previously used by the OCCCP with three exceptions, all relating to the one-time and special allocations: 1) \$6,759,972 of the base allocation and \$5,860,152 of the estimated Transition and Stabilization growth allocation will remain undistributed at this time but will be available, if needed, to ensure adequate funding for each County department; 2) \$800,00 and \$50,000 of the estimated Transition and Stabilization growth will be allocated to District Attorney and Public Defender as one-time additional funding; 3) The one-time base amount allocated to the District Attorney and the Public Defender is increased from \$250,000 each to \$338,897 each.

The FY 2015-16 funding allocations may be adjusted as needed, to ensure adequate funding for each County department. Any changes to the allocations will be presented to the OCCCP and the Board for approval.

FY 2015-16 PCS/ Local Incarceration Allocation	Prior Year(s) Rollover	Base	Growth	FY 15-16 Est. Transition/ Stabilization Allocation	Total Allocation
Orange County Sheriff's Department	\$0	\$36,600,827	\$5,176,187	\$0	\$41,777,014
Probation Department	\$0	\$15,589,241	\$0	\$0	\$15,589,241
Health Care Agency (in-custody treatment)	\$0	\$8,133,517	\$705,844	\$0	\$8,839,361
Health Care Agency (post-custody treatment)	\$0	\$6,100,138	\$0	\$0	\$6,100,138
District Attorney	\$0	\$338,897	\$0	\$0	\$338,897
Public Defender	\$0	\$338,897	\$0	\$0	\$338,897
Local Law Enforcement	\$271,080	\$677,793	\$0	\$0	\$948,873
Total PCS/Local Incarceration Allocation	\$271,080	\$67,779,309	\$5,882,031	\$0	\$73,932,420
Undistributed Allocation	\$6,759,972	\$0	\$0	\$5,860,152	\$12,620,124
Health Care Agency (Risk Pool/Stop Gap Insurance)	\$0	\$0	\$0	\$0	\$0
District Attorney (Realignment Services)	\$0	\$800,000	\$0	\$0	\$800,000
Public Defender (Realignment Services)	\$0	\$50,000	\$0	\$0	\$50,000
Total One-time Allocation	\$6,759,972	\$850,000	\$0	\$5,860,152	\$13,470,124
OC TOTAL ALLOCATION	\$7,031,052	\$68,629,309	\$5,882,031	\$5,860,152	\$87,402,544
District Attorney/Public Defender (PCS representation)	\$620,799	\$1,588,100	\$555,508	\$0	\$2,764,407
Community Corrections Partnership (one-time funds)	\$597,044	\$0	\$0	\$0	\$597,044
Total FY 2015-16 Allocation	\$8,248,895	\$70,217,409	\$6,437,539	\$5,860,152	\$90,763,995



Local Law Enforcement

Realignment is having an impact on local law enforcement. The number of offenders released back into communities for county supervision is higher than initially projected by the State. As all service providers attempt to implement programs and supervision services to this population, local law enforcement is having increased contacts with the population that reoffends. Additionally, new sentencing guidelines are now causing convicted offenders to be released into communities for county supervision and services rather than being sent to state prison. Funds were allocated by the Orange County Community Corrections Partnership and the Board of Supervisors to each local law enforcement agency based on their active Postrelease Community Supervision population. Local law enforcement may access these funds by performing functions and duties as described in the Memorandum of Understanding adopted by the Board of Supervisors.

Local law enforcement continues to collaborate with and supports OC Probation. Local law enforcement participates in probation compliance checks and those agencies housing probation officers provide office space and resources to assist the probation department in supervising this population. Representatives from local law enforcement participate in regularly scheduled meetings involving all stakeholders in the county Realignment plan in order to facilitate ideas and implement the most effective methods in achieving the best outcomes to ensure public safety.

Superior Court

Revocation of Community Supervision, Mandatory Supervision and Parole

Consistent with Realignment the Court has assumed responsibility for Postrelease Community Supervision, Mandatory Supervision and parole revocation hearings. Pursuant to California Rules of Court 4.541 and upon receipt of a petition for revocation of supervision from the supervising agency, or a request for warrant, the Court will accept and file the matter for action. The Court will prescribe the hearing dates and times within the required time frames, unless time is waived or the Court finds good cause to continue the matter. The Court will provide a hearing officer, courtroom facility, interpreter services and the means to produce a record. The Court will comply with reporting requirements to local and state agencies as defined.

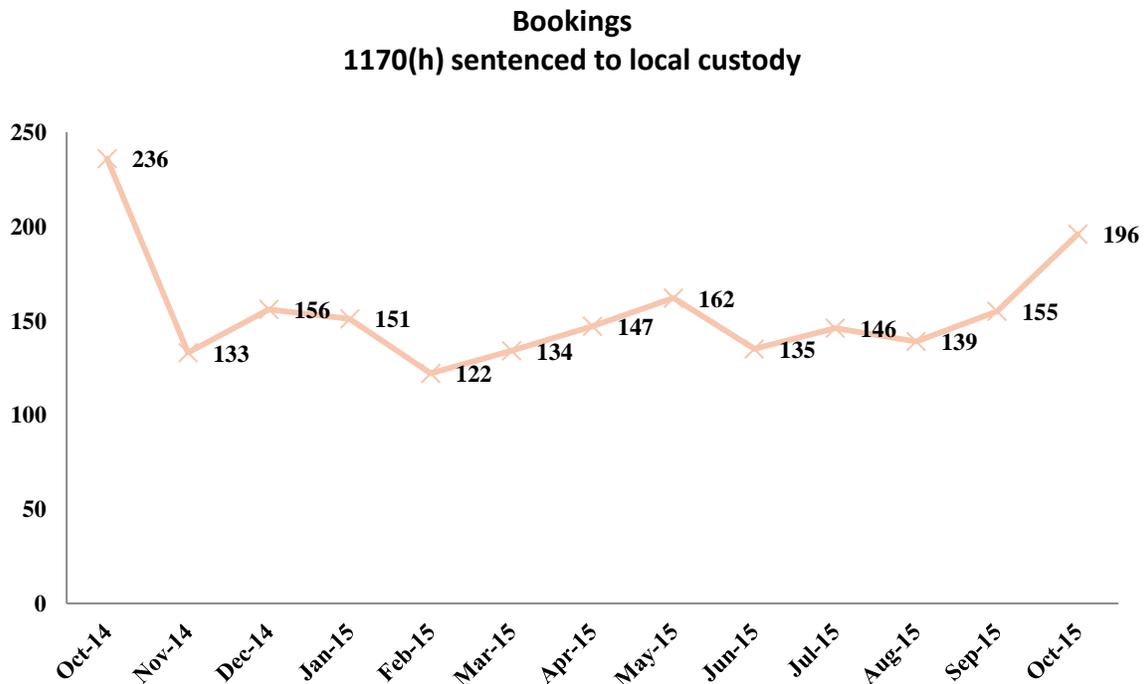
OC Sheriff's Department

Custody Population

Orange County Sheriff’s Department (OCSD) Realigned inmate population as discussed in this report is comprised of several categories which include 1) PC 1170(h) individuals convicted of a felony 2) individuals with PCS violations serving up to 180 days 3) Individuals with violations of state parole serving up to 180 days and 4) PCS individuals that have been sanctioned with a flash incarceration up to 10 days for each violation. The figures discussed below cover the period of October 2014 through September 2015.

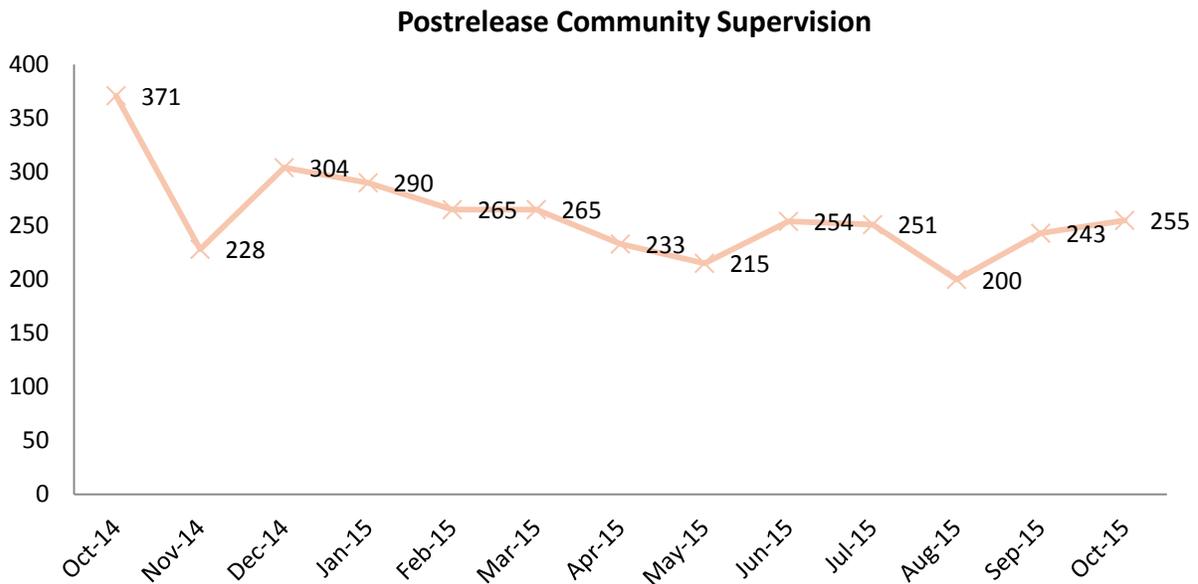
Local Custody: 1170(h) Population

In November, 2014 California voters approved Proposition 47, which took effect immediately. The net outcome was a dramatic reduction of OCSD’s 1170(h) population from a high of 236 bookings per month to a low of 122 in February, 2015. Since that time, OCSD has seen a resurgence in 1170(h) bookings to a high of 196 in October 2015. The chart below shows the monthly bookings of 1170(h) offenders sentenced to local custody in Orange County. Additionally, the length of stay for this population has increased from an average of 187.8 days in October 2014 to an average of 222.5 days in September 2015 (+34.7 days). This compounding population constitutes the largest portion of OCSD’s Realignment population and continues to grow as their length of stay increases.



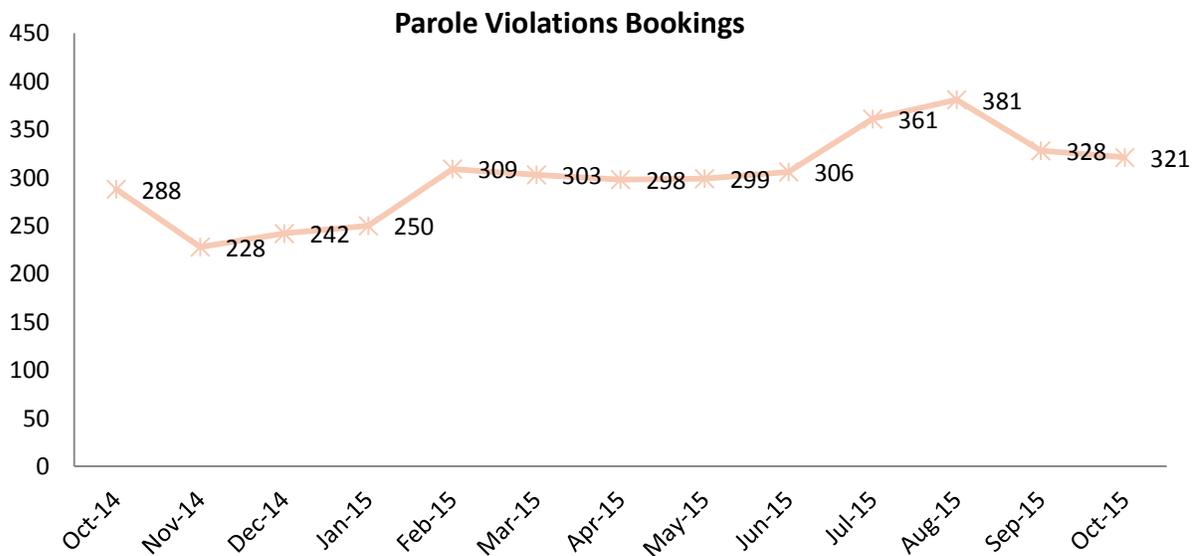
PCS Trends

The chart below illustrates one year of the PCS population's bookings on flash incarcerations, new charges and PCS revocations. OCSD saw a dramatic population decrease shortly after the passage of Proposition 47. Bookings have rebounded since then, but are still well below the high of 371. This trend bears watching as it highlights the effectiveness of local supervision of offenders by the Probation Department.



Parole Violation Trends

The sentencing protocols for parole violators changed mid-2013, giving local jurisdictions a greater say in the length of time parole violators are sentenced to the county jail. Effective July 1, 2013 the Superior Court took responsibility for conducting parole violation hearings. In the first three months after this change, OCSD's parole violator population decreased by roughly 45%. By September of 2014 the numbers had mostly rebounded and in 2015 they continue a marginal trend upwards.



Existing County Jails

OCSD currently operates five jails: the Intake Release Center (IRC) and four additional housing jails (IRC; 903 bed-capacity; Theo Lacy Facility: 3,442 bed-capacity; Central Men’s Jail: 1,433 bed-capacity; Central Women’s Jail: 388 bed-capacity; and James A. Musick Facility: 1,322 bed-capacity).

Post-Proposition 47 the overall jail population dropped, allowing for the closure of the north compound tents at the Musick Facility. The drop also facilitated OCSD’s ability to complete much needed repairs throughout the jail system. The population has rebounded some, but is still well below the pre- Proposition 47 numbers that hovered above 7,000.

OC Facilities	Existing Bed-Capacity
Intake Release Center	903
Theo Lacy	3,442
Central Men’s Jail	1,433
Central Women’s Jail	388
James A. Musick Facility	1,322 (+824 beds future expansion) = 2,146

Jail Expansion

In 2012, the State, by way of AB 900, created a competitive grant source for expansion and/or construction of new jail facilities. OCSD was awarded the \$100 million grant via AB 900 and is currently in the design phase of a 512 bed expansion project at the James A. Musick Facility. OCSD also applied for an \$80 million grant via SB 1022 for an additional expansion to the Musick Facility as part of a rehabilitation program which would add an additional 312 beds. OCSD was awarded that grant in 2014 and will merge the two projects into a modern rehabilitation facility.

In 2015 OCSD applied for funding by way of SB 863. If awarded, the grant funding would have been used to upgrade and remodel existing medical and mental health housing units in the Intake and Release Center in Santa Ana, California; unfortunately, OCSD was not successful in this endeavor, primarily due to previous successes as listed above. There are indications that additional funding will become available for medical and mental health treatment facility expansion in the future. OCSD sees a distinct need for these types of facilities and will pursue future opportunities vigorously.

Education/Rehabilitation Resources

Currently, OCSD offers a host of classes and programs for Realigned inmates including Adult Basic Education, English as a Second Language, Money Matters, Domestic Violence, Thinking for a Change, Anger Management (mental health), Workforce Preparation, Substance Abuse, vocational programs, as well as, life skills, and religious programs.

In the future, medical services, education and treatment programs, and post-custody programs, are planned for the Musick expansion. The construction of the new facilities will not begin until late 2016 and it is anticipated that the earliest inmates will be able to occupy the units is late 2018.

OCSD has dedicated a significant portion of its Realignment resources to increasing security staffing and re-opening housing units in order to maintain jail security and public safety. However, as Realignment concludes its fourth year, the focus of the OCSD must shift to adapting personnel and resources to the new paradigm, creating systems of inter-agency operability, developing record-keeping systems, and managing an increasingly complicated and diverse inmate population. OCSD will look to transition its focus towards rehabilitation. As a member of the OCCCP and the Orange County Re-entry Partnership (OCREP), the OCSD is committed to finding alternative solutions to the incarceration and recidivism of inmates.



In February, 2016 OCSD plans to submit a Pay for Success grant proposal. This grant opportunity is offered by the Board of State and Community Corrections and requires contractually agreed upon measures of success. It is based on a Social Innovation/Impact Bond Financing model-an outcome-driven methodology with investment from private community investor-a public and private partnership. The grant ranges from \$500K-\$2 million and requires Orange County Board of Supervisor approval as well as matching funding. If successful in obtaining grant funding, OCSD is hopeful to partner with a private treatment provider to address in-custody and post-custody substance use disorder with a criminal justice population focus. Participation will also include the Health Care Agency, OC Probation, Orange County Department of Education, Rancho-Santiago College, OCREP providers, and an independent academic researcher.

OCSD Transition from Jail to Community (TJC)

In August of 2013 OCSD instituted a Transition from Jail to Community (TJC) program dubbed “Lasting Change”. Inmates are screened at intake and those who are highly likely to recidivate are identified. If they agree to take part in the Lasting Change program they are evaluated through a risk/needs assessment through which their criminogenic needs are identified and treatment protocols are developed. Inmates in the program are housed together in a “therapeutic community” and attend classes and therapy in group and individual settings. Towards the end of the program inmates begin discharge planning where counselors make available employment, housing, education, and treatment opportunities. Inmates are linked with those resources upon release. The program has demonstrated success; however, it continues to be a work in progress as modifications are made to staffing, lesson plans, and locations.

Fire Camp Program

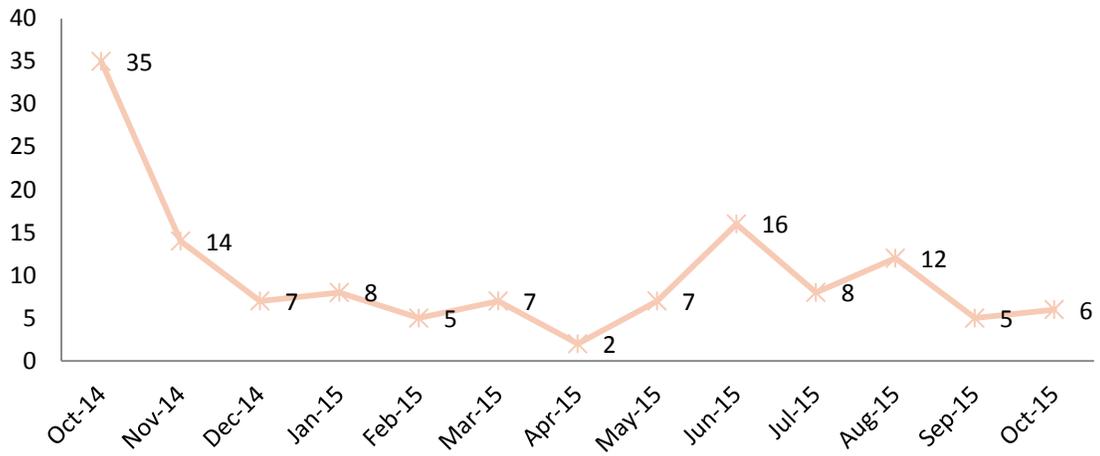
In October 2015 OCSD established a Memorandum of Understanding (MOU) with the California Department of Corrections and Rehabilitation (CDCR) to utilize PC 1170(h) sentenced inmates for state fire crews. Inmates who volunteer for the program undergo extensive training and screening. Successful candidates are subsequently selected to serve their sentence at a designated fire camp and afterwards may be considered for hire by the state as employees. OCSD’s initial candidates are in training in Susanville and upon graduation will be assigned to a fire camp in Chino, California.

Community Work Program (CWP)

Over the past four years, the OCSD has used a combination of methods to manage the increase in inmate population. One notable change has been the expansion of inmates assigned to the Community Work Program (CWP) to include PC 1170(h) offenders. The CWP is an alternative to incarceration that allows sentenced 1170(h) offenders to serve their time by working on municipal work crews often providing janitorial or landscaping services at county buildings and parks. The offender is allowed to live at home but must report to a predetermined worksite location as part of a crew. Every workday completed is considered two days of service towards the offender’s sentence. Failure to follow the stringent rules (curfew, avoiding substance abuse, etc.) will result in a return to custody where he/she will serve the remainder of his/her sentence. OCSD screens inmates for suitability and has the discretion to add or remove the offender from the program at any time. OCSD has dedicated resources to conduct welfare and compliance checks on 1170(h) inmates serving time in the CWP. This includes work site and home inspection checks. Since the inception of Proposition 47, the number of 1170(h) offenders has declined dramatically as reflected in the chart below. Nevertheless, the program is still relevant and continues to be a successful population management tool as well as an

opportunity for offenders to assimilate into the community while still under strict supervision.

1170(h) Community Work Program





District Attorney

Beginning with the implementation of Realignment, the Orange County District Attorney (OCDA) has prosecuted Post-Release Community Supervision (PCS) violators as well as Mandatory Supervision (MS) violators. On July 1, 2013, that responsibility expanded to include parole violators. In addition to staff time to prepare for and support the overall program implementation, the District Attorney's Office designated multiple Deputy District Attorneys (DAs) with specific responsibilities to prosecute these defendants.

On July 1, 2012, SB 1023 became law and amended Realignment. This new law was intended to promote uniform revocation procedures relating to MS and PCS. The new law revised Penal Code Sections 1170, 1202.2, 3455, and 3000.08 by extending the probation revocation procedures found in PC 1203.2 to mandatory supervision, under Section 1170(h)(5)(B) and PCS, under Section 3455. This legislation was also intended to provide procedural due process protections held to apply in probation revocations to MS and PCS violators.

Currently the office has three Deputy DAs assigned to the AB 109 unit. These deputies review AB 109 violations and make appropriate dispositions. These deputies work with the court to insure that the appropriate sentence is meted out in each case. If these cases do not settle, the deputies will call witness for testimony at a hearing. The office works with the probation department, the California Department of Corrections and local law enforcement to insure that the appropriate laws are being enforced and the community is being protected.

PCS and MS Petitions

For the past year the number of AB 109 cases that have been handled by the District Attorney's office has been declining. Year to year statistical data shows that MS violations and PCS violations have all been lower than the previous year. Currently there is no one factor that can be attributed to this decline. Although it is much too early to make any conclusions, a possible cause may be the passage of Proposition 47 in November of 2014. Proposition 47 by its language allowed for the reduction of some felonies to misdemeanors. Specifically this Proposition allowed for the reduction of simple narcotic possession cases and some theft cases to be reduced to misdemeanors. Additionally, after November 2014 simple narcotic possession cases and some theft cases were permanently reclassified as straight misdemeanors. Proposition 47 permitted convicted felons to petition to court to have their felony cases reduced to misdemeanors. In many of these cases, the petitioner's formal probation, Mandatory Supervision or Postrelease Community Supervision was changed to informal probation. This has led to fewer cases being handled by the District Attorney's Office AB 109 unit.

When Realignment went into effect on October 1, 2011, the District Attorney's Office prosecuted only 27 petitions of PCS violations for the two months remaining in the year. In 2012, 1,092 petitions for PCS and MS violations were filed.¹ The number of filed petitions continued to grow in 2013 and 2014. In the first nine months of 2015, there were over 1,500 petitions prosecuted between PCS and MS violators. Specifically, the District Attorney's Office filed 1,006 PCS Petitions and 548 MS Petitions (PCS 65%; MS 35%).

¹ There remains a data entry backlog for PCS petitions dating back to 2012. The OCDA continues to work through the backlog for historical purposes.

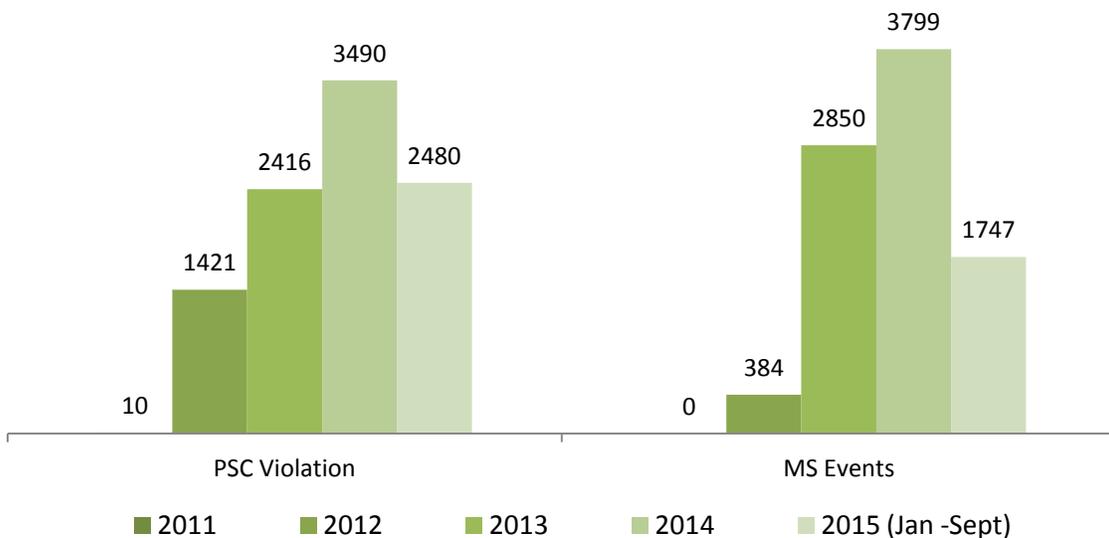
Petitions



PCS and MS Court Proceedings

These court proceedings are handled not only by the DA team created for Realignment, but also by additional prosecutors at court locations all over Orange County who are required to attend MS violator proceedings. In 2014 the District Attorney's Office attended over 7,000 PCS and MS violator proceedings. In the first nine months of 2015, the District Attorney's Office has attended 1,747 MS violator proceedings and 2,480 PCS proceedings (MS 62%; PCS 58%). The projections for 2015 are over 5,000 MS and PCS proceedings.

Court Proceedings





Parole Violator Workload

The July 1, 2013 shifting of this responsibility from the CDCR to the OCDA's Office added a significant workload and further strains limited prosecution resources. The District Attorney's Office has responded to just over 2,000 new court and/or administrative proceedings that have taken place July 1, 2013 through September 30, 2015.

OCDA Parole-Related Workload (January 1, 2015 - September 30, 2015)	
Parole Petitions	142
Parole Petitions Calendared in Court	560

The OCDA's Office will continue to monitor the prosecution workload required to implement Realignment and participate in the OCCCPC, to ensure the People are adequately represented in these matters.

OC Probation

Types of Supervision

With the implementation of Realignment, the Orange County Probation Department (OC Probation) became responsible for supervising two additional categories of offenders beyond those under formal probation: 1) Postrelease Community Supervision (PCS) and 2) Mandatory Supervision (MS). Offenders granted probation by the Court are those individuals with a prison sentence that is suspended as long as the offender consistently follows the terms and conditions for the duration of time under supervision. As of September 30, 2015, there are approximately 11,389 adults under active formal probation supervision.

Postrelease Community Supervision (PCS)

In order to manage this historic change in the criminal justice system, OC Probation created a specialized division with responsibility for intensive supervision of the PCS population. A total of 5,296 people have been released from prison with a PCS status. As of September 30, 2015, 1,210 are on active supervision. Per Penal Code section 3456(a)(3), PCS individuals without custodial sanctions, such as flash incarceration, jail or prison, are mandatorily discharged after one year. Since October 1, 2011 through September 30, 2015, a total of 3,495 have completed PCS. Of those 1,891 were mandatorily terminated while 1,604 were discharged for other reasons or transferred to other counties. There are 591 individuals with an active warrant status.

OC Probation's PCS Population (Oct 1, 2011- Sep 30, 2015)			
Released to PCS 5,296	Actively Supervised 1,210	1 Year Mandatory Termination 1,891	Active Warrants 591
		Other Discharges/Transfers 1,604	
		Total Completions 3,495	

Mandatory Supervision

Since the implementation of Realignment, 2,700 individuals have been sentenced to MS. Prior to Realignment, this population would have been sentenced to state prison commitments but now completes a period of local incarceration and a period of community supervision. These clients receive supervision services that closely resemble those clients placed on formal probation. Using their risk scores, the appropriate level of supervision is determined, appropriate referrals are dispensed, and supervision starts for a defined period of time, based on their MS sentence. Violations of MS are handled like probation violations, in that they are returned to court for a formal hearing and disposition. As of September 30, 2015, 502 are actively supervised (excluding 293 offenders who are out on warrants) and 180 are still in custody. The remaining 1,725 have been terminated or discharged from supervision.

OC Probation's MS Population (Oct 1, 2011- Sep 30, 2015)			
Released to MS 2,700	Actively Supervised 502	Discharges 1,725	Active Warrants 293

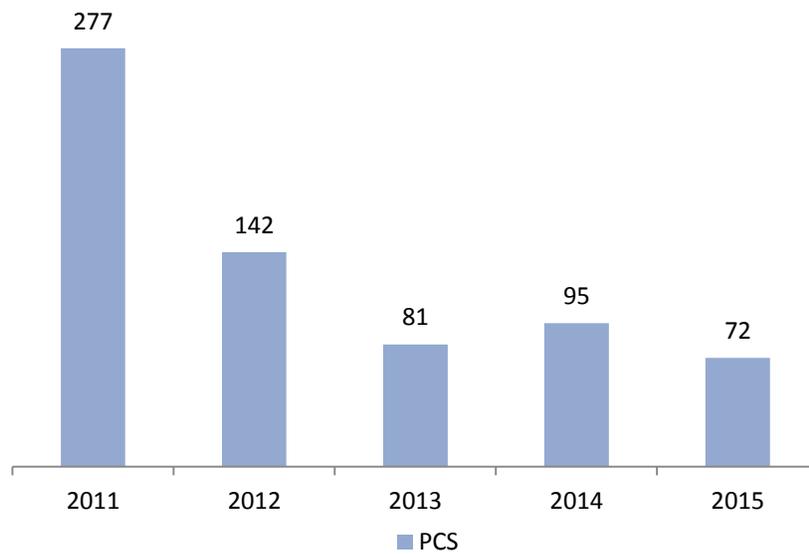
AB 109 Field Supervision Division

Recent review of OC Probation’s Realignment funding and supervision strategies led the department to identify resources and opportunities that were previously unavailable. In the past, PCS and MS populations were supervised in separate divisions. To increase the overall efficiency and consistency among the PCS and MS populations, they were combined into one division—AB 109 Field Supervision Division. This change took place in September 2015.

Releases from Prison

During the first three months of Realignment (October through December 2011), an average of 277 individuals per month were released from prison to Orange County for PCS supervision. Since then, the average number of releases per month have steadily dropped, averaging 72 per month in 2015.

Average Monthly Releases



Victim Restitution

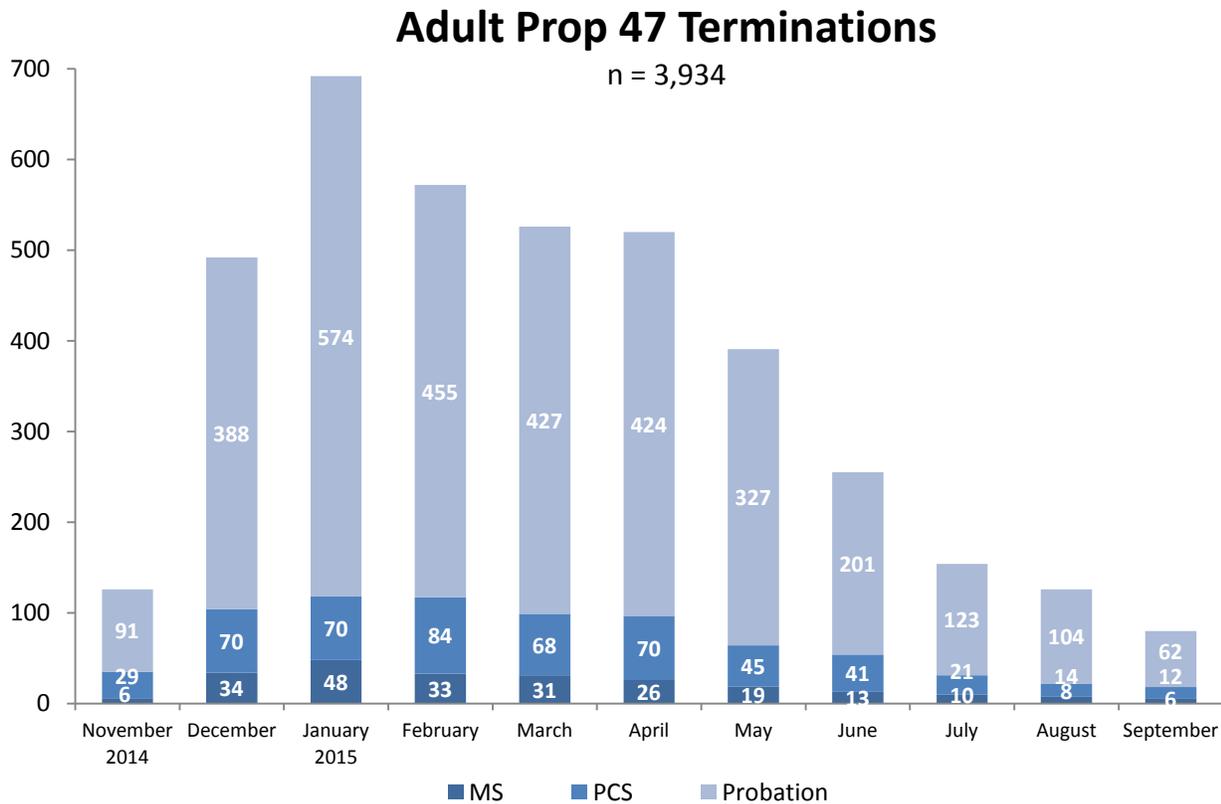
Senate Bill 1210 addressed a previous concern related to victim restitution by collecting fines that support the victim restitution fund for the Realigned offender population. Of particular concern was the collection of restitution from offenders in custody with a terminal disposition under PC 1170 (h) as they do not have community supervision upon their release. AB 109 re-entry officers meet with these offenders in order to obtain stipulations of payment prior to their release. The collection of prior financial obligations owed by PCS offenders remains with the State.

Case Law

Appellate court case *People v. Armogeda* provides that PCS offenders, who are eligible under PC 3063.1 (Proposition 36) should not have their supervision revoked for a non-violent drug possession (NVDP) offense or a violation of a drug related condition of supervision. In response to this case law, OC Probation created protocols to identify these individuals in accordance with Proposition 36.

Proposition 47

As discussed previously, Proposition 47 reclassified some nonviolent offenses from felonies to misdemeanors. OC Probation experienced a decline in the number of supervised individuals in the months since Proposition 47 passed. As of September 30, 2015, 3,934 individuals whose qualifying offenses were reduced to misdemeanors were terminated from supervision by OC Probation (MS 234; PCS 524; Probation 3,176) due to Proposition 47. This reduction has changed the profile of the OC Probation’s caseload as noted in the risk/needs assessments.



Assessments

OC Probation has utilized a validated risk/needs assessment instrument since the mid-1980s. This instrument has been the foundation for implementing evidence-based practices known to reduce recidivism. The tool enables OC Probation to allocate resources effectively and efficiently by dividing the population into groups by their probability of reoffending.

In practice, the Deputy Probation Officer (DPO) completes a risk/needs assessment on every client on their caseload and develops a case plan addressing “criminogenic needs”- dynamic factors that are strongly correlated with crime risk.² The risk/needs assessment determines the level of supervision that is necessary and identifies the type of evidence-based treatment and services that are needed to be successful on supervision (reducing the risk of reoffending and increasing pro-social functioning and self-sufficiency). Typically, the DPO conducts a reassessment every six months and updates the supervisory case plan based on

² Latessa, E., Lowenkamp, C. (2005). What are Criminogenic Needs and Why are they Important? *Community Corrections: Research and Best Practices*. 1-2. http://ojj.la.gov/ojj/files/What_Are_Criminogenic_Needs.pdf

any changes in risk level and in needs for services.

When comparing the profiles of actively supervised adults on Probation, PCS and MS as of September 2015 from one year ago, there are noteworthy changes. The passage of Proposition 47 resulted in termination of supervision of individuals whose felonies were reduced to misdemeanors. The result is a change in the demographic profiles of those still remaining on supervision – most notably – drug related felonies for PCS offenders have decreased.

Initial Convicted Offense

	Probationers		PCS		MS	
	2014	2015	2014	2015	2014	2015
Felony	94%	90%	100%	100%	100%	100%
Person (e.g., robbery, assault)	23%	30%	14%	20%	9%	9%
Property (e.g., burglary, theft)	18%	19%	27%	25%	29%	33%
Drug	45%	30%	43%	27%	56%	52%
Other	8%	11%	15%	27%	6%	5%
Misdemeanor	6%	10%	0%	0%	0%	0%

Continuum of Graduated Interventions and Sanctions for Violations of Postrelease Community Supervision

Penal Code (PC) 3450, known as the Postrelease Community Supervision Act of 2011 reaffirms its commitment to reducing recidivism among criminal offenders. PC 3450 supports the use of evidence-based sanctions and programming to improve community safety. Evidence-based correctional sanctions and programming encompass a range of custodial and noncustodial responses to criminal or noncompliant offender activity.

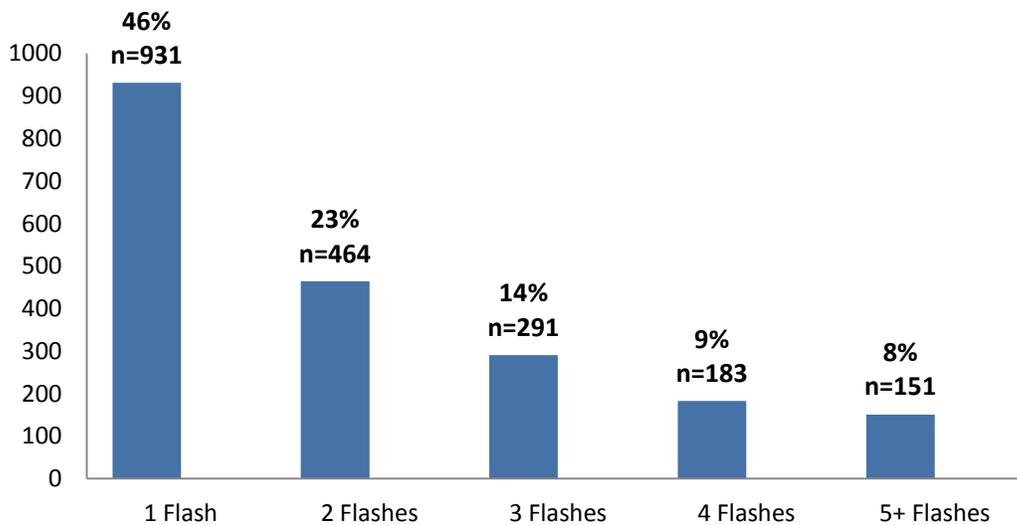
With this in mind, OC Probation developed a continuum of graduated interventions and sanctions. The graduated sanctions model promotes both proportionality and equity in how the criminal justice system responds to probation violators. By utilizing an Interventions and Sanctions Matrix, DPOs are able to consistently apply sanctions proportionate to the seriousness of the violations to hold the offender accountable, assert sufficient control and properly manage the risk that the offender presents to the community and facilitate the offender’s progress in changing behavior to achieve ongoing compliance and future law-abiding behavior.

Flash Incarcerations

Flash incarceration is a short-term period (maximum of 10 days) of detention in a city or county jail authorized by Section 3454(c) of the Penal Code. Flash incarceration allows a DPO to arrest a PCS offender for a violation of supervision terms. The detention period (1 to 10 days), determined by the DPO and reviewed by the supervisor, is intended to deliver a swift and certain sanction but minimizes impact on the offender's success in the community related to employment or family dynamics. Through September 30, 2015, 2,020 individuals on PCS supervision received at least one flash incarceration, totaling 4,403 flashes. Approximately two-thirds of the flashes were for technical violations (positive drug test, absconding, etc.) and the rest were for new law violations.

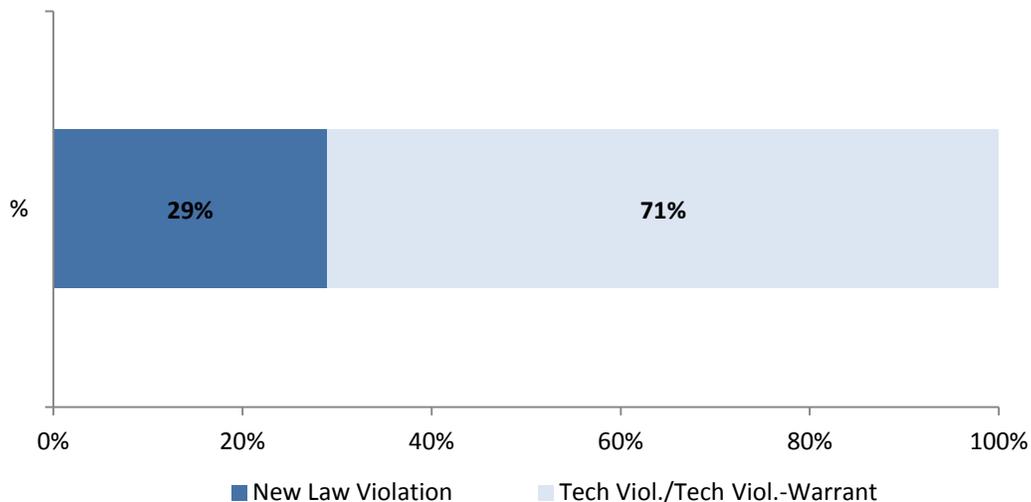
Distribution of Flash Incarcerations

(Oct. 1, 2011 - Sept. 30, 2015)



Flash Incarceration Reasons

(n=4,403)





Re-entry Team

This past year OC Probation added two re-entry DPOs and an intake DPO to the current team of one re-entry DPO and SPO. OC Probation collaborates with HCA's Behavioral Health caseworkers and assessment team embedded at OC Probation's field offices. The assessment team facilitates the referral and enrollment of the offender into treatment programs.

Re-entry officers attend Substance Abuse Treatment (SAP) provider fairs at the local State prisons and coordinate transportation for offenders when appropriate upon their release. An example of these services is demonstrated by OC Probation's collaboration with the McFarland Female Community Correctional Facility and BI Incorporated, a GEO Group Company that is contracted to operate the adult day reporting center (DRC). Prior to the offender's release from prison a shared case plan is developed by both McFarland and the DRC. The re-entry DPOs facilitate a seamless re-entry by transporting the offender to Orange County where the intake process is completed.

The re-entry team works together to identify offenders recently placed on PCS and MS as well as those serving custody commitments due to violations of supervision. The team partners with the OCSD's Inmate Services unit to educate and assist offenders currently in jail serving custody commitments. The team's outreach efforts include both AB 109 classes specific to PCS and MS inmates along with "Back on Track" classes that are provided to all inmates regardless of supervision status. The classes address treatment and program options along with other services that will prepare the offender for successful community re-entry and increase offender accountability, rehabilitation and public safety.

Adult Day Reporting Center

The adult day reporting center (DRC) (located at 901 W. Civic Center Drive, Suite 100, Santa Ana, CA) is a statutorily and research-supported alternative to custody that relieves pressure on the Orange County Jail population by providing services to offenders who are under community supervision. The goal of the DRC is to protect the public by providing offenders with intensive treatment, program services, and on-site supervision with immediate reporting of behavior to assigned DPOs. The DRC provides services to PCS, MS, and offenders under general supervision. A majority of these individuals have lengthy criminal arrest records including prior prison terms and have been identified and assessed as "high-risk" to reoffend. Funding is provided by the State and County Realignment funds.

Orange County contracts with BI Incorporated, a GEO Group Company ("BI Inc." <http://bi.com/>) to operate the DRC, which opened at the end of July 2012 as part of the overall Orange County Public Safety Realignment and Postrelease Community Supervision Implementation Plan. The current contract for the DRC went into effect June 1, 2014 and is renewable annually for an additional four years expiring May 31, 2019. On May 12, 2015, the Board of Supervisors approved the annual renewal of the current DRC contract with BI Inc. The contract was amended to include provision of re-entry services to the general supervision offender population. As a result, the average daily population increased from 44 in May 2015 to 84 as of September 2015.

Used as a graduated response or sanction to overall supervision as well as a general programming option, the DRC is a structured and individually tailored program. It is a multi-phase program where offenders progress through three levels of treatment, supervision and an "Aftercare" phase based on their individual behavioral improvements. These improvements are monitored and measured through group attendance and participation, drug and alcohol abstinence, verifiable employment and/or income, stable housing, and compliance with probation terms and conditions. The DRC utilizes a variety of evidence-based practices including Motivational Interviewing and Moral Reconation Therapy (i.e., cognitive behavior therapy) in order



to change existing behavior.

In order to help foster success with offenders, the DRC establishes and maintains connections with local employment, housing, drug and mental health treatment agencies and providers. The DRC promotes the use of a computer lab which uses a browser based application that assists offenders in seeking community resources. Further, the DRC hosts a Community Connections forum which meets regularly where local providers present information about various services. This also includes a question and answer period and opportunities for offenders to speak with program providers individually. The DRC formally works with collaborative partners that address a range of client's needs such as the Health Care Agency, Orange County Public Defender's Office, Orange County Human Relations Commission, and other relevant community-based organizations as part of their program. As a result of the DRC's on-going relationship with the Orange County Reentry Partnership (OCREP), an opportunity presented itself and effective October 2015, the DRC increased its collaboration efforts with State of California Employment Development Department (EDD) Workforce Services Branch in order to augment employment assistance and services to the current DRC population.

All DRC participants receive services based on their assessed risk/needs and are held accountable for their behaviors through specific measures provided by the DRC. A description of different services that the DRC offers can be found in the Day Reporting Center Status Report (<http://ocgov.com/gov/probation/prcs>). GEO/BI and OC Probation staff routinely collaborate and communicate regarding offender progress. Offenders who complete the full program are encouraged to attend "Aftercare." A case plan is developed to assist them with their reintegration into the community. This includes weekly "check-ins" as needed, monthly Aftercare group sessions, and participation in a formal graduation ceremony held several times a year. An individual will receive an increase in supervision that may include additional classes, increased reporting, increased treatment, or possibly a custodial sanction as determined by the assigned DPO if the individual fails to comply with DRC rules and programming requirements.

The Orange County Human Relations Commission continues to partner with the Probation Department and BI Inc. to provide a Restorative Justice Honors Program for specific offenders attending the DRC. This group meets weekly, in addition to the regular DRC requirements, for approximately 9 weeks. During group sessions, offenders meet with the Restorative Justice Coordinator who covers concepts such as the needs of the offender, victim, and the community and the obligations involved in repairing the harm done by their crime. This group provides and promotes on-going peer support.

Outcomes

Between July 30, 2012 and September 30, 2015, the DRC processed a total of 1,009 referred offenders, 911 of whom had exited the program as of September 30, 2015. Nineteen percent of the 911 discharged offenders exited with a status of "Satisfactory." This status includes offenders who have completed the full DRC program or have exited early under satisfactory conditions. Another 21% of offenders exited with an "Other/Neutral" status generally due to issues that the DRC was not designed to handle such as offenders with severe substance abuse issues in need of additional outpatient or residential treatment services or offenders requiring more comprehensive medical or mental health treatment. The remaining 60% of offenders were discharged with an "Incomplete/Unsatisfactory" status for reasons ranging from violations of their probation terms to offenders that had poor attendance or who had stopped attending entirely. According to the research literature, a drop-out/failure rate at this level (e.g. 50%) is not atypical for DRC programs.³

Both the "Satisfactory" and "Other/Neutral" discharge groups offer cost-savings potential for Orange County. Prior to the DRC implementation, many of these individuals would likely have spent significant time in custody.

³ Craddock, A. (2009). Day Reporting Center Completion: Comparison of Individual and Multilevel Models. *Crime & Delinquency*, 105-133.

Instead, the DRC was able to provide these offenders with the necessary treatment and programming services, or in some instances, identify their need for more intensive services, while remaining in the community. It is also important to note that if identified as appropriate by the DPO and GEO/BI staff, any discharged offender may re-enter the DRC at a future time.

A key measure of the DRC impact is offenders' recidivism, defined in this context as any violation after DRC discharge leading to a new conviction (both felony and misdemeanor). Results based on a six-month and one year follow-up of offenders discharged for any reason during the first two years (through June 30, 2014) revealed that the vast majority had no violations resulting in a new conviction. While these findings are promising, a more comprehensive evaluation is planned during 2016 that will compare DRC participants with a matched control group of non-participants.

DRC Discharges by Type

Jul 30, 2012 - Sep. 30, 2015
(n=911)

Type	Number	%
Satisfactory	177	19%
Incomplete/Unsatisfactory	547	60%
Other/Neutral	187	21%

Public Defender

Workload

As previously touched upon, Realignment created two new classifications of supervised release: Postrelease Community Supervision (PCS) and Mandatory Supervision (MS). The Orange County Public Defender (OCPD) became responsible for representing those charged with violations of PCS and of MS (per Penal Codes section 1170(h)(5)(B)). On July 1, 2013, for the first time ever, OCPD also became responsible for representing persons facing revocation of parole. In November 2014, Proposition 47 was passed by the voters of California.

These significant changes in the criminal justice system have caused dramatic adjustment in not only the Public Defender's workload but also the clients that are represented by the Public Defender's Office. Prior to 2013, the OCPD had never represented parolees.

For the first three years since Realignment began, the numbers of clients handled by the OCPD staff continually climbed. This year, most likely as a result of Proposition 47, those numbers remained constant with no overall increase in open cases.

At each step of the way the OCPD has been able to navigate these changes to how business is done. Three attorneys, two resource paralegals and a staff specialist were initially assigned to the Realignment team. As significant legal issues arose and there was an increase in Writs of Habeas Corpus petitions advocating for client's rights, a dedicated Writs lawyer was added to the team. In addition, non-dedicated staff assist with investigations and clerical needs.

Legal Issues and Challenges to Realignment

Realignment brought about significant statutory changes which presented and continues to present legal and constitutional issues of first impression. OCPD attorneys have been diligently identifying these issues on behalf of each client. As a result, the number of contested hearings have more than doubled from last year's total. Litigation on these and other types of legal issues are expected to be ongoing for some time.

Type of Work	Quarter 4 (2014)	Quarter 1 (2015)	Quarter 2 (2015)	Quarter 3 (2015)	Total Oct 2014-Sep 2015
PCS cases opened	358	423	315	320	1416
MS cases opened	267	261	187	186	901
Parole cases opened	164	192	172	196	724
Total Court Appearances (includes PCS, MS and Parole)	1559	1322	1222	1154	5257
Contested hearings	47	38	40	52	177

Addressing PCS, MS and Parole Client Needs

OCPD continues to work in a collaborative manner with Orange County's public protection partners: OC Probation, Sheriff's Department, the Department of Corrections and Rehabilitation Health Care Agency and the District Attorney's Office.

Since the inception of AB109 the originally assigned two resource paralegals have worked tirelessly to provide re-entry services to the Realignment clients. They developed the life interview form to make sure each client's needs are accurately documented. They initiated and established relationships with various agencies such as

the Department of Motor Vehicles, Child Support Services, the Social Services agency for Medi-Cal, food stamps and General Relief and the Veterans Administration for disability benefits.

Those two paralegals have rotated into new assignments and two new paralegals have been trained to fill those positions. In very short order they have become well versed in the resources available to assist the clients. They have learned that early assessment of a client’s needs is crucial to the client’s success. As a result, they make daily visits to the jail to make sure the in custody clients take care of all the essential paperwork necessary to make the transition from jail a smoother process.

They have begun to conduct monthly visits to drug treatment programs that are attended by MS, PCS and parole clients. As a result they are able to provide on-site services to those clients. In addition, they are working closely with the Division of Adult Parole Operations of the California Department of Corrections and Rehabilitation. The resource paralegals attend monthly meetings held by Parole of recently released parolees to answer any questions these individuals may have.

In addition, the new resource paralegals have been working with Pat Moore Foundation. The majority of the residents of Pat Moore are on Parole and enter the program straight from state prison. The paralegals provide these individuals with a wide-range of resource services such as documentation to obtain a birth certificate, DMV vouchers, Proposition 47 petitions, and resource lists for employment and education. Many of these individuals have spent substantial portions of their life incarcerated; therefore, the resource paralegals offer them assistance with the transition process.

Client needs are unique, varied and many times very basic such as food, shelter, clothing, medical and other health assistance, and access to various (substance abuse) treatment programs. They need assistance in getting proper forms of identification such as a State ID, social security cards, and birth certificates. Clients also have employment and educational resource needs, legal aid and family law issues. OCPD provides referrals to various resources that enable clients to obtain assistance for their needs. Housing, particularly transitional house and employment continue to be the biggest needs of the clients to ensure success on supervision. It is often easy for a homeless client to be found in violation of their terms of supervision due to their circumstances. It is most difficult to find housing options for Penal Code Section 290 (sex offender) registrants forcing most to remain homeless.

Summarized below are the types of services provided to clients:

Types of Services	Quarter 4 (2014)	Quarter 1 (2015)	Quarter 2 (2015)	Quarter 3 (2015)	Total Oct 2014-Sep 2015
Client jail visits	130	64	120	64	378
Client Program visits	88	34	40	56	218
Phone Calls (to and from clients)	595	443	543	271	1852
Program and Service referrals	540	372	488	182	1582
Obtaining Valid Forms of ID (including SSI and Birth Certificates)	147	115	181	157	600



Health Care Agency

Behavioral Health Treatment Services for Offenders under PCS and MS

The Health Care Agency (HCA) Behavioral Health Services (BHS) has developed a continuum of treatment services comprised of several programs that are available to offenders who have untreated substance use and/or mental health disorders. These services are provided directly by County staff as well as by community-based providers through contract. Studies show that a majority of offenders released from custody have substance use disorders (SUD) and/or mental health disorders and many of them, commit crimes related to their disorders.⁴ The purpose of providing treatment services to offenders released under Realignment is to reduce recidivism and costly re-incarceration by treating SUDs and mental illness. Services are available to all Realigned individuals under supervision in Orange County. Information noted in this section includes both Postrelease Community Supervision (PCS) and Mandatory Supervision (MS) participants, unless otherwise noted.

Substance Use Disorders and Adult Mental Health Services (AMHS)

Referral Process and HCA Resources

Utilizing standardized assessment tools, the BHS assessment team, which is embedded at the OC Probation office, determines individual treatment needs and placement in services. The assessment team facilitates the referral and enrollment of the offender into county and contracted treatment providers. Case management services are available, especially for those who have higher need.

HCA has a well-developed behavioral health system of care to meet the various needs of individuals. For individuals with serious and persistent mental illness (SPMI) and co-occurring disorders, assistance includes emergency services, four adult regional outpatient clinics, Assertive Community Treatment teams (a best practices field based model – proven to be effective with difficult to engage chronically mentally ill individuals), transitional housing also known as “shelter beds”, sober living, Full Service Partnerships, and Outpatient Recovery Centers along with various Prevention and Intervention Programs. A HCA psychiatrist is out-stationed at OC Probation and provides medication services on site as needed to those who require immediate assistance but may not meet the eligibility criteria for County mental health services. Mental health care coordinators have a dedicated caseload of Realignment clients are located in Santa Ana.

Substance use detoxification and treatment is available to all eligible Realignment clients. Detoxification services include medically supervised and social model detoxification and methadone detoxification services. All Realignment clients participating in detox are encouraged to enroll in treatment upon detoxification. For individuals with SUDs and co-occurring mental health disorders, services include residential and outpatient treatment provided by community treatment providers. Narcotic Replacement Therapy including methadone maintenance is also available to clients. Sober Living, which is housing in a sober environment, is provided to qualified individuals.

All behavioral health treatment providers are encouraged to utilize evidence-based treatment models and

⁴ Simpson, DD., (Spring 2004) IBR Research Roundup Retrieved from <http://www.ibr.tcu.edu/pubs/newslet/04spring.pdf>



practices throughout the continuum of services offered to clients. One widely-accepted evidence-based approach is Cognitive Behavioral Therapy (CBT), which teaches offenders that they are not merely victims of their personal circumstances, but that they are responsible for the choices they make within their circumstances. Research has demonstrated the effectiveness of CBT for reducing recidivism among offenders⁵, in that it addresses errors in thinking associated with criminality, such as victim mentality, justification, entitlement, and power orientation.⁶ Treatment is designed to encourage offenders to formulate positive life goals and seek permanent positive change.

HCA Assessment Team – Referrals for Treatment

Behavioral health services for Realignment clients started in November 2011. OC Probation and HCA developed a collaborative plan to address behavioral health needs of Realignment clients. This plan included jointly-funded services and ongoing coordination. In October 2013, OC Probation Chief Steve Sentman presented the “Chief’s Award for Collaborative Partners” to the HCA Behavioral Health team for effective collaboration with OC Probation. This year the collaboration has been recognized and received awards from the National Association of Counties (NACo) and the California State Association of Counties (CSAC).

During most of the first year of implementation of realignment, two HCA assessment staff were co-located in the Santa Ana OC Probation Office. HCA placed one additional staff at the Westminster and Anaheim OC Probation offices in FY 2013-14. Based on need, these three staff may be shifted to provide adequate coverage at one site or the other. All offenders with current or past behavioral health issues are referred by Probation to the HCA assessment team. Assessment staff conduct thorough evaluations on approximately 10 clients per day, while collaborating and coordinating care with Deputy Probation Officers (DPOs), following up on clients, and providing general case management of all PCS/MS clients with a history of mental health and/or substance abuse issues.

⁵ Lipsey et al., 2007; Wilson et al., 2000 & Pearson et al. 2002

⁶ Yochelson, S., Samenow, S. (1976). *The criminal personality. Vol. I: a profile for change.* New York: Jason Aronson, Inc.

Current Services

PCS/MS individuals not in need of specialty mental health services or substance abuse treatment are linked to resources in the community to address identified needs. From November 2011 through September 2015, OC Probation referred 11,727 Realignment clients to HCA's BHS. Of those, 86% (10,042) were assessed during the same time period. Many clients are assessed multiple times and given non-behavioral health service referrals. The table below captures the clients who were assessed, and received referrals to different behavioral health treatment and were finally admitted from November 2011 through September 2015.

HCA Treatment Assessment and Admissions				
(November 2011 through September 2015)				
Referred to BHS Treatment	Total	Admitted to BHS Treatment	Total	%
Outpatient SUD Tx	2,275	Outpatient SUD Tx	1,742	77%
Residential SUD Tx	1,857	Residential SUD Tx	1,655	89%
Outpatient AMHS	402	Outpatient AMHS	243	60%
Sober Living	383	Sober Living	368	96%
Social Model Detox	431 *	Social Model Detox	332	77%
Medical Detox	61 *	Medical Detox	36	59%
Full Service Partnership (FSP)	50 *	Full Service Partnership (FSP)	36	72%
Shelter	59 *	Shelter	39	66%
Methadone Detox	53 *	Methadone Detox	48	91%
Methadone Maintenance	46 *	Methadone Maintenance	30	65%
Clients seen by Psychiatrist	328 *	Clients seen by Psychiatrist	280	85%
Grand Total	5,945	Grand Total	4,809	81%

*Estimated, not tracked from the beginning

Case Management

As systems are developed and implemented to address the many needs of Realignment offenders, navigation through these systems may be difficult for the offender. A case manager who facilitates transition between offenders in-custody and community resources is pivotal in the successful transition of the offender. The behavioral health assessment team makes the referrals and links the client with a case manager. The case manager works closely with clients who have a co-occurring diagnosis but do not qualify for County mental health services and with a psychiatrist while also following-up to help the client access medication. Additionally, the case manager works closely with OC Probation in the jails. In conjunction with the re-entry DPO, the case manager provides an orientation in all the County jails and meets with soon-to-be-released Realignment inmates to discuss OC Probation expectations and treatment services available upon release.

The case manager works with clients to assist them in all transition periods. This includes release from prison or jail, detox to treatment and/or treatment to sober living.



Substance Use Disorder Residential Services

Residential treatment services are available for up to 90 days. Eligible participants receive a range of treatment and recovery services based on individualized treatment plans.

Range of activities for program participant includes:

- Evaluation/assessment of participant
- Individualized treatment planning
- Program orientation
- Provision for required attendance at self-help meetings or other support group
- Substance abuse education
- Individual, family or group counseling
- Discharge planning
- Linkage to:
 - vocational and literacy training
 - collateral services
 - case management
 - relapse prevention
 - recreational and socialization activities
 - food and shelter

Currently, HCA contracts with four community-based treatment providers, for approximately 95 beds. Providers are located in north and central Orange County with easy access to public transportation. These providers are Phoenix House, Woodglen Recovery Junction, Cooper Fellowship, and Unidos.

This past year there were two Orange County Grand Jury Reports on AB 109 and both reports identified the need for additional residential treatment beds. Available funding was the issue when the reports were written. Since then, additional funds were identified and offenders requiring residential treatment were able to have continual access to this service. As recovery is a process, most offenders who enter treatment are not ready for the commitment required to live a sober lifestyle and thus are not successful in abstaining from drugs. When this service was initially implemented, many offenders had multiple attempts at residential treatment and thus the demand for this service was high. With limited funds and beds available, a policy on enrollment into residential treatment was formulated. This new policy allowed offenders who have never received residential services be given higher priority. Offenders with multiple previous attempts were put on the County's non-AB 109 waitlist for an available county-funded bed. This increased the availability of residential treatment services to prospective participants, especially offenders new to residential treatment. Usual wait time for residential treatment funded through AB109 was only a couple of days. Going through the County's waitlist process could be anywhere from a week to a month.

Assessment staff work closely with offenders to determine the most appropriate treatment modality. Individuals who were not able to access residential treatment services were encouraged to participate in outpatient services and/or OC Probation's Day Reporting Center (DRC). Individuals with alcohol and/or opiate problems were encouraged to participate in the Vivitrol program which provided an opportunity to maintain sobriety in the community. Additionally, individuals actively participating in their recovery were afforded the opportunity to be in sober living.



Transitional Housing/Shelter Beds

A large majority of the individuals being released into the Realignment program present with multiple mental health diagnoses, substance abuse diagnoses, trauma history, and medical issues. Additionally, individuals who are being assessed for services have few resources available to them immediately upon release such as housing, employment, or limited job skills. The housing options that are currently available to the offender outside of family members and/or friends, is temporary community shelters, and sober living. Individuals qualified for sober living are given that opportunity. HCA has identified a need for SPMI individuals who do not need sober living, but could benefit from transitional/shelter beds. HCA has contracted shelter beds for clients who have co-occurring mental illness and/or SUDs. Residents are given assistance and monitoring in taking medication, scheduling treatment appointments, transportation, and performing daily living skills, such as grooming and hygiene. Referrals primarily come from Adult Behavioral Health Outpatient Services staff who also assist individuals to locate vacancies and access residential care homes and secure more permanent housing. HCA contracts with the California Hispanic Commission on Alcohol on Drug Abuse (CHCADA), who operates Wisteria House. HCA plans to continue to identify and develop appropriate structured housing options for the Realignment population in need of behavioral health services.

Transitional housing, not necessarily linked to behavioral health services, has been of high demand by Realignment individuals seeking housing assistance. Many individuals do not want or think they need the structure and accountability of a sober living and would prefer transitional housing. Additionally, shelter beds are limited to persons with mental illness. HCA and its partners are exploring funding opportunities to possibly be able to purchase transitional housing.

Sober Living with Outpatient Care

Sober Living homes must meet the Orange County Adult Alcohol and Drug Sober Living Facilities Certification Guidelines, which is overseen by the Sheriff's Department. Research has shown that a sober living environment provides for a safe and supportive interim housing option for offenders during their transition back into the community.⁷ All such homes have house rules and mandatory curfews. Clients may stay in sober living up to four months as long as they are actively engaged in their treatment. Clients have the option to continue to self-pay for sober living after their four months have expired. Almost all of the clients in sober living have graduated from 90 day residential treatment programs and need additional support to maintain their sobriety. Research indicates when housing is combined with evidence based programming, there is a higher likelihood of decreasing recidivism.⁸ As noted earlier, more clients are being offered sober living if coupled with outpatient and/or day reporting services. All sober living residents require participation in self-help support groups such as 12-step programs that address numerous addictive and dysfunctional behaviors. All residents are subject to random drug tests. As a condition of receiving sober living housing, participants are required to participate in outside care, through the DRC and/or County-approved outpatient treatment services.

HCA currently contracts with five sober living providers, Clean Path Recovery, a men's sober living; and Collette's Children Home, a sober living for women and children; Grandma's House of Hope and Esther House, both sober living housing for women; and New Life Spirit for men. The total number of sober living beds in the County is now 64, with a minimal wait time to get into care.

⁷ Douglas L. P, and Henderson, D. *Psychoactive Drugs*, (2008 June); 40(2): 153–159

⁸ Hiller, M.L., Knight, K and Simpson, D.D. (*Addiction* - 1999 June; 94, (6), 833–842)



Substance Use Disorder Services (SUD)

Outpatient SUD treatment consists of individual and group therapy, which includes criminal justice specific program curricula. As previously noted, combinations of evidence-based approaches are utilized for substance abuse treatment in Orange County. Aspects of the traditional self-help programs such as the 12-step programs are integrated with more clinical approaches to substance abuse treatment. Currently there are six SUD outpatient providers. Outpatient providers are Korean Community Services, CHCADA operating La Familia, Phoenix House, Associates in Counseling and Mediation, Mariposa Family Center, and Changes for Recovery.

Narcotic Replacement Therapy (NRT)

NRT is for clients with opioid addiction needing narcotic replacement maintenance therapy (maintenance) or narcotic replacement detoxification (detox). Maintenance includes daily methadone dosing and full scope outpatient counseling services. Services are provided seven days a week, 365 days a year. Additionally, dosing is available to pregnant women who are incarcerated and already on methadone, such as those who are flash incarcerated. Methadone is also available to individuals while enrolled in our Gerry House or Heritage House programs. Neither of these residential service providers receive Realignment funds, but will accept Realignment clients with the need to remain on methadone. Gerry House is a co-ed residential facility and Heritage House is a perinatal residential program for pregnant and parenting women with children.

Mental Health Services

Mental Health Services for the Severely and Persistently Mentally Ill (SPMI)

HCA Adult Mental Health Services (AMHS) provides outpatient recovery mental health services and episodic treatment services which emphasize individual needs, strengths, choices, and involvement in service planning and implementation. Services include assessment, evaluation, individual, family and group therapy, substance abuse treatment, intensive case management, medication management, rehabilitation, linkage and consultation, placement, plan development, crisis intervention and specialized residential services.

Realignment clients are eligible to participate in all levels of mental health care, but have primarily been treated in the four regional outpatient clinics. The criteria for the outpatient programs includes adults who have a serious and persistent mental disorder and also those that have a co-occurring SUD and impairment in their ability to function in the community, or who have a history of recurring substantial functional impairment, hospitalization or symptoms.

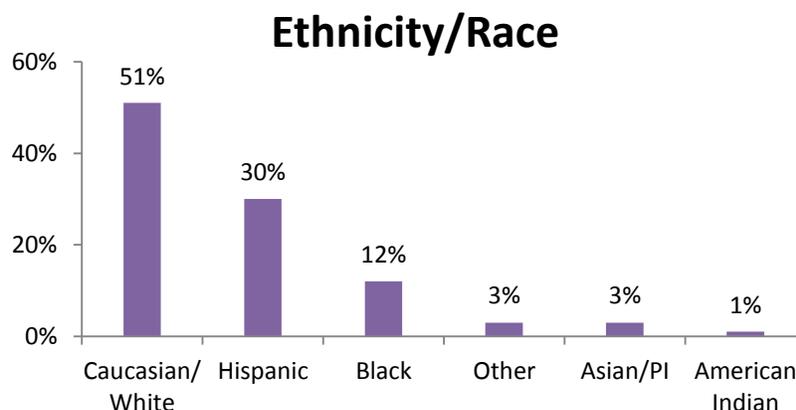
Mental Health Services for the non-SPMI dually diagnosed

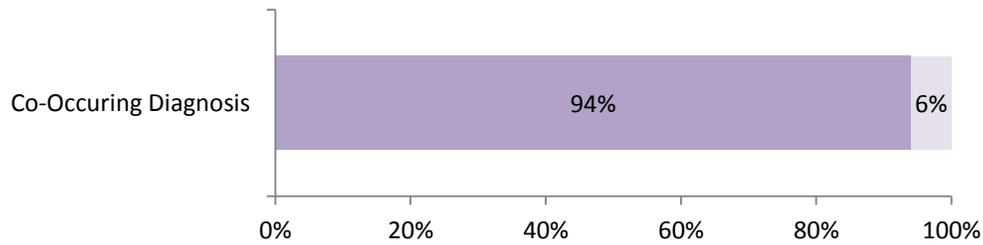
Not all individuals who have mental health disorders are able to meet established SPMI criteria to receive services from AMHS. One service that was implemented in July, 2012 was the placement of a part-time HCA psychiatrist, out stationed at OC Probation along with the Assessment team, to provide short-term psychiatric care for individuals that do not qualify for County mental health services. Many have psychiatric histories and have been prescribed psychiatric medications while in prison. The HCA psychiatrist conducts an initial assessment at the Santa Ana Probation office to determine appropriateness for medication and prescribes accordingly. The psychiatrist sees the client one to three times to ensure medication compliance and the HCA case manager works in conjunction with the psychiatrist to ensure the client can obtain the medication and linked to medical coverage, such as Medi-Cal.

HCA Adult and Older Adult Behavioral Health AB 109 program continues to partner with OC Probation to provide an opportunity for Realignment clients to receive comprehensive mental health and co-occurring services in an effort to assist clients in successfully regaining and achieving independence and self-sufficiency in the community.

From October 1, 2014 to September 30, 2015, a total of 135 clients were served, of which 125 were unduplicated. During this period, the program had 87 admissions and 88 discharges with an average tenure of 203 days per client.

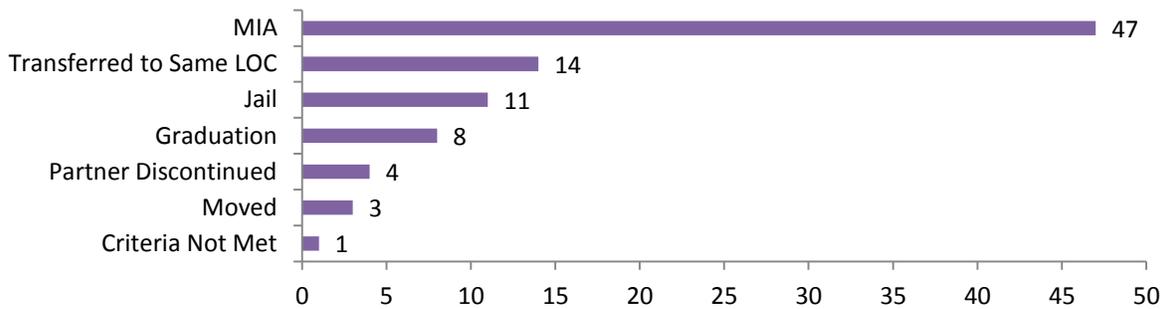
As reflected in the graphs below, the majority of clients served were Caucasian followed by Hispanic, and of those served the majority carried a co-occurring diagnosis.



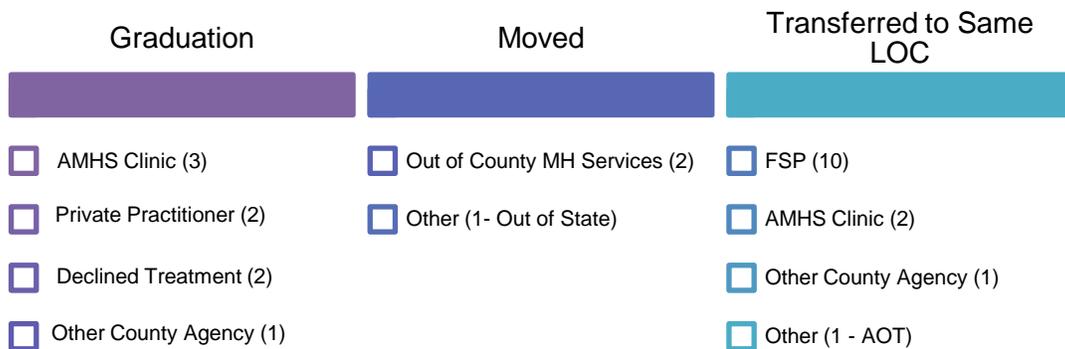


Discharges

As reflected in the bar graph below, the program had 8 graduations, 11 incarcerations, and 47 clients that dropped out of mental health treatment.



As reflected in the following table, of the clients who graduated, 2 continued mental health treatment via private practitioners, 3 via county mental health clinics, 2 declined ongoing mental health treatment, and 1 continued care with another County. In addition, of the clients who moved, 1 continued services outside the County. For the clients who moved while engaged with the AB 109 program, 2 moved out of County and 1 moved out of State. Furthermore, of the clients transferred to same level of care services, 10 transferred to a Full Service Partnership, 2 continued mental health treatment via county clinics, 1 linked to treatment with another County, and 1 established services with Assisted Outpatient Treatment (AOT).



Medication Assistance

The Realignment program has developed two tracks to manage medications. When the individual meets the criteria for specialty mental health services, they are linked with the appropriate clinic or level of care which includes a psychiatrist to assess, prescribe, and monitor medications. If the individual does not meet medical



necessity but has been prescribed medications while incarcerated, the HCA psychiatrist provides a brief assessment and medication services until the individual can access a community psychiatrist. The medication assistance is a crucial element in working with the Realignment population and will continue to expand as needed.

Full Service Partnership (FSP)

HCA contracts with various agencies to provide Full Service Partnership programs for people living with a serious and persistent mental illness. These programs provide a high intensity level of care to traditionally underserved clients who are homeless or at risk of becoming homeless. One of these providers: College Community Services' Opportunity Knocks (OK), was contracted to provide specialty services to the Realignment population. Opportunity Knocks has a long history of addressing the unique needs of participants who have both a history of mental illness and incarceration. The demand for this service has continued to increase. In order to meet the anticipated demand additional funding has been earmarked to secure an additional care coordinator and the provider will have the ability to double its current capacity. Initial capacity was 15 clients, but was increased to 30 clients. As of October 2015 there are 21 clients receiving services at OK.



Vivitrol - Medication Assisted Treatment (MAT)

Vivitrol, is long acting Naltrexone injectable, it is a Food and Drug Administration (FDA) approved opiate antagonist. Vivitrol blocks the opiate receptors, thus denying the euphoric effect of the opiate. Vivitrol works by blocking the effect that alcohol or opioids have on the brain, and reduces the cravings that many people experience after they quit. It has been demonstrated to be effective in the treatment of opiate addiction and alcoholism, and is given to the patient by intramuscular injection once every thirty (30) days. In most cases, the initial Vivitrol injection ideally is given to a referred participant in the detention facility approximately one to two weeks prior to their release, and thereafter by the selected treatment provider. Participants who do not receive an initial injection in the detention facility may also be referred for services. The treatment provider will ensure that Vivitrol is administered by a healthcare professional, such as a physician, nurse, or physician assistant in accordance with protocols set forth by the pharmaceutical company.

The Vivitrol Program started in January 2014. The primary goal of this program is to treat opiate and alcohol addiction in persons with substance abuse disorders who are released either from prison on PCS or from Orange County jails on MS.

Since the inception of the Vivitrol Program, we have added the in-custody component. HCA does an AB109 bi-monthly in-custody presentation at all five Orange County Jails as well as the local California Prisons. The purposes of the presentations are two-fold:

- 1) Explain in detail the requirements and benefits of the AB-109 programs including Vivitrol;
- 2) Identify the immediate needs of the participants and assisting the clients in removing some of the barriers participants may encounter prior to entering and during their participation in programs.

The in-custody participants, who are identified for the Vivitrol Program, are tested and given the necessary lab tests while the client is in custody. Once the lab tests are negative, the in-custody Medical Staff generally administers the participant's first Vivitrol shot one to two weeks prior to the participant's release from custody. If HCA was unable to administer the Vivitrol shot in-custody, a medical evaluation is performed at initial visit to the referred community Vivitrol Providers.

Each month participants are drug tested for compliance. Females of child bearing age are assessed and given a pregnancy test as pregnant women do not qualify. Participants may remain on AB 109 Vivitrol program for 90 days. Participants requiring additional injections are referred at a minimum every 90 days to HCA Screening staff for approval for continued participation. Participants must concurrently receive outpatient treatment/counseling services while receiving Vivitrol MAT. Participants must maintain compliance with their treatment plan, and attend regularly scheduled outpatient appointments.

Most participants can obtain Medi-Cal within the first month in the community. Vivitrol is easily accessible through Medi-Cal for Realignment participants. All Realignment participants are linked to some type of medical coverage, such as Medi-Cal, Covered California or private insurance. Most Vivitrol participants continue to secure third party payment for their Vivitrol within their first couple of months out of custody. This has helped to reduce overall costs of the program, and allows participants to remain on Vivitrol for as long as necessary with the appropriate funding and/or medical coverage.



Detoxification

Social Model Detox

Many offenders who relapse on drugs or alcohol after their release from custody express a desire for treatment. In order to start effective treatment, many individuals need to detox from alcohol or their drug of choice. HCA currently contracts with three social model detox providers. Social model detox requires intense supervision and monitoring of individuals as they detox. Social model detox does not administer medication. Individuals requiring medication or medical detox are referred to a “medical detox provider”. Social model detox is being provided by Woodglen Recovery Junction, Roque Center, and California Hispanic Commission on Alcohol and Drug Abuse (CHCADA) who operates Unidos.

After someone completes detox, they usually require or desire continued treatment. The detox providers work closely with our County gatekeeper to assist clients discharging from detox to transition to residential services. The gatekeeper will identify the first available treatment bed and make every effort possible to ensure that the client is discharged from detox and able to enter residential treatment the same day. Clients whose needs do not require residential treatment are referred to appropriate aftercare services such as outpatient, OC Probation’s DRC and/or 12-step meetings.

Medical Model Detox

In Orange County, a large number of individuals each year seek detoxification services from alcohol and other drugs. Most of these individuals are referred to residential social model detoxification programs. However, some of these individuals are in need of medical attention and supervision due to acute withdrawal symptoms. Additionally, medically supervised inpatient service is the safest way to provide detoxification from alcohol and/or other drugs in cases which could otherwise be life-threatening. Services include medically monitored inpatient substance abuse detoxification under the direction of a physician. These include a 24-hour “on call” physician and 24-hour nursing care, medication prescriptions, individual and/or group counseling, and discharge planning including linkage to residential treatment. Services are critical for participants who are unable to detox in an unsupervised environment as they run the risk of medical complications and may end up requiring acute emergency care. Medical detoxification serves clients with substance use disorders and individuals that need detoxification from substances including but not limited to alcohol and benzodiazepines. Services are available for up to 10 days. There is currently one provider, Behavioral Health Services, who has two locations, one in Pomona, California and another Long Beach, California.

Methadone Detoxification

Methadone Detoxification is daily methadone dosing used in decreasing medically determined dosage levels for a period of no more than 21 days to reduce or eliminate opioid addiction. All clients are tested for methadone compliance and illegal substances at least once a month. Western Pacific Clinic is the only provider of this service. They have two locations, one in Stanton, California and one in Fullerton, California. As with all detox services, clients are encouraged to continue their treatment and the assessment staff work with the client to link them to continued care.



HCA Service Outcomes

Realignment Client Psychological Functioning: Motivation, Engagement, and Support

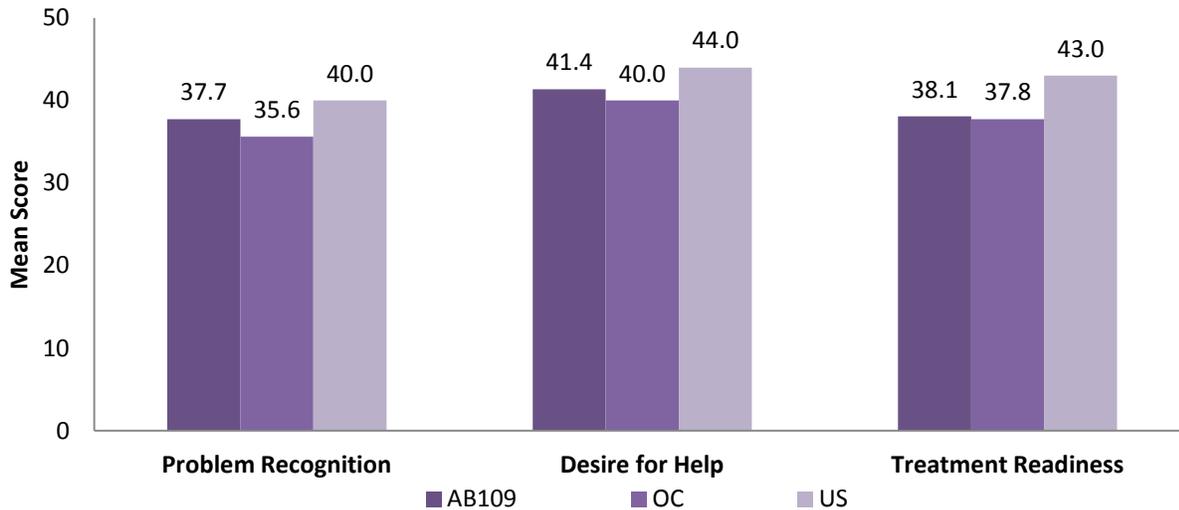
Client levels of motivation are measured at intake, as well as at various time points during treatment, including at discharge. Additionally, client engagement in treatment (i.e., rapport with counselors and participation in treatment), as well as peer support within the program and social support outside of the program are measured during treatment and at discharge.

CESI Assessment

Average Client Evaluation of Self at Intake (CESI) scores for all Realignment clients since November 2011 are shown in the figure below, along with comparisons to local and national norms. At intake, Realignment clients had lower motivation than clients seeking substance abuse treatment nationwide, and their motivation scores were slightly higher (or comparable) to the average client entering substance treatment in Orange County. This means that Realignment clients are lower in motivation upon entering drug and alcohol treatment than substance abuse patients nationwide, but score comparable to clients in Orange County.

Motivation At Intake:

AB109 Clients Compared with OC and US Norms



CEST Assessments

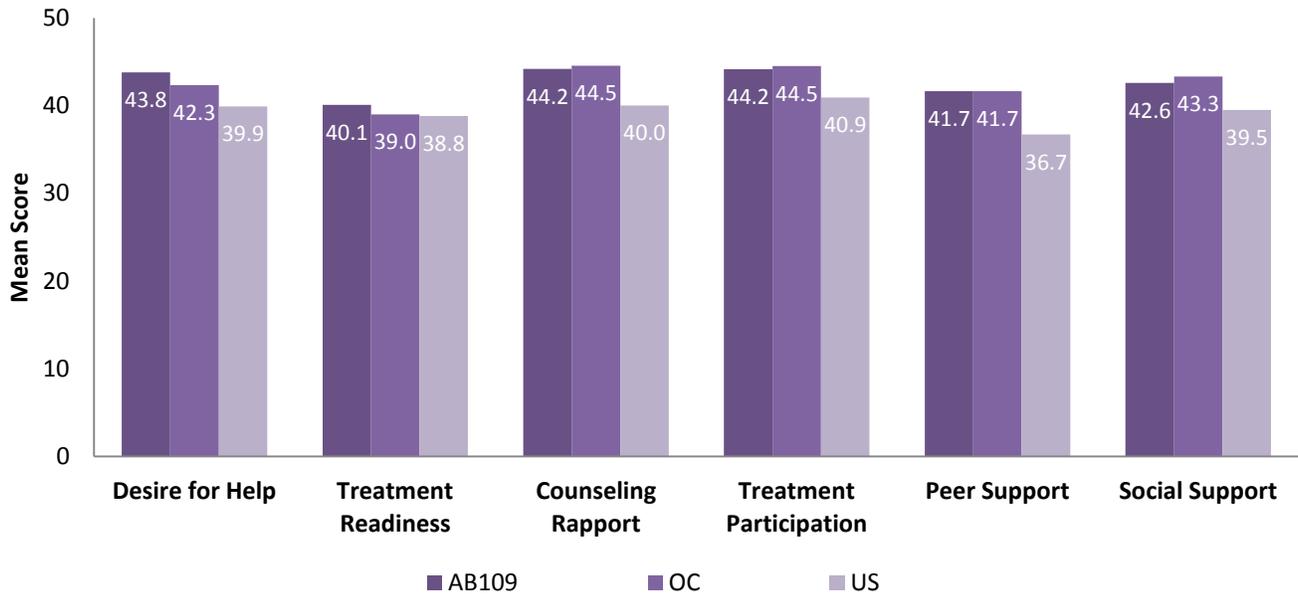
Average Client Evaluation of Self and Treatment (CEST) scores for all Realignment clients since November 2011 are shown in the figure below. Clients' average scores were also compared to Orange County and National norms.

After receiving treatment, Realignment clients had higher motivation and readiness for change scores compared to Orange County clients in general, and higher than clients' nationwide. This suggests that Realignment clients fare well in terms of their motivation for recovery in substance use treatment, when compared to other clients in Orange County and nationwide. Realignment clients also showed better engagement, peer support in the program, and social support outside of treatment after receiving services than clients nationwide. Additionally, AB109 clients showed similar engagement and support scores to other

clients entering treatment in Orange County, suggesting that Realignment clients respond to treatment similarly to other substance abuse clients in the County.

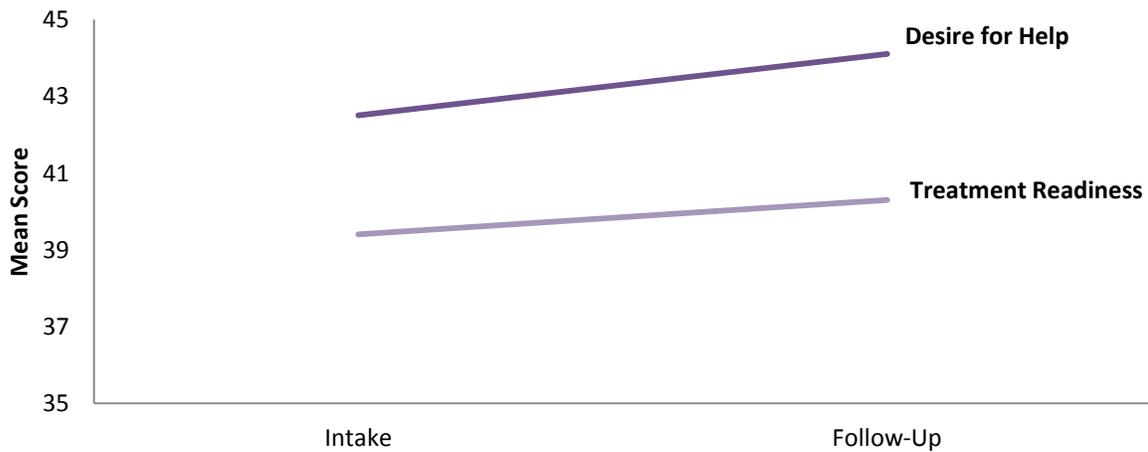
Motivation, Engagement, and Support Scores After Receiving Treatment:

AB109 Clients Compared with OC and US Norms



Finally, AB109 clients showed statistically significant improvements in motivation for recovery over the course of treatment.

Motivation Improves Over Course of Treatment



Client Satisfaction Survey of SUD Services

SUD's client feedback regarding services is collected by HCA staff via client satisfaction surveys administered in December 2014 and June 2015 to participating county-funded clients.⁹ Overall satisfaction was 92% being satisfied or very satisfied.

Client Satisfaction Survey Results

Provider	Type of Treatment	% of Clients very satisfied or satisfied	
		Dec 2014	June 2015
Cooper Fellowship #	Residential	89%	76%
Phoenix House	Residential	78%	76%
Unidos	Residential	84%	78%
Woodglen Recovery	Residential	97%	96%
Associates in Counseling #	Outpatient	96%	100%
Changes for Recovery #	Outpatient	92%	96%
KC Services #	Outpatient	98%	97%
La Familia #	Outpatient	98%	97%
Mariposa #	Outpatient	99%	96%
Phoenix House Outpatient	Outpatient	98%	98%
Western Pacific	Outpatient Methadone	97%	N/A

Represent programs with AB109 participants only

Adult Mental Health Service (AMHS) Outcomes

From October 1, 2014 through September 30, 2015, the mental health clinic served 135 clients. During this period, 11 clients gained employment and worked a total of 1,631 days, and 3 clients enrolled in school. There was an 83% decrease in psychiatric hospitalizations and a 57% decrease in homelessness.

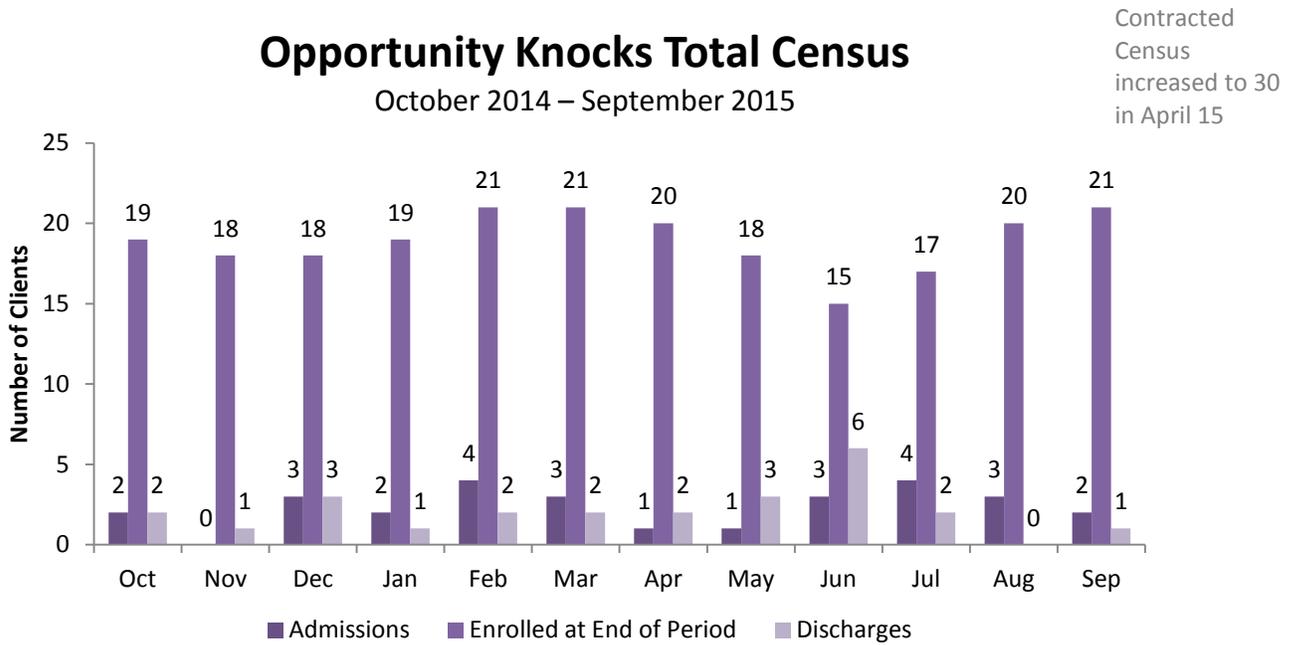
Domain		12 Mo Prior to Enrollment	Since Enrollment	Difference	Percent Change
Hospitalization	Psychiatric Hospital (# Clients)	5	4	-1	-20%
	# Psychiatric Hospital Days	197	34	-163	-83%
Incarcerations	Incarcerated (# Clients)	99	28	-71	-72%
	# Incarcerated Days	20,164	1,066	-19,098	-95%
Homelessness	Homeless (#Clients)	44	31	-13	-30%
	# Homeless Days	6,600	2,830	-3,770	-57%
Employment	Employed (#Clients)	4	15	11	275%
	# Employment Days	186	1,817	1,631	877%
Education	Enrolled in School (#Clients)	0	3	3	

⁹ Internal HCA document. These surveys are administered by HCA Program Evaluation Specialist Staff for assessing program quality.

Full Service Partnership Outcomes

Tracking participant outcomes is an integral part as it provides valuable information enabling Opportunity Knocks (O.K.) to continuously tailor services and support to achieve the best possible success for all clients. Four areas of particular importance of data collection for Opportunity Knocks include reducing incidences with the criminal justice system, reducing number of days clients are homeless, identifying primary disability to best meet the client’s needs, and reducing the number of client and days spent in a psychiatric hospital.

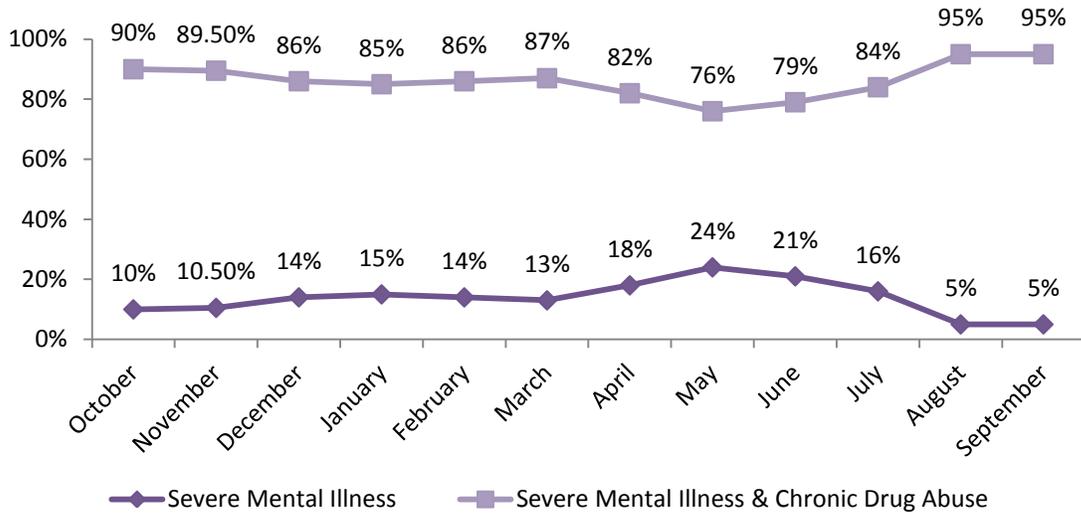
Opportunity Knocks began in September 2013, and the contract was increased by 15 clients for a total of 30 this fiscal year. From October 1, 2014 through September 30, 2015, the program served 43 clients. The data below reflects an average of 2.33 new admissions every month, with a 58.33% increase in clients served in FY 14/15 compared to FY 13/14. In September 2015, there were a total of 21 AB109 clients enrolled in Opportunity Knocks.



Primary Disability

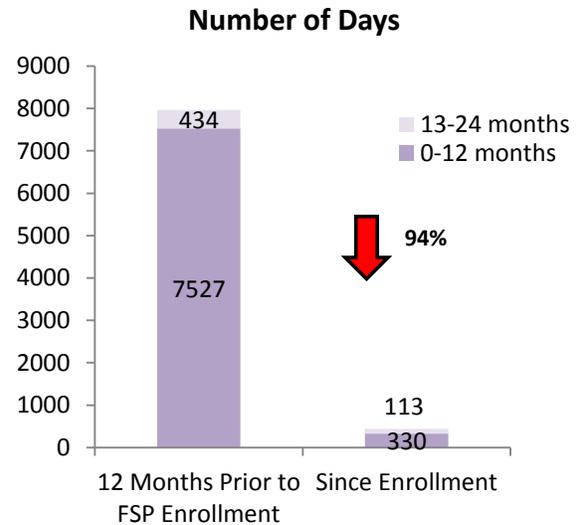
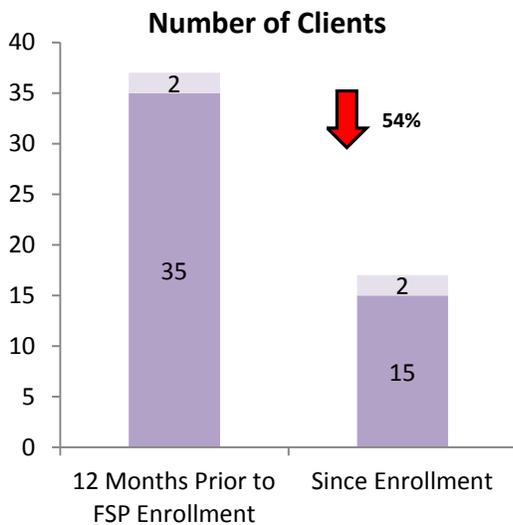
For all clients served between October 2014 and September 2015, an average of 86% of clients has been diagnosed with co-occurring disorders (Severe Mental Illness and Chronic Substance Use).

October 2014 – September 2015



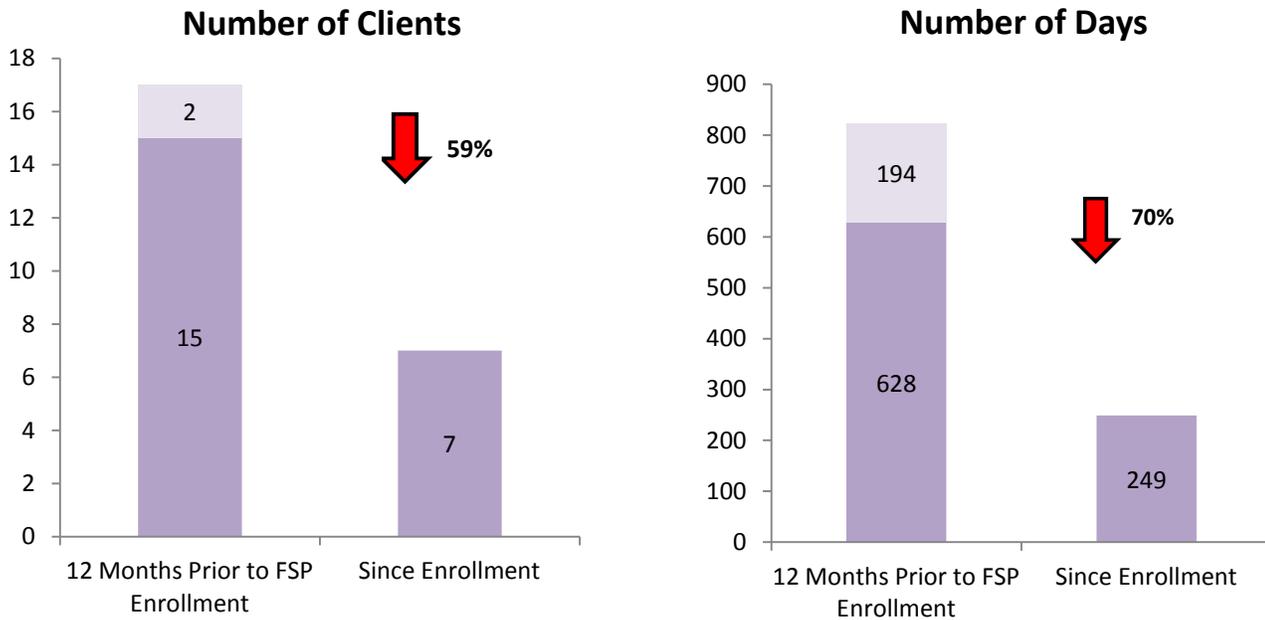
Incarceration

For all clients served since September 2013, there was a 54% decrease in total clients incarcerated with a 94% decrease in days incarcerated. From October 1, 2014 through September 30, 2015, there was a 71% decrease in clients incarcerated with a 95% decrease in days incarcerated.



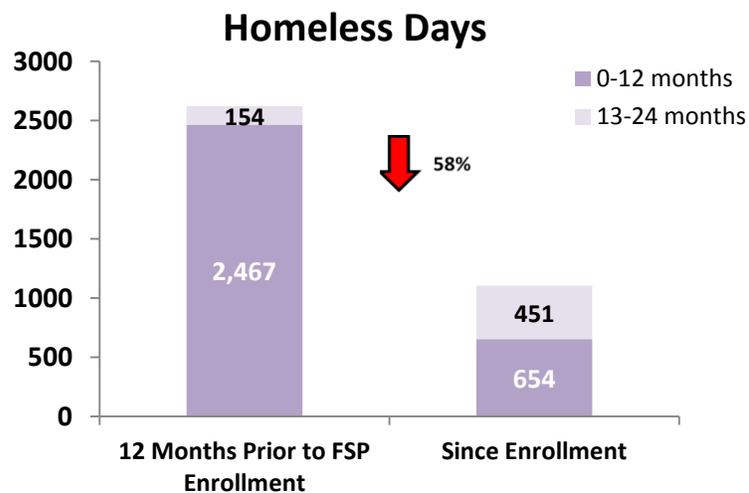
Psychiatric Hospitalization

For all clients served since September 2013, there was a 59% decrease in clients hospitalized and a 70% decrease in psychiatric hospitalization days. From October 1, 2014 through September 30, 2015, psychiatric hospitalization decreased by 59% with a 69% decrease in days hospitalized.



Homeless Days

For all clients served since September 2013, there was a 58% decrease in the amount of days clients were homeless. From October 1, 2014 through September 30, 2015, client homelessness days has decreased by 48%.



Opportunity Knocks will continue to utilize outcomes as a guide in an effort to provide services that are coordinated, effective, and comprehensive. We will also continue to focus on participants' strengths and self-identified goals and objectives.

Narcotic Replacement Therapy Program Outcomes

Outcomes for this program are inclusive of all County-funded NRT clients during FY 2014-15. For FY 2015-16, it is anticipated that the program will show similar or higher outcomes than indicated in FY 2014-15.

	FY 2013-14	FY 2014-15
Methadone compliance	99%	87%
Abstinence from illegal substances	71%	43%

In FY 2014-15, the provider reported differently on abstinence. Previously abstinence data was reported after three months. The reason for the three months was it takes about that long for the client to have a stabilizing dose that one blocks the effects of opiates, and two, reduces cravings. It is not uncommon for clients to use during the initial months while achieving a therapeutic level of methadone.

Vivitrol Outcomes

All participants who received injections continued to test negative for opiates over the time they received their injections. Fourteen participants did have positive tests for methamphetamine. The longest active participant has received ten injections and has tested negative for drugs the entire time. Some of our clients were lost to Proposition 47 and/or formal probation.

Vivitrol Outcomes In-Custody Cumulative Stats			
Assessed	51		
Approved	24	1 st Injection	9
Probation / Early Release	8		
Refused/declined	7		

The following table breaks down number of individuals and their injections who were referred and remained in treatment:

Vivitrol Injections						
Number of Injections*	1	2	3	4	5	6
# of Clients	46	32	18	17	14	9
Positive Drug Screen	9	2	0	1	1	1

Successes – 46 clients have received Vivitrol injections, most of which was administered in the community. All 46 participants were engaged in outpatient services. Thirty-two of the 46 participants made it to their second injection in the community. Thirty of the 32 participants who received their second injections tested negative for opiates and alcohol over the time they received their injections. The longest active client has received ten (10) injections and has tested negative for drugs the entire time.

Medical Detox Program Outcomes

Outcomes for medical detoxification are measured by completion rates. For FY 2015-16, it is anticipated that the program will have similar or higher completion rate as reflected in FY 2014-15.

	FY 2013-14	FY 2014-15
Completion Rate	74%	72%

Sober Living Outcomes

Sober living data between October 1, 2014 and September 30, 2015 showed that there was a total of 131 clients discharged, of those 104 (79%) secured stable housing upon discharge. Stable housing is defined as client moving out of subsidized housing into a residence that they pay for. This includes living independently, or in shared housing with family or friends, paying for their own sober living, etc.

Admitted	Discharged	Completed	Completion Rate
117	131 ¹⁰	104	79%

Residential Treatment Outcomes

There were 336 clients admitted to residential substance use disorder treatment between October 1, 2014 and September 30, 2015. A total of 355 clients were discharged, of those 144 (41%) completed treatment.

Admitted	Discharged	Completed	Completion Rate
336	355 ¹¹	144	41%

Outpatient Treatment Outcomes

There were 428 clients admitted to outpatient substance use disorder treatment between October 1, 2014 and September 30, 2015. A total of 527 clients were discharged, of those 112 (21%) completed treatment.

Admitted	Discharged	Completed	Completion Rate
428	527 ¹²	112	21%

The completion rate is low and HCA is looking into the reasons why. It has been reported that many clients feel they can do well and leave after a few sessions, possibly with 12-step program participation only.

¹⁰ Report includes current clients in care at the beginning of the reporting period; therefore, discharges may exceed admits.

¹¹ Same as above

¹² Same as above



In-Custody Health Care (Correctional Health Services-CHS)

For the reporting period of October 1, 2014 through September 30, 2015, one hundred nineteen (119) individual inmates were hospitalized off-site, which is a marked increase from the previous year with only thirty-nine (39) being hospitalized during that period. However, two years ago, we had eighty-nine (89) individuals hospitalized. With these marked variances in hospitalization utilization, it is difficult to determine trends at this point. We will continue to monitor these numbers.

All primary care physician services are provided within the jails; however, when a Realignment inmate needs specialty services, they are transported to specialty medical clinics off-site (such as, Cardiology, Nephrology, Oncology, OB, Surgery, etc.). There are currently nearly 26 specialty clinic services available with an average of 130 specialty clinic visits conducted for Realignment individuals each quarter. This equates to an average of 26% of the specialty clinic service business attributed to AB 109 inmates—which is slightly lower utilization the previous year (31% of specialty clinic visits).

It is an interesting shift of markedly increased hospitalization rates but decreased specialty clinic services during this reporting period. This is the exact opposite of the trends the previous year which had hospitalization utilization decreased and specialty clinic utilization increased. Again, with these variances, it is difficult to trend and predict utilization in the years ahead. We will need to continue to monitor and assess.

In-custody Correctional Health Services triages and screens every Realignment inmate in the jail to determine their medical and mental health needs and subsequent treatment and medication plan. Volume of patients is reflected in the Sheriff's section of this report, as all in-custody inmates on the Sheriff's census are also managed by in-custody healthcare staff.

In conjunction with Behavioral Health Services, CHS also administered Vivitrol to seven (7) inmates prior to their release. Coordinated follow up is arranged for these individuals to receive additional injections post-release via BHS outpatient services.

Recidivism: New Crime Convictions (1-Year, 2-Year, and 3-Year Follow-Up)

Individuals under supervision by OC Probation were tracked for three years (up to September 30, 2015) from the date of their placement on probation, release from prison to Postrelease Community Supervision (PCS) or release from jail to Mandatory Supervision (MS) to see if they were convicted of a new crime (both felonies and misdemeanors) within that period. OC Probation used the Orange County Superior Court records (thus this data does not include any out-of-County convictions that may have occurred) for convictions that occurred between October 1, 2011 and September 30, 2015 for analysis.

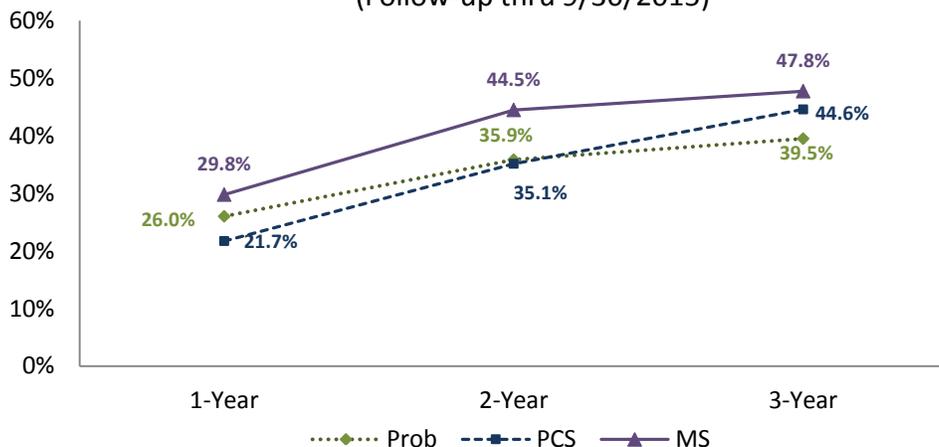
Supervision Type	Description	1-Year Follow-Up Cohort	2-Year Follow-Up Cohort	3-Year Follow-Up Cohort
Probation	New felony offenders placed on formal probation in Orange County between October 1, 2011 and September 30, 2012 (3-Year), September 30, 2013 (2-Year), or September 30, 2014 (1-Year)	13,475	9,068	4,217
PCS	Individuals released from prison between October 1, 2011 and September 30, 2012 (3-Year), September 30, 2013 (2-Year), or September 30, 2014 (1-Year)	4,355	3,249	2,249
MS	Individuals sentenced to Mandatory Supervision and released from jail between October 1, 2011 and September 30, 2012 (3-Year), September 30, 2013 (2-Year), or September 30, 2014 (1-Year)	2,061	1,236	423

Presented in the figure below are the recidivism rates of Probationers, PCS, and MS individuals. The 1-Year Cohort were individuals placed on probation, released from prison to PCS, and released from jail to MS from October 1, 2011 thru September 30, 2014. The 2-Year Cohort and 3-Year Cohort were released thru September 30, 2013 and September 30, 2012 respectively. All of the individuals were followed thru September 30, 2015 regardless of supervision status.

PCS individuals in the 1-Year and 2-Year Cohorts had the lowest rates of reconviictions of the three groups. The MS individuals in the 1-Year, 2-Year and 3-Year Cohorts had the highest rates of reconviictions.

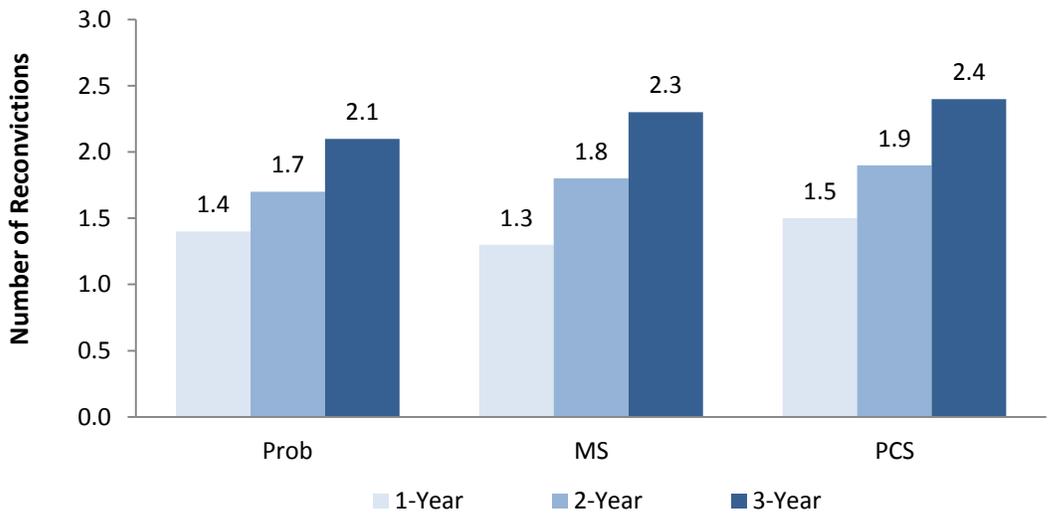
1-Year, 2-Year & 3-Year Reconviictions: Prob, PCS & MS

(Follow-up thru 9/30/2015)



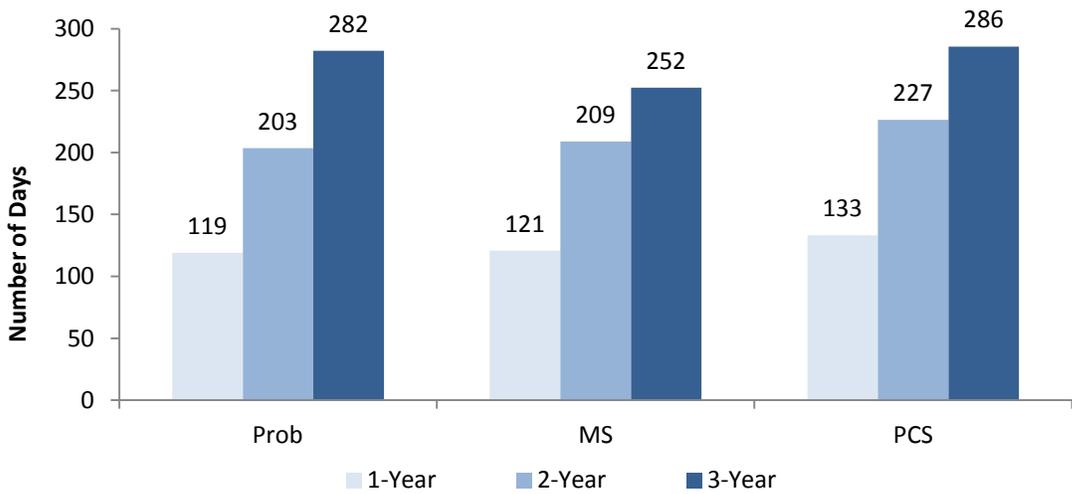
The chart below showcases the average number of new crime convictions for each follow-up period through September 30, 2015. PCS had the smallest percentage of individuals with convictions; however, they recidivated more frequently than any of the other groups.

Average Number of Reconvictions (only offenders who were convicted of new crimes)



Probationers and MS individuals in the 1-Year Cohort reoffended the soonest, having committed their first violation in about 119-121 days on average after placement on probation or release from jail. In comparison, PCS individuals committed their first violation 133 days after release from prison.

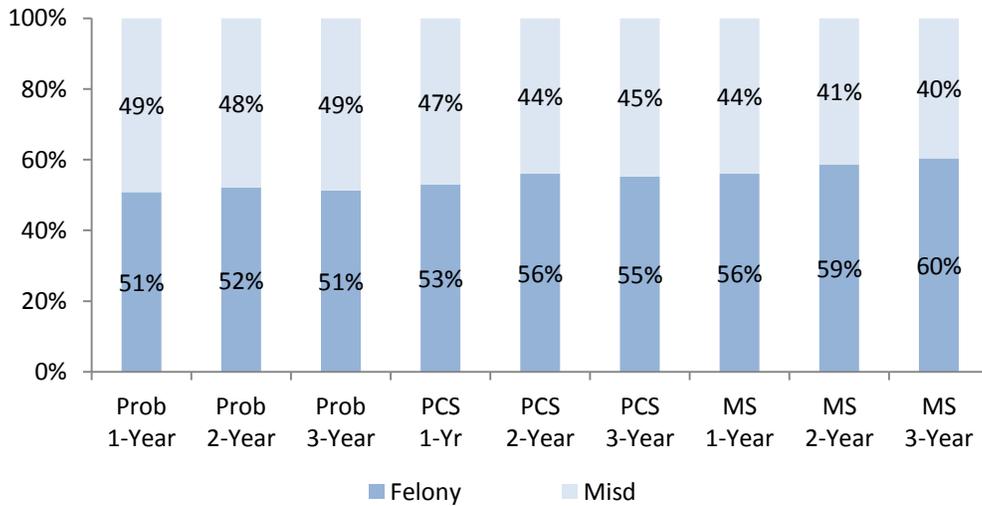
Average Days to First Violation (New Crime)





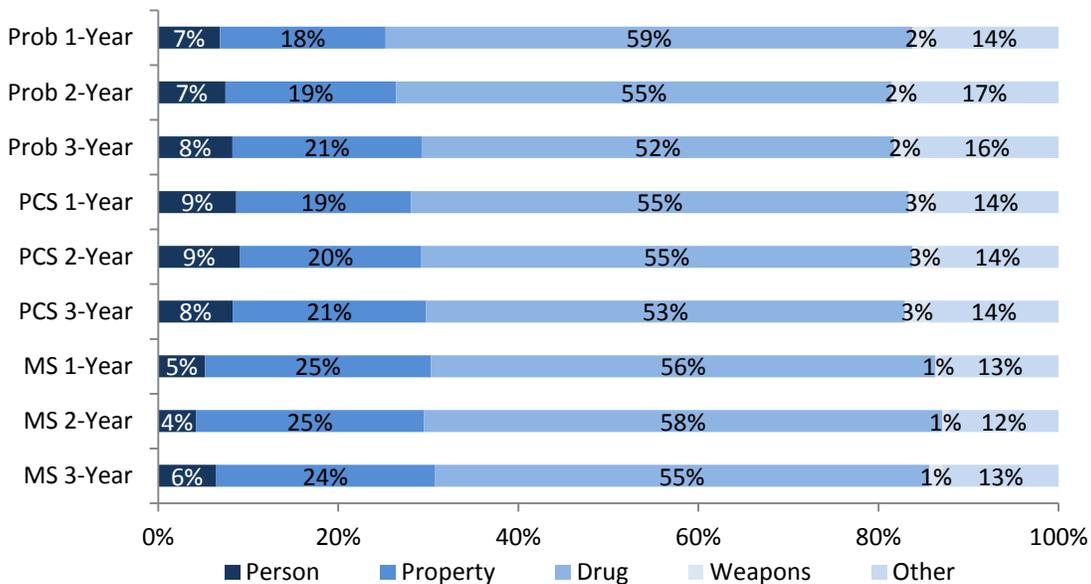
MS individuals had the highest rates of felony convictions, especially the 3-Year Cohort, whose first violations were largely felonies (60% felony and 40% misdemeanor). Probationers had the lowest rates of felony violations, just over half for the 1-Year, 2-Year, and 3-Year groups.

First Violation, Most Serious Offense Level



Drug crimes, both felony and misdemeanor, made up the majority of the convictions across all the groups and the follow-up periods, ranging from 52% to 59%. Property crimes were a distant second followed by Other. Crimes in the “Other” category are not limited to: driving under the influence and similar vehicle code crimes, public intoxication and loitering, possession of burglary tools, disobeying domestic relations court order and falsely representing self to officer.

Reconvictions by Supervision Type





Key Findings

- A majority of the individuals in all the cohorts did not have a reconviction for a new crime from their placement on probation or release from prison or jail. For those who did so, the range of reconviction rates by cohort are as follows:
 - The 1-Year Cohort reconvictions rates ranged between 22% and 30%
 - The 2-Year Cohort rates climbed to 35% to 45%
 - The 3-Year Cohort rates leveled out, ranging from 40% to 48%
- Across all groups and cohorts, the most frequent reconvictions were drug and property crimes, and just over half were felonies.

Glossary

Abbreviation	Description
Realignment	Public Safety Realignment Act of 2011
CAO	County Administrative Officers
CDCR	California Department of Corrections and Rehabilitation
CJI	Crime and Justice Institute
CSAC	California State Association of Counties
CSG	Council of State Governments
DA	District Attorney
DPO	Deputy Probation Officer
DRC	Day Reporting Center
EBP	Evidence-Based Practices
EM	Electronic Monitoring
GED	General Education Development
GPS	Global Positioning System
HCA	Health Care Agency
HD	Home Detention
ICMS	Integrated Case Management System
IEPP	Implementing Effective Probation Practices
Medi-Cal	Health coverage for low-income children, pregnant women, seniors and persons
OCCCP	Orange County Community Corrections Partnership
OCDA	Orange County District Attorney's Office
OC Probation	Orange County Probation Department
OCPD	Orange County Public Defender
OCSD	Orange County Sheriff's Department
PC	Penal Code
PCS	Postrelease Community Supervision
PV	Probation or Postrelease Community Supervision Violation

Realignment Publications

TOPIC/TITLE	Date	LINK
County of Orange: OC Probation Postrelease Community Supervision		http://ocgov.com/gov/probation/prcs
Board of State and Community Corrections (BSCC) Community Corrections Partnership Plans		http://www.bscc.ca.gov/s_communitycorrectio_nspartnershipplans.php
<i>Alternatives to Incarceration in California</i> By Brandon Martin and Ryken Grattet	April 2015	http://www.ppic.org/main/publication_quick.asp?i=1146
<i>Realignment, Incarceration, and Crime Trends in California</i> By Magnus Lofstrom and Steven Raphael	May 2015	http://www.ppic.org/main/publication_quick.asp?i=1151
<i>Pretrial Detention and Jail Capacity in California</i> By Sonya Tafoya	July 2015	http://www.ppic.org/main/publication_quick.asp?i=1154
<i>Crime Trends in California</i> By Magnus Lofstrom and Brandon Martin	September 2015	http://www.ppic.org/main/publication_show.asp?i=1036
<i>Public Safety Realignment: Impacts So Far</i> By Magnus Lofstrom and Brandon Martin	September 2015	http://www.ppic.org/main/publication_quick.asp?i=1164

Reconvictions (1-Year Follow-Up Period thru 9/30/2015)

	Probation Placed on New Fel Probation 10/1/2011 - 9/30/2014		PCS Released from Prison 10/1/2011 - 9/30/2014		MS Released from Jail 10/1/2011 - 9/30/2014	
	N	% (Rate)	N	% (Rate)	N	% (Rate)
Individuals with a Subsequent Conviction for a New Law Violation (Felony or Misdemeanor)	3,505	26.0%	946	21.7%	614	29.8%
Individuals in Sample - without New Law Violation	9,970	74.0%	3409	78.3%	1447	70.2%
Total Individuals	13,475	100%	4355	100%	2061	100%

<i>Felony as Most Serious Reconviction (Subset)</i>	1,781	13.2%	500	11.5%	344	16.7%
<i>Misdemeanor as Most Serious Reconviction (Subset)</i>	1,724	12.8%	446	10.2%	270	13.1%

Average Days to First Violation	119.1	133.1	120.8
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<i>Felony Reconvictions (Subset)</i>	2319	47.5%	687	49.1%	450	54.5%
<i>Misdemeanor Reconvictions (Subset)</i>	2562	52.5%	713	50.9%	376	45.5%
Total Reconvictions within One-Year	4881	100%	1400	100%	826	100%

Average Number of Reconvictions	1.4	1.5	1.3
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Reconvictions (2-Year Follow-Up Period thru 9/30/2015)

	Probation Placed on New Fel Probation 10/1/2011 - 9/30/2013		PCS Released from Prison 10/1/2011 - 9/30/2013		MS Released from Jail 10/1/2011 - 9/30/2013	
	N	% (Rate)	N	% (Rate)	N	% (Rate)
Individuals with a Subsequent Conviction for a New Law Violation (Felony or Misdemeanor)	3,251	35.9%	1,142	35.1%	550	44.5%
Individuals in Sample - no New Law Violation	5,817	64.1%	2,107	64.9%	686	55.5%
Total Individuals	9,068	100%	3,249	100%	1,236	100%

<i>Felony as Most Serious Reconviction (Subset)</i>	1,693	18.7%	640	19.7%	322	26.1%
<i>Misdemeanor as Most Serious Reconviction (Subset)</i>	1,558	17.2%	502	15.5%	288	23.3%

Average Days to First Violation	203.5		226.5		209.0	
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<i>Felony Reconvictions (Subset)</i>	2,770	48.8%	1,166	53.2%	557	55.1%
<i>Misdemeanor Reconvictions (Subset)</i>	2,909	51.2%	1,024	46.8%	453	44.9%
Total Reconvictions within One-Year	5,679	100%	2,190	100%	1,010	100%

Average Number of Reconvictions	1.7		1.9		1.8	
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Reconvictions (3-Year Follow-Up Period thru 9/30/2015)

	Probation Placed on New Fel Probation 10/1/2011 - 9/30/2012		PCS Released from Prison 10/1/2011 - 9/30/2012		MS Released from Jail 10/1/2011 - 9/30/2012	
	N	% (Rate)	N	% (Rate)	N	% (Rate)
Individuals with a Subsequent Conviction for a New Law Violation (Felony or Misdemeanor)	1,666	39.5%	1,003	44.6%	202	47.8%
Individuals in Sample - no New Law Violation	2,551	60.5%	1,246	55.4%	221	52.2%
Total Individuals	4,217	100%	2,249	100%	423	100%

<i>Felony as Most Serious Reconviction (Subset)</i>	854	20.3%	554	24.6%	122	28.8%
<i>Misdemeanor as Most Serious Reconviction (Subset)</i>	812	19.3%	449	20.0%	80	18.9%

Average Days to First Violation	282.1	285.6	252.5
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<i>Felony Reconvictions (Subset)</i>	1,636	47.4%	1,271	52.4%	255	55.1%
<i>Misdemeanor Reconvictions (Subset)</i>	1,819	52.6%	1,156	47.6%	208	44.9%
Total Reconvictions within One-Year	3,455	100%	2,427	100%	463	100%

Average Number of Reconvictions	2.1	2.4	2.3
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