



VENTURA COUNTY

**AB109:
SERVICES AND
RECIDIVISM REPORT**

OCTOBER 2011 - JUNE 2019

PREPARED BY
EVALCORP

PREPARED FOR
COMMUNITY CORRECTIONS PARTNERSHIP

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Service Provision and Recidivism Analyses

Overview

The Ventura County Probation Agency, on behalf of the Community Corrections Partnership (CCP) contracted with EVALCORP to assess the relationship between service provision and recidivism among AB109 offenders. To best answer the overarching question at hand, EVALCORP developed the following evaluation questions to guide the analyses. These questions were designed to not only examine the recidivism rate but also provide additional details about service/treatment information to provide programmatic insights for internal review/discussions about provision of services.

Evaluation Questions Guiding the Analyses

1. How many clients participated in each type of AB109-funded service category?
2. What was the completion rate for each type of AB109-funded service category?
3. What additional descriptive information did each AB109-funded service category track that could be assessed?
4. For each AB109-funded service category, what was the relationship to recidivism?
5. What, if any, characteristics predict referral, admission, and completion of service rates?

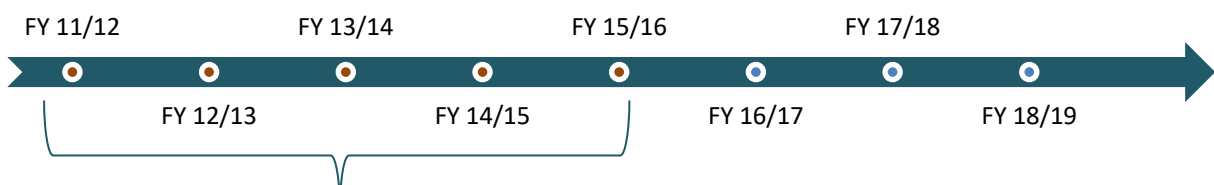
EVALCORP obtained agency-level service provision data from Interface Children & Family Services, Ventura County Behavioral Health, Human Services Agency, and the Probation Agency to assess recidivism rates for the service categories funded by AB109 monies (i.e., CORE services, Employment services, mental health treatment, and substance use disorder treatment). Data were provided for FY 11/12 – FY 18/19.

Populations Included in Analyses

EVALCORP utilized the Board of State and Community Corrections' (BSCC) definition of recidivism (provided to the right). As such, five entry cohorts (see timeline below) had enough "risk" and eligibility to be included in the analyses. However, given the varied implementation of each service category (e.g., CORE services did not begin until late 2014), the number of cohorts included in each individual service category analyses will vary.

Board of State and Community Corrections (BSCC) Recidivism Definition

Conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction. Committed refers to the date of the offense, not the date of the conviction.



Cohorts with enough time in the community to be included in recidivism analyses

Recidivism Findings

Statistical Model Design

Administrative files from each of the service categories (i.e., CORE Services; Employment Services (STEPS Program); Mental Health Treatment; and Substance Use Disorders Treatment) were matched/linked with criminal justice history information obtained from the Ventura County Justice Information System (VCJIS). Once files were linked, data were restructured for each of the four service categories to: (1) calculate a recidivism rate for those who entered the service vs. those who did not; (2) conduct propensity score matching to establish comparable groups for analyses; and (3) build regression models to assess what, if any, factors predict entry to services and completion of services.

Used in the analyses, were all AB109 clients (i.e., PROs and 1170(h)MS) who had 3-years of risk in the community post-release from custody, in accordance with the BSCC's recidivism definition.

Factors Included in Regression Models to Determine Which, if any, Characteristics Predict Admission to Services and Completion of Services

Demographics:
Gender; Age; Ethnicity

Offender Type
(i.e., PRO vs.
1170(h)MS)

Current
Conviction



Conviction
History

Admission and
Completion of
Service

- Each of these factors were included in the individual regression models designed for each service type (i.e., CORE, STEPS, Mental Health, and SUD).
- Including these factors informs what could be contributing to recidivism outcomes and provide insights on opportunities for enhanced outreach or tailored messaging for service participation.

SUD Recidivism Findings

Overall Recidivism Analysis. The recidivism rates below reflect all AB109 PROs and 1170(h)MS who were released from custody or were on probation post-release from custody. As shown, clients who entered *and* completed treatment, had a lower recidivism rate compared to individuals who did not enter SUD treatment or those who entered treatment but did not complete.

Treatment Status	Did Not Recidivate within 3 years	Recidivated within 3 years
Did not enter treatment	50%	50%
Entered treatment – did not complete	26%	74%
Entered treatment – completed	54%	46%

Matched Client Analysis. To account for group differences, data were restructured so that clients who entered SUD treatment were compared to clients with similar characteristics (i.e., age, gender, conviction history, etc.) who *did not* enter treatment.

Key take-away: After matching clients who received SUD services with clients of similar characteristics who did *NOT* receive SUD services; **54% of clients who entered treatment reoffended within 3 years post-release from custody; compared to 56% of clients who did not enter SUD treatment.**

Factors that Predict Entry and Completion to SUD Treatment. In addition to recidivism, entry to treatment and completion predictors provide valuable insights related to treatment engagement. In alignment with literature, SUD treatment data show that it generally takes more than one entry episode to successfully complete treatment; which is an important consideration, as indicated above -- completion of treatment seems to have some impact on overall recidivism metrics. These data can facilitate internal programmatic discussion to assess current practices and inform engagement efforts.

Entry into SUD Treatment	Completion of SUD Treatment
1. Gender: Females were 13% more likely to enter compared to males.	1. Offender type: 1170(h)MS are 11% more likely to complete treatment compared to PROs.
2. Age: Participants 45 years or older were 14% more likely to enter treatment compared to those 18-24 years old.	2. Ethnicity: White participants were 10% more likely to complete treatment.
3. Current Charge & Prior Convictions: Those with a current property offense were 8% less likely to enter treatment compared to those with a drug offense. Those with 2 or more; and 3 or more prior misdemeanors more likely to enter treatment (i.e., 11% and 15%, respectively).	3. Prior admissions: those with prior 2 admissions were 17% more likely to complete than those who entered once; and those with 3 or more admissions were 30% more likely than those with one admission to complete treatment.

The above predictors are statistically significant at .01. When looking at the .05 significance value: Black clients were 8% less likely to enter treatment compared to Hispanic clients. And those who had 2-4 prior misdemeanor convictions were 13% more likely to complete treatment.

CORE Recidivism Findings

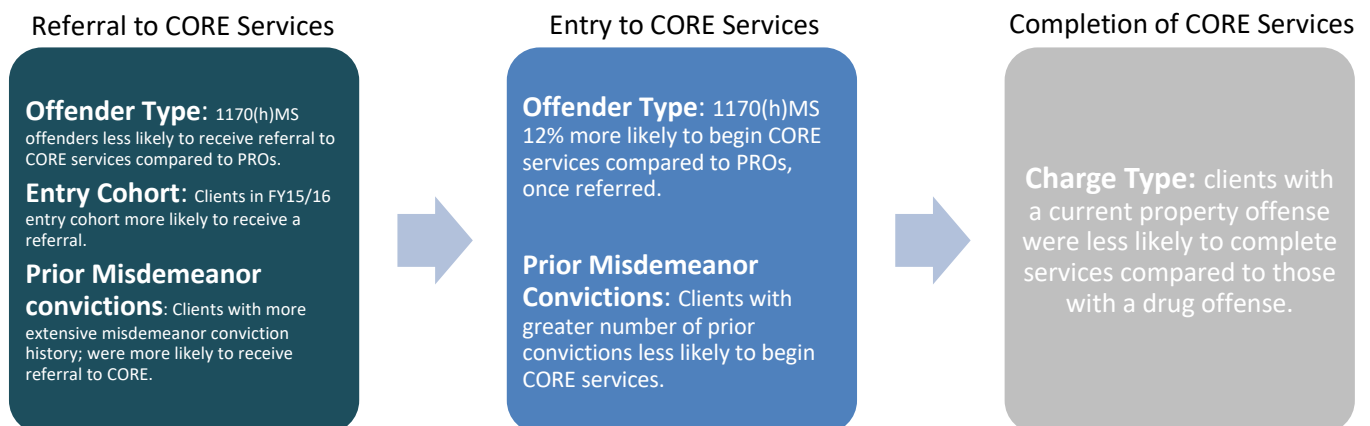
Overall Recidivism Analysis. The recidivism rates below reflect all AB109 PROs and 1170(h)MS who were released from custody or were on probation post-release from custody. As shown, clients who entered CORE services *and* completed, had a lower recidivism rate compared to individuals who did not enter CORE services or those who began services but did not complete.

CORE Services Participation Status	Did Not Recidivate within 3 years	Recidivated within 3 years
No referral to CORE	50%	50%
Referral to CORE	31%	69%
Referral and admitted to CORE	52%	48%
Referral, admitted, and completed CORE	62%	38%

Matched Client Analysis. To account for group differences, data were then restructured so that clients who entered CORE services were compared to clients with similar characteristics (i.e., age, gender, conviction history, etc.) who *did not* enter CORE services.

Key take-away: After matching clients who were referred to CORE services with clients of similar characteristics who did *NOT* receive a CORE referral, **52% of clients who did not receive a referral to CORE reoffended within 3 years post-release from custody; compared to 48% of clients who were referred to CORE.**

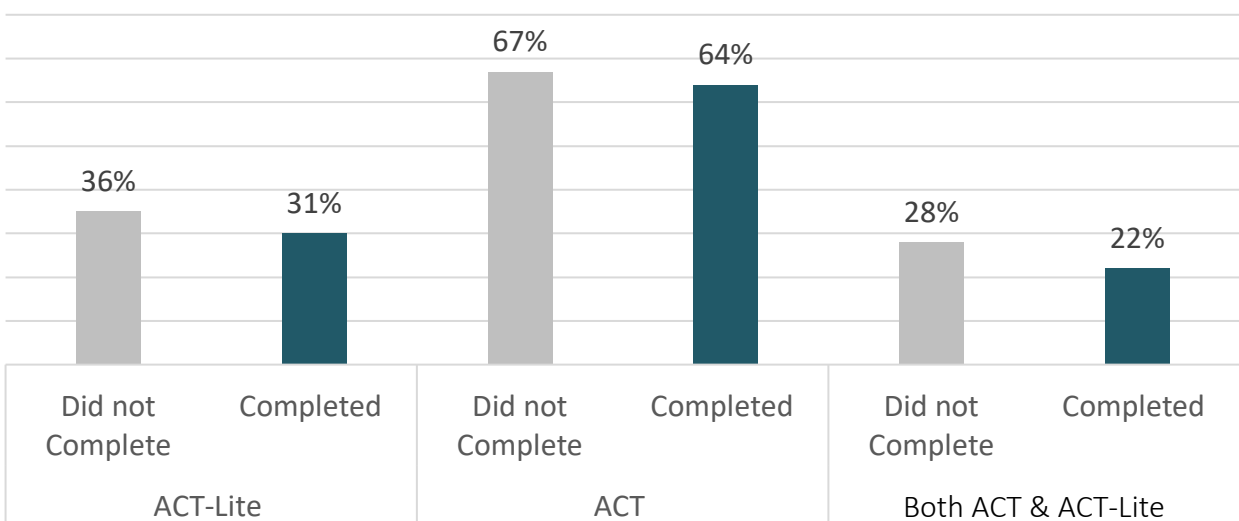
Factors that Predict Referral, Entry, and Completion to CORE Services. In addition to recidivism, variables that predicted referral to services, entry to - and completion of services were examined. These data provide valuable insights related to service/program engagement. As reflected in the section above, completion of CORE services seems to have some impact on the overall recidivism. These data can facilitate internal programmatic discussion to assess current practices and inform engagement efforts.



Mental Health Services (Telecare) Recidivism Findings

Overall Recidivism Analysis. The recidivism rates below reflect all AB109 PROs and 1170(h)MS who were released from custody or were on probation post-release from custody. As shown, clients who entered mental health services *and* completed, had a lower recidivism rate compared to individuals who did not enter Telecare services or those who began services but did not complete. Recidivism rates are provided for each type of mental health service (i.e., ACT = treatment for more severe mental health challenges; ACT-Lite = treatment for less severe mental health challenges); and those who engaged in both types of services.

Recidivism Rate by Program Participation and Completion Status



Those who did not receive any mental health services had a 52% recidivism rate

Matched Client Analysis. To account for group differences, data were restructured so that clients who entered Telecare services were compared to clients with similar characteristics (i.e., age, gender, conviction history, etc.) who *did not* enter Telecare services.

Key take-away: After matching clients who received mental health services with clients of similar characteristics who did *NOT* receive mental health services, **clients who received both types of mental health services had better recidivism outcomes compared to clients who did not receive mental health care. However, there was no significant difference in recidivism among clients who did not enter treatment and those who participated in just one type of mental health service (ACT or ACT-Lite).**

Factors that Predict Entry and Completion to Mental Health Treatment. In addition to recidivism, entry to treatment and completion predictors provide valuable insights related to treatment engagement. As indicated above -- completion of treatment seems to have an impact on overall recidivism metrics. These data can facilitate internal programmatic discussion to assess current practices and inform engagement efforts.

Factors that Predict Entry into Mental Health Treatment

- | | |
|---|---|
| <p>1. Gender: Females were more likely to enter ACT and ACT-Lite compared to men.</p> | <p>4. Offense Type: Those with misdemeanor offenses were more likely to enter ACT than those with felony offenses. Those with two or more property convictions were more likely to enter ACT than those with no property offenses.</p> |
| <p>2. Age: Older participants were more likely to enter ACT and ACT-Lite, as there was a positive correlation associated with age and service entry.</p> | |
| <p>3. Cohort Group: Participants in later cohorts were more likely to enter ACT or ACT-Lite compared to those in earlier cohorts.</p> | |

Factors that Predict Completion of Mental Health Treatment

1. **Ethnicity:** White participants were less likely to complete treatment than Hispanic participants.
2. **Cohort Group:** Participants in the later years of AB 109 were more likely to complete treatment than those admitted in the earlier years.
3. **Treatment Type:** Those who entered both treatment types (i.e., ACT and ACT-LITE) were more likely to complete a treatment episode than those who entered ACT Lite only.

Employment Program (STEPS) Recidivism Findings

Overall Recidivism Analysis. The recidivism rates below reflect all AB109 PROs and 1170(h)MS who were released from custody or were on probation post-release from custody.

STEPS Services Participation Status	Did Not Recidivate within 3 years	Recidivated within 3 years
Did not enter STEPS program	48%	52%
Enrolled in STEPS program	53%	47%

Matched Client Analysis. To account for group differences, data were then restructured so that clients who entered STEPS services were compared to clients with similar characteristics (i.e., age, gender, conviction history, etc.) who *did not* enter STEPS services.¹

Key take-away: After matching clients who received employment services with clients of similar characteristics who did *NOT* receive employment services, there was no difference in the recidivism rate among the groups (i.e., both groups had a recidivism rate of 46%).

Factors that Predict Entry to STEPS. Data were analyzed to determine what, if any, factors predicted enrollment into STEPS. When examining these data, offense type was the only factor that predicted entry to employment services.

- Those who had a misdemeanor as a top offense were 4% less likely to participate in STEPS compare to those who had a felony as a top offense.
- Clients with a top property offense were 4% less likely to enter STEPS than those who had a drug charge as a primary offense.

¹ The propensity score process creates a matched sample of individuals. The 52% and 47% reported in the prior section is a comparison of all STEPS and non-STEPS participants. The 46% compares a sub-set of STEPS and non-STEPS probationers who are matched on criminal history and demographics.

Substance Use Disorder Treatment: AB109 Client Admissions and Discharges

Overview: Substance Use Disorder (SUD) Services

An array of substance use disorder (SUD) treatment services are provided through three different programs: (1) Alternative Action Programs; (2) Khepera House; and (3) Prototypes; each is contracted through VCBH, Alcohol and Drug Programs. The programs are licensed by the State Department of Health Care Services (DHCS) to provide treatment within a specific modality. Alternative Action Programs is an SUD program licensed for the outpatient modality; while the residential SUD treatment modality is provided by Khepera House (men’s facility) and Prototypes (women’s facility). Additionally, a small number of Realignment clients are provided services at VCBH’s Simi Valley facility.

Key Service Highlights

- Started in November 2011
- Provided in outpatient and residential modalities
- Intake and service coordination by VCBH

Entry to SUD Services Process

Probation officers must refer clients for an assessment in order to: (1) determine whether the client’s symptoms warrant the diagnosis of a current mental illness and/or substance use disorder; (2) identify the most appropriate treatment service(s) for the client, based on the results of the assessment; and (3) to evaluate the client’s desire and capability to voluntarily participate in treatment. Clinical staff administers the Mental Health Screening Form III to assess for co-occurring and emotional problems. Validated instruments are used to determine the severity of substance abuse and the client’s readiness to change. Upon completion of the assessment process, clinical staff will make the recommendation for the appropriate placement to either (or both) mental health or substance abuse treatment. Service information was available in aggregate, across all programs; therefore, client characteristics are provided across all programs and referrals made.

Admission to SUD Services by Treatment Modality

Table 1 illustrates AB109 client admissions by treatment modality and type of AB109 offender (i.e., PRO or 1170MS).

- **Outpatient treatment services accounted for 69% of all admissions for PROs**, followed by inpatient treatment (18%), and detoxification services (13%).
- Similarly, **outpatient treatment services accounted for 64% of all admissions for 1170MS clients**, followed by inpatient treatment (25%), detoxification services (11%).

Table 1. Admission to Substance Use Disorder Treatment for AB109 Subpopulations by Fiscal Year and Treatment Modality: FY11/12 – FY18/19

AB109 Subpopulation Type	Admission FY	Total SUD Treatment Admissions	Outpatient		Inpatient		Detoxification	
			Count	Percent	Count	Percent	Count	Percent
PROS	FY11/12	119	92	77%	17	14%	10	8%
	FY12/13	211	173	82%	22	10%	16	8%
	FY13/14	236	164	69%	49	21%	23	10%
	FY14/15	240	179	75%	31	13%	30	13%
	FY15/16	180	113	63%	37	21%	30	17%
	FY16/17	231	145	63%	45	19%	41	18%
	FY17/18	164	100	61%	31	19%	33	20%
	FY18/19	121	76	63%	31	26%	14	12%
PROS Total		1,502	1,042	69%	263	18%	197	13%
1170(h)MS	FY11/12	3	1	33%	2	67%	0	--
	FY12/13	35	23	66%	12	34%	0	--
	FY13/14	78	61	78%	11	14%	6	8%
	FY14/15	68	47	69%	13	19%	8	12%
	FY15/16	77	54	70%	15	19%	8	10%
	FY16/17	99	59	60%	28	28%	12	12%
	FY17/18	113	58	51%	35	31%	20	18%
	FY18/19	84	51	61%	23	27%	10	12%
1170(h)MS Total		557	354	64%	139	25%	64	11%

Admission to SUD Treatment by Primary Substance Use

Table 2 provides the primary substance use at admission to SUD treatment for AB109 subpopulations from FY11/12 to FY18/19.

- **Methamphetamine/amphetamines or opiates were identified as the primary reason for treatment admission among AB109 clients.**
 - Among PROs, 80% of clients entered SUD treatment because of these two drug types; compared to 89% of 1170(h)MS clients.

Table 2. Primary Substance Use at Admission for AB109 Subpopulations by Fiscal Year: FY11/12 – FY18/19

AB109 Subpopulation Type	Admission FY	Total SUD Treatment Admissions	Methamphetamine/Amphetamines		Opiates		Alcohol		Marijuana/Hashish		Cocaine/Crack		Other	
			Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
PROS	FY11/12	119	55	46%	38	32%	15	13%	4	3%	6	5%	1	1%
	FY12/13	211	115	55%	57	27%	21	10%	6	3%	10	5%	2	1%
	FY13/14	236	122	52%	66	28%	24	10%	10	4%	14	6%		0%
	FY14/15	240	119	50%	73	30%	22	9%	12	5%	12	5%	2	1%
	FY15/16	180	78	43%	58	32%	28	16%	8	4%	7	4%	1	1%
	FY16/17	231	109	47%	90	39%	16	7%	13	6%	3	1%	--	0%
	FY17/18	164	91	55%	43	26%	23	14%	7	4%	--	0%	--	0%
	FY18/19	121	62	51%	32	26%	13	11%	9	7%	2	2%	3	2%
PROS Total		1,502	751	50%	457	30%	162	11%	69	5%	54	4%	9	1%
1170(h)MS	FY11/12	3	3	100%	0	--	0	--	0	--	0	--	0	--
	FY12/13	35	28	80%	6	17%	1	3%	0	---	0	--	0	--
	FY13/14	78	44	56%	23	29%	4	5%	4	5%	2	3%	1	1%
	FY14/15	68	45	66%	19	28%	2	3%	2	3%	0	--	0	--
	FY15/16	77	45	58%	27	35%	0	--	1	1%	4	5%	0	--
	FY16/17	99	49	49%	36	36%	8	8%	3	3%	3	3%	0	--
	FY17/18	113	60	53%	36	32%	10	9%	3	3%	4	4%	0	--
	FY18/19	84	49	58%	26	31%	4	5%	4	5%	0	--	1	1%
1170(h)MS		557	323	58%	173	31%	29	5%	17	3%	13	2%	2	0%

Admission to SUD Treatment by Demographic Characteristics

Race/Ethnicity

Table 3 Provides the racial/ethnic composition of admissions for AB109 subpopulations between FY11/12 and FY18/19.

- Among both PROs and 1170(h)MS, **clients of Hispanic origin were represented most frequently in the data** (i.e., 55% and 54%, respectively).

Table 3. Race/Ethnicity of all SUD Admission for AB109 Subpopulations by Fiscal Year: FY11/12 – FY18/19

AB109 Subpopulation Type	Admission FY	Total SUD Treatment Admissions	Hispanic		White		Black		Other	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROS	FY11/12	119	63	53%	42	35%	9	8%	5	4%
	FY12/13	211	121	57%	75	36%	8	4%	7	3%
	FY13/14	236	138	58%	78	33%	16	7%	4	2%
	FY14/15	240	144	60%	75	31%	17	7%	4	2%
	FY15/16	180	101	56%	59	33%	15	8%	5	3%
	FY16/17	231	131	57%	70	30%	20	9%	10	4%
	FY17/18	164	103	63%	56	34%	5	3%	0	--
	FY18/19	121	67	55%	48	40%	5	4%	1	1%
PROS Total		1,502	868	58%	503	33%	95	6%	36	2%
1170(h)MS	FY11/12	3	0	--	2	67%	1	33%	0	--
	FY12/13	35	17	49%	15	43%	0	--	3	9%
	FY13/14	78	42	54%	33	42%	0	--	3	4%
	FY14/15	68	33	49%	33	49%	0	--	2	3%
	FY15/16	77	43	56%	26	34%	3	4%	5	6%
	FY16/17	99	40	40%	50	51%	4	4%	5	5%
	FY17/18	113	57	50%	51	45%	2	2%	3	3%
	FY18/19	84	45	54%	34	40%	2	2%	3	4%
1170(h)MS		557	277	50%	244	44%	12	2%	24	4%

Age Group

Table 4 Provides the age composition of SUD admissions for AB109 subpopulations between FY11/12 and FY18/19.

- **The age distribution for treatment admissions were comparable among both PROs and 1170(h) clients.**
 - Across both groups, clients aged 35 or older had higher rates of treatment admission compared to those 34 or younger.

Table 4. Age at Supervision Start Date for SUD Admission for AB109 Subpopulations by Fiscal Year: FY11/12 – FY18/19

AB109 Subpopulation Type	Admission FY	Total SUD Treatment Admissions	18 – 24 Years		25 – 34 Years		35 – 44 Years		45 Years and Older	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROS	FY11/12	119	8	7%	42	35%	35	29%	34	29%
	FY12/13	211	4	2%	75	36%	69	33%	63	30%
	FY13/14	236	11	5%	92	39%	67	28%	66	28%
	FY14/15	240	13	5%	80	33%	68	28%	79	33%
	FY15/16	180	19	11%	65	36%	45	25%	51	28%
	FY16/17	231	14	6%	89	39%	81	35%	47	20%
	FY17/18	164	16	10%	63	38%	53	32%	32	20%
	FY18/19	121	16	13%	38	31%	33	27%	34	28%
PROS Total		1,502	101	7%	544	36%	451	30%	406	27%
1170(h)MS	FY11/12	3	0	--	1	33%	2	67%	0	--
	FY12/13	35	0	--	12	34%	10	29%	13	37%
	FY13/14	78	2	3%	37	47%	25	32%	14	18%
	FY14/15	68	1	1%	21	31%	18	26%	28	41%
	FY15/16	77	6	8%	19	25%	22	29%	30	39%
	FY16/17	99	8	8%	39	39%	17	17%	35	35%
	FY17/18	113	8	7%	40	35%	36	32%	29	26%
	FY18/19	84	7	8%	37	44%	30	36%	10	12%
1170(h)MS		557	32	6%	206	37%	160	29%	159	29%

Gender

Table 5 provides the gender composition of admissions for AB109 subpopulations between FY11/12 and FY18/19.

- Males comprised 90% of all PRO admissions and 74% of all 1170(h)MS admissions to SUD treatment.

Table 5. Gender of all SUD Admission for AB109 Subpopulations by Fiscal Year: FY11/12 – FY18/19

AB109 Subpopulation Type	Admission SFY	Total SUD Treatment Admissions	Male		Female	
			Count	Percent	Count	Percent
PROS	FY11/12	119	109	92%	10	8%
	FY12/13	211	177	84%	34	16%
	FY13/14	236	213	90%	23	10%
	FY14/15	240	216	90%	24	10%
	FY15/16	180	159	88%	21	12%
	FY16/17	231	211	91%	20	9%
	FY17/18	164	159	97%	5	3%
	FY18/19	121	112	93%	9	7%
PROS Total		1,502	1,356	90%	146	10%
1170(h)MS	FY11/12	3	3	0%	3	100%
	FY12/13	35	23	66%	12	34%
	FY13/14	78	55	71%	23	29%
	FY14/15	68	45	66%	23	34%
	FY15/16	77	58	75%	19	25%
	FY16/17	99	78	79%	21	21%
	FY17/18	113	90	80%	23	20%
	FY18/19	84	62	74%	22	26%
1170(h)MS		557	411	74%	146	26%

Discharges from SUD Treatment by Modality

Reason for Discharge by Treatment Modality

Table 6 presents the reason for discharge by treatment modality.

- Among all **PROs discharged from all treatment types, 49% completed treatment**. Another 33% were discharged unsatisfactory, 18% were incarcerated and less than one percent were unable to complete treatment due to death.
- Among all **1170(h)MS discharged from all treatment types, 58% completed treatment**. Another 31% were discharged unsatisfactory, and 11% were incarcerated.

Table 6. Reason for Discharge by AB109 Subpopulations and Treatment Modality: FY11/12 – FY18/19

AB109 Subpopulation Type	Modality	Total SUD Treatment Discharges	Completed Treatment		Discharged Unsatisfactory		Incarceration		Deceased	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROS	Outpatient	1,033	414	40%	346	33%	268	26%	5	1%
	Inpatient	262	177	68%	85	32%	0	--	0	--
	Detoxification	197	140	71%	55	28%	2	1%	0	--
PROS Total		1,492	731	49%	486	33%	270	18%	5	<1%
1170(h)MS	Outpatient	344	176	51%	109	32%	59	17%	0	--
	Inpatient	139	92	66%	46	33%	1	1%	0	--
	Detoxification	64	47	73%	16	25%	1	2%	0	--
1170(h)MS		547	315	58%	171	31%	61	11%	0	--

Reason for Discharge by Primary Substance Use at Treatment Admission

Table 7 present the reason for discharge by primary substance use at treatment admission.

Table 7. Reason for Discharge by AB109 Subpopulations and Primary Substance at Admission: FY11/12 – FY18/19

AB109 Subpopulation Type	Primary Substance of Use At Admission	Total SUD Treatment Discharges	Completed Treatment		Discharged Unsatisfactory		Incarceration		Deceased	
			Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent
PROs	Methamphetamine/Amphetamines	746	392	53%	210	28%	143	19%	1	<1%
	Opiates	454	189	42%	202	44%	60	13%	3	1%
	Alcohol	161	93	58%	43	27%	24	15%	1	1%
	Marijuana/Hashish	68	28	41%	22	32%	18	26%	0	--
	Cocaine/Crack	54	26	48%	6	11%	22	41%	0	--
	Other	9	3	33%	3	33%	3	33%	0	--
PROS Total		1,492	731	49%	486	33%	270	18%	5	<1%
1170(h)MS	Methamphetamine/Amphetamines	320	184	58%	100	31%	36	11%	0	--
	Opiates	167	95	57%	54	32%	18	11%	0	--
	Alcohol	28	16	57%	10	36%	2	7%	0	--
	Marijuana/Hashish	17	13	76%	2	12%	2	12%	0	--
	Cocaine/Crack	13	6	46%	4	31%	3	23%	0	--
	Other	2	1	50%	1	50%		0%	0	--
1170(h)MS		547	315	58%	171	31%	61	11%	0	--

Reason for Discharge by Demographic Characteristics

As illustrated in **Table 8**, successful completion rates were:

- highest among White AB109 clients.
- highest among older AB109 clients (i.e., those 45 years or older).
- comparable between men and women AB109 clients.

Table 8. Reason for Discharge by AB109 Subpopulations and Race/Ethnicity, Age Group, and Gender: FY11/12 – FY18/19

AB109 Subpopulation Type	Race/Ethnicity	Total SUD Treatment Discharges	Completed Treatment		Discharged Unsatisfactory		Incarceration		Deceased	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROs	Hispanic	862	372	43%	314	36%	172	20%	4	1%
	White	499	293	59%	132	26%	74	15%	0	--
	Black	95	46	48%	32	34%	17	18%	0	--
	Other	36	20	56%	8	22%	7	19%	1	3%
PROs Total		1,492	731	49%	486	33%	270	18%	5	<1%
1170(h)MS	Hispanic	272	150	55%	89	33%	33	12%	0	--
	White	239	143	60%	70	29%	26	11%	0	--
	Black	12	5	42%	7	58%		0%	0	--
	Other	24	17	71%	5	21%	2	8%	0	--
1170(h)MS		547	315	58%	171	31%	61	11%	0	--
AB109 Subpopulation Type	Age Group	Total SUD Treatment Discharges	Completed Treatment		Discharged Unsatisfactory		Incarceration		Deceased	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROs	18 - 24 Years	98	46	47%	33	34%	19	19%	0	--
	25 - 35 Years	541	250	46%	195	36%	95	18%	1	<1%
	35 - 44 Years	449	209	47%	158	35%	80	18%	2	<1%
	45 Years and Older	404	226	56%	100	25%	76	19%	2	<1%
PROs Total		1,492	731	49%	486	33%	270	18%	5	<1%
1170(h)MS	18 - 24 Years	32	16	50%	15	47%	1	3%	0	--
	25 - 35 Years	203	109	54%	72	35%	22	11%	0	--
	35 - 44 Years	156	85	54%	47	30%	24	15%	0	--
	45 Years and Older	156	105	67%	37	24%	14	9%	0	--
1170(h)MS		547	315	58%	171	31%	61	11%	0	--
AB109 Subpopulation Type	Gender	Total SUD Treatment Discharges	Completed Treatment		Discharged Unsatisfactory		Incarceration		Deceased	
			Count	Percent	Count	Percent	Count	Percent	Count	Percent
PROs	Male	1,348	662	49%	435	32%	247	18%	4	<1%
	Female	144	69	48%	51	35%	23	16%	1	1%
PROs Total		1,492	731	49%	486	33%	270	18%	5	<1%
1170(h)MS	Male	404	230	57%	124	31%	50	12%	0	--
	Female	143	85	59%	47	33%	11	8%	0	--
1170(h)MS		547	315	58%	171	31%	61	11%	0	--

CORE Connection Services

Overview

The CCP has contracted with Core Connection since October 2014 to provide oversight, management, and capacity building to local organizations that provide reentry services. Core Connection operates as the nexus between the community-based organizations and the CCP. After an extensive gap analysis conducted by Core Connection, assessing the existing types of services provided across Ventura County, four evidence-based approaches were identified as priorities. Of these services, three began in October 2014: (1) Moral Reconciliation Therapy (MRT) provided by Alternative Action Programs; (2) Community Case Management via Community Solutions, Inc.; and (3) Reentry Parenting Programs offered through Coalition for Family Harmony. The fourth service, Restorative Justice began in August 2016. All client referrals into programs are made by VCPA probation officers through Core Connection.

Key Service Highlights

- Started in October 2014
- Core Connection provides oversight and capacity building to funded providers
- Array of services offered

Admission/Service Provision by CORE, by Service Type

The following tables and figures provide summary counts of the number of AB109 offenders who were admitted to CORE service provision by fiscal year. The unit of analysis is a service start date.

Table 9 shows the type of treatment admissions accounted for AB109 offenders by service type

Table 9. Admission to CORE Services by Fiscal Year and Service Type: FY14/15 – FY18/19

AB109 Subpopulation Type	Admission SFY	Total Admissions	Case Management	MRT	Trauma Services & Treatment	Sober Housing	Restorative Justice Accountability Group	STEP	Specialized Treatment Services	Family Services	CAIP
PROS	FY14/15	202	97	85	0	0	0	18	0	0	2
	FY15/16	219	126	73	0	0	0	10	0	5	5
	FY16/17	263	129	65	31	12	6	5	0	11	4
	FY17/18	253	111	44	59	26	7	0	6	0	0
	FY18/19	468	141	200	37	47	25	0	18	0	0
PROS Total		1,405	604	467	127	85	38	33	24	16	11
1170(h)MS	FY14/15	43	22	17	0	0	0	4	0	0	0
	FY15/16	65	43	16	0	0	0	5	0	1	0
	FY16/17	97	47	24	14	5	5	2	0	0	0
	FY17/18	107	46	17	23	17	3	0	1	0	0
	FY18/19	197	68	48	28	27	24	0	2	0	0
1170(h)MS Total		509	226	122	65	49	32	11	3	1	0

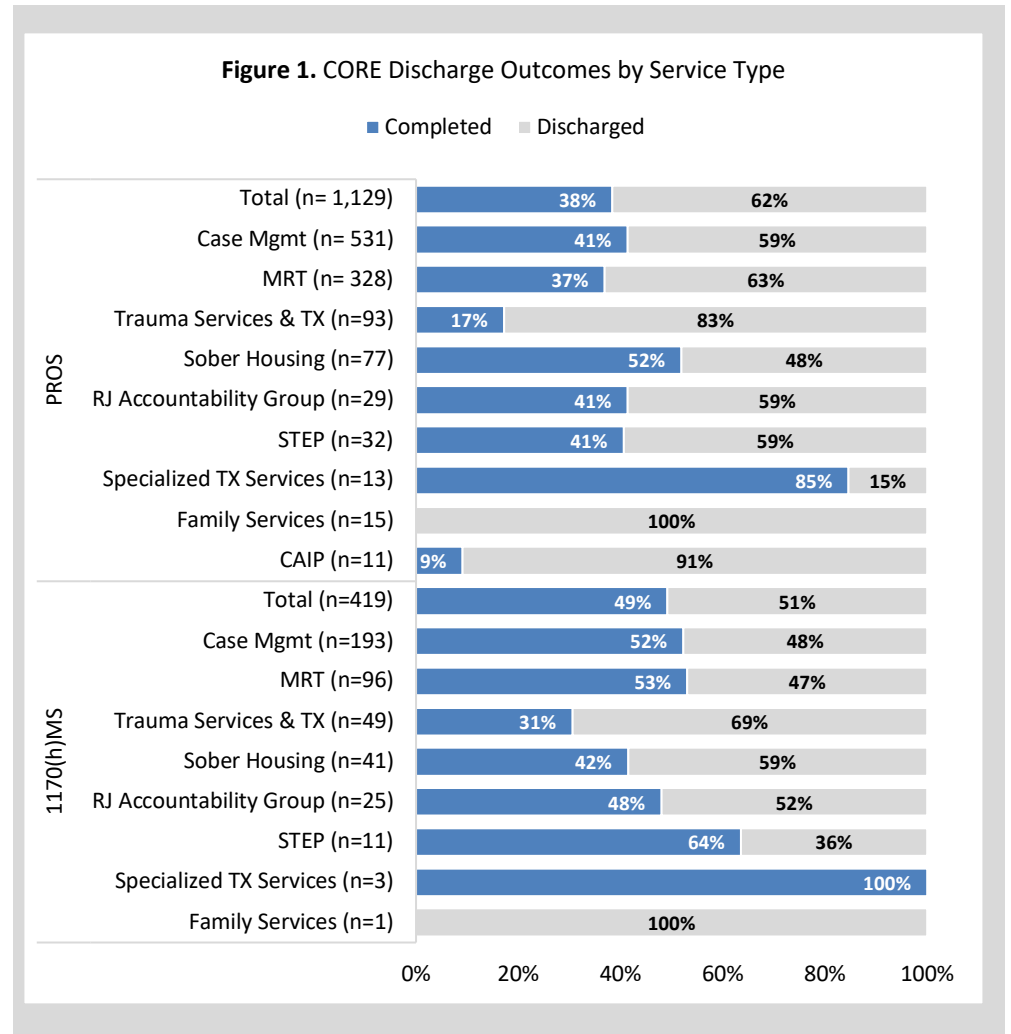
Discharges from CORE by Service Type

Of the 1,405 PRO admits to CORE, 1,129 had a discharge outcome; 25 were Pending, 167 were Active and 84 were on service hold. Of the 509 1170(h)MS admits to CORE, 419 had a discharge outcome. 8 were Pending, 65 were Active and 17 were on service hold.

Figure 1 present the reason for discharge by Service Type.

- Among all PROs discharged from CORE service as of June 30, 2019, 38% completed services.
 - Case management
 - MRT
 - Trauma Services
 - Sober Housing

- Among all 1170(h)MS discharged from CORE service as of June 30, 2019, 49% completed services.



CORE Services: Person Based CORE Services

The following figures and tables are person-based counts of participation in services, meaning the data below reflect unduplicated counts of individual participation in CORE services.

Admission to CORE Services

Table 10 breaks down number and percent of admissions to CORE services for PROs and 1170(h) MS offenders by entry cohort. **Both PRO and 1170(h)MS clients had similar rates of CORE service provision (i.e., about one third).**

Table 10. Summary of AB109's with Admissions to CORE Services by Entry Cohort

Subpopulation Type	FY AB109 Supervision Started	Annual Count	No Admissions to CORE Services		1+ Admission to CORE Services	
			Count	Percent	Count	Percent
PROS	FY 11/12	399	380	95%	19	5%
	FY 12/13	281	251	89%	30	11%
	FY 13/14	309	241	78%	68	22%
	FY 14/15	302	169	56%	133	44%
	FY 15/16	247	117	47%	130	53%
	FY 16/17	318	161	51%	157	49%
	FY 17/18	274	138	50%	136	50%
	FY 18/19	326	189	58%	137	42%
Total PROs		2,456	1,646	67%	810	33%
1170(h)MS	FY 11/12	31	31	100%	0	0%
	FY 12/13	89	85	96%	4	4%
	FY 13/14	105	95	90%	10	10%
	FY 14/15	99	63	64%	36	36%
	FY 15/16	119	74	62%	45	38%
	FY 16/17	138	77	56%	61	44%
	FY 17/18	171	103	60%	68	40%
	FY 18/19	148	85	57%	63	43%
Total 1170(h)MS		900	613	68%	287	32%

Figure 2 presents the overall proportion of VCPA's AB109 population that participated in CORE services.

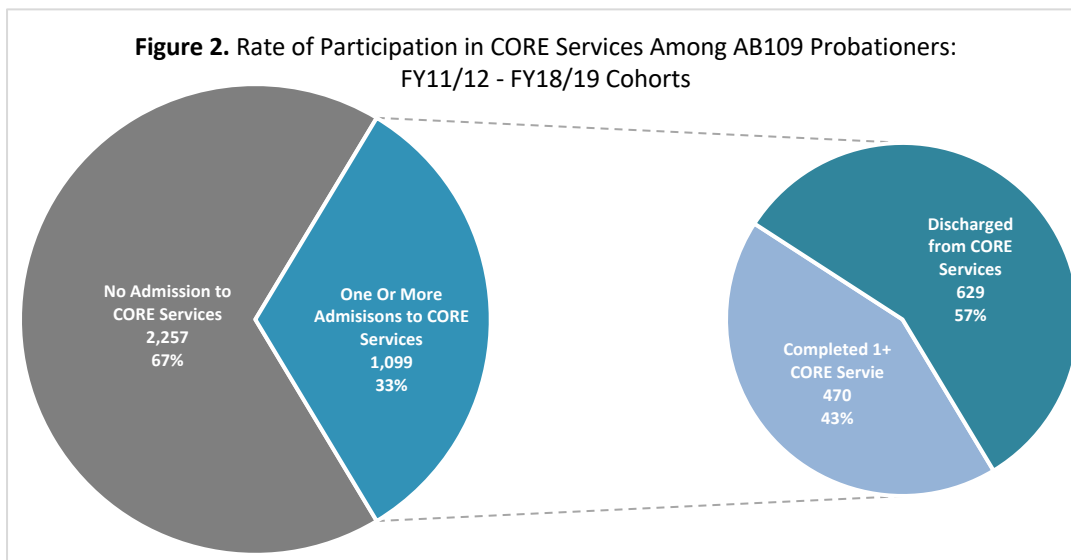
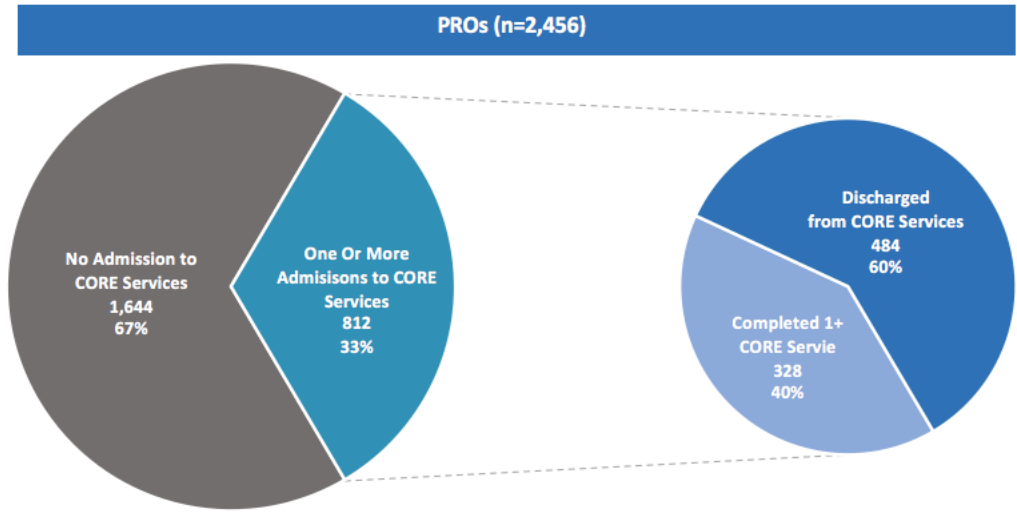


Figure 3. Rate of Participation in CORE Services By AB109 Subpopulations: FY11/12 - FY18/19 Cohorts

Figure 3 presents the rate of participation in CORE services by VCPA’s AB109 subpopulations.

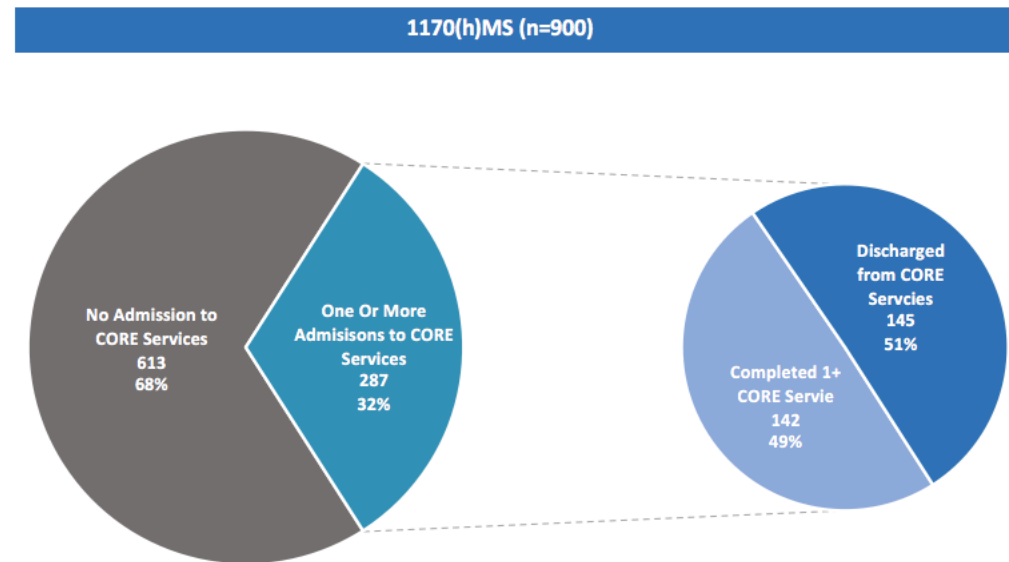
PROs

- Between October 2014 and June 2019, 33% of the offenders released to Ventura County under PRO supervision participated in CORE services.
 - 40% of PROs who participation in CORE services successfully completed one or more service with CORE.



1170(h)MS

- Between October 2014 and June 2019, 32% of the offenders released to Ventura County under 1170(h) MS supervision participated in CORE services.
 - 49% of 1170(h)MS population that participation in CORE services successfully completed one or more service with CORE.



Mental Health Services

Overview

Since 2011, the Ventura County Health Care Agency, Behavioral Health Department (VCBH) has contracted with Telecare Corporation to provide mental health services. Upon receiving a referral from VCPA, VCBH's Behavioral Health Clinicians make referrals to Telecare's Ventura Opportunities for Integrating into the Community Environment (VOICE) program. The VOICE program follows the evidence-based Assertive Community Treatment (ACT) model. In addition to the primary mental health services provided, supports such as counseling, assistance in accessing healthcare, medication education and administration, housing and support for transition and discharge planning are provided, as needed. The VOICE program is comprised of a multidisciplinary team of a psychiatrist, nurse, clinicians, and personal service coordinators.

Key Service Highlights

- Started in October 2011
- Provides mental health services, psychiatric medication and counseling
- Additional supportive services

Based on the severity of diagnosis and level of functional impairment, clients are placed into one of two

1. ACT services are provided to individuals who suffer severe and persistent mental illnesses with an emphasis on psychiatric consultation/medication and rehabilitation.
2. ACT-lite, which was first implemented in March 2013, is provided in less severe cases or when ACT-level services are no longer required.

An additional goal of ACT and ACT-lite is to connect clients with a primary care physician and/or refer clients to other mental health services in order to ensure ongoing treatment and facilitate their reintegration back into society. However, it is of particular emphasis for ACT-lite clients, as these clients require less intensive treatment.

Telecare Services: Person Based Services

The following figures and tables are person-based counts of participation in services, meaning the data below reflect unduplicated counts of individual participation in Telecare services.

Admission to Telecare Services

Table 11 breaks down number and percent of admissions to Telecare services for PROs and 1170(h) MS offenders by entry cohort. **Both PRO and 1170(h)MS clients had similar rates of Telecare service provision (i.e., about one in ten).**

PROs

- Between October 2011 and June 2019, 11% of the offenders released to Ventura County under PRO supervision had participated in mental health treatment services.
 - Treatment participation was highest among PRO offenders who were released to supervision in FY11/12 through FY14/15 (ranging between 12% to 15%). Reasons for lower participation among recent cohorts should be examined to determine reasons for this decline.

1170(h)MS

- Between October 2011 and June 2019, 10% of the offenders released to Ventura County under 1170(h) MS supervision had participated in mental health treatment services.
 - Treatment participation was highest among 1170 (h) MS offenders who started supervision in FY11/12 and FY12/13 (19% and 15% respectively), followed by those who began supervision in FY13/14 - FY14/15 (10% each). Similar to the PROs offenders, the lower participation rate for later cohorts should be examined/discussed.

Table 11. Summary of AB109's with Admissions to Telecare Services by Entry Cohort

Subpopulation Type	SFY AB109 Supervision Started	Annual Count	No Admissions to Telecare Services		Admission to Telecare Services	
			Row Count	Row Percent	Row Count	Row Percent
PROS	FY11/12 Cohort	399	338	85%	61	15%
	FY 12/13 Cohort	281	240	85%	41	15%
	FY 13/14 Cohort	309	268	87%	41	13%
	FY 14/15 Cohort	302	266	88%	36	12%
	FY 15/16 Cohort	247	226	91%	21	9%
	FY 16/17 Cohort	318	285	90%	33	10%
	FY 17/18 Cohort	274	253	92%	21	8%
	FY 18/19 Cohort	326	311	95%	15	5%
Total PROs		2,456	2,187	89%	269	11%
1170(h)MS	FY 11/12 Cohort	31	25	81%	6	19%
	FY 12/13 Cohort	89	76	85%	13	15%
	FY 13/14 Cohort	105	94	90%	11	10%
	FY 14/15 Cohort	99	89	90%	10	10%
	FY 15/16 Cohort	119	108	91%	11	9%
	FY 16/17 Cohort	138	126	91%	12	9%
	FY 17/18 Cohort	171	156	91%	15	9%
	FY 18/19 Cohort	148	140	95%	8	5%
Total 1170(h)MS		900	814	90%	86	10%

Admission to Telecare Services by Fiscal Year

Figure 4 illustrates AB109 client admissions by admission year and type of AB109 offender (i.e., PRO or 1170MS).

- Between October 2011 and June 2019, 11% (269 of 2,456) of the offenders released to Ventura County under PRO supervision had participated in mental health treatment services.

- During this same timeframe, 10% (86 of 900) of the 1170(h)MS offenders had participated in mental health treatment services.
- The highest volume of new admissions was in FY 13/14.

Figure 4. Admissions to Telecare by Fiscal Year of Initial Admission and AB109 Subpopulation Type:
FY11/12 -FY18/19 (N=355)

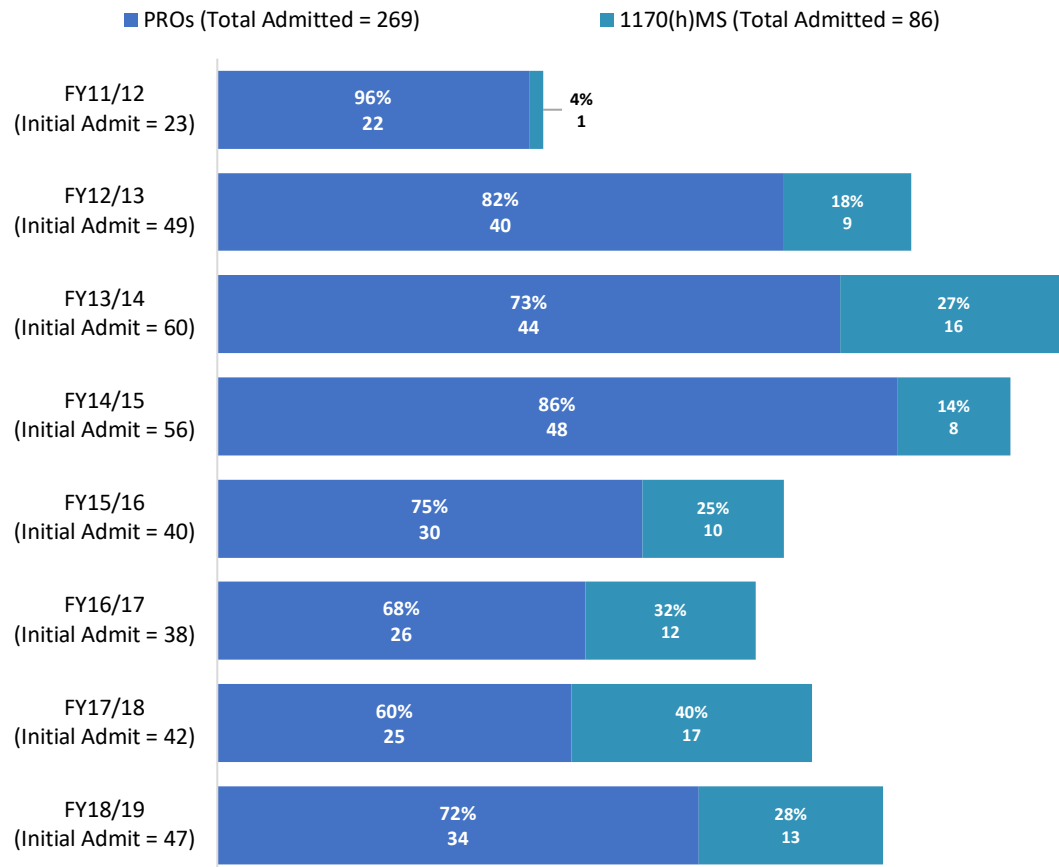
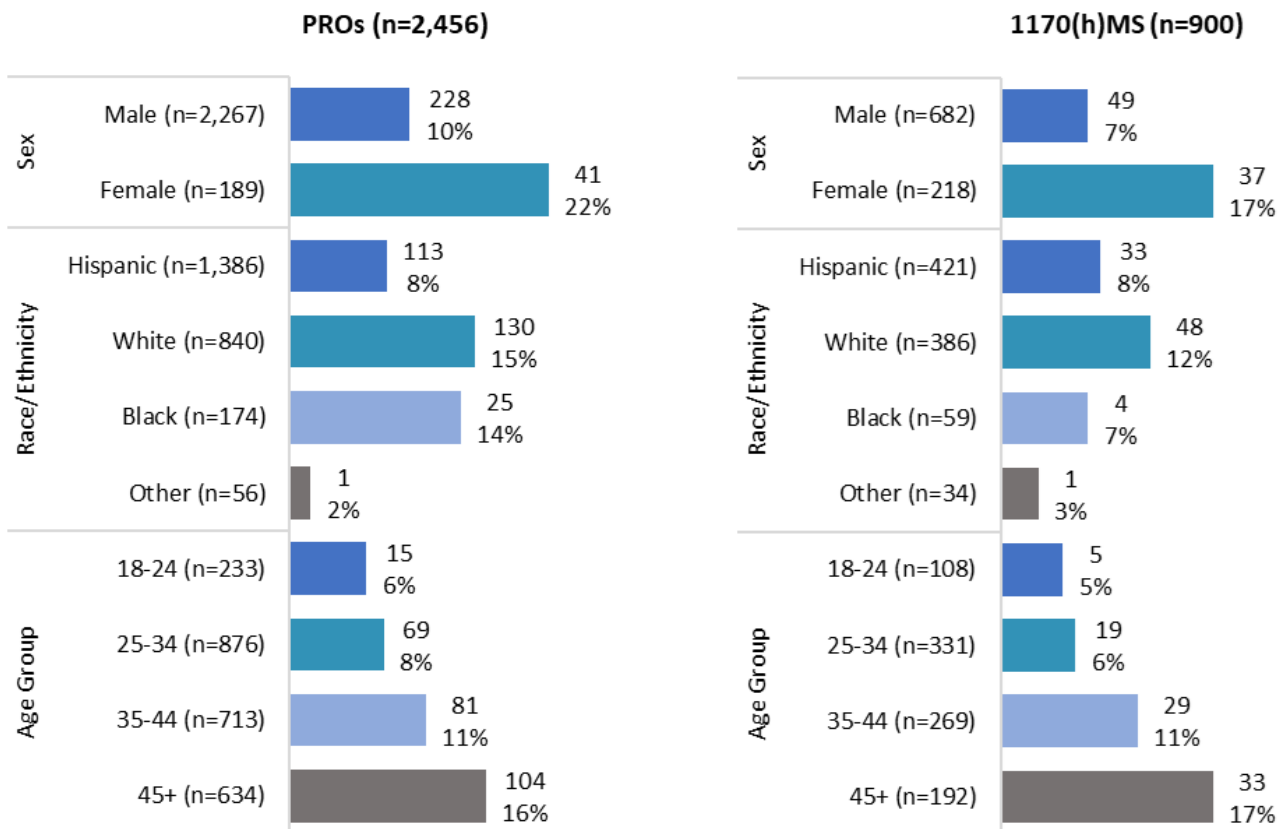


Figure 5 Provides the rate of admissions to Telecare services for AB109 subpopulations between FY11/12 and FY18/19 by sex, race/ethnicity, and age group.

- Among both PROs and 1170(h)MS, **female clients had a higher rate of admission to Telecare services than male clients** (i.e., 22% and 17%, respectively compared to 10% and 7% respectively).
- **White clients had the highest rate of admission to Telecare services (i.e., 15% and 12% respectively), followed by black clients (14% and 7%).**
- Among both PROs and 1170(h)MS, **older clients (those aged 35-45 have higher admissions than younger age groups; and those 45 and older have higher admissions rates than those 35-44) had a higher rate of admission to Telecare services.**

Figure 5. Rate of Admission to Telecare Services for AB109 Subpopulations by Sex, Race/Ethnicity, and Age Groups: FY11/12 – FY18/19 Cohorts



Admission to Telecare by Primary Diagnosis

Table 12 presents the number and percent of treatment admissions by primary diagnosis according to Telecare matched treatment admission data for the AB109 population. **Table 12** also provides a comparison of primary diagnosis by gender, race/ethnicity, and age group for comparison by demographic characteristics

- **Mood disorders were identified as the primary reason for treatment admission among AB109 clients.**
- **Notable group differences are outlined below:**
 - Among both PROs and 1170(h)MS, male clients had a higher rate of admission to Telecare services with a psychotic disorder than females (i.e., 31% and 33%, respectively compared to 12% and 11% respectively).
 - Among PROs, over half (52%) of the black clients that were admitted for services were diagnosed with a psychotic disorder.
 - Among 1170(h)MS, clients age 18 to 24 had a higher rate of admission to Telecare services with a psychotic diagnosis than all other ages (i.e., 40% compared to the next highest rate of 27% among those aged 45 years of age or older).

Table 12. Primary Mental Health Diagnosis at Admission to Telecare Services by AB109 Subpopulation, Sex, Race/Ethnicity, and Age Group: FY11/12 – FY18/19 Cohorts

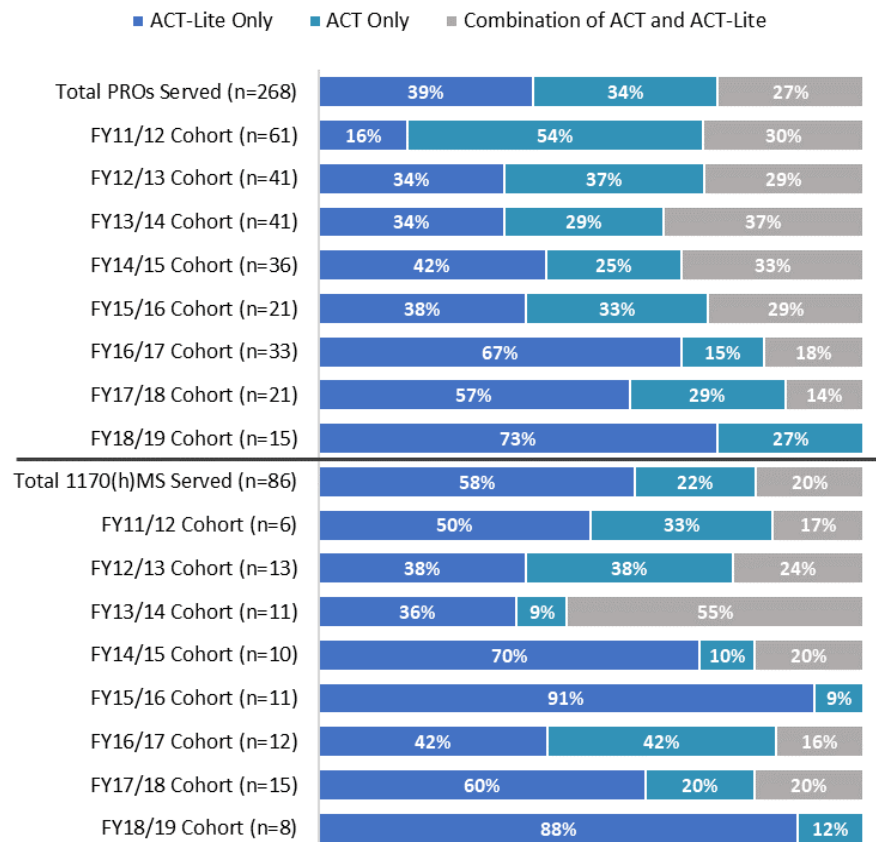
PRO Cohorts	Psychotic Disorder		Mood Disorder		Anxiety Disorder		Other Disorders		Total
	Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent	
Overall	76	28%	140	52%	42	16%	11	4%	269
Male	71	31%	114	50%	34	15%	9	4%	228
Female	5	12%	26	63%	8	20%	2	5%	41
Hispanic	34	30%	57	50%	18	16%	4	4%	113
White	29	22%	74	57%	21	16%	6	5%	130
Black	13	52%	9	36%	2	8%	1	4%	25
Other	0	...	0	...	1	100%	0	...	1
18-24	5	33%	9	60%	0	0%	1	7%	15
25-34	20	29%	38	55%	9	13%	2	3%	69
35-44	24	30%	39	48%	15	19%	3	4%	81
45+	27	26%	54	52%	18	17%	5	5%	104
1170(h)MS Cohorts	Psychotic Disorder		Mood Disorder		Anxiety Disorder		Other Disorders ¹		Total
	Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent	Row Count	Row Percent	
Overall	20	23%	45	52%	17	20%	4	5%	86
Male	16	33%	22	45%	8	16%	3	6%	49
Female	4	11%	23	62%	9	24%	1	3%	37
Hispanic	8	24%	17	52%	7	21%	1	3%	33
White	11	23%	26	54%	8	17%	3	6%	48
Black	1	25%	2	50%	1	25%	0	...	4
Other	0	...	0	...	1	100%	0	...	1
18-24	2	40%	2	40%	1	20%	0	...	5
25-34	3	16%	9	47%	4	21%	3	16%	19
35-44	6	21%	16	55%	7	24%	0	...	29
45+	9	27%	18	55%	5	15%	1	3%	33

Admission to Mental Health Services by Type of Service

Table 6 illustrates AB109 client admissions by Telecare service type and AB109 offender (i.e., PRO or 1170MS).

Figure 6. Participation in Telecare Services by AB109 Subpopulation Cohorts and Treatment Track: FY11/12 - FY18/19

- ACT-Lite treatment services accounted for 39% of all admissions for PROs, followed by ACT (34%), and combination of ACT with transition to ACT-Lite services (27%).
- Similarly, ACT-Lite treatment services accounted for 58% of all admissions for 1170MS clients, followed by ACT (22%), and combination of ACT with transition to ACT-Lite services (17%).



The most frequently engaged in types of service delivery across both populations were clinical services and case management services (**Table 13**).

Table 13. Telecare Service Delivery Event Counts by Track: FY11/12-FY16/17

AB109 Subpopulation	Service Track	Clients Served ¹	Assessments	Case Management	Clinical	Medication Visit	Collaterals	Mental Health
PROs (n=269)	ACT-Lite	178	242	4,045	4,761	2	171	210
	ACT	163	241	6,899	8,005	191	341	199
	Total	341	483	10,944	12,766	193	512	409
1170(h)MS (n=86)	ACT-Lite	67	82	1,412	1,557	0	39	70
	ACT	36	48	1,622	2,103	13	81	41
	Total	103	130	3,034	3,660	13	120	111

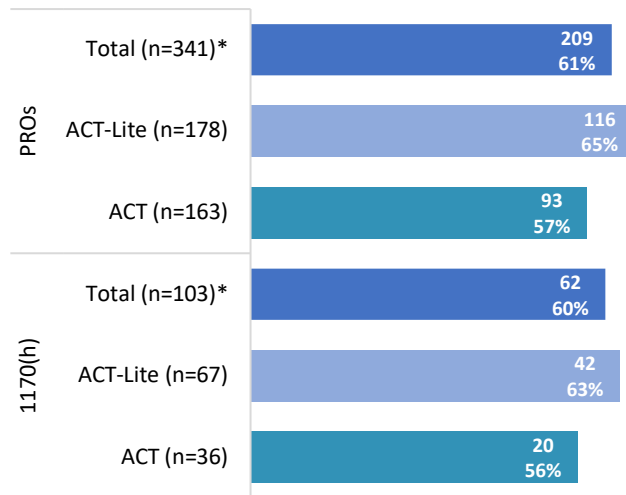
¹ Of the 269 PROs that received services, 106 PRO's received services via ACT-Lite, 91 received services via ACT, and 72 received services within both tracks. Of the 86 1170(h)MS clients received, 50 services via ACT-Lite only, 19 received services via ACT, and 17 received services within both tracks.

Table 14. Length of Engagement with Telecare Services by AB109 Subpopulation and Telecare Service Track

PROs	Act-Lite	ACT	Combo of ACT/ACT Lite
Number of Clients	106	91	72
Mean LOS	251 days	294 days	557 days
Median LOS	211 days	224 days	494 days
Range (min-max)	13 -908 days	36 - 1,312 days	139 -1,414 days
1170(h)MS	Act-Lite	ACT	Combo of ACT/ACT Lite
Number of Clients	50	19	17
Mean LOS	235 days	283 days	590 days
Median LOS	161 days	235 days	574 days
Range (min-max days)	12 - 1,354 days	42 - 633 days	245 - 1,142 days

Service Completion

Figure 7. Telecare Service Completion Rates by AB109 Subpopulation and Service Track: All FY11/12-FY18/19 Cohorts



*Of the 269 PROs that received services, 106 PRO's received services via ACT-Lite, 91 received services via ACT, and 72 received services within both tracks. Of the 86 1170(h)MS clients received, 50 services via ACT-Lite only, 19 received services via ACT, and 17 received services within both tracks.

Table 15. Telecare Service Completion Rates by AB109 Subpopulations and Service Tracks: FY11/12 -FY18/19 Cohorts

AB109 Subpopulation	Service Track	Clients Served ¹	Completed Service		Did Not Complete Service	
			Row Count	Row Percent	Row Count	Row Percent
PROs (n=269)	ACT-Lite	106	68	64%	38	36%
	ACT	91	44	48%	47	52%
	Combination ACT/ACT Lite	72	65	90%	7	10%
	Total	269	177	66%	92	34%
1170(h)MS (n=86)	ACT-Lite	50	30	60%	20	40%
	ACT	19	8	42%	11	58%
	Combination ACT/ACT Lite	17	16	94%	1	6%
	Total	86	54	63%	32	37%

Service Completion Rates, by Demographics

Table 16 presents the number and percent of clients who completed Telecare services by subpopulations, demographics, and primary diagnosis upon admission to services.

- Among both PROs and 1170(h)MS, female clients had a higher rate of service completion than males.
- Service completion rates among PROs were similar across race/ethnicity. Hispanic and Black 1107(h)MS clients fared better than White clients.
- Among PROs, clients age 18 to 24 and those aged 45 years of age or older had higher rates of completion than clients aged 25 to 34 and 35-44. Among 1170(h)MS, older clients had higher rates of service completion.
- PROs with Mood and Psychotic disorders had higher rates of service completion.

Table 16. Telecare Service Completion Rates by AB109 Subpopulation, Sex, Race/Ethnicity, Age Group, and Primary Diagnosis at Admission: FY11/12 – FY18/19 Cohorts

PRO Cohorts	Total	Completed Service		Did Not Complete Service	
		Row Count	Row Percent	Row Count	Row Percent
Overall	269	177	66%	92	34%
Male	228	147	64%	81	36%
Female	41	30	73%	11	27%
Hispanic	113	76	67%	37	33%
White	130	84	65%	46	35%
Black	25	16	64%	9	36%
Other	1	1	100%	0	0%
18-24	15	11	73%	4	27%
25-34	69	42	61%	27	39%
35-44	81	51	63%	30	37%
45+	104	73	70%	31	30%
Psychotic	76	51	67%	25	33%
Mood	140	99	71%	41	29%
Anxiety	42	22	52%	20	48%
Other	11	5	45%	6	55%
1170(h)MS Cohorts	Total	Completed Services		Did Not Complete Services	
		Row Count	Row Percent	Row Count	Row Percent
Overall	86	54	63%	32	37%
Male	49	30	61%	19	39%
Female	37	24	65%	13	35%
Hispanic	33	24	73%	9	27%
White	48	26	54%	22	46%
Black	4	3	75%	1	25%
Other	1	1	100%	0	0%
18-24	5	1	20%	4	80%
25-34	19	9	47%	10	53%
35-44	29	19	66%	10	34%
45+	33	25	76%	8	24%
Psychotic	20	11	55%	9	45%
Mood	45	30	67%	15	33%
Anxiety	17	10	59%	7	41%
Other	4	3	75%	1	25%

STEPS Program

Overview

VCPA contracted with County of Ventura Human Services Agency (HSA) Business & Employment Services Department (BESD) to provide employment services via the Specialized Training and Employment Project for Success (STEPS) program since December 2012. Referrals into the program are made directly by probation officers after they assess whether the client is an appropriate candidate for the program. Upon entering the STEPS program, clients complete an Individual Employment Plan (IEP) that assesses for job skills, career objectives, barriers to employment, and supportive services. The IEP is also used to develop an Individualized Service Plan (ISP) addressing his/her unique needs. In addition to being provided with job readiness (e.g., job application completion, resume completion, interview skills, etc.), job search, and job placement assistance, STEPS program participants are provided with assistance in meeting other basic needs so that they can secure a job (e.g., with clothing or medical care, as needed). STEPS program staff identify and build relationships with employers throughout the county to ensure successful job placement.

Key Service Highlights

- Started in December 2012
- Assists clients with job search, job readiness, job placement, and additional support
- Individualized service planning

Service Metrics

STEPS staff tracks various program metrics including referrals, client demographics, and job placement. They continuously engage in efforts to enhance their data system and internal data management processes. Although STEPS services began in December 2012; due to changes in tracking and updated internal systems valid data are available as of fiscal year FY 14/15. As such, STEPS participation presented in this report begin in FY 14/15.

Person Based Services

The following figures and tables are person-based counts of participation in services, meaning the data below reflect unduplicated counts of individual participation in STEPS services.

Admission to STEPS Programs

Table 17 breaks down number and percent of admissions to the STEPS Program for PROs and 1170(h)MS offenders by entry cohort

PROs

- 16% of the offenders released to Ventura County under PRO supervision had participated in employment services via the STEPS program.

- Program participation was highest among PRO offenders who were released to supervision in FY14/15 through FY17/18 (ranging between 20% to 30%).

1170(h)MS

- 12% of the 1170(h)MS clients participated in employment services via the STEPS program.
- Treatment participation was highest among 1170(h)MS offenders who started supervision in FY15/16 (21%), followed by those who began supervision in FY14/15 (16%) and FY16/17 – FY17/18 (14% each).

Table 17. Summary of AB109's with Admissions to STEPS Program by Entry Cohort

Subpopulation Type	SFY AB109 Supervision Started	Annual Count	No Admissions to STEPS Services		Admission to STEPS Services	
			Row Count	Row Percent	Row Count	Row Percent
PROS	FY11/12 Cohort	399	377	94%	22	6%
	FY 12/13 Cohort	281	261	93%	20	7%
	FY 13/14 Cohort	309	272	88%	37	12%
	FY 14/15 Cohort	302	232	77%	70	23%
	FY 15/16 Cohort	247	172	70%	75	30%
	FY 16/17 Cohort	318	253	80%	65	20%
	FY 17/18 Cohort	274	214	78%	60	22%
	FY 18/19 Cohort	326	281	86%	45	14%
Total PROs		2,456	2,062	84%	394	16%
1170(h)MS	FY 11/12 Cohort	31	31	100%	0	0%
	FY 12/13 Cohort	89	85	96%	4	4%
	FY 13/14 Cohort	105	101	96%	4	4%
	FY 14/15 Cohort	99	83	84%	16	16%
	FY 15/16 Cohort	119	94	79%	25	21%
	FY 16/17 Cohort	138	118	86%	20	14%
	FY 17/18 Cohort	171	147	86%	24	14%
	FY 18/19 Cohort	148	133	90%	15	10%
Total 1170(h)MS		900	792	88%	108	12%

STEPS Services Delivered by Fiscal Year

The following figures and tables provide summary counts of the number of STEPS services delivered to AB109 offenders by fiscal year. The unit of analysis is a service start date.

Figure 8 illustrates AB109 client admissions by fiscal year of admission to services and type of AB109 offender (i.e., PRO or 1170MS).

- Between July 2014 and June 2019, 16% (394 of 2,456) of the offenders released to Ventura County under PRO supervision had participated in STEPS.
- During this same timeframe, 12% (108 of 900) of 1170(h)MS offenders had participated in STEPS.

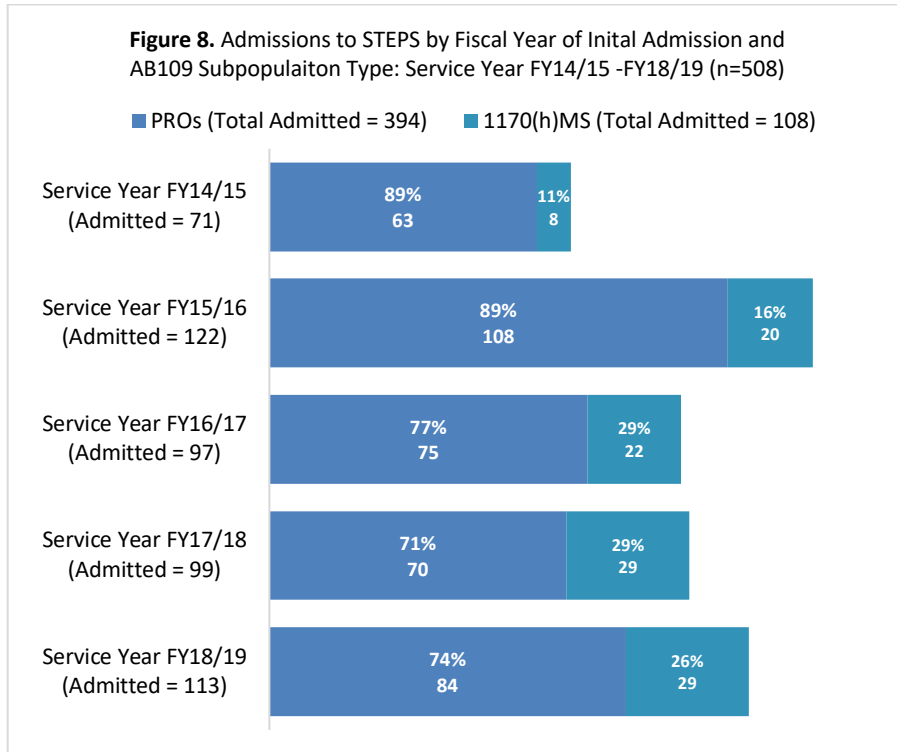


Figure 9 Provides the rate of admissions to STEPS services for AB109 subpopulations between FY11/12 and FY18/19 by sex, race/ethnicity, and age group.

PROs

- Among PROs, **male clients had a higher rate of admission to STEPS services than female clients** (i.e., 16% compared to 14%).
- **Clients that reported “other” race had the highest rate of admission to STEPS services (20%), followed by Hispanic and Black clients (18% and 16% respectively).**
- **PROs 25-34 years of age had a higher rate of admission to STEPS services (20%),** followed by those between the ages 35- 44 and 18-24 (17% and 14% respectively).

1170(h)MS

- Among 1170(h)MS population, **female clients had a higher rate of admission to STEPS services than male clients** (i.e., 14% compared to 11%).
- **Hispanic and White clients had the highest rate of admission to STEPS services (13% and 12% respectively).**
- **Rate of admission to STEPS services were similar across those aged 18-24, 25-34, and 35-44.**

Figure 9. Rate of Admission to STEP Program for AB109 Subpopulations by Sex, Race/Ethnicity, and Age Groups: FY11/12 – FY18/19 Cohorts

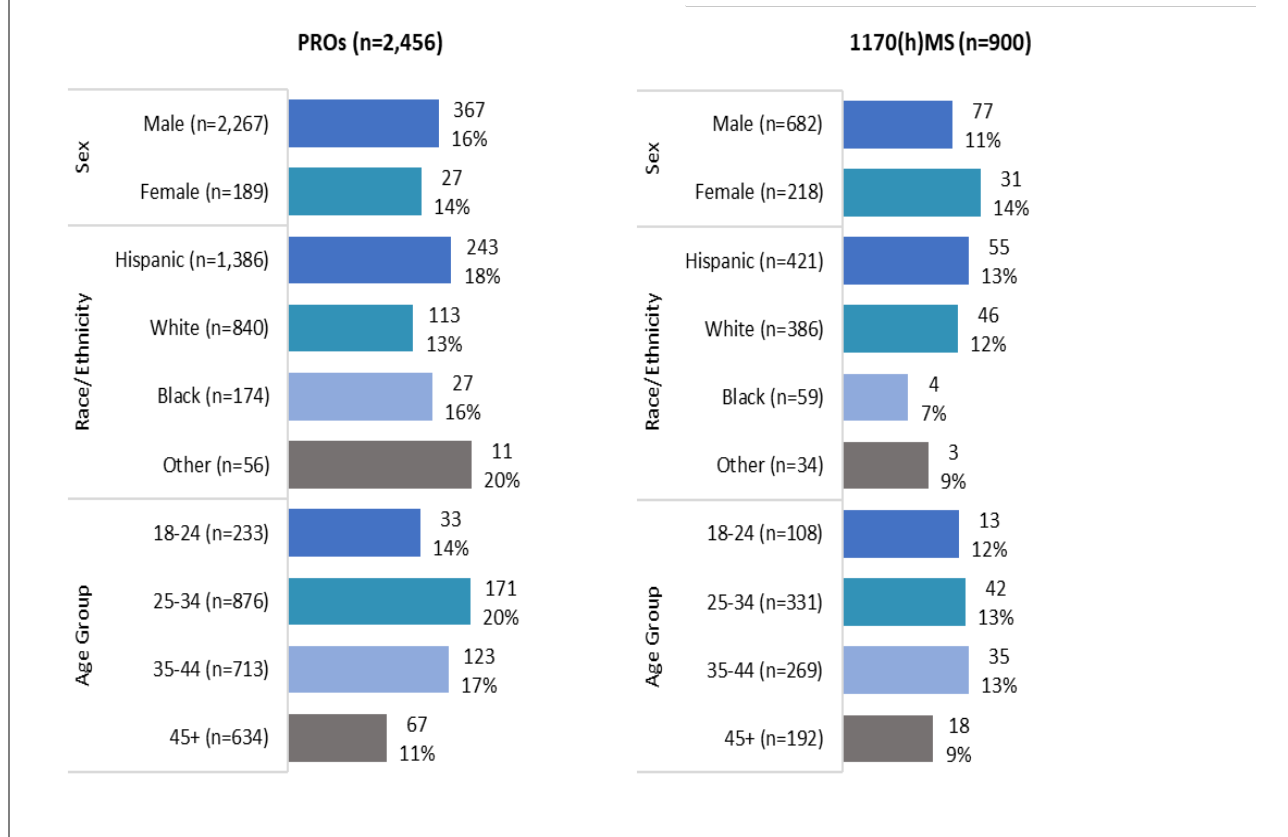


Table 18 provides a summary of the types of services that were provided to STEPS participants in FY14/15 through FY18/19.

PROs

- Between FY14/15 and FY18/19, 394 PROs enrolled in STEPS programing, 458 assessments were conducted, 412 IEP/ISS/EDP's were developed, 347 case management services were delivered, and 1,111 support service events were delivered to PROs.

1170(h)MS

- Between FY14/15 and FY18/19, 108 MS offenders were enrolled in STEPS programing, 118 assessments were conducted, 119 IEP/ISS/EDP's were developed, 80 case management services were delivered, and 259 support service events were delivered to 1170(h)MS offenders.

Table 18. Count of the Types of Services Provided to STEPS Program Participants: FY14/15-FY18/19

AB109 Subpopulation	STEPS Service	Service FY14/15	Service FY15/16	Service FY16/17	Service FY17/18	Service FY18/19	Total
PROs (n=394)	Enrollment ¹	63	102	75	70	84	394
	Assessment ²	70	124	87	83	94	458
	Development of IEP/ISS/EDP ²	33	116	87	83	93	412
	Case Management Services ²	49	138	67	48	45	347
	Support Services ²	93	292	220	203	303	1,111
1170(h)MS (n=108)	Enrollment ¹	8	20	22	29	29	108
	Assessment ²	8	20	28	33	29	118
	Development of IEP/ISS/EDP ²	7	20	28	32	32	119
	Case Management Services ²	6	24	17	15	18	80
	Support Services ²	6	22	47	79	105	259

¹ Unique enrollment episode.

² Clients may receive multiple services while enrolled in STEPS programming.

Table 19. STEPS Program Participants Who Reported Income from a Job Placement: FY14-15-FY18/19

Number and Percent Reporting Income	AB109 Subpopulation			
	PROs (Enrolled in STEPS = 394)		1170(h)MS (Enrolled in STEPS = 108)	
	Count	Percent	Count	Percent
Total Reporting Income	109 of 394	28%	15 of 108	14%
- Less than \$10.50/hour	23	21%	3	20%
- \$10.50 - \$12.50/hour	56	51%	9	60%
- Greater than \$12.50/hour	30	28%	3	20%
Total	109	100%	15	100%

Table 20. Length of Engagement (LOE) with STEPS Program by AB109 Subpopulation

	PROs	1170(h)MS	Total
Number of Clients	394	108	502
Mean LOE	238 days	197 days	230 days
Median LOE	211 days	193 days	209 days
Range (min-max)	7 - 888 days	26 - 741 days	7 - 888 days

STEPS Completion

- Overall, 100% of the PROs and 1170(h)MS offenders who participated in training and employment services were successful discharge from STEPS programming.