

# **ADVANCED POLICY ANALYSIS**

## **ASSESSING NEED FOR REENTRY SERVICES AMONG PROBATIONERS & PAROLEES IN SAN FRANCISCO**

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# 1. INTRODUCTION

## EXECUTIVE SUMMARY

San Francisco currently has approximately 9,500 adults on parole and probation. Approximately 40% of people entering San Francisco county jails have previous arrests in San Francisco,<sup>1</sup> and 70% of California state parolees are rearrested within three years of their release from prison.<sup>2</sup> State prisons and county jails nationwide face similarly troubling recidivism rates. People who have previously been incarcerated face many problems including homelessness, joblessness, mental illness, and substance abuse, all of which can contribute to recidivism and limit positive integration into the community.

Using available information about San Francisco's reentry population and other similar populations, this report found the following service needs among San Francisco parolees and adult probationers:

**Table 1: Percent of parolees & probationers with high service needs**

<b>Reentry Service</b>	<b>Percent of Parolees and Probationers with High Needs</b>
Substance abuse treatment	74.6%
Education and employment	70.0%
Housing	46.7%
Mental health treatment	27.5%

On April 22, 2008, Supervisor Ross Mirkarimi introduced legislation to the Board of Supervisors to create a coordinated reentry council that will coordinate the City's reentry efforts and provide a city-wide framework for future reentry efforts. This coordinated council grew out of San Francisco's two existing reentry councils: the Safe Communities Reentry Council and the San Francisco Reentry Council.<sup>3</sup> In the past two years, a strong political will has developed locally to reduce crime and recidivism by improving services for formerly incarcerated individuals. Elected officials including the Public Defender, District Attorney, Sheriff, Mayor, and Members of the Board of Supervisors have expressed commitments to this goal.

As part of its at least annual reporting, the coordinated reentry council will create an assessment of the overall reentry service need of San Francisco's formerly incarcerated population. This paper is an initial reentry service needs assessment and proposes an implementation plan for expanding and improving future assessments. Measuring need for reentry services is critical because limited budgets mean resources must be targeted in order to maximize successful reentry of former prisoners. This measurement of reentry service need will benefit the larger effort to expand program evaluation and determine which services are best benefiting former prisoners and the community.

<sup>1</sup>Civil Grand Jury for the City and County of San Francisco (2006).

<sup>2</sup>Petersilia (2006).

<sup>3</sup>Board of Supervisors (April 22, 2008).

While this report provides an initial assessment of reentry service need, it is important to update and expand the assessment regularly to track how the reentry population changes and facilitate evaluation of existing programs. Annual reassessment is critical for the next several years because prison and jail overcrowding will lead to substantial policy changes regarding release and return to custody. Policy changes may substantially change the risk-need profile of formerly incarcerated individuals. Additionally, annual reassessment is the first step toward conducting evaluations of existing reentry programs in San Francisco.

This report does not attempt to assess the existing supply or capacity of reentry services in San Francisco. However, analysis of supply will be necessary in order to quantify the gaps between need and supply of services and to allow for evaluation of existing reentry programs. A city-wide capacity assessment is another one of the four annual reports that will be written by the proposed coordinated reentry council.

## **BACKGROUND**

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This section provides an introduction into current thinking about reentry, public safety, and the service needs of formerly incarcerated people.

### **Primary Barriers to Successful Reentry**

The following is a brief overview to remind the reader of the primary barriers that prevent successful reentry of formerly incarcerated individuals.

- Substance abuse
- Mental health problems, both diagnosed and undiagnosed
- Lack of pro-social community involvement, including loss of family support structure, disruption relationships while incarcerated, and relationships with individuals engaged in criminal behavior
- Unmet basic needs including homelessness, unemployment, poverty, lack of access to medication and other health services, and other unmet needs
- Desire on the part of the individual to continue engaging in criminal or anti-social behavior
- Insufficient pre-release transition planning that fails to identify appropriate reentry services
- Insufficient funding and provision of appropriate and effective reentry services
- Systemic disenfranchisement of specific groups such as low income individuals or communities of color

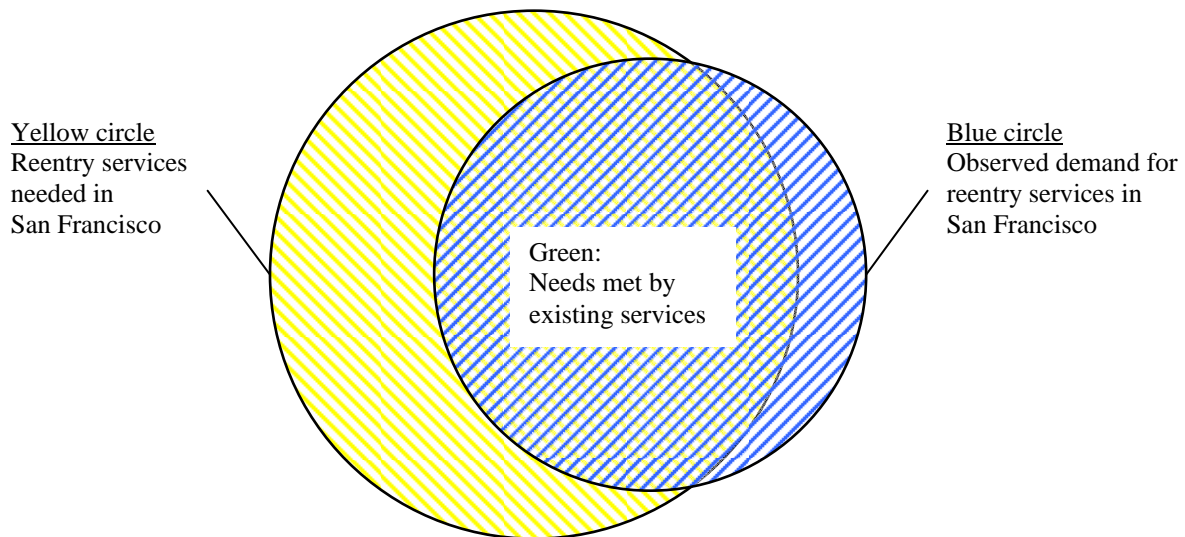
This list is not comprehensive, nor do all formerly incarcerated individuals face each of these barriers, but it is provided as a reminder of the types of obstacles that face individuals returning from prison and jail, as well as the overall reentry community.

## Need for Reentry Services is Larger than Observed Demand for Reentry Services

There are many reasons that the need for reentry services and the demand for reentry services may not be the same. These terms are not interchangeable because need for reentry services includes individuals who are ineligible for services or who are not referred to providers, but who could benefit from reentry services. Observed demand for reentry services only captures individuals of whom service providers are aware. The need for reentry services is larger than the demand that service providers observe.

The following diagram shows how the actual needs of the reentry population (yellow circle on left) and the observed demand for reentry services (blue circle on right) are different. The area of overlap shows the needs that are met by existing services, and if San Francisco's reentry services met the entire population need, the circles would overlap perfectly, leaving a single green circle. Because the current demand for reentry services is less than the true service need, the observed demand circle is smaller than the needs circle. The remaining yellow represents unmet need.<sup>4</sup>

**Figure 1: Reentry service need & demand in San Francisco**



<sup>4</sup> The remaining blue represents cases in which the service demanded is not the most appropriate to help the recipient. For example, self medicating with drugs and alcohol may indicate a mental illness, and residential drug treatment that does not address the underlying mental illness would likely fail. This use of inappropriate reentry services is shown by the blue section on the right.

There are several points in the reentry process where true need exceeds the observed demand, but the most critical reasons for this gap are:

- **Lack of information about available services** (on the part of either the former prisoner or their probation officer or parole agent). San Francisco is fortunate to have a relatively large number of service providers, but probation officers and parole agents may not be aware of all available services. Formerly incarcerated individuals are even less likely to be well informed about the relative strengths and weaknesses of these services.
- **Failure by parole agents and probation officers to provide service referrals.** Due to differences in training and philosophy, some probation officers and parole agents may reject the usefulness of certain reentry services. Individuals assigned to these probation officers and parole agents are unlikely to ever be referred to those services.
- **Ineligibility for services due to criminal history, gang affiliation, gender, immigration status, age, ongoing substance use, and other reasons.** While some programs are open to any former prisoner, many have eligibility criteria that exclude some formerly incarcerated individuals who would benefit from the service. Eligibility criteria may make the program more effective for those who are eligible, but they decrease the observed demand because many service providers do not keep statistics on ineligible or rejected applicants.
- **Lack of desire by formerly incarcerated individuals to enroll in or complete services.** For example, formerly incarcerated individuals with ongoing drug use may not recognize their drug use as a problem and therefore resist treatment. While still in need of treatment, these individuals will not enroll unless mandated to do so by the terms of their release.
- **Insufficient supply of reentry services.** Even if services were targeted perfectly to those individuals who need them, there are not enough reentry services in San Francisco to cover all of the need.

In order to more accurately and effectively target reentry services, it is important to find ways to decrease this disconnect between the observed demand and the true needs of the formerly incarcerated population. This report seeks to quantify need rather than demand.

## Defining the Reentry Population

There is no standard definition of who is included in the reentry population. Definitions range from anyone who has been arrested to only those individuals released from prison or jail within the prior year who are still under court-mandated supervision (parole or probation).<sup>5</sup>

This report focuses on the population of adults on state parole or county adult probation because these are easily defined populations that are tracked by the parole and probation systems following their release. This definition does not capture the entire reentry population in San Francisco because it includes neither individuals released from county jail who are not placed on probation nor individuals released from federal prison. This report therefore represents a lower bound for reentry service need in San Francisco.

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<sup>5</sup> Lynch and Sabol (September 2001).



## **Note Regarding Terminology**

This report generally uses either the term “former prisoner” or “formerly incarcerated person” to describe an individual who is reentering the community after having been in jail or prison. Other commonly used terms for this population are “former inmate” and “ex-offender,” but former inmate has negative connotations of mental institution inmates and ex-offender does not recognize that individuals whose charges are dropped or who are acquitted may also face many of the same barriers to reentry as individuals who were convicted and served a sentence.

## 2. “WHAT WORKS” IN REENTRY SERVICES

In recent years there has been an extensive body of literature written that documents “what works” in corrections, rehabilitation, and reentry. The “what works” literature has identified the following categories of reentry services as especially important and beneficial to helping formerly incarcerated individuals successfully transition back into their community:<sup>6</sup>

- Providing appropriate service referrals and ongoing attention through intensive case management
- Increasing skills of formerly incarcerated individuals through education and workforce development
- Increasing pro-social abilities through behavioral counseling and substance abuse treatment
- Improving health outcomes through programs to ensure continuity of care that prisoners received for physical and mental health problems while incarcerated
- Reducing homelessness and increasing safety and stability of existing housing situations
- Harm reduction strategies that emphasize the process of behavior change

### “What Works” Literature Provides Framework for Assessing Reentry Service Need

There is an extensive existing body of literature related to “what works” in community-based corrections. This body of literature is referred to as the “what works” literature as a reaction against the belief in the 1970s and 1980s that “nothing works” to reduce violent behavior and recidivism among the formerly incarcerated population. This claim arose primarily from a major meta-analysis conducted by Robert Martinson, which found that “*with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism.*”<sup>7</sup> The methodology of this study was widely criticized, but it was highly influential and contributed to the shift away from community-based corrections and toward greater emphasis on punitive incarceration.<sup>8</sup>

The “what works” movement arose in response to Martinson’s rejection of rehabilitative services, and this movement has attempted to identify and verify programs that successfully improve reentry outcomes and reduce recidivism. A key champion of this movement is Jeremy Travis, president of John Jay College of Criminal Justice, whose observation that 95% of all prisoners will eventually leave prison and return to their community has become one of the most commonly cited statistics in reentry research and policymaking. Travis frames the reentry challenge as one of trying to help formerly incarcerated individuals reintegrate into society in such a way as to remove the influences that led to criminal behavior and minimize the obstacles that incarceration and a criminal record create. The services that are most critical to facilitate successful reentry are housing, employment, community connections (including family), and health.<sup>9</sup>

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<sup>6</sup> Travis (2005).

<sup>7</sup> Martinson (1974). Italics in original.

<sup>8</sup> Farabee (2002).

<sup>9</sup> Travis (2005).

Joan Petersilia of the University of California, Irvine has applied the “what works” framework to California’s incarcerated and formerly incarcerated populations, and has found that the California prison system provides fewer treatment, education, and work opportunities for prisoners than other states with large prison populations. As compared to other large states, California also has a substantially larger parole population and higher recidivism rates, although Petersilia points out that these facts are largely artifacts of California’s unusual parole laws, rather than indicative of substantially higher levels of criminality.<sup>10</sup>

### ***Community-Based Corrections Provide Substantial Cost Savings***

Given current budget shortfalls at both the state and City levels, community-based corrections programs, including reentry services, are increasingly being asked to demonstrate that they provide positive net benefits for governments. In 2006, a cost-benefit analysis of CDCR’s community-based corrections programs found a net savings of \$21 million due to avoided days of incarceration during the three year study period.<sup>11</sup> This study compared costs of parolees who participated in community-based corrections programs as part of CDCR’s Preventing Parolee Crime Program (PPCP). Program costs included direct program expenditures, administration costs, and CDCR costs for parole supervision. Benefits were limited to the avoided expenditures of incarcerating parolees who were returned to prison for new offenses or for technical parole violations. Because this study only addressed benefits related to avoided days of incarceration, it provides a lower bound for the true benefits of the programs studied. Other benefits that could be included to create a more complete picture of the programs’ overall net benefits are the avoided cost of crimes (both societal cost and cost to victims), avoided costs of new trials, and economic benefit of parolees holding jobs instead of being incarcerated.

In 2003, a study reviewing 23 reentry programs concluded that drug rehabilitation, vocational programs, educational programs, and halfway house programs all had positive effects on reentry outcomes.<sup>12</sup> Other studies have shown that mental health programs, especially behavioral health programs, are effective in reducing recidivism.

## **CURRENT TRENDS IN REENTRY MANAGEMENT**

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The following are current national trends in how reentry services are prioritized and allocated. The risk-need framework described below focuses on assessing both the risks that a former prisoner poses to the community and their service needs. Intensive case management relies on the assumption that some formerly incarcerated individuals would benefit from greater supervision of their reentry process, and harm reduction recognizes that reentry is a process that will include some backsliding and seeks to work through setbacks without unnecessarily re-arresting the person.

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<sup>10</sup> Petersilia (2004). California is one of only two states that places almost all individuals on parole when they are released from prison. This leads to disproportionately high numbers of people on parole as compared to other states, and substantially increases the opportunity for formerly incarcerated individuals to be returned to custody for parole violations, as opposed to for new offenses.

<sup>11</sup> Zhang, Roberts, and Callanan (2006).

<sup>12</sup> Seiter and Kadela (2003).

## **Nationwide Move Toward Risk-Needs Framework for Assessing Reentry Service Needs**

The current national trend in thinking about prisoner reentry is to combine previous frameworks that focus on crime prevention, rehabilitation, and reentry facilitation into a **risk-needs framework** that takes into account public safety, needs of each formerly incarcerated person, and the impact of reentry on the overall community. In his highly influential 2005 book about reentry *But They All Come Back*, Jeremy Travis summed up the overall goal of reentry services as an interaction between crime prevention, rehabilitation, and reentry facilitation:

“For every prisoner returning home, we should ask this question, ‘What will it take to keep this prisoner from committing another crime or being the victim of a crime?’”<sup>13</sup>

This statement emphasizes both the public safety risks and reentry service needs of formerly incarcerated individuals.

Risk assessments are surveys given to prisoners in order to estimate the risk that they are likely to pose to the community following release including likelihood of committing a violent offense and overall likelihood of recidivating. While risk assessments are useful for maintaining public safety, they do not provide information regarding service needs of formerly incarcerated individuals. Increasingly, needs assessments are being conducted in conjunction with risk assessments, and this combination provides a more useful picture of how to facilitate reentry from both public safety perspective and rehabilitation perspectives.

Over the past five years, several cities and counties have undertaken studies to assess reentry service needs in a framework that looks at the person’s needs as well as at the risk the person represents to public safety.<sup>14</sup> This process was spurred by the Reentry Mapping Network founded by the Urban Institute, which provides technical assistance to local governments and nonprofit organizations to assess and map reentry service needs. In California, the Urban Strategies Council has conducted reentry service assessments and mapping projects in San Diego County and Alameda County.<sup>15</sup>

There are several commercially-available risk-needs assessments that governments can use to assess their reentry populations; these assessments are being implemented at both the state and county levels.

### ***Conduct Risk-Needs Assessments Pre-Release to Aid Transition Planning***

One critical way to facilitate the transition from services provided in prison and jail to reentry services provided following release is to conduct risk-needs assessments for each individual prior to their release from incarceration. Conducting the assessment prior to release makes effective transition planning possible, and focusing on the time of release is critical to foster successful reentry. Most new arrests of formerly incarcerated individuals occur within the six months after

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<sup>13</sup> Travis (2005), p. 114.

<sup>14</sup> Zhang, Farabee, and Roberts (2007).

<sup>15</sup> Interview with Steve Spiker, Urban Strategies Council (February 20, 2008).

release, and within that timeframe the first three days and the first two weeks are particularly important periods.<sup>16</sup>

Conducting risk-needs assessments is not enough; these assessments must be properly used in order to improve reentry outcomes and improve public safety. These assessments will not reach full effectiveness if parole and probation officers are not sufficiently trained in interpreting and implementing them or if they cannot be aggregated for purposes of overall need assessment and program evaluation.

### ***CDCR Moving From Offender-Based Reentry to Risk-Based Reentry***

California is currently moving from a corrections and rehabilitation system that is focused on each offender to a system that is focused on assessing and mitigating overall community risk levels.<sup>17</sup> As part of this transition, California has begun administering the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk assessment to all prisoners prior to their release to parole. The COMPAS risk assessment tool also has a needs assessment component that is administered to some prisoners, but limited funding led CDCR to begin by implementing the risk assessment and delayed rollout of the full risk-needs assessment. Currently, CDCR planning is that by the end of 2008 every prisoner leaving state prison and entering parole will have first received the full risk-needs assessment, however, this intention is subject to substantial budget and staffing constraints.

The transition to a risk-based framework is partly due to overcrowding of state prisons. California state prisons and other corrections facilities currently house more than 170,000 people in a prison system with official capacity of less than 100,000. Determinate sentencing limits CDCR's ability to hold high-risk offenders past their parole date, so risk assessment is used to identify those newly-released parolees who are at highest risk of violent recidivism.<sup>18</sup>

### ***Federal Bureau of Prisons to Begin Risk-Needs Assessments***

The Second Chance Act of 2007, which was signed into law on April 9, 2008, requires the federal Bureau of Prisons to begin administering risk-needs assessments to all incoming federal prisoners and use the assessments to generate skill development plans for each prisoner.<sup>19</sup> Implementation of this legislation has not begun, and it is not clear what form the assessment and skill development plan will take.

### **Emerging Strategies for Implementing the Risk-Needs Framework**

The emergence of the risk-needs framework has also led to greater emphasis on integrating the provision of reentry services into the overall way in which formerly incarcerated individuals are treated by the criminal justice system and community organizations. Intensive case management and harm reduction are two strategies used to integrate the risk-needs framework into reentry planning.

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<sup>16</sup> Travis (2005), p. 94, 112.

<sup>17</sup> Rehabilitation Strike Team (2007).

<sup>18</sup> Petersilia (2006).

<sup>19</sup> HR 1583: Second Chance Act of 2007 (2008).

### ***Intensive Case Management***

Most referrals to reentry services are done by parole and probation officers or by the former prisoner approaching the service provider directly. However, this referral and self-referral system is not the most effective way to allocate reentry resources. The first duty of parole and probation officers is to maintain public safety, and that mindset is not ideal for fostering the openness and trust necessary between a service case manager and the client. Case managers who are not also responsible for enforcing terms of probation and parole may be better able to focus on facilitating successful reentry, rather than on technical violations.

Intensive case management is most commonly used with individuals who have histories of serious or violent offenses or who have long histories of substance addiction and abuse. Also, intensive case management has been recognized as beneficial when formerly incarcerated individuals have co-occurring diagnoses such as mental illness and substance abuse.<sup>20</sup>

Case management is an effective way to bridge between services provided while individuals are incarcerated and immediately after they are released. This is a critical transition period best managed by case managers with knowledge of the newly-released individuals' history and services that the individual participate in while incarcerated.<sup>21</sup> Much of the benefit of intensive case management stems from the personal connection that the case manager fosters between service providers and service recipients. However, it is critical that formerly incarcerated individuals receive a comprehensive and objective needs assessment upon their enrollment in the case management program in order to accurately identify service needs.

### ***Harm Reduction***

While reentry service providers do not actively encourage formerly incarcerated individuals to continue committing crimes, there are services and service providers that recognize reentry as a process that will involve periods of relapse into criminal or antisocial behavior and work to reduce the harm caused by these relapses and their frequency.

The most common form of harm reduction is related to substance use/abuse, and services include safe use locations, needle exchange programs, and treatment programs that do not require participants to be clean and sober prior to enrollment or as a term of continued enrollment.

Some law enforcement agencies have historically resisted following harm reduction strategies because harm reduction recognizes that not all crimes of which the law enforcement agency is aware will be pursued for prosecution.<sup>22</sup> However, prison and jail overcrowding in California has led to a more accepting view of harm reduction because law enforcement and corrections officials must consider the best use of scarce prison and jail space. Increasingly, California parole agents are working to address low-risk former prisoners who are accused of relatively minor parole violations in the community without returning the person to custody.<sup>23</sup>

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<sup>20</sup> Osher, Steadman, and Barr (September 2002); Gudysh et al. (2005).

<sup>21</sup> Ventura et al. (1998).

<sup>22</sup> Shield (2003), p. 10.

<sup>23</sup> Interview with Philip Torda, CDCR Region II Parole (March 12, 2008).

### ***No Violence Alliance (NoVA): Combining Intensive Case Management & Harm Reduction***

A pilot program for the No Violence Alliance (NoVA) was initially authorized in 2006 to provide voluntary intensive case management for 100 serious/violent individuals upon their release from incarceration. NoVA uses case managers to create personal service plans for each participant. Case managers connect participants with service providers and maintain contact with participants in order to monitor progress and provide assistance when a participant backslides into criminal activity or other problem behaviors.<sup>24</sup>

One key feature of NoVA is that the funding for each individual is not tied to a particular service provider, but can instead be used for a wide variety of services or other needs, at the discretion of the case manager. Because the money follows the participant, rather than being tied to a pre-determined service provider, case managers can respond quickly to new opportunities or needs of individual participants.

Another important aspect of NoVA is the recognition that reentry is a process, and that some participants may backslide along the way. If a participant is rearrested, their enrollment in NoVA is not discontinued, and the case manager continues to work with the individual during incarceration and after their subsequent release.

As of March 2008, NoVA's maximum capacity was 250 participants, and it had 193 participants at that time. The number of participants was increasing, and the Sheriff's Department expected to reach full capacity.<sup>25</sup>

While NoVA includes promising aspects described above, it has faced substantial hurdles, including the following:<sup>26</sup>

- Lack of transparency in the eligibility and selection process
- Lack of reliable ongoing local funding – this is also a limitation for expanding NoVA beyond its current capacity
- Case management database that does not allow easy tracking and evaluation of participants' involvement in reentry service programs
- Failure to track individuals who drop out of NoVA for purposes of comparison
- Lack of consistent case manager training

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<sup>24</sup> Hennessey (April 2007), p. 19.

<sup>25</sup> Presentation by Senior Deputy Ron Terry to Safe Communities Reentry Council (March 28, 2008).

<sup>26</sup> LaFrance Associates (October 2007); Presentation by Senior Deputy Ron Terry to Safe Communities Reentry Council (March 28, 2008).

### 3. PROVISION OF SAN FRANCISCO REENTRY SERVICES

#### **Resource Guide for Reentry Services in San Francisco**

The 2007-2008 edition of “Getting Out & Staying Out: A Guide to San Francisco Resources for People Leaving Jails and Prisons” is the most comprehensive list of the services available in San Francisco for formerly incarcerated individuals.<sup>27</sup> While the resource guide does not specify maximum capacity for most service providers, it could be a useful starting point for conducting an analysis of the city-wide supply of various reentry services. The resource guide provides descriptions and contact information for the following categories of services and service providers:

- Identification and benefits
- Housing
- Education
- Employment
- Wellness
  - Physical health
  - Free medical services
  - Meals and food pantries
  - Behavioral and emotional health
- Legal
- Families and children

The resource guide was written by staff of the Safe Communities Reentry Council and the San Francisco Reentry Council, which worked with a wide array of formerly incarcerated individuals, City departments, Region II Parole, and community based organizations. The guide will be updated regularly.

#### **Proposed Coordinated Reentry Council**

Presently, San Francisco has two councils that address issues relating to reentry. The Safe Communities Reentry Council meets monthly, and was founded in 2005 as a collaborative council co-chaired by Public Defender Jeff Adachi and Supervisor Ross Mirkarimi.<sup>28</sup> The San Francisco Reentry Council meets approximately twice annually, and is co-chaired by District Attorney Kamala D. Harris and Sheriff Michael Hennessey.<sup>29</sup> As noted above, the two existing councils have collaborated on efforts including the resource guide “Getting Out & Staying Out: A Guide to San Francisco Resources for People Leaving Jails and Prisons.”

On April 22, 2008, Supervisor Ross Mirkarimi introduced legislation to the Board of Supervisors to create a coordinated reentry council that will coordinate the City’s reentry efforts and provide

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<sup>27</sup> The resource guide does not catalogue all social services available in San Francisco, but rather those that have a substantial commitment to serving formerly incarcerated individuals.

<sup>28</sup> Safe Community Reentry Council website (accessed April 2008).

<sup>29</sup> San Francisco Reentry Council website (accessed April 2008).



a city-wide framework for future reentry efforts. This coordinated council will combine the efforts of the two existing reentry councils.<sup>30</sup>

## **Connecting Formerly Incarcerated Individuals to Services at the Time of Release**

Focusing on the time of release is critical to fostering successful reentry. Most re-arrests occur within the six months after release, and within that timeframe the first three days and the first two weeks are particularly important periods.<sup>31</sup>

Newly-released individuals returning to San Francisco from prison and jail are given the chance to connect with service providers at the following regularly scheduled meetings:

### ***Parole – PACT Meetings***

PACT (Police and Corrections Team<sup>32</sup>) meetings are held every Wednesday in San Francisco and attendance is mandatory for all individuals released to state parole during the previous week. At PACT meetings, service providers inform newly released parolees of available programs and services. Parolees are required to sign up for at least two programs or services, and the information regarding which services parolees signed up for is passed along to parole agents.

While the PACT meetings provide an opportunity for parolees to connect directly with service providers, there is no institutionalized mechanism for following up on the contacts between parolees and service providers that are made at those meetings.

I attended the March 19, 2008 PACT meeting, at which 27 parolees were present, and representatives from 14 service providers made presentations. Meeting coordinator Clare Bautista of the Northern California Service League said the number of service providers had been increasing in recent months.<sup>33</sup>

### ***Probation – Daily Orientations***

In early 2008, the San Francisco Sheriff's Department and Adult Probation Department began a daily orientation session for individuals released from county jails at which probationers are informed of available reentry services. These orientations are not mandatory and are not as formalized as the PACT meetings, and are open to individuals with set release dates including those who have reached the end of their jail term and those being released early to County Parole.

## **Role of Parole & Probation in Determining Reentry Service Demand**

For individuals on parole or probation, the primary avenue for referral to reentry services is through the parole agent of probation officer.<sup>34</sup> These parole agents and probation officers are also responsible for ensuring that formerly incarcerated individuals meet the terms of their

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<sup>30</sup> Board of Supervisors (April 22, 2008). This legislation has not yet been passed by the Board of Supervisors as of the writing of this report.

<sup>31</sup> Travis (2005), p. 94, 112.

<sup>32</sup> Acronym also defined as the Police and Community Team.

<sup>33</sup> Author's notes from PACT meeting (March 19, 2008).

<sup>34</sup> Please see Chapter 1 of this report for a discussion regarding the differences between need for reentry services and demand for reentry services.

release and for revoking release if necessary. The primary responsibility of parole agents and probation officers is maintaining public safety, not providing service referrals or ensuring that former prisoners participate in the services to which they are referred.

### ***Role of Parole Agents in Determining Reentry Service Demand***

Formerly incarcerated individuals returning to San Francisco from state prison are assigned to a parole agent who is responsible for both ensuring that parolees abide by the terms of their release and facilitating parolees' reentry. Referral to services is usually provided by parole agents who have personal knowledge of both their parolees and the locally available reentry service providers. While this has the potential to create highly personalized reentry plans, it also creates potential for substantial variation in service referral based on the parole officer assigned. Parole officers may not be aware of all possible services or may not be able to fully judge the service needs of parolees under their control. The average case load for parole agents in California is 70 parolees per agent, but some caseloads exceed 100 parolees per agent.<sup>35</sup>

### ***Role of Probation Officers in Determining Reentry Service Demand***

Adults who are sentenced to probation in San Francisco are assigned to a probation officer within the Adult Probation Department. Probationers are assigned to probation officers based partly on the probationers' criminal and demographic history, including known gang affiliations, domestic violence, sex offender status, DUI conviction, homelessness, age (18-25 year olds), mental illness diagnosis, geographic location, participation in drug diversion programs. While these specialize caseloads likely improve probation officers' familiarity with available services that directly pertain to their overall caseload, it is unclear whether this categorization leads probation officers to be less informed about services more directly related to other types caseload types. If this is the case, the caseload specialization may lead to systematic under-referral of probationers to services outside the specialty of the probation officer.

Until the November 2007 implementation of the CAIS risk-needs assessment, service needs among the probation population were identified on a case-by-case basis by those probation officers who assessed the needs of individuals under their supervision. Probation officers then referred probationers to specific service providers or recommended types of services. There was no systematic process for probation officers to report the service needs they documented among their assigned probationers, so any aggregate data was incomplete and unlikely to be representative of the full population needs. Additionally, only individuals placed on probation when they were released from jail had the benefit of a probation officer's knowledge and connections to service providers. This excluded individuals who served their terms and were released without probation, as well as those found guilty but not sentenced to further jail time or probation.

## **NEW POLICIES & RESOURCES**

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The following major policy changes are scheduled for implementation within the next year or have already begun implementation but have not been fully integrated into policymaking and data use systems. These potential changes are noted here because they will have a substantial impact on San Francisco's reentry population and on future resources for reentry planning and

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<sup>35</sup> Rehabilitation Strike Team (2007).

services. That so many factors are currently in flux highlights the importance of updating this needs assessment annually.

## **San Francisco**

### ***CAIS Risk-Needs Assessment of San Francisco Probation Population***

San Francisco Adult Probation Department (APD) has recently begun administering the Correctional Assessment and Intervention System (CAIS) created by the National Council on Crime and Delinquency. From November 2007 through March 2008, APD administered 1,524 CAIS risk-needs assessments. Each assessment takes approximately one hour, and the results are available immediately after they are entered into the web-based data collection system.

Going forward, these assessments will primarily be conducted at the time presentence reports are written for each individual. APD is now administering CAIS to individuals already on probation, but the process of administering CAIS to the current probation population is progressing slowly.<sup>36</sup> Prior to the implementation of the CAIS instrument, service needs were identified on a case-by-case basis by those probation officers who make an effort to assess the needs of individuals under their supervision. Probation officers then referred probationers to specific service providers or recommended types of services.

CAIS is designed to identify risk level, needs, and strengths of formerly incarcerated individuals and guide probation officers and parole agents to choose the most appropriate plan for integrating supervision with reentry services.<sup>37</sup> While APD is currently using CAIS to create a more detailed and accurate picture of each probationer's reentry service need and risk to the community, APD is not using the CAIS typology for assigning individuals to a level of supervision based on their risk-needs profile. APD assigns probationers to specific probation officers based on observable characteristics such as type of controlling offense, homelessness, gang affiliation, and geographical location.

### **Limitations of CAIS**

The CAIS risk-needs assessment is a highly respected assessment used in many jurisdictions nationwide, but it is not sufficient to create a reentry plan for each probationer. The primary limitation of CAIS as a needs assessment tool is that the recommended service referrals are tailored to one of five general risk-needs categories, rather than providing referrals specific to each individual. The referrals are too generic to facilitate an individual needs profile without further interviewing and assessment. The service referrals are not customized to reflect the available services and programs in San Francisco, and do not attempt to gauge the probationer's eligibility for those services. At best, these referral recommendations provide a starting point for further investigation, but they do not create a personalized referral plan for each person.<sup>38</sup>

### ***JUSTIS (Justice Information Tracking System)***

Since 1997, the City has been trying to implement a new data sharing system called JUSTIS (Justice Information Tracking System). This system was supposed to be implemented within 3

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<sup>36</sup> Interview with Patrick Boyd, Adult Probation Department (April 4, 2008).

<sup>37</sup> National Center for Crime and Delinquency (2007).

<sup>38</sup> Review of CAIS reports obtained from Adult Probation Department (April 2008).

years, but is still bogged down and has not been implemented. Once JUSTIS is up and running, it will integrate data from Adult Probation Department, District Attorney's Office, Police Department, Public Defender's Office, Sheriff's Department, Juvenile Probation Department, Mayor's Office of Criminal Justice, and Department on the Status of Women.<sup>39</sup>

While JUSTIS has been delayed for several years, implementation is scheduled to be completed by the end of 2008. Despite indications from several departments that the department-level pieces of JUSTIS will be ready to implement and integrate by the end of 2008, there is little confidence within these departments that the infrastructure to integrate the departmental systems into a city-wide system will be ready this year.

### **Limitations of JUSTIS**

Even if the JUSTIS information sharing system succeeds in linking information systems in all San Francisco criminal justice departments, there will still be substantial limitations on the analysis that can be conducted regarding need for reentry services and the existing capacity of those services. The following problems will not be fixed by the JUSTIS system:

- Paper-based records
- Lack of funding for time and staff to conduct data entry
- Overloaded case officers
- Lack of incentive for case officers to enter data
- Case-based tracking systems rather than individual-based tracking
- Lack of compatibility with data from CDCR and the case management system (CMS) used by the courts

### **Community Justice Center**

In 2007, Mayor Gavin Newsom and District Attorney Kamala D. Harris proposed creation of a Community Justice Center as an additional alternative to formal trial for low-level offenders and focus on connecting individuals to appropriate services in order to address underlying issues.<sup>40</sup> While it has not yet been created, if it is fully implemented, the Community Justice Center will likely alter the demographics of probationers in San Francisco and may change the reentry service needs of that population. This is one of the reasons it is critical to regularly reassess the need for reentry services.

### **California: AB 900 Implementation**

In 2007, the California legislature passed the Public Safety and Offender Rehabilitation Services Act, commonly known as AB 900. This law requires extensive changes to corrections and rehabilitation in California. Among the provisions of AB 900 that are directly relevant to the need for reentry services are:<sup>41</sup>

- **Secure reentry facilities:** AB 900 allows for creation of secure reentry facilities designed to house prisoners who will be released within 12 months. These facilities are intended to improve transition planning and target services to those individuals who will be released

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<sup>39</sup> San Francisco Budget Analyst (October 2007), Chapter 3.

<sup>40</sup> MOCJ (2007).

<sup>41</sup> Governor's Budget Summary 2008-09 (2008).

soon. San Francisco is one of at least 19 counties that have begun the process to create a secure reentry facility.<sup>42</sup>

- **Risk-needs assessment of all prisoners:** AB 900 requires that CDCR administer a risk-needs assessment to all prisoners in order to improve service placements in prisons and aid reentry planning. This assessment is required to include assessments of history of substance abuse, medical and mental health, education, family background, criminal activities, and social functioning. The COMPAS risk-needs assessment described below is intended to fill this requirement, but has not been fully implemented as of May 2008.
- **Increased capacity for services and treatment programs in prisons:** If fully implemented, AB 900 would substantially increase the capacity of state prisons to provide services to prisoners including education, vocational training, counseling, substance abuse treatment, and health care.

### ***COMPAS Risk-Needs Assessment***

As of May 2008, CDCR had begun to administer the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk-needs assessment to prisoners prior to their release and transfer to parole. All prisoners are now being given the risk assessment portion of COMPAS which attempts to identify individuals with a high risk of violent behavior, however, the needs assessment is not yet administered to all prisoners. The needs assessment is being administered in some CDCR reception centers, and is currently being expanded to more reception centers as well as to some prisons. Full implementation for all prisoners is likely one to two years away.<sup>43</sup>

The results of the COMPAS needs assessment are given to the prisoner prior to release and to the parole agent in the receiving county. COMPAS provides an assessment of the individual's level of need for various services including substance abuse treatment, education, and employment.<sup>44</sup>

### **Federal: Second Chance Act of 2007**

On April 9, 2008, the Second Chance Act was signed into law, creating substantial new opportunities for federally-funded local reentry programs. This law funds new grants of up to \$500,000 for state and local governments to create and expand in-custody and post-release services including drug treatment, mentoring, drug courts, education, mental health, vocational training, and family treatment programs for the children of incarcerated parents.<sup>45</sup> Second Chance Act grants can fund up to 50% of a given program. Local governments are also encouraged to use pre-release planning through risk-need assessment tools and effective case management to aid transitions from incarceration to reentry.

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<sup>42</sup> CDCR (February 2008).

<sup>43</sup> Interview with Philip Torda, CDCR Region II Parole (March 12, 2008); interview with Jay Atkinson, CDCR (April 17, 2008).

<sup>44</sup> Brennan, Dietrich, and Ehret (September 2007).

<sup>45</sup> Congressional Research Service (November 13, 2007).

The desired performance outcomes specifically cited in the Second Chance Act are:

- Reduction in recidivism rates
- Reduction in crime
- Increased employment and education opportunities for formerly incarcerated individuals
- Reduction in violations of conditions of supervised release
- Increased payment of child support by formerly incarcerated individuals
- Increased housing opportunities for formerly incarcerated individuals
- Reduction in drug and alcohol abuse by formerly incarcerated individuals
- Increased participation in substance abuse and mental health services by formerly incarcerated individuals
- Other performance outcomes that increase the success rates of offenders who transition from prison, jails, or juvenile facilities<sup>46</sup>

In order to be eligible for grants through the Second Chance Act, local governments must create a five-year strategic reentry plan that describes how reentry programs will be implemented and evaluated.<sup>47</sup> The strong focus on evidence-based programs and measurable outcomes emphasizes the importance of conducting annual assessments of the reentry service need. This assessment is a necessary first step toward effective evaluation of current and future reentry programs.

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<sup>46</sup> HR 1583: Second Chance Act of 2007 (2008).

<sup>47</sup> HR 1583: Second Chance Act of 2007 (2008).

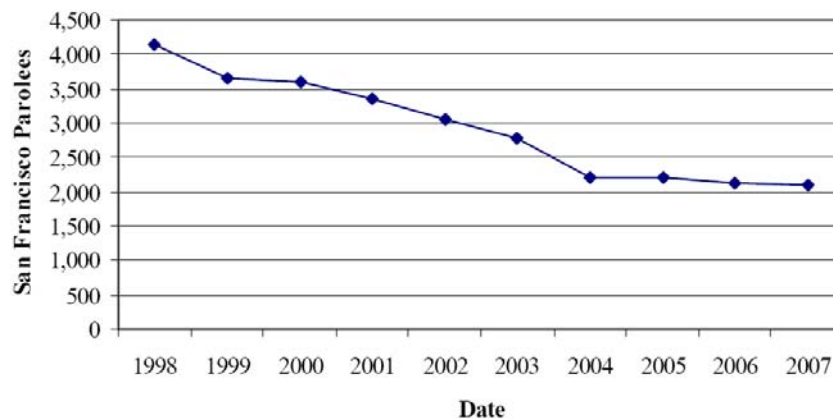
## 4. PROFILE OF SAN FRANCISCO'S FORMERLY INCARCERATED INDIVIDUALS

### San Francisco State Prison & Parole Population

As of March 2008, San Francisco had 2,084 people on parole. Of those individuals, 298 (14.3%) had absconded from parole and 382 (18.3%) had been returned to custody (either on a parole violation or awaiting a trial for a new charge). Therefore San Francisco has 1,404 who have not absconded from parole or been returned to custody.<sup>48</sup>

The number of individuals released to San Francisco on state parole has stayed quite stable since 2004, but declined by 49.4% from December 1998 through December 2007:

Figure 2: San Francisco State Parole Population



Over the past 20 years, the population on adult parole in California has shifted substantially toward individuals found guilty of felonies and away from individuals found guilty of misdemeanors. This shift from individuals convicted of misdemeanors to felonies, was largely due to changes in sentencing standards.<sup>49</sup>

There is not a publicly available assessment of the reentry service needs of individuals who return to San Francisco from state prison. Demographic data is available for 2003 and earlier, but this dataset does not include direct assessments of service need or adequate proxies for reentry service need.<sup>50</sup>

<sup>48</sup> CDCR Data Analysis Unit (April 3, 2008).

<sup>49</sup> Nieto (September 2003), p. 28.

<sup>50</sup> More recent data is available from CDCR through an extensive request process. The coordinated reentry council will coordinate regular data requests with CDCR.

## San Francisco County Jail & Probation Population

### **Jail Population**

There are approximately 55,000 bookings into San Francisco county jails each year, with an average daily population of between 2,100 and 2,200 people.<sup>51</sup> Of this population, approximately 25% are currently serving jail sentences, and the other 75% have not yet been sentenced.<sup>52</sup> When public safety concerns allow, individuals sentenced to time in county jail are released on work programs, electronic home detention, or county parole instead of serving their entire sentence in jail. This means that individuals who serve their sentences in jail tend to present a public safety concern that prevents them from serving their sentence in the community.<sup>53</sup>

The maximum sentence given to individuals who will be held in county jail is 12 months under most circumstances, and the median stay in jail is 4 days, with a 25<sup>th</sup> to 75<sup>th</sup> percentile range of three days to eight days.<sup>54</sup> As of March 2008, 8.4% of people incarcerated in San Francisco jails had been there more than one year. Of the 177 individuals who had been in jail for more than one year, 50 had been in jail for two years or more.<sup>55</sup>

As is true for most jail systems in the United States, information about the San Francisco jail population is incomplete and does not provide sufficient information to easily create a profile of city-wide service need. For example, the Sheriff's Department does not consistently connect information on ethnicity or even gender with booking charges, and current assessment procedures do not specifically attempt to collect information about service needs.<sup>56</sup>

### **Probation**

As of March 2008, the Adult Probation Department (APD) was responsible for supervising 7,444 individuals, and each probationer was supervised by one of the following APD units:<sup>57</sup>

**Table 2: Adult Probation Department Caseloads**

APD Unit	Number of Probationers Supervised by Unit
Limited Supervision (Banked)	1,282
General Supervision	2,880
DUI/DDP	658
Homeless Outreach	355
Proposition 36	136
Drug Court	252
Drug Diversion	183
18 to 25 Year Olds	442
Intensive Services Unit – Mental Health	148

<sup>51</sup> This average daily population exceeds the total rated capacity of the jails.

<sup>52</sup> Civil Grand Jury for the City and County of San Francisco (2006).

<sup>53</sup> Presentation by Sheriff Michael Hennessey to the Board of Supervisors (April 16, 2008). Based on a March 25, 2008 snapshot of the jail population.

<sup>54</sup> McNiel, Binder, and Robinson (2005).

<sup>55</sup> Presentation by Sheriff Michael Hennessey to the Board of Supervisors (April 16, 2008). Based on a March 25, 2008 snapshot of the jail population.

<sup>56</sup> San Francisco Office of the Legislative Analyst (2003).

<sup>57</sup> Adult Probation Department (April 4, 2008). Includes caseloads for each probation officer; last updated March 24, 2008.



APD Unit	Number of Probationers Supervised by Unit
Intensive Services Unit – Hispanic Gangs	74
Intensive Services Unit – African American Gangs	65
Intensive Services Unit – Western Addition	65
Intensive Services Unit – Drug Abatement	88
Sex Offender Unit	125
Domestic Violence Unit A	382
Domestic Violence Unit B	309
<b>TOTAL</b>	<b>7,444</b>

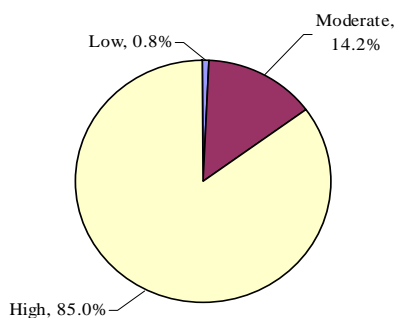
Some probationers have received multiple probation sentences that run concurrent, and in these cases, a single probation officer is responsible for supervising the individual. In general, the probationer will be supervised by the appropriate unit for the more severe of the two offenses for which probation was ordered.<sup>58</sup>

### **CAIS Risk-Needs Results for San Francisco Probationers**

From November 2007 through March 2008, the Adult Probation Department (APD) conducted 1,524 risk-needs assessments of adults assigned to probation in San Francisco and is in the process of administering the assessment to all adult probationers.<sup>59</sup>

On average, San Francisco’s probationers have substantially higher risk of recidivism than those in most counties that have implemented CAIS. One contributing factor to San Francisco’s large proportion of probationers with high risk of recidivism is that many non-serious/non-violent offenses are handled by pretrial diversion programs or other community justice programs that do not result in probation. The following chart shows the percentage of San Francisco’s probation population determined to have high, medium, and low risk of committing subsequent offenses:<sup>60</sup>

**Figure 3: Recidivism Risk Level of San Francisco Probationers**



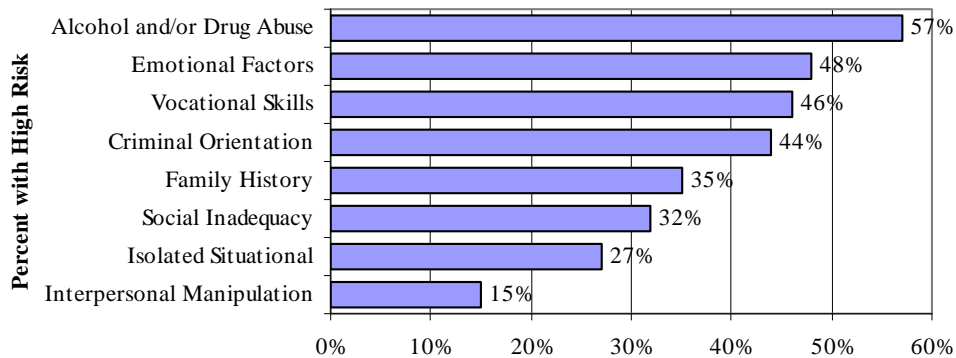
<sup>58</sup> Interview with Patrick Boyd and Ernest Mendieta, Adult Probation Department (April 4, 2008).

<sup>59</sup> See Chapter 3 of this report for an introduction to CAIS.

<sup>60</sup> CAIS (2008). The risk level represents the likelihood that the individual will commit subsequent offenses. Nationwide, 45-55% of individuals determined to be high risk are returned to custody for either a parole/probation violation or a new felony conviction within 24 months.

In addition to measuring risk of recidivism, CAIS rates each individual on eight scales that measure factors that can be either barriers to reentry or strengths that aid in successful reentry. This is the needs aspect of the CAIS assessment. The following chart shows the categories of barriers to reentry measured by CAIS, and the percentage of San Francisco probationers who were ranked as high need on each of the various categories:<sup>61</sup>

**Figure 4: Percent of San Francisco Probationers with High Service Needs**



These categories do not directly translate into service need because only individuals who scored as having a high barrier to reentry in each category are included in these percentages. In many cases, people with a moderate barrier to successful reentry may even be better equipped to benefit from reentry services than people with higher barriers.

## DEMOGRAPHIC CHARACTERISTICS OF PAROLEES & PROBATIONERS

The following section gives a demographic breakdown of the jail, prison, probation, and parole populations in San Francisco and individuals who will return to San Francisco following release. Demographics do not necessarily drive or predict service needs; however, they provide useful information that can help find the most useful services within the broad categories of need.<sup>62</sup>

### Gender<sup>63</sup>

As with most cities, San Francisco's incarcerated and formerly incarcerated populations are predominantly male. As of April 2008, 86.9% of individuals in San Francisco jails were male and 13.1% were female.<sup>64</sup> As of December 2007, San Francisco's parole population was 93.6% male and 6.4% female.<sup>65</sup> For both San Francisco's jail and parole populations, the percentage of men has risen slightly over the past few years.<sup>66</sup>

<sup>61</sup> This chart likely under-represents actual service need because probationers with moderate need may also benefit from reentry services in that category.

<sup>62</sup> The data from which this chapter was compiled is listed in more complete form in Appendix B. Because this profile was drawn from a wide range of data sources and studies, more detail and depth is available about some demographic characteristics than others.

<sup>63</sup> While individuals may identify as neither male nor female, most criminal justice surveys do not offer categories such as transgender.

<sup>64</sup> Based on an April 6, 2008 snapshot of the jail population conducted by the Sheriff's Department.

<sup>65</sup> CDCR (2008).

<sup>66</sup> McNeil, Binder, and Robinson (2005); NCRP (2003).

Recent studies have found the following results comparing women and men in the correctional system:

- Women incarcerated in San Francisco county jails were substantially more likely to be African American than men. As of April 2008, 67% of women in San Francisco jails were African American, compared to 56% of men.<sup>67</sup>
- A national study of people in state prisons, county jails, and on probation found that women were approximately 50% more likely to have been diagnosed with a mental illness than were men.<sup>68</sup> Women were more than twice as likely to have had a major depressive episode.<sup>69</sup>
- Much of the increase in incarceration for drug-related offenses in California has been due to increased incarceration of women for drug-related offenses.<sup>70</sup>

Gender is an important consideration for determining reentry service need because formerly incarcerated women tend to have more dependants to care for including children and elderly parents than do formerly incarcerated men. Additionally, women who have been incarcerated are more likely to have been victims of sexual assault or other abuse than are women who have not been incarcerated.<sup>71</sup>

A substantial number of reentry services including inpatient treatment, some outpatient treatment, and some group therapy are restricted by gender. Reflecting the substantially larger male reentry population, these services are predominantly available for men.

### ***Gender-Specific Services Currently Available***

The Sheriff's Department operates the Women's Reentry Center, which provides a wide range of services targeted at women returning from jail. Domestic violence shelters also serve as reentry service providers because formerly incarcerated women have often also been victims of domestic violence.

### **Race & Ethnicity**

San Francisco incarcerates African-Americans at a substantially higher rate than other racial groups, leading to overrepresentation of African-Americans in the parole and probation populations. As compared to the overall San Francisco population, Asians and non-Hispanic whites are underrepresented in San Francisco's parole and probation populations. The following table gives a racial breakdown of San Francisco county jails, San Francisco parolees, and overall San Francisco population:<sup>72</sup>

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<sup>67</sup> Based on an April 6, 2008 snapshot of the jail population conducted by the Sheriff's Department.

<sup>68</sup> Ditton (1999).

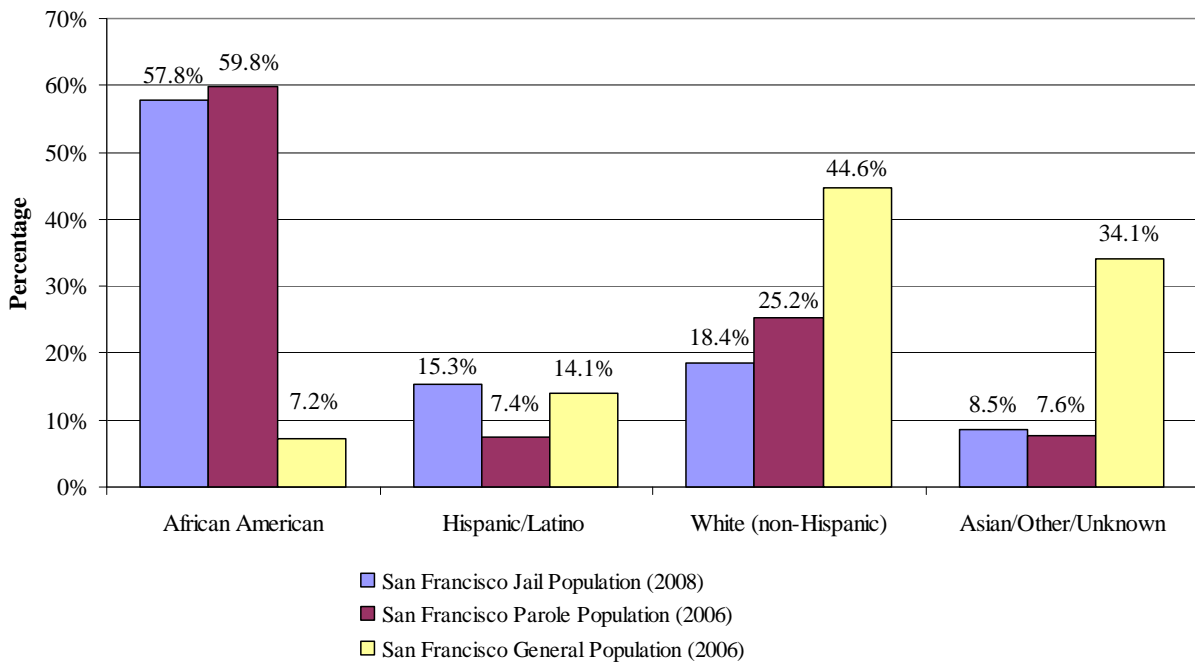
<sup>69</sup> National GAINS Center (September 2002).

<sup>70</sup> Petersilia (2006), p. 48.

<sup>71</sup> Ditton (1999).

<sup>72</sup> Based on an April 6, 2008 snapshot of the jail population conducted by the Sheriff's Department; CDCR Data Analysis Unit (February 2008); U.S. Census Bureau (2006).

**Figure 5: Race/Ethnicity of San Francisco Jail & Parole Populations**



## Immigration Status

While many social services in San Francisco are open to individuals regardless of immigration status, undocumented immigrants may have difficulty meeting identification requirements and are not eligible for many federal benefits and programs.

There is not enough information to determine how immigration status affects the needs of San Francisco’s reentry population because questions about immigration status and country of origin on available surveys are generally left blank for individuals in San Francisco. It is unclear whether this is a policy decision or whether it is simply a chance limitation of the available data, but San Francisco has a Sanctuary City Ordinance policy that restricts reporting of individuals to federal authorities for immigration violations.

## Age

Age is an important consideration in policymaking for reentry because older former prisoners are more likely to have extensive health problems, but are less likely to recidivate than younger former prisoners.<sup>73</sup> Additionally, young adults (18-25 years old) are often supervised separately from other recently released adults. For example, the Adult Probation Department has probation officers specifically assigned caseloads of probationers age 18-25.<sup>74</sup>

The average age of California state prisoners has increased substantially over the past 20 years,<sup>75</sup> and 23% of California parolees are at least 45 years old.<sup>76</sup> The average age of state parolees

<sup>73</sup> Vitiello and Kelso (2004).

<sup>74</sup> Adult Probation Department (April 4, 2008).

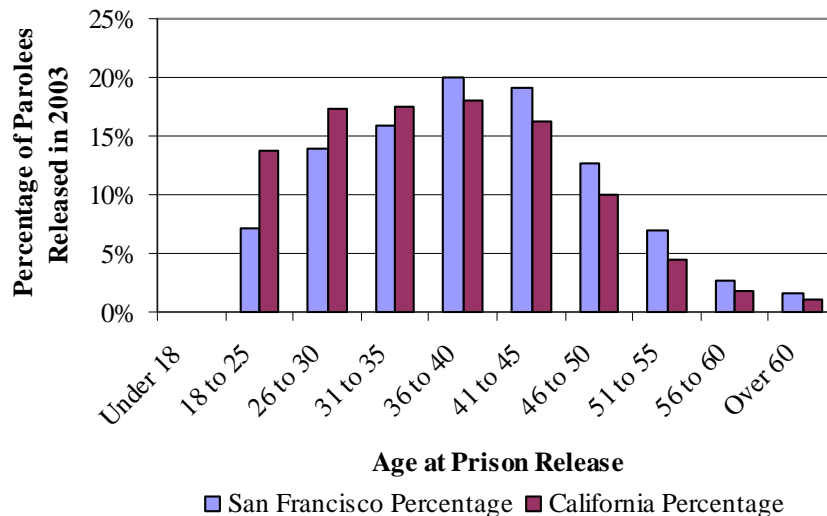
<sup>75</sup> Petersilia (2006).

<sup>76</sup> CDCR Data Analysis Unit (February 2008).

released to San Francisco is 38.6 years, which is 1.5 years older than the statewide average age for parolees.<sup>77</sup> The average age for individuals entering San Francisco county jails is 33.9 years.<sup>78</sup>

The following chart compares individuals paroled to San Francisco to all former prisoners paroled in California in 2003:

**Figure 6: Age at Prison Release (of 2003 Parolees)**



As the reentry population ages in upcoming years, age will likely become an increasingly important factor in service need.

### Type of Offense Charged or Convicted

The type of offense of which individuals were convicted provides useful information about their potential service need, as well as highlighting potential barriers to reentry. The most common categories into which offenses are divided are violent offenses, drug offenses, property offenses, and other offenses.

People who have been convicted of a violent offense are not eligible for many reentry services due to the perception that these individuals pose higher risks for program staff and other program participants. Residential programs are particularly disinclined to enroll people who have been convicted of a serious/violent offense.<sup>79</sup> In 2006, 23.3% of individuals paroled to San Francisco were considered serious violent offenders.<sup>80</sup>

<sup>77</sup> NCRP (2003).

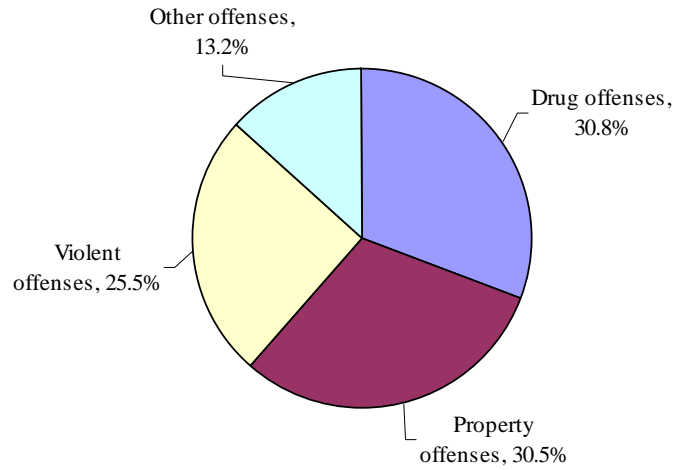
<sup>78</sup> McNeil, Binder, and Robinson (2005).

<sup>79</sup> Most residential services either exclude people who have been convicted of a serious/violent offense, but some conduct case-by-case assessments of whether to accept these individuals. Formerly incarcerated individuals whose history of violence was several years prior or who have successfully completed other reentry service programs are somewhat more likely to be admitted to more intensive programs. Based on interview with Rudy Aguilar, San Francisco Department of Human Resources (March 14, 2008); Resource Guide (2007).

<sup>80</sup> CDCR Data Analysis Unit (2007).

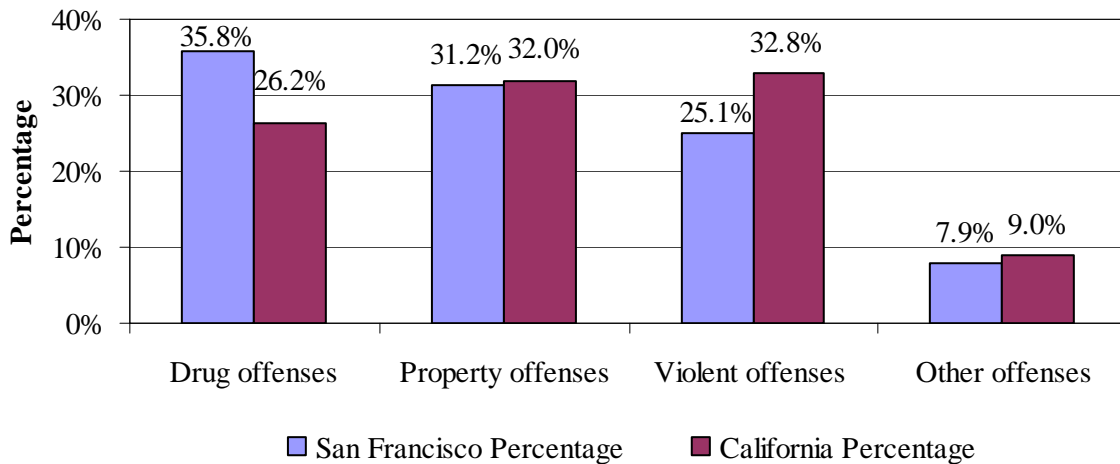
The following chart provides a categorical breakdown of the controlling offense for all parolees in San Francisco in 2007:<sup>81</sup>

**Figure 7: Controlling Offense of San Francisco Parolees (2007)**



The categorical breakdown of controlling offenses has held relatively steady from 2003 to 2007. The following chart compares the controlling offenses of San Francisco parolees in 2003 and all California parolees in 2003:<sup>82</sup>

**Figure 8: Controlling Offense of Parolees (2003)**



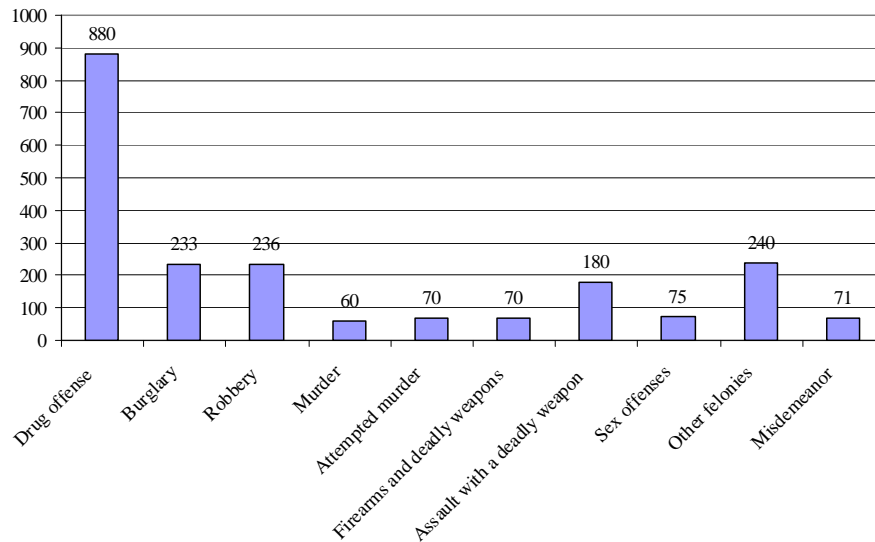
On March 25, 2008, the Sheriff’s Department conducted a one-day census of the jail population, and the following chart shows the controlling offenses of all 2,115 people in jail on that day,

<sup>81</sup> CDCR Website (2008).

<sup>82</sup> NCRP (2003).

regardless of whether they had already been convicted or were awaiting trial. Of those 2,115 individuals in jail, 41.6% had a controlling offense relating to drugs, 21.5% had a controlling offense involving violence, 22.2% had a controlling offense of property crime, and 14.7% had a controlling offense of a misdemeanor or an uncategorized felony.<sup>83</sup>

**Figure 9: San Francisco Jail Population by Controlling Offense Category (as of 3/25/2008)**



### **Sex Offender Registrants**

Of the California parole population, 7.7% (9,771 parolees) are required to register as sex offenders.<sup>84</sup> Registered sex offenders are ineligible for many residential programs, including most residential drug treatment programs. Additionally, individuals required to register as sex offenders tend to face substantial barriers trying to gain access to employment and may have more restrictive terms of parole than others who were convicted of violent offenses. While some services providers may allow case-by-case approval of individuals required to register as sex offenders, this population generally has less access to reentry services than other formerly incarcerated individuals. Of those parolees registered as sex offenders, 99.1% are male, compared with 88.9% of California’s overall parole population.

If San Francisco’s percentage of sex offenders among the parole population is similar to that of the statewide parole population, this would mean that San Francisco has approximately 104 parolees required to register as sex offenders.<sup>85</sup>

### **Return to Custody**

Approximately 40% of people entering San Francisco county jails have previous arrests in San Francisco.<sup>86</sup> Of the parolees who were released to San Francisco in 2006, only 19.6% were on

<sup>83</sup> Based on a March 25, 2008 snapshot of the jail population conducted by the Sheriff’s Department. Note, these represent aggregated categories, rather than specific offenses.

<sup>84</sup> CDCR Data Analysis Unit, “Parole Census Data as of December 31, 2007,” February 2008.

<sup>85</sup> Author’s calculation based on CDCR Data Analysis Unit (February 2008).

<sup>86</sup> Civil Grand Jury for the City and County of San Francisco (2006).

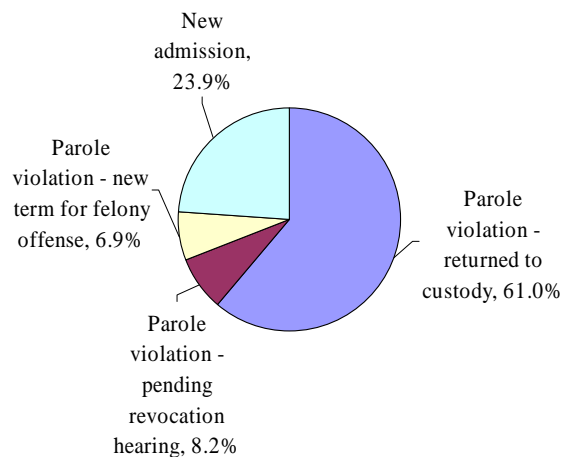
parole for the first time, and 70% of California state parolees are rearrested within three years of their release from prison.<sup>87</sup>

Revoking parole or probation instead of pursuing a trial for the new offense is common because returning a person to custody on a parole or probation violation is less expensive and requires a lower burden of proof than a trial to convict for a new criminal offense. However, sentences for parole violations tend to be shorter than sentences for new offenses, and parole revocations mean many parolees are returned to prison or jail for brief sentences and are then re-released. Of parolees returned to custody for administrative violations in 2004, 46.8% served three months or less in prison.<sup>88</sup>

While these periods of reincarceration following a parole revocation commonly last only a few months, they cause substantial setbacks to successful reentry. Relationships, jobs, housing, government benefit programs are all likely to be disrupted, even if the period of reincarceration is relatively short. Additionally, most service providers will not hold open a program slot when a client is returned to custody. While longer periods of incarceration have been shown to have more pronounced psychological effects,<sup>89</sup> even short periods of incarceration threaten to erase progress that had been made.

Most parolees returning to San Francisco were on parole when they were most recently arrested or picked up for a parole violation. Of parolees returning to San Francisco in 2006, 76% were on parole prior to being sent to prison for the most recent time. This includes individuals who were returned to custody on parole violations, were returned to custody for new offenses, and individuals who were returned to custody pending parole revocation hearings:<sup>90</sup>

**Figure 10: Status of San Francisco Parolees Prior to Release from Prison (2006)**



<sup>87</sup> Petersilia (2006); CDCR Annual Report (2006).

<sup>88</sup> Rehabilitation Strike Team (2007), p. 78.

<sup>89</sup> Gowan (2002).

<sup>90</sup> CDCR (2007).



## 5. NEED FOR REENTRY SERVICES IN SAN FRANCISCO

This chapter gives an overview of the most commonly needed types of reentry service and attempts to quantify those needs for the parole and adult probation populations. The major reentry service needs addressed in this chapter are housing, education, employment, mental health, physical health, and substance abuse.<sup>91</sup>

While this may not be an exhaustive list of all possible reentry services, it provides a guide for measuring service need. There is not a clear line between reentry services and general social service needs of the overall population. However, the objectives of this study lead to an inclusive definition of reentry services in order to better capture the full picture of service need.

### HOUSING

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One of the first challenges people returning from prison and jail face is finding housing. Prior to release, parolees must provide an address to which they will be paroled, but these initial release addressees are frequently temporary housing such as homeless shelters or homes of friends or family members. Common barriers to housing include release conditions that limit where formerly incarcerated individuals may live, eligibility restrictions on federally-funded public housing, and inability to get a spot in a residential treatment facility.

Individuals who are homeless are overrepresented in the criminal justice system. Statewide, approximately 10% of parolees are homeless immediately upon release from prison, and San Francisco's parole population has a higher rate of homelessness than the statewide parole population.<sup>92</sup>

Individuals in San Francisco jails who were homeless prior to arrest are held in jail an average of 4.5 days longer than people who were not homeless prior to arrest. Researchers surmised that this difference may be due to homeless individuals' lower ability to make bail, greater likelihood of other outstanding warrants, and greater likelihood of mental illness. As compared to people in San Francisco jails who were not homeless prior to arrest, homeless individuals were more likely to have been diagnosed with a psychiatric disorder, more likely to be charged with a felony, and less likely to be charged with a violent crime.<sup>93</sup>

The most commonly used indicator that an individual will need housing services post-release is if the individual had ever been homeless. In 2000, 18.6% of all individuals booked into San Francisco county jails had been homeless at some point during the six months prior to their

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<sup>91</sup> In most cases there is not data available to directly measure the need for these services in San Francisco. When data specific to San Francisco is not available, this report uses results of studies on other populations (such as the entire California parole population). Appendix A shows the methodology used to derive service need based on available studies, and Appendix B contains explanations of several of the major surveys used to compile the needs assessment.

<sup>92</sup> Nieto, Marcus (September 2003), p. 11.

<sup>93</sup> McNeil, Binder, and Robinson (2005).

arrest, and in 2004, 13.3% of the California prison population had been homeless at some point in their lives.<sup>94</sup>

## Housing Need

Based on these indicators of housing need and other demographic characteristics, 46.7% of parolees and probationers have a high need for housing services, and 32.4% have housing but may need support to earn enough income to afford their current housing. The following is an estimate of the need for various housing services within San Francisco’s parole and probation populations:<sup>95</sup>

**Table 3: Housing Service Need**

Assessment of Need	Severity of Service Need	Percent of Parolees & Probationers Combined	Parolees	Probationers	Total
Needs housing placement, emergency funding, or residential treatment facility.	High	15.0%	368	1,317	1,432
Needs housing placement, emergency funding, or residential treatment facility. Cannot be placed in federal housing.	High	31.7%	660	2,357	3,017
Has housing, but needs services to address income instability that could threaten housing (such as emergency funding, employment, education, health).	Moderate	32.4%	676	2,413	3,089
Low service need.	Low	18.2%	380	1,357	1,737
<b>TOTAL</b>			<b>2,084</b>	<b>7,444</b>	<b>9,528</b>

## Housing Services Currently Available

Housing services currently available in San Francisco for parolees and probationers include:

- Independent permanent housing
- Transitional housing
- Residential treatment facilities
- Emergency shelters
- Domestic violence shelters
- Referral services
- Short-term funding for parolees and probationers to seek housing on their own

## EDUCATION & EMPLOYMENT

Formerly incarcerated individuals face substantial barriers to stable employment including travel restrictions, parole or probation requirements that require time during normal working hours, lack of employment history during incarceration, and employer unwillingness to hire people with criminal records. Additionally, parolees and probationers tend to have lower levels of formal education and work experience than the general public.<sup>96</sup>

<sup>94</sup> McNeil, Binder, and Robinson (2005); BJS Survey of Inmates in State Prison (2004).

<sup>95</sup> See Appendix A for the methodology and sources used to create this table.

<sup>96</sup> Uggen, Wakefield, and Western (2005).

There is no standard indicator for whether an individual is in need of education or employment services, but the following indicators dealing with education level, past employment, current earning, and learning disabilities show substantial need for both education and vocational reentry services:

**Table 4: Employment & Education Need Indicators**

<b>Indicator of Need</b>	<b>Parole Population</b>	<b>Probation Population</b>
Do not have high school diploma or GED <sup>97</sup>	25.0% (Ex-felons in San Francisco 2002)	
Never attended college <sup>98</sup>	83.0% (Ex-felons in San Francisco 2002)	
Did not have a job in the month prior to arrest <sup>99</sup>	17.20% (California prison 2004)	
Do not earn enough to afford living alone <sup>100</sup>	64.0% (Ex-felons in San Francisco 2002)	
Do not earn enough to support a school-age child <sup>101</sup>	92.0% (Ex-felons in San Francisco 2002)	
Lack of vocational skills creates high barrier to successful reentry <sup>102</sup>		45.8% (San Francisco adult probation 2008)
Diagnosed with a learning disability <sup>103</sup>	12.97% (California prison 2004)	
Unemployed at time of release <sup>104</sup>	70-80% (California parole, unknown year)	
Functionally illiterate <sup>105</sup>	Approximately 50% (California parole, unknown year)	

<sup>97</sup> Tam, et al. (2003).

<sup>98</sup> Tam, et al. (2003).

<sup>99</sup> BJS Survey of Inmates in State Prison (2004).

<sup>100</sup> Tam, et al. (2003).

<sup>101</sup> Tam, et al. (2003).

<sup>102</sup> CAIS (2008).

<sup>103</sup> BJS Survey of Inmates in State Prison (2004).

<sup>104</sup> Nieto (September 2003), p. 11.

<sup>105</sup> Nieto (September 2003), p. 11.

## Education & Employment Need

Based on these indicators of education and employment need and other demographic characteristics 70.0% of parolees and probationers have a high need for education and employment services. The following is an estimate of the need for various education and employment services within San Francisco’s parole and probation populations:<sup>106</sup>

**Table 5: Education & Employment Service Need**

Assessment of Need	Percent of Parolees & Probationers Combined	Severity of Service Need	Parolees	Probationers	Total
Job placement, job skills, or other employment program	7.9%	High	166	591	757
Basic education program, job placement, job skills, or other employment program	11.6%	High	241	861	1,103
Substance abuse treatment then job placement, job skills, or other employment program	16.3%	High	339	1,211	1,551
Substance abuse treatment then education program	23.7%	High	494	1,765	2,259
Long-term income support due to disability	10.5%	High	219	782	1,000
Program to find new job or aid advancement at current job (because current job does not provide sufficient income)	19.2%	Moderate	400	1,429	1,829
Low service need (individuals have job paying sufficient income)	10.8%	Low	225	804	1,029
<b>TOTAL</b>			<b>2,084</b>	<b>7,444</b>	<b>9,528</b>

## Education & Employment Services Currently Available

Currently available education and employment services for parolees and probationers include:

- Personal identification and necessary documentation to work
- Basic education opportunities
- Secondary education opportunities
- Employment/vocational training
- Employment placement
- Employment retention services
- Union apprenticeships

## WELLNESS

Most parolees and probationers do not have health insurance and often lack funds to seek or maintain treatment for existing health problems. Even when health problems were treated or medicated while the individual was in jail or prison, treatment often lapses upon release.

Physical health, mental health, and substance abuse are all included under the umbrella category of wellness because these issues have a high level of overlap and interaction. Additionally, some

<sup>106</sup> See Appendix A for the methodology and sources used to create this table.

modes of thinking view substance addiction as a disease that can be treated in a manner equivalent to a diagnosed mental or physical disease.<sup>107</sup>

## PHYSICAL HEALTH

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It is somewhat difficult to differentiate between reentry services for physical health and general social services for physical health because it is not always clear how physical health issues could contribute to recidivism or pose reentry barriers. However, when physical health problems are viewed as barriers to overall self-reliance and community reintegration, it is clear that formerly incarcerated individuals face physical health challenges that are different from those of the general population. One way in which former prisoners face physical health problems differently than the general population is that a criminal history may make individuals ineligible for public health services, especially if they have been convicted of a violent offense. Additionally, high unemployment contributes to lack of health insurance among the formerly incarcerated population.

The need for physical health services among the formerly incarcerated population is likely to increase in coming years as San Francisco's reentry population ages. CDCR estimates that, largely due to health considerations, the cost of incarceration for elderly individuals is three times the cost of incarceration for younger individuals.<sup>108</sup>

### ***Need for Reentry Services for to Treat Infectious Diseases***

Rates of many infectious diseases are substantially higher among formerly incarcerated individuals than among the general population. High-risk lifestyles, infection during incarceration, and other factors contribute to this higher infectious disease as compared to the general population. Left untreated, these conditions will likely former prisoners' ability to successfully maintain employment and seek treatment for other health problems.

A 2006 study in San Francisco found that those injection drug users who had previously been in jail or prison were more likely to have Hepatitis B and Hepatitis C than injection drug users who had not been incarcerated.<sup>109</sup> In 1998, the rate of tuberculosis in San Francisco jails was more than six times the rate in the general California population.<sup>110</sup> Former prisoners with tuberculosis face additional barriers to reentry because many transitional housing and residential treatment facilities require tuberculosis screening prior to admission.<sup>111</sup>

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<sup>107</sup> Shield (2003).

<sup>108</sup> CDC (1999).

<sup>109</sup> Kittikraisak et al. (2006). Study included injection drug users between 15 and 29 years old.

<sup>110</sup> White et al. (2001).

<sup>111</sup> Resource Guide (2007).

Current infection rates are strong indications of the immediate need for health services to control infectious diseases.

**Table 6: Infectious Disease Need Indicators**

Indicator of Need	Parole Population	Probation Population
Tuberculosis <sup>112</sup>	11.1% (California prison 2004)	0.07% (San Francisco jail 1998)
Sexually Transmitted Diseases (gonorrhea or chlamydia) <sup>113</sup>	10.0% (California prison 2004)	8.4% (San Francisco jail 1997)
Hepatitis B <sup>114</sup>	2.2% (California prison 1997)	
Hepatitis C <sup>115</sup>	33% (California prison 1999)	
HIV/AIDS <sup>116</sup>	1.4% (California prison 1999)	4.54% (San Francisco jail 2005)

***Need for Reentry Services to Treat Disabilities & Non-Infectious Diseases***

Physical disabilities and non-infectious diseases that are relatively common among the formerly incarcerated population include diabetes and certain types of cancer.<sup>117</sup>

In 2003, 424 individuals who were booked into San Francisco county jails were diagnosed with diabetes. These individuals tended to be older than the average San Francisco jail population and were more predominantly African American than the overall San Francisco jail population.<sup>118</sup>

**Physical Health Services Currently Available**

Currently available physical health services for parolees and probationers include:

- Treatment for infectious diseases (including diseases contracted prior to the current parole or probation)
- Medication for noninfectious diseases and chronic conditions
- Support for parolees and probationers with disabilities

**MENTAL, BEHAVIORAL, & EMOTIONAL HEALTH**

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Across the country, county jails are often used as treatment centers of last resort for individuals with mental illness, and rates of mental illness in jail and prison are approximately three times the rate in the general population. Additionally, mental health problems often occur in conjunction with other major barriers to reentry. Among people in urban jails, 72% of those who

<sup>112</sup> BJS Survey of Inmates in State Prison (2004); White, et al. (2001).

<sup>113</sup> BJS Survey of Inmates in State Prison (2004); Health of Soon to Be Released Inmates (2002), vol 2, p. 23.

<sup>114</sup> Health of Soon to Be Released Inmates (2002), vol 2, p. 23.

<sup>115</sup> Ruiz, Juan D. et al (2001).

<sup>116</sup> Ruiz, Juan D. et al (2001); White, et al. (2008).

<sup>117</sup> Binswanger et al. (2005).

<sup>118</sup> Clark et al. (September 2006).

have severe mental disorders also have a substance abuse problem.<sup>119</sup> Mentally ill former prisoners are also more likely to be homeless and tend to be older than former prisoners who have not been diagnosed with a mental health condition.

If appropriate treatment is not available or if the individual cannot afford treatment, incarceration may be viewed as preferable to releasing the individual without medication or services:

“While mental health hospitals across the country were shut down over the last couple of decades as part of the process of “deinstitutionalization,” the community-based health services that were supposed to replace them were never adequately developed. As a consequence, many of the mentally ill, particularly those who are poor and homeless, are unable to obtain the treatment they need. Ignored, neglected, and often unable to take care of their basic needs, large numbers commit crimes and find themselves swept up into the burgeoning criminal justice system. Jails and prisons have become, in effect, the country’s front-line mental health providers.”<sup>120</sup>

In 2000, 21.1% of individuals booked into San Francisco county jails had a psychiatric diagnosis of some form of mental illness.<sup>121</sup> This rate is higher than statewide estimates that 10-15% of arrestees suffer from mental illness.<sup>122</sup>

In 1998, approximately 16% of individuals on probation in the United States were identified as suffering from a mental illness. The same study found similar incidence of mental illness in the state prison and local jail populations (16.2% and 16.3% respectively).<sup>123</sup> By comparison, approximately 5% of the general American public has been diagnosed with a mental illness.<sup>124</sup>

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<sup>119</sup> National GAINS Center (September 2002).

<sup>120</sup> Human Rights Watch (2003), p. 16.

<sup>121</sup> McNeil, Binder, and Robinson (2005).

<sup>122</sup> Nieto (1999), p. 3. This figure was noted as a conservative estimate of the arrestee population that is mentally ill.

<sup>123</sup> Ditton (1999).

<sup>124</sup> Shield (2003).

While issues such as substance abuse may indicate an underlying mental health condition, the most reliable measures of mental health service need are prior diagnosis of a psychiatric or mental condition and prior medication or hospitalization for a mental condition:

**Table 7: Mental, Behavioral, & Emotional Health Need Indicators**

Indicator of Need	Parole Population	Probation Population
Psychiatric diagnosis <sup>125</sup>	28.7% (California prison 2004)	21.1% (San Francisco jail 2000)
Ever admitted to mental hospital or taken medication for mental condition in past year <sup>126</sup>	16.7% (California prison 2004)	
Emotional factors pose high barrier to successful reentry <sup>127</sup>		47.5% (San Francisco probation 2008)

## Mental Health Service Need

Based on these indicators of mental health service need and other demographic characteristics, 27.5% of parolees and probationers have a high need for mental health services. The following is an estimate of the need for various mental, behavioral and emotional health services within San Francisco’s parole and probation populations:<sup>128</sup>

**Table 8: Mental, Behavioral, & Emotional Health Service Need**

Assessment of Need	Severity of Service Need	Parolees	Probationers	Total
Treatment for co-occurring mental illness and substance abuse	High	431	1,131	1,562
Treatment for mental illness	High	258	798	1,056
No identified mental health service need	Low	1,395	5,515	6,910
<b>TOTAL</b>		<b>2,084</b>	<b>7,444</b>	<b>9,528</b>

## Mental, Behavioral, & Emotional Health Services Currently Available

Mental health services currently available in San Francisco for parolees and probationers include:

- Medication for diagnosed behavioral or emotional health conditions
- Therapy for diagnosed behavioral or emotional health conditions
- Counseling for family members regarding behavioral or emotional health conditions of returnees

Diagnosed mental illnesses are a major barrier to successful reentry, but many formerly incarcerated individuals also have other behavioral health issues that contribute to recidivism and

<sup>125</sup> BJS Survey of Inmates in State Prison (2004); McNeil, Binder, and Robinson (2005).

<sup>126</sup> BJS Survey of Inmates in State Prison (2004).

<sup>127</sup> Review of CAIS reports obtained from Adult Probation Department (April 2008).

<sup>128</sup> See Appendix A for the methodology and sources used to create this table.



reduce reentry outcomes but do not rise to the level of mental illness. Such behavioral health issues include propensity toward violence, anger issues, and general antisocial feelings.

Behavioral health services currently available in San Francisco for parolees and probationers include:

- Behavioral counseling
- Mentoring
- Anger management counseling
- Counseling for individuals with a history of domestic violence

## **SUBSTANCE USE/ABUSE TREATMENT**

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History of substance abuse including drugs and alcohol is common among former prisoners, and estimates of lifetime substance abuse problems among the formerly incarcerated population range from 70% to 85%.<sup>129</sup>

Parole and probation represent critical times for substance abuse treatment because terms of many individuals' probation and parole include not using drugs or alcohol, subjecting to random drug testing, and attending outpatient substance abuse treatment programs. This means that use of drugs or alcohol or failure to attend treatment programs can be used as grounds to return the individual to prison or jail on a technical violation. Release from incarceration is also a critical time because many individuals did not have regular access to drugs or alcohol while incarcerated, and the period following release can either continue that sobriety or create opportunities for relapse.

Of California prisoners in 2004, 49.0% had been drinking or taking drugs at the time of the offense that led to their arrest, and 55.7% have experienced substantial negative consequences of drug or alcohol use (such as loss of job, dropping out of school, or having a spouse leave them).

<sup>130</sup> As of April 2008, alcohol and/or drug abuse created a high barrier to reentry for 57.0% of San Francisco probationers.<sup>131</sup>

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<sup>129</sup> Nieto (September 2003), p. 20.

<sup>130</sup> BJS Survey of Inmates in State Prison (2004).

<sup>131</sup> Review of CAIS reports obtained from Adult Probation Department (April 2008).

## Substance Abuse Treatment Service Need

Based on indicators of substance abuse treatment service need and other demographic characteristics, 67.2% of San Francisco parolees and probationers have a clear need for services to address substance abuse. The following is an estimate of the need for various substance abuse treatment services within San Francisco’s parole and probation populations:<sup>132</sup>

**Table 9: Substance Abuse Treatment Need**

Assessment of Need	Severity of Service Need	Parolees	Probationers	Total
Substance abuse treatment	High	878	3,330	4,208
Co-occurring mental illness and substance abuse treatment	High	319	945	1,264
Substance abuse treatment for individuals who have previously had treatment	High	203	725	927
Possible need for substance abuse treatment	Moderate	156	557	713
Low substance abuse treatment need	Low	528	1,887	2,416
<b>TOTAL</b>		<b>2,084</b>	<b>7,444</b>	<b>9,528</b>

The need for substance abuse treatment is substantially higher than the observed demand. Previous studies of homeless and high-risk intravenous drug users have found that 18% did not feel that their drug use posed a problem and had no desire for treatment.<sup>133</sup> These individuals are unlikely to voluntarily enter a treatment program and are unlikely to complete a treatment program required as part of the terms of their release.

## Substance Use/Abuse Services Currently Available

Currently available substance abuse treatment services for parolees and probationers include:

- Inpatient substance abuse treatment (court-ordered or voluntary)
- Outpatient substance abuse treatment (court-ordered or voluntary)
- Needle exchange
- Harm reduction services

<sup>132</sup> See Appendix A for the methodology and sources used to create this table.

<sup>133</sup> Appel et al. (2004).

## 6. POLICY RECOMMENDATIONS

The following chapter provides recommendations for how to update and expand this assessment of reentry service need, as well as policy changes that would improve the City's ability to meet the service need described in this report. The policy recommendations do not address specific services or programs, but rather focus on interdepartmental coordination and flows of responsibility, funding, and information.

### FOCUS POLICIES & FUNDING ON REDUCING GAP BETWEEN SERVICE DEMAND & SERVICE NEED

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As described in the introduction chapter of this report, the true need for reentry services is higher than the demand for the same services that can be observed by service providers. Reducing this gap will mean that a higher percentage of need is being addressed. The following are suggestions for ways to reduce the difference between the true need for reentry services and the observed demand:

- **Provide opportunities for former prisoners to connect with service providers directly.** This is especially important for parolees because many service providers require that parolees be referred by their parole officer.
- **Improve marketing of available services and programs.** Increasing awareness of programs will help parole agents, probation officers, and formerly incarcerated individuals identify which programs would be most appropriate.
- **Expand service availability for people who are currently ineligible.** Many individuals are ineligible for reentry programs that they need due to characteristics including gender, lack of English proficiency, current substance use, history of serious/violent offenses, and infectious diseases.
- **Use risk-needs assessments to identify underlying issues.** The implementation of a risk-need assessment for the probation population and a partial implementation for the parole population provide useful information to help identify underlying service needs. However, CDCR has not yet implemented their risk-needs assessment to the point that it can provide substantial value for determining service need.
- **Implement intensive case management that separates the jobs of law enforcement and reentry facilitation.** The goals of crime prevention and reentry facilitation may not always be aligned, therefore using law enforcement officers (parole or probation) as the primary contact between former prisoners and service providers is likely to produce results that optimize crime prevention rather than successful reentry. A case manager who is not also the primary enforcer of release terms may be better able to help individuals work through the underlying problems that cause ongoing criminal behavior. This will enable the case manager to more accurately identify the programs that will facilitate successful reentry.

- **Implement harm reduction policies that recognize that reentry is a process that may include some backsliding into antisocial behavior.** Part of the gap between observed service demand and true service need is due to participants dropping out of programs due to failure to abide by established rules. While some programs do work with participants who violate rules in order to help them overcome setbacks, other programs do not make allowances for backsliding. The most common form of backsliding is resumption of drinking or taking drugs, and employment programs are generally among the most strict about not engaging in these and other antisocial behaviors. Once a person is removed from a program due to rules violations, they are generally still in need of the service, but may no longer be eligible, and are therefore not counted as part of the demand for that service.

## **CONDUCT ANALYSIS OF REENTRY SERVICE CAPACITY**

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This report provides an initial assessment of the need for reentry services in San Francisco and outlines an implementation plan for ongoing assessment. However, without an assessment of the current supply of reentry services it is not possible to get a complete picture of how services are meeting need and where they need to be expanded or reassessed.

The service capacity analysis should be based both on funding and on the units of service provided. Determining the total funding for various reentry service programs is important in order to compare service providers who provide similar services and to compare the cost effectiveness of different services. It is also critical to assess the capacity of reentry services based on whatever unit of service is appropriate for each type of program. These units of service will not be the same for all programs, but assessing unit of service capacity is necessary in order to know what portion of overall need for each service is met by existing capacity.

The capacity assessment should be quite detailed in order to identify programs that serve specific sub-populations or address multiple types of needs within the same program.

In Fall 2007, the Mayor's Office of Criminal Justice indicated that it intended to hire a consultant to complete a reentry service capacity assessment in early 2008, but this contract was not issued and the assessment has not been carried out.<sup>134</sup>

### **Conduct Gap Analysis to Identify Additional Program Needs**

After the assessment of the current supply of reentry services is conducted, it will be necessary to combine this needs analysis with the supply analysis in order to find the gaps where current services do not match overall need.

In future years, the needs assessment and capacity assessments should be conducted in tandem, in order to ensure data compatibility that allows for useful gap analysis. Based on the results of the gap analysis, it should become apparent which needs are not fully addressed by current reentry services.

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<sup>134</sup> Interview with Sasha Hauswald, Mayor's Office of Criminal Justice (October 20, 2007); interview with Maya Dillard Smith, Mayor's Office of Criminal Justice (March 13, 2008).

## REASSESS REENTRY SERVICE NEED ANNUALLY

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This report provides an initial assessment of reentry service need in San Francisco, but it is important to update and expand this assessment regularly in order to track how the reentry population changes and to facilitate evaluation of existing programs. Annual reassessment is critical for the next several years because prison and jail overcrowding will lead to substantial changes in criminal justice policy, and new resources including COMPAS and JUSTIS may become available. These policy changes may substantially change the demographic profile and risk-need profile of the formerly incarcerated population. Additionally, an annual reassessment is the first step toward being able to conduct evaluations of existing reentry programs in San Francisco.

### **Ways to Expand Future Assessments**

The need assessment conducted for this report was limited by data availability and by the limited timeframe. Future assessments should benefit from ongoing attempts at the local and state level to improve data collection and will therefore be based on more comprehensive and recent data.

#### ***Include Individuals Returning from Federal Prison***

This report did not attempt to include individuals who were released from federal prisons. Future assessments should be expanded to include this population.

#### ***Obtain Individual-Level Data from CDCR***

This report used only publicly-available data to assess parole population needs, but CDCR has more extensive data that can be obtained through a data request that takes multiple months. This request will be submitted in May 2008, and this data should be available for the first update of this need analysis.

#### ***Geospatial Reentry Mapping***

If possible, future needs analyses should include a mapping component that uses geographic information systems (GIS) to map the location of the reentry population, as well as the locations of service providers, parole and probation offices, crime hotspots, and other relevant locations. With sufficiently robust data, a reentry mapping can also track the geographic dimension of recidivism by parolees and probationers. San Francisco already has GIS data available through SFGIS, and this existing data could facilitate geospatial reentry mapping. One of the primary projects of SFGIS is CrimeMAPS, which provides geospatial crime data. Any geospatial reentry mapping should be compatible with existing SFGIS data, especially CrimeMaps.<sup>135</sup>

GIS mapping will require data that includes addresses for individuals who are released from jail and prison. Addresses of release are not a perfect indicator of where individuals actually live, but are reasonably reliable at showing which neighborhoods individuals are released to. Other counties that have conducted similar reentry mapping projects have found the results useful for recognizing which neighborhoods are well served by reentry services and which neighborhoods do not have sufficient services to meet the needs of parolees and probationers in each area.<sup>136</sup>

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<sup>135</sup> San Francisco Police Department CrimeMAPS website (accessed 2008).

<sup>136</sup> Urban Institute Reentry Mapping Project (no date).

When combined with address-based crime data, reentry mapping can show trends in location of crime relative to the formerly incarcerated population.

The Urban Strategies Council and the Urban Institute has conducted a reentry mapping project in Alameda County that used geospatial data to show the location of the county's state parole population relative to reentry service providers. This reentry mapping also intended to track recidivism and reentry service use. While the initial data received from CDCR included a 1-day census of all individuals paroled to Alameda County, it did not include sufficient information to analyze recidivism. Urban Strategies Council has experienced difficulties in obtaining additional data from CDCR to update their analysis and expand it to include recidivism.<sup>137</sup>

### ***Conduct Surveys of San Francisco's Reentry Population at Time of Release***

One way to obtain information about San Francisco's reentry population would be to conduct surveys of individuals returning from prison and jail. While these surveys would not be as complicated as a full risk-needs assessment, they would provide better information about the reentry population than is currently available. Surveys of the parole population could be conducted at weekly PACT meetings, and surveys of people returning from jail could be conducted at the jail release facility located at County Jail #9.

These surveys would be expensive in terms of staff time. In order to obtain a statistically valid sample, it would be necessary to survey several hundred individuals.

## **Logistical Issues for Conducting Regular Assessments**

### ***Data Analysis Capability***

The Safe Communities Reentry Council does not currently have the capability to perform extensive statistical analysis of the type that an ongoing assessment of the demand for reentry services will require. Any future demand analysis will likely require the ability and capacity to manipulate large datasets. The three most common software programs for manipulating this type of data are Stata, SPSS, and SAS, and any of these three would be sufficient to conduct a reentry needs analysis.

### **Gathering Data from Individual Departments to Update Needs Analysis**

The Safe Communities Reentry Council will need the support of other departments in order to routinely update this demand analysis. Assuming the JUSTIS hub is not in place when the next overall need assessment is to be conducted, the Safe Communities Reentry Council should seek information from several departments.

While data from these departments cannot be fully integrated, each system identifies individuals by SF Number, a unique identification number that is designed to track an individual through San Francisco's criminal justice system. However, SF Numbers are only an imperfect tracking system because some individuals have been issued multiple SF Numbers, and SF Numbers are sometimes left blank during data entry.

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<sup>137</sup> Interview with Steve Spiker, Urban Strategies Council (February 20, 2008).

### ***Public Defender***

Once the Gideon system is in place and operational, the Public Defender's Office should produce quarterly aggregate data for demographic and service need profiles of the Public Defender's clients.

### ***District Attorney***

Once the Damian system is in place and operational, the District Attorney's Office should produce quarterly aggregate data for demographic and service need profiles of individuals prosecuted by the District Attorney's Office. While the information held by the District Attorney's Office is primarily case-focused rather than individual-focused, this information will be important for tracking recidivism, program participation, and profiles of what individuals are being diverted to collaborative courts.

### ***Adult Probation***

The Adult Probation Department's CAIS data is held electronically can produce aggregated risk-need profiles for the current probation population. This information is not directly linked to other databases that contain demographic data, but does include some demographic questions.

### ***Departments Using CMS***

The case management system (CMS) used by several departments tracks cases through the criminal justice system. While CMS contains some information that would be useful for a needs analysis, it is difficult to produce aggregate statistics using the current CMS interface. CMS tracks offenses rather than tracking people, and it can be difficult to use these offense-level records to produce population-level information. While individuals are supposed to be identified in CMS by their SF number, this identification is imperfect. Additionally, the data entered into CMS reflects the information needs of each department, creating the potential for data inconsistencies.

If CMS data was not used for this needs analysis, but could be included in future needs analyses, but the current system is cumbersome enough that it may not be possible to easily include information gathered from CMS.

### **Time Budget for Updating Need Analysis**

As proposed, the coordinated reentry council will have up to three full time staff members. The time to update the needs analysis will primarily come from these staff members, but will also require other departments to contribute data and analysis. This process involves collecting data, analyzing data, and compiling results. This process has substantial time lags, so the first steps (CDCR data request) should be initiated 7 months before the final needs analysis is to be completed. The timeline assumes that the needs analysis should be completed by August in order to be ready for the annual reentry summit in September.

Below is an approximate timeline for conducting an updated analysis of need for reentry services in San Francisco. An estimated time budget is included for those actions to be completed by the reentry council:

**Table 10: Timeline for Updating Needs Analysis**

Month	Department	Action	Estimated Time Budget for Reentry Council	Estimated Time Budget for Other Departments (if known)
March	Reentry Council	Request data from CDCR on parolees and prisoners to be released in upcoming year.	10 hours	
May	Reentry Council	Next stage in CDCR data request.	5 hours	Unknown
June	Sheriff's Department	Conduct one-day snapshot assessment of jail population including information on demographics, program participation, previous incarceration, and current status.		Unknown
June	Reentry Council	Receive data from CDCR, verify security protocols, and format data for analysis.	15 hours	
July	Adult Probation Department	Use CAIS data and APD caseloads to update risk-need profile of probationers.		10 hours
July	Reentry Council	Gather and compile data from CDCR website including CDCR Annual Report, Monthly Parole Reports, etc.	5 hours	
July	Reentry Council	Check for updates to regularly produced data sources (generally compiled by the Bureau of Justice Statistics). Download any updates.	5 hours	
July	Public Defender's Office	Compile demographic profile of clients.		Unknown
July	District Attorney's Office	Compile demographic profile of individuals charged with crimes.		5-10 hours
August	Reentry Council	Compile and analyze all information and compare to previous analyses.	20 hours	
<b>ESTIMATED TOTAL TIME</b>			<b>60 hours</b>	



## APPENDIX A: METHODOLOGY FOR DECISION TREES

In order to translate these demographic characteristics of the probation and parole populations into estimates of reentry service need, this report uses decision trees to split the reentry population into categories of service need for mental health, housing, employment, and education.

Each decision tree begins with the total parole and adult probation population and divides these populations into levels of service need. The percentages used at the branching points are drawn from available studies. Unfortunately some of these studies were not specifically conducted on San Francisco parolees and probationers, so these estimates are not as precise as they would be if San Francisco data were available.<sup>138</sup> A source is provided for each question used to create new branches in the decision tree, showing when the data was gathered and the population that the statistic actually references. For example, many of the percentages used on the branches come from the Survey of Inmates in State and Federal Correctional Facilities, which was conducted in 2004. The results for California state prisoners in the survey were used to create percentages from this source, so the population actually described is California state prisoners in 2004.

### Housing

The decision tree showing the need for housing reentry services in San Francisco is based on the following questions:

Question 1: Does the individual know where they will live after they are released from prison or jail?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 2: Given that the individual knows where they are living post-release, does the individual have sufficient income to live alone?

- Population: Ex-felons in San Francisco, 2002
- Source: Tam (2003)

Question 3: Given that the individual does not know where they are living post-release, has the individual ever been homeless?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 4: Given that the individual does not know where they are living post-release, and has been homeless, has the individual ever been convicted of a serious/violent crime?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

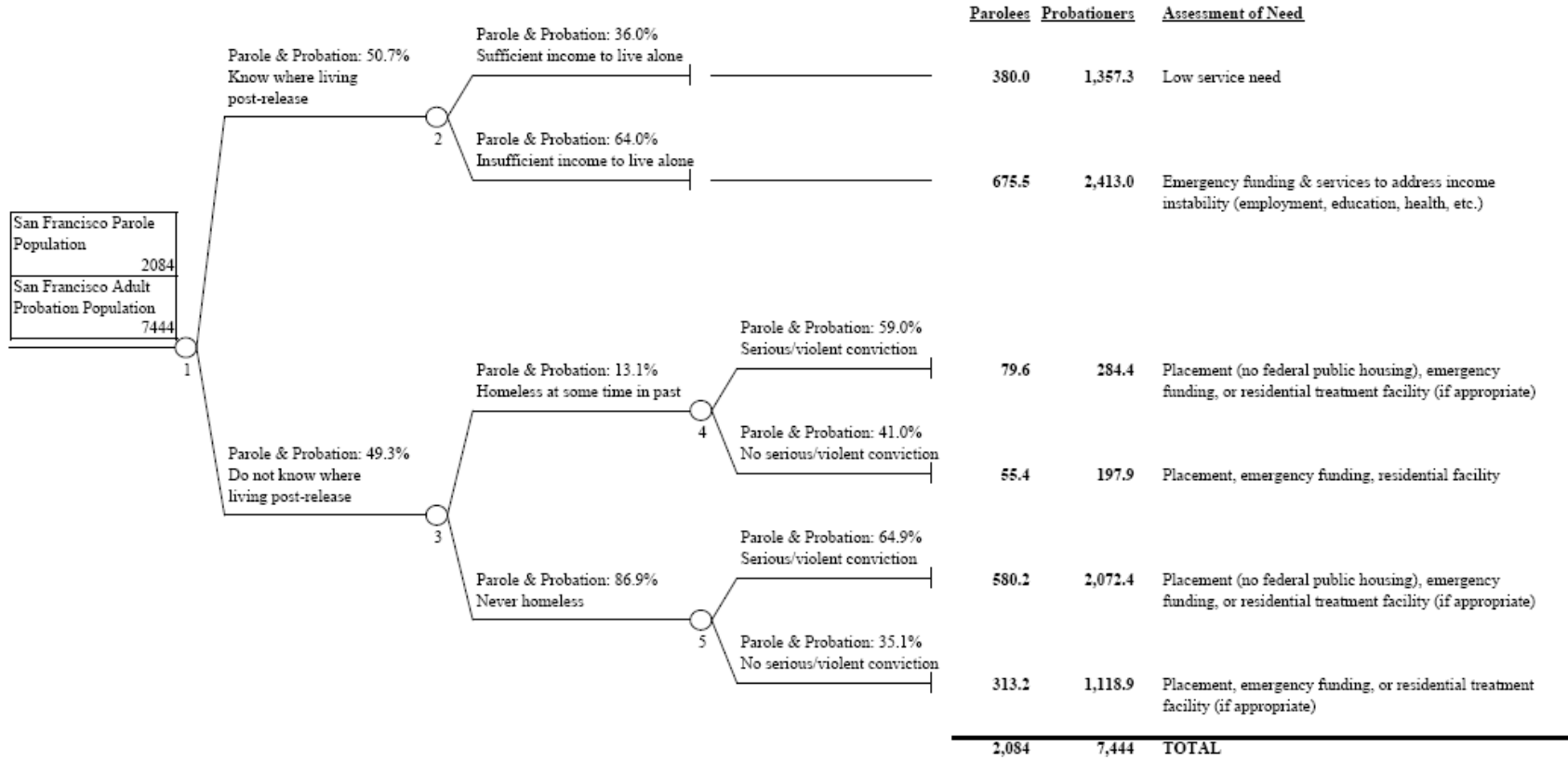
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<sup>138</sup> The recommendations section of this report encourages surveying the San Francisco reentry population in order to improve the precision and accuracy of the results in future analyses.

Question 5: Given that the individual does not know where they are living post-release, and has never been homeless, has the individual ever been convicted of a serious/violent crime?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

**Figure 11: Housing Need Decision Tree**



## **Employment & Education**

The decision tree showing the need for employment and education reentry services in San Francisco is based on the following questions:

Question 1: Does the individual have a job for after they are released from prison or jail?

- Population: California parole population, 2003
- Source: Nieto (2003), p. 11

Question 2: Given that the individual has a job for after they are released from prison or jail, does the job provide sufficient income?

- Population: Ex-felons in San Francisco, 2002
- Source: Tam (2003)

Question 3: Given that the individual does not have a job for after they are released from prison or jail, does the individual have a long-term disability or disease (including mental health issues) that prevents them from working?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 4: Given that the individual does not have a job for after they are released from prison or jail, and does not have a long-term disability or disease, does the individual have a major substance abuse problem?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

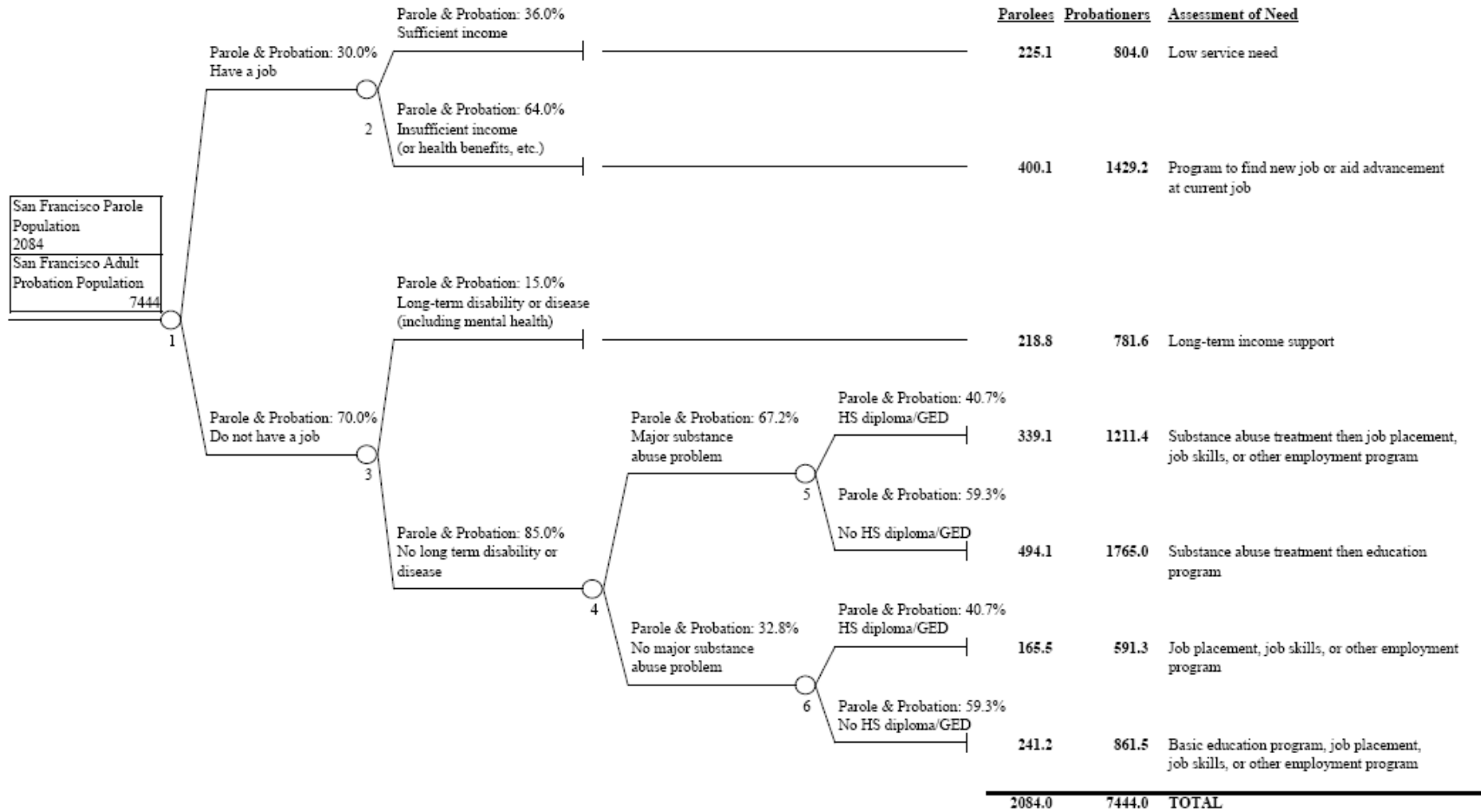
Question 5: Given that the individual does not have a job for after they are released from prison or jail, does not have a long-term disability or disease, and has a major substance abuse problem, does the individual have a high school diploma or GED?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 6: that the individual does not have a job for after they are released from prison or jail, does not have a long-term disability or disease, and does not have a major substance abuse problem, does the individual have a high school diploma or GED?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

**Figure 12: Employment & Education Need Decision Tree**



## Mental Health

The decision tree showing the need for mental health reentry services in San Francisco is based on the following questions:

Question 1: Has the individual been diagnosed with a mental illness?

- Population
  - Parole: California prison population, 2004
  - Probation: San Francisco jail population, 2000
- Source
  - Parole: Survey of Inmates in State and Federal Correctional Facilities (2004)
  - Probation: McNeil, Binder, and Robinson (2005)

Question 2: Given that the individual has been diagnosed with a mental illness, does the individual have a substance abuse problem?

- Population: Urban jail inmates in Cook County, Illinois, 1990
- Source: Abram and Teplin (1991)<sup>139</sup>

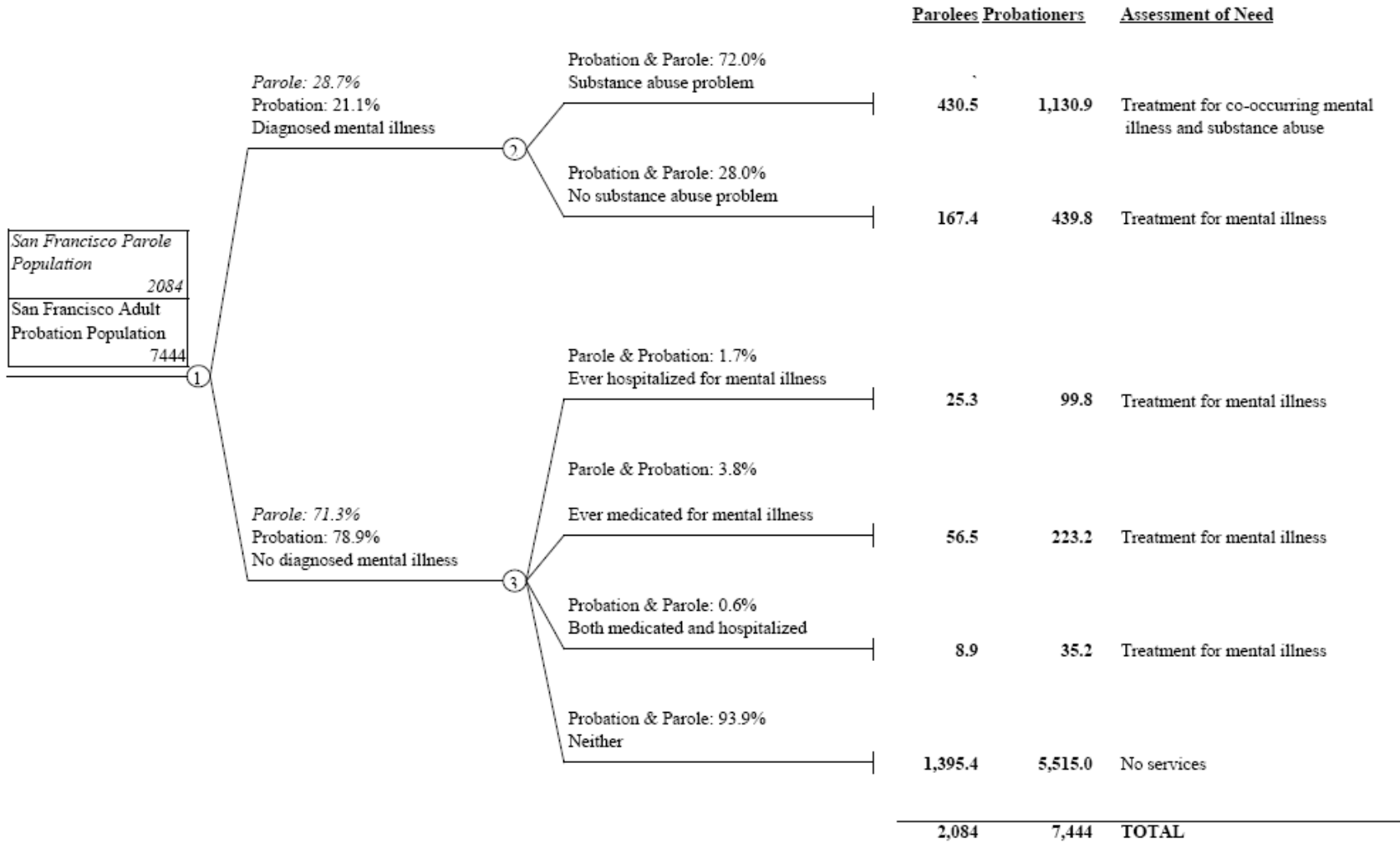
Question 3: Given that the individual has been diagnosed with a mental illness, has the individual ever been hospitalized or medicated for mental a mental health condition?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

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<sup>139</sup> This is widely recognized as the most comprehensive study linking mental health and substance abuse.

**Figure 13: Mental Health Need Decision Tree**



## **Substance Abuse**

The decision tree showing the need for substance abuse treatment reentry services in San Francisco is based on the following questions:

Question 1: Was the individual using drugs or alcohol at the time of the offense?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 2: Given that the individual was using drugs or alcohol at the time of the offense, does the individual have a mental health treatment need? Mental health treatment need is defined as having a diagnosed mental illness or having ever been hospitalized or medicated for mental illness.

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 3: Given that the individual was not using drugs or alcohol at the time of the offense, has the individual experienced substantial negative effects from drug or alcohol use? Substantial negative effects include loss of job, loss of housing, dropped out of school, inability to quit or decrease use when attempted, informed by family members that the individual has a substance abuse problem,

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 4: Given that the individual was not using drugs or alcohol at the time of the offense, and has experienced substantial negative consequences from drug or alcohol use, has the individual previously been enrolled in a drug or alcohol treatment program?

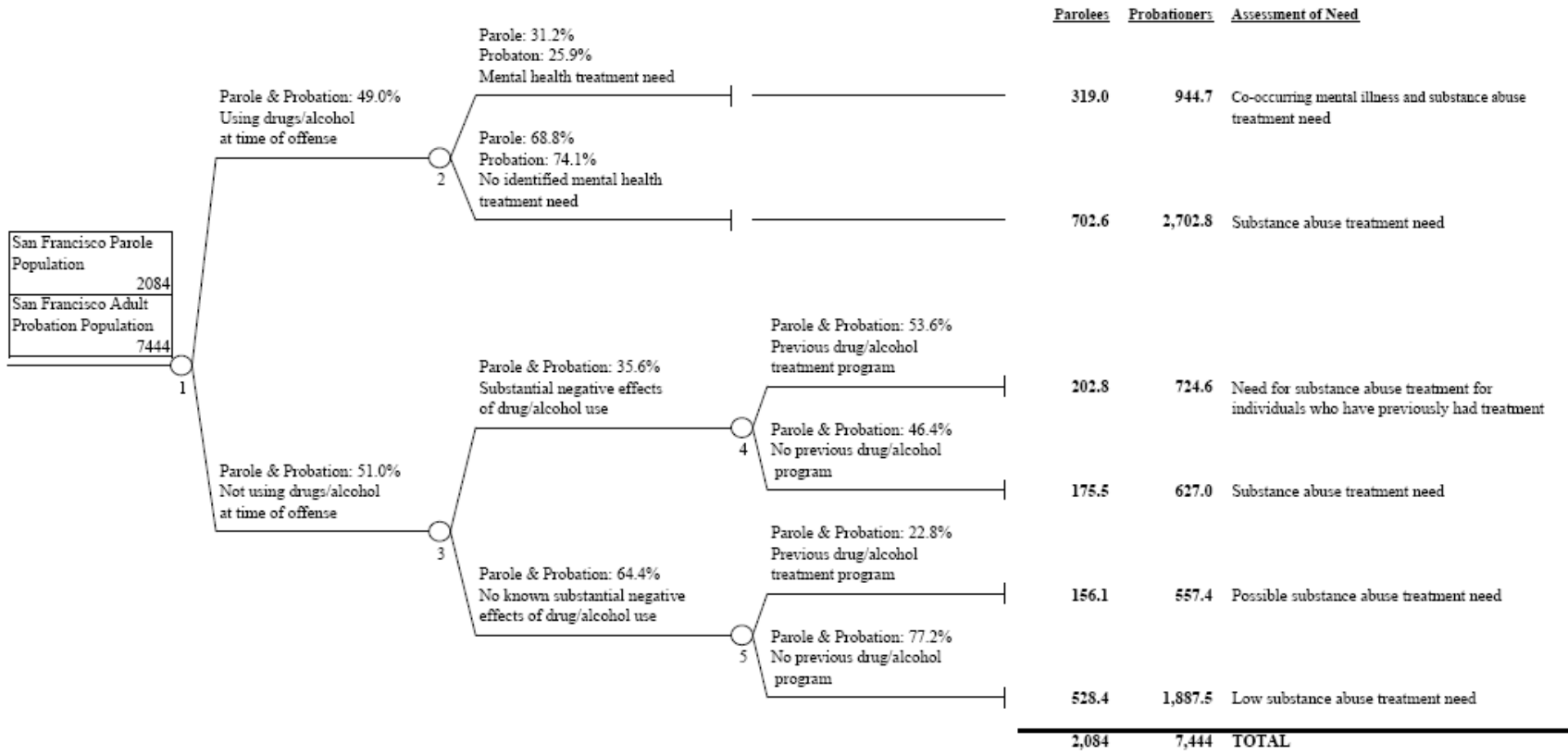
- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)

Question 5: Given that the individual was not using drugs or alcohol at the time of the offense, and has not experienced substantial negative consequences from drug or alcohol use, has the individual previously been enrolled in a drug or alcohol treatment program?

- Population: California prison population, 2004
- Source: Survey of Inmates in State and Federal Correctional Facilities (2004)



**Figure 14: Substance Abuse Treatment Need Decision Tree**



## APPENDIX B: DATA FROM AVAILABLE REPORTS & STUDIES

The following appendix contains results and analysis from publicly available studies and data sources. This appendix is organized based on the population surveyed, including county jail, state prison, probation, and parole.

While some of these studies represent a single snapshot in time, others are ongoing data collection efforts that can be used to inform future reentry service needs analyses in San Francisco. Please see the chapter Implementation Plan in this report for more information regarding use of the ongoing studies referenced in this appendix.

### SAN FRANCISCO COUNTY JAIL & PROBATION

As of October 2007, there were approximately 2,100 people incarcerated in county jails in San Francisco. Almost all county jail sentences are of less than 15 months, and the average sentence was four months, therefore most of these individuals were scheduled to be released in one year.

#### BJS 2005 Census of Jail Inmates

As of the most recent Census of Jail Inmates conducted by the Bureau of Justice Statistics, San Francisco’s jail population is substantially larger and more ethnically diverse than the average jail population in the United States. While San Francisco’s jail population was also larger than the mean county jail population for California, the difference was smaller than the difference at the national level. The BJS jail census does not contain risk-needs information, but it does provide an overview of demographic characteristics as compared to California and the national jail population:

**Table 11: Overview of BJS Census of Jail Inmates (2005)**

Characteristic	San Francisco	California (mean)	California (median)	United States (mean)	United States (median)
<b>Total Jail Population</b>	<b>1,782</b>	<b>1,183.5</b>	<b>305</b>	<b>255.99</b>	<b>75</b>
<b>By Gender</b>					
Males	1576 (88.4%)	1030.4 (87.1%)	266 (87.2%)	221.67 (86.6%)	65 (86.7%)
Females	206 (11.6%)	153.0 (12.9%)	49 (16.1%)	32.19 (12.6%)	8 (10.7%)
<b>By Conviction Status</b>					
Convicted Males	348	322.4	94	83.78	20
Convicted Females	54	55.8	20	12.30	2
Unconvicted Males	1228	668.2	137	136.71	31
Unconvicted Females	152	93.0	20	19.59	4
<b>By Race</b>					
White	418 (23.5%)	409.8 (34.6%)	173 (56.7%)	113.96 (44.5%)	42 (56.0%)
Black Or African American	944 (53.0%)	278.8 (23.6%)	18 (5.9%)	99.30 (38.8%)	9 (12.0%)
Hispanic Or Latino	285 (16.0%)	527.4 (44.6%)	79 (25.9%)	38.44 (15.0%)	2 (2.3%)
Asian	61 (3.4%)	28.4 (2.4%)	2 (0.7%)	1.93 (0.8%)	0 (0.0%)
<b>By Citizenship Status</b>					
Non-U.S. Citizens	Not reported	207.6 (17.5%)	6 (2.0%)	13.94 (5.4%)	0 (0.0%)

## Study of Mental Health Disorders and Homelessness Among San Francisco Jail Population

A study of all individuals admitted to San Francisco county jails from January through June 2000 found relatively high rates of homelessness and mental disorders among the incarcerated population as compared to a national study conducted two years earlier.<sup>140</sup> Of all individuals booked into San Francisco county jails, 18.6% had been homeless sometime in the six months prior to their arrest and 21.1% had a psychiatric diagnosis.<sup>141</sup>

The following table is reproduced from McNeil, Binder, and Robinson (2005) and shows a snapshot of the San Francisco jail population from January 2000 through June 2000:

**Table 12: Overview of San Francisco Jail Mental Health Study (2000)**

Characteristic	Homeless (N=2,938)	Percent	Not Homeless (N=15,397)	Percent	Total (N=18,335)	Percent of Total
Age (mean) in years	35.4		33.6		33.9	
Gender, male	2,391	81.4%	12,178	79.1%	14,569	79.5%
Ethnicity						
Hispanic	408	14.1%	2,203	14.5%	2,611	14.2%
African American	1,430	49.5%	7,345	48.3%	8,775	47.9%
Asian	64	1.8%	659	4.3%	723	3.9%
White	940	32.5%	4,578	30.1%	5,518	30.1%
Other	48	1.7%	423	2.3%	471	2.6%
Unknown	48	1.7%	189	1.2%	237	1.3%
Psychiatric diagnosis	652	22.2%	2,582	16.8%	3,234	17.6%
Felony charge	1,494	59.2%	7,422	55.0%	8,916	48.6%
Charged with a violent crime	282	11.3%	2,216	16.4%	2,498	13.6%

## Sheriff's Department Performance Measures

The Sheriff's Department provided the following performance measures to the Board of Supervisors in April 2008:<sup>142</sup>

**Table 13: Sheriff's Department Performance Measures (2005-2009)**

Performance Measure	2005-2006 Actual	2006-2007 Actual	2007-2008 Target	2007 Projected	2008-2009 Target
Average daily population (ADP)	1,842	1,996	1,975	2,053	2,053
ADP as a percentage of rated capacity of jails	86%	98.5%	97%	100%	100%
Average daily number of prisoners in substance abuse treatment and violence prevention programs	359	230	360	360	360
Re-arrest rate for prisoners in jail programs	35.8%	28%	n/a	n/a	n/a

<sup>140</sup> Ditton (1999)

<sup>141</sup> Mc.Neil, Binder, and Robinson (2005). In this study, individuals are considered admitted to jail following arraignment and rebooking.

<sup>142</sup> Board of Supervisors Budget and Finance Committee April (11, 2008).

Performance Measure	2005-2006 Actual	2006-2007 Actual	2007-2008 Target	2007 Projected	2008-2009 Target
Average daily attendance of participants enrolled in charter school	212	217	250	220	225
Percent of students that pass the California High School Exit Exam	46.7%	33%	50%	30%	30%

## STATE PRISON & PAROLE

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### Survey of Inmates in State and Federal Correctional Facilities (2004)

The Survey of Inmates in State and Federal Correctional Facilities is conducted regularly by the Bureau of Justice Statistics. This is one of the most detailed surveys of prisoners, and is the basis for many academic studies of the prison population.<sup>143</sup> The most recent available survey in this series was conducted in 2004, and included 1,757 individuals in California state prisons.

Unfortunately this survey does not provide necessary information to determine how many of these prisoners will return to San Francisco upon release, but the California sample provides a useful starting point for analysis.

### National Corrections Reporting Program

The National Corrections Reporting Program (NCRP) reports data compiled annually by the Bureau of Justice Statistics that tracks all individuals entering prison, released from prison, or released from parole during each calendar year. The national datasets are available through the Inter-University Consortium for Political Science Research. Analysis of this dataset requires a statistical package such as Stata, SPSS, or SAS.

The release of data from this survey has a substantial lag, and the most recent available data are from the 2003 survey. The dataset showing individuals released from prison included 2,664 individuals released to San Francisco and 504,965 entries nationwide. While the prison release dataset does include some federal prisoners, for San Francisco it only includes releases from state prison and other state institutions.

This survey contains primarily demographic and criminogenic data. While the dataset includes fields for questions that would be valuable for quantifying reentry service need, these fields are mostly blank for all individuals in California. It is unknown whether this omission of data is due to failure to keep records relating to these questions or privacy concerns.

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<sup>143</sup> Petersilia, (2005), p.17.

## San Francisco Parole Census Data (2007)

The following chart shows changes in the number of parolees returned to San Francisco from June 30, 2005 to December 31, 2007. Most parole terms in California are three years:<sup>144</sup>

**Table 14: San Francisco Parole Population (2005-2007)**

Parolees Returned to San Francisco During Six Month Period	December 31, 2007	June 30, 2007	December 31, 2006	June 30, 2006	December 31, 2005	June 30, 2005
Female parole population	87	85	97	86	82	92
Male parole population	1,267	1,191	1,155	1,048	1,030	1,111
Total parole population	<b>1,354</b>	<b>1,276</b>	<b>1,252</b>	<b>1,134</b>	<b>1,112</b>	<b>1,203</b>
Total California State Parole Population on Date	December 31, 2007	June 30, 2007	December 31, 2006	June 30, 2006	December 31, 2005	June 30, 2005
Female parole population	14,132	14,300	13,772	13,051	12,530	12,624
Male parole population	112,883	112,241	108,609	103,746	102,654	103,189
Total parole population	<b>127,015</b>	<b>126,541</b>	<b>122,381</b>	<b>116,797</b>	<b>115,184</b>	<b>115,813</b>

## CDCR Annual Reports

CDCR releases annual reports that contain information about the statewide population and have additional information about the parole populations in Region II and San Francisco.

The following chart compiled from CDCR annual reports from 2001 through 2005 shows how many individuals who were paroled to San Francisco had previously been on parole and how many were released on their first parole. In 2005, 79.4% of individuals released to parole in San Francisco had served previous terms on parole, and 20.1% had not previously served time on parole:<sup>145</sup>

**Table 15: Prior Parole Status of San Francisco Parolees (2000-2005)**

	2005	2004	2003	2002	2001	2000
<b>All parolees</b>						
First parole	471	413	508	473	578	792
Reparole	1,824	1,967	1,999	2,201	2,537	2,713
Total paroled	2,295	2,380	2,507	2,674	3,115	3,505
Parole violators returned with a new sentence <sup>146</sup>	105	97	82	86	Unknown	130
<b>Male</b>						
First parole	408	366	447	425	539	724
Reparole	1,685	1,819	1,820	1,993	2,303	2,446
Total paroled	2,093	2,185	2,267	2,418	2,842	3,170
<b>Female</b>						
First parole	63	47	61	48	39	68
Reparole	139	148	179	208	234	267
Total paroled	202	195	240	256	273	335

<sup>144</sup> CDCR Website (accessed April 2008).

<sup>145</sup> CDCR Annual Reports (2001 through 2006).

<sup>146</sup> Parolees who are returned to prison as result of a court sentence for a new crime.

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