

BOARD OF STATE AND COMMUNITY CORRECTIONS

LEADERSHIP ★ EXCELLENCE ★ SUPPORT



**2011 PUBLIC SAFETY REALIGNMENT ACT:  
SECOND ANNUAL REPORT ON THE IMPLEMENTATION  
OF COMMUNITY CORRECTIONS PARTNERSHIP PLANS**

**JULY 2014**

STATE OF CALIFORNIA  
**BOARD OF STATE AND COMMUNITY CORRECTIONS**

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## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	1-3
INTRODUCTION .....	4-6
LOCAL SUCCESS STORIES .....	8-13
INDIVIDUAL COUNTY PROFILES .....	14-128
APPENDIX .....	129

# Executive Summary

The Budget Act of 2013 (AB 110, Chapter 20, Statutes of 2013) appropriated \$7,900,000 to counties if they submitted a report to the Board of State and Community Corrections (BSCC) on the implementation of the Community Correction Partnership (CCP) plans accepted by the county Board of Supervisors pursuant to section 1230.1 of the Penal Code. To reduce county workload the BSCC developed a brief electronic survey<sup>1</sup> for counties to complete in lieu of a traditional report. The survey covered a range of topics including outcome measures, local priorities, programs and services, achievements and success stories.

Surveys were transmitted electronically to each Chief Probation Officer in his or her capacity as CCP Chair in September 2013 with a December 2013 return date. CCP Chairs were asked to share the survey with members and submit one completed document representative of CCP views.

Counties that provided completed responses to all questions were eligible to receive compensation as outlined in the Budget Act. Allocations were made as follows: (1) \$100,000 to each county with a population under 200,000, (2) \$150,000 to each county with a population of 200,001 to 749,999 and (3) \$200,000 to each county with a population of 750,000 and above. Allocations were determined based on the most recent county population data published by the Department of Finance.

Information and data contained in this report is from information provided to the BSCC from September 2013 through December 2013 unless noted otherwise. Survey responses were received from all counties except Alpine County.

The passage of Assembly Bill (AB) 109 (Chapter 15, Statutes of 2011) realigning California's adult criminal justice system signaled a significant policy change in the treatment, custody, rehabilitation and community reintegration efforts of offenders. This report outlines the many promising and evidence-based efforts that counties have adopted to help this population of offenders end the cycle of recidivism while keeping communities safe.

AB 109 revised the definition of a felony to provide that non-violent, non-serious, non-sex offenders are incarcerated in county jail. It also transferred responsibility for post-release supervision of lower-level offenders (those released from prison after having served a sentence for a non-violent, non-serious, and non-high-risk sex offense) with the creation of a Post-Release Community Supervision offender category. And it established that all persons released from prison on and after October 1, 2011, after serving a prison term for a felony, shall upon release from prison and for a period not exceeding three years immediately following release, be subject to community supervision provided by a county agency designated by each county's board of supervisors.



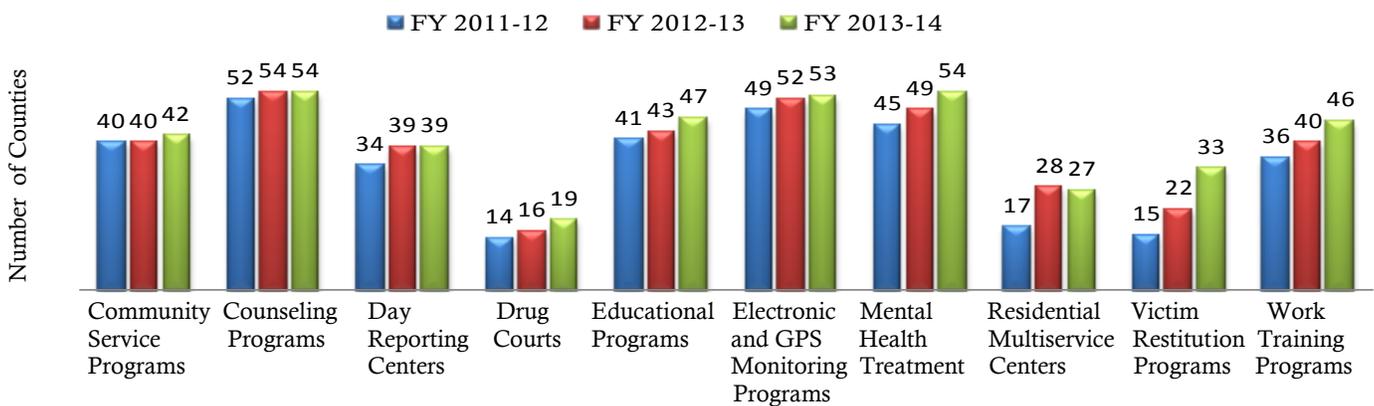
Participants in the Orange County Illumination Foundation job readiness class.

<sup>1</sup>A Copy of the survey is in the appendix.

*California must reinvest its criminal justice resources to support community corrections programs and evidence-based practices that will achieve improved public safety returns on this state's substantial investment in its criminal justice system.— AB 109*

Since then criminal justice officials and stakeholders in California's 58 counties have been engaged in innovative, productive and challenging conversations to set priorities that balance concerns over local public safety with alternatives to custody that stem cycles of crime. Those Community Corrections Partnerships (CCPs) also were tasked with planning for the development and/or enhancement of programming and treatment for offenders with co-occurring mental health needs. This report is the result of a 2013 survey by the BSCC of the state's 57 CCPs on the implementation of local CCP plans (A response was not received from Alpine County.) County approaches to realignment continue to be diverse as each finds the best approach for local offender needs; however commonalities can also be found. The chart below shows how counties have prioritized their efforts in FY 2011-12, 2012-13 and 2013-14 by showing the types of programs or services implemented under Realignment.

The CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code Section 1230.1



Counties increasingly are using data to drive their AB 109 funding decisions. The number of counties that use outcome measures to inform decisions continues to rise as 68 percent of all counties reported identifying outcome measures in the CCP plan adopted by the Board of Supervisors in FY 2011-12, 2012-13 or 2013-14. Of this total:

92 percent reported they used results from outcome measures in FY 2011-12, 2012-13 or 2013-14 to assist in local decision processes; and

70 percent “agreed” and 22 percent “strong agreed” the CCP made progress (as defined by the CCP) in achieving outcome measures identified in FY 2011-12, 2012-13 or 2013-14.

This indicates that counties value data-driven decisions and are working toward directing AB 109 funds to programs and practices that show the best and most promising results in rehabilitating offenders and keeping communities safe.

Law enforcement officials across the state talk about the change in their duties as they work to encourage offenders to stay in programs that will increase the chances of success. That change in culture and approach by local community partners is particularly noticed by offenders. The following was written by an offender from Sacramento County:

"I am a 52 year old repeat offender, I have been to the county jail and prison numerous times. Of all the times being incarcerated this time is different, and the reason for that is AB 109. I went to Rio Cosumnes Correctional Center where I was able to acquire certifications in custodial training, welding, food safety and handling, and computer aided drafting. I also attended classes such as Thinking for a Change, Change Counseling, Man Alive and employment. I benefited further by acquiring the tools that will help me become a productive member of society. The tools I have acquired are résumé, social security card, health care insurance, and a job. All of this was made possible because of my caseworker. From the beginning he has been very inspirational in helping me to make positive choices in my life. He makes sure I have transportation to appointments, whether it be a bus pass or him giving me a ride. It is my opinion that he has not only made my re-entry to society positive, but possible. I feel part of my success is due to his hard work, if only I would have had him and re-entry twenty years ago."

Through FY 2013-14 counties have made significant investments in local programming, staff hiring and training. They have entered into contracts with community-based organizations, employed risk assessment instruments to determine which offenders should be targeted for programs, and are providing services for those with substance abuse and/or co-occurring mental health concerns. This report illustrates each county's unique Realignment story, the county accomplishments and local success stories (as defined by the CCP), and includes vignettes from offenders on the life-changing impacts of AB 109.

# Introduction

## Overview

Senate Bill (SB) 92 (Chapter 36, Statutes of 2011) requires the Board of State and Community Corrections (BSCC) to collect each county's Community Corrections Partnership (CCP) implementation plan adopted by the Board of Supervisors and authorizes the BSCC to evaluate, publish, and disseminate statistics and other information on the condition and progress of criminal justice in the state. The BSCC is also required to submit a report to the Governor and the Legislature on the implementation of CCP plans effective July 1, 2013 and annually thereafter. This report is respectfully submitted in fulfillment of this mandate and is the second annual report on the implementation of CCP plans.

## Community Corrections Partnership

In 2009 the enactment of Senate Bill (SB) 678 (Chapter 608, Statutes of 2009) implementing the California Community Corrections Performance Incentives Act on criminal recidivism introduced the concept of a local community corrections advisory board known as the Community Corrections Partnership. AB 109 later tasked each CCP with recommending a local plan to the county board of supervisors for the implementation of 2011 Public Safety Realignment. Consistent with local needs and resources the plan could include recommendations to maximize the effective investment of criminal justice resources in evidence-based correctional sanctions and programs, including, but not limited to, day reporting centers, drug courts, residential multiservice centers, mental health treatment programs, electronic and GPS monitoring programs, victim restitution programs, counseling programs, community service programs, educational programs and work training programs (Penal Code section 1230.1).

Local CCP membership was defined in statute to include the chief probation officer as chair, the presiding judge of the superior court or his or her designee, a county supervisor or the chief administrative officer for the county or a designee of the board of supervisors, the district attorney, the public defender, the sheriff, a chief of police, the head of the county department of social services, the head of the county department of mental health, the head of the county department of employment, the head of the county alcohol and substance abuse programs, the head of the county office of education, a representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense and an individual who represents the interests of victims (Penal Code section 1230).

CCP Executive Steering Committees were established in each county for purposes related to the development and presentation of the plan to county Boards of Supervisors. Executive Steering Committee membership consists of the chief probation officer as chair, a chief of police, the sheriff, the district attorney, the public defender, the presiding judge of the superior court or his or her designee, and one department representative from the head of the county department of social services, the head of the county department of mental health or the head of the county alcohol and substance abuse programs as designated by the county board of supervisors.

CCP plans are deemed to be accepted by the county Boards of Supervisors unless the boards reject the plan by a four-fifths vote, in which case the plan goes back to the CCP for further consideration (Penal Code section 1230.1).

## Diverse Realignment Approaches

AB 109 empowered California's counties to explore a mixture of traditional and nontraditional solutions (e.g. counseling programs, day reporting centers, community service programs, etc.) to manage returning offenders. Across the state counties responded with an array of programs, trainings, risk assessment tools and evidence-based programs to assist with community reintegration while maintaining public safety. Examples of these efforts include:

- The Alameda County Community Development Agency and the Probation Department entered into a memorandum of understanding to provide housing to realigned clients. The housing program offers shelter diversion, shelter provision, housing services and rapid re-housing.
- The Colusa Probation Department opened a Day Reporting Center in November 2012 for all Post-Release Community Supervision and split-sentenced probationers. Initial services included Moral Reconciliation Therapy, a cognitive behavioral counseling program that combines education, group counseling and structured exercises to alter how clients think and make judgments about what is right and wrong. The Day Reporting Center also provides employment assistance through Colusa One Stop, and mental health assessments and services through the county Behavioral Health Department.
- The Kern CCP endorsed the belief that community-based organizations (CBO's) play an important part of the overall success of realignment in Kern County by allocating nearly \$1 million to a CBO program. These CBO's provide services to male and female offenders reentering the community through sober living environments, employment programs and case management services.
- A Misdemeanor Deferred Entry of Judgment Program (DEJP) is offered in Napa County. DEJP is the result of a local collaboration between the Probation Department and the District Attorney's Office and is an opportunity for misdemeanor offenders without significant criminal history to maintain a clean record. Offenders are assessed using an evidenced-based assessment tool and assigned a specific number of group counseling sessions. The group includes cognitive-behavior counseling, evidenced-based written assignments and individual and group processing.
- The San Bernardino Department of Behavioral Health (DBH) provides co-located behavioral health services at each regionally based Day Reporting and Reentry Services Centers (DRRSC). Services include mental health assessments, drug and alcohol services, case management by a mental health specialist and individual and group counseling. Under the leadership of DBH each of the DRRSC obtained Medi-Cal certification to provide substance abuse and/or mental health treatment. The Transitional Assistance Department (TAD) is co-located at the DRRSC and assists with enrollment in Medi-Cal healthcare plans, enrollment in the Cal-Fresh program and provides referrals for clients who are eligible to receive general relief or CalWORKS services.
- The San Mateo Human Services Agency, Health Department, Probation Department and the Sheriff's Office collaborated to open Service Connect. Service Connect offers emergency housing vouchers, benefits (food, medical, cash) application assistance, employment services, substance abuse and mental health screening and treatment referrals, peer mentors, Moral Reconciliation Therapy and individual counseling.
- The Trinity County Probation Department entered into a Memorandum of Understanding with the Human Response network to provide case planning and transitional housing for Post-Release Community Supervision clients returning to the county.

## Priority Areas

As part of its 2013 survey the BSCC asked each CCP to rank the local priority areas for FY 2011-12, 2012-13 and 2013-14. To standardize responses the BSCC provided counties a list of nine priority areas. Priority areas were representative of information counties included in FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report *2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*. Counties were asked to rank each priority area from 1 to 9. A rank of 1 indicated that area was the highest priority (as defined by the CCP) and a rank of 9 indicated that area was the lowest priority (as defined by the CCP). The below chart illustrates the average statewide rankings of priority areas from FY 2011-12 through FY 2013-14.

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Health	2. Health	2. Health
3. Risk Assessment	3. Day Reporting	3. Day Reporting
4. Staff Training	4. Data	4. Data
5. GPS	5. Risk Assessment (tie)	5. Risk Assessment
6. Day Reporting	5. Staff Training (tie)	6. GPS
7. Data	7. GPS	7. Staff Training
8. Law Enforcement	8. Medical	8. Medical
9. Medical	9. Law Enforcement	9. Law Enforcement

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

Staffing and Public Health/Mental Health were consistently ranked as the highest priority areas through FY 2013-14, Day Reporting Centers and Data saw noticeable increases from FY 2011-12 to FY 2012-13 and Local Law Enforcement was the lowest ranked priority area for FY 2012-13 and 2013-14. Counties cited several reasons for changes in priority areas ranging from an increase interest in data-driven decision making, the opening of Day Reporting Centers, an increased use of electronic monitoring, to reimbursement opportunities available under the Affordable Care Act. Information pertinent to individual county decisions can be found in the “Individual County Profiles.”

Through the first three years of realignment each county has taken a unique approach to treatment, housing, data collection, assessment and/or programming to best serve the local offender population. This report highlights local activities provided to the BSCC by each CCP and is not intended to be an exhaustive account of all county programs or services, or a substitute for reading a county’s CCP plan.

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## Local Success Stories

Each county completing the BSCC survey on the implementation of Community Corrections Partnership (CCP) plans was asked to share a success story (as defined by the CCP). Responses included brief quotes as well as stories from offenders. The following pages highlight three success stories from the counties of Monterey, Riverside and Siskiyou. Additional information on local success stories can be found in the section of the report titled “Individual County Profiles.”



Participants of the Mendocino County Ford Street Project, which offers residential treatment services.

## Success Story: Monterey County

KZ is a female offender who was released from California Department of Corrections and Rehabilitation custody to the supervision of the Monterey County Probation Department on October 22, 2011. Because she was actively participating in the Substance Abuse Program (SAP) while in prison, the Probation Department authorized her release from prison to the Female Offender Treatment and Employment Program at Treasure Island (FOTEP), where she remained until she voluntarily left the program on November 25, 2011. After failing to report to the Probation Department, a warrant for her arrest was secured. KZ later reported to the office and the warrant was recalled. She refused to receive a psychosocial assessment by Behavioral Health staff and declined to attend therapeutic counseling services. She was then directed to enroll in, and successfully complete, the Day Reporting Center (DRC). Because of her institutionalized mentality and criminal sophistication, staff at the DRC later requested that she be removed from the program, as she was intimidating and threatening fellow female clients to provide her with clean urine samples, and was believed to be a detrimental influence upon the other clients in the program. Based upon this request, her excessive absenteeism, and her confrontational attitude, she was terminated from the program. This failure, in conjunction with several positive drug screenings, resulted in the department placing her under arrest and detaining her for a period of flash incarceration.

KZ continued to fail to report as directed upon release from jail and was subsequently found to be in possession of a weapon, prescription narcotic pills, and alcohol inside her vehicle during a routine compliance search. She was again placed under arrest and detained for a period of flash incarceration and was again referred to the Behavioral Health Department for a psychosocial assessment by the psychiatric social workers co-located in the Adult Probation Department. Following this assessment, she was referred to the Door to Hope Program for outpatient counseling services and began staying at the Women's Shelter at Dorothy's Kitchen in Chinatown. Despite superficial compliance, she continued to display a confrontational, caustic attitude towards community supervision and often became belligerent when confronted by probation staff. KZ again failed to report and a warrant was issued for her arrest. After being arrested several months later by local police, she signed a Waiver of Court Appearance and agreed to serve (120) days in custody for her violations. After being released early from the jail, she was again evaluated by the Behavioral Health Department and referred to outpatient drug counseling services. Shortly thereafter, she again failed to report and abandoned treatment services, resulting in the issuance of a bench warrant by the Court.

On May 10, 2013, approximately nine months following the issuance of a warrant for her arrest, KZ was arrested by local police. Upon arrest, it was discovered that she was pregnant and receiving medically indicated methadone from a local collaborative agency. Based upon her high-risk pregnancy, methadone treatment, and jail policies regarding the same, the Probation Department removed her from jail custody and placed her on electronic monitoring for a period of thirty days so that she could continue to receive medical services in the community. By her own admission she was "shocked" by the Probation Department electing to remove her from incarceration and work with her to secure necessary services in the community in lieu of extensive incarceration.

This event resulted in a monumental change in KZ's attitude and perception. After extensive counseling with her probation officer and collaborative agencies, she embraced her supervision and began to show a marked change in behavior. She no longer expressed contempt towards her supervision and began making genuine strides in changing her lifestyle and behavior. KZ was subsequently referred to the Seeking Safety Program at the Probation Department, the Office of Employment Training for vocational training and placement, and to the Housing Program through Turning Point to assist her in locating appropriate housing for herself and her unborn child.

She now openly discusses her struggles with sobriety and family stressors with the Probation Department and collaborative agencies, has been open to suggestions on how to cope and overcome these issues, and has implemented recommended changes in her personal life and relationships. She has continued to report on a regular basis; frequently calling to report milestones in achievement and to speak with her probation officer to resolve conflict she was experiencing in her life, outside of her required reporting mandates.

KZ received housing assistance services in the form of emergency housing at a local motel and rental assistance after securing permanent housing in anticipation of the birth of her child. She completed a work experience program at a sporting goods store through the Kickstart/Office of Employment Training Program and has been approved to receive vocational training upon receipt of medical clearance after the birth of her child in September, 2013. She is anxious to return to work, as she wants to learn skills that will enable her to support herself and her child financially, which is something that she has never been able to do in the past. She has maintained sobriety and has placed herself on the waiting list for La Plaza, a local low-income housing development, and Pueblo del Mar, a long-term transitional housing program for families on the peninsula. At present, she is weaning herself from methadone, with the hope that she can continue to breast-feed her new child. She continues to report to the Probation Department of her status and makes regular contact with collaboratives to continue services. She has recently initiated counseling for herself and her partner through the Pathways Program so that they can learn to communicate better and become positive parents for their child. The Probation Department continues to work to secure her permanent housing and services in the community. She was anticipated to terminate from Post-Release Community Supervision on May 10, 2014.

## Success Story: Riverside County

In October 2012 Riverside County opened a Day Reporting Center (DRC). The DRC is a collaborative effort between many community agencies including the Probation Department, Department of Mental Health, Riverside County Office of Education, Department of Public Social Services, and Public Health. Since its opening the DRC has received numerous letters of support from past attendees. The following letter is a verbatim transcription from an offender whose life was significantly impacted by his participation in the services and programs offered at the DRC.

“Hello; I am a student at the D.R.C. taking the E.D.A Class. This class deals with resume writing and how to present your information and yourself to any employer that you may wish to work for. It also covers how to present and overcome your (mine too) past. I believe I’m at 14 Felonies!! I myself have been out of State Prison for almost 8-mo. now. By the way, that makes prison term # 8!! My first prison term was Federal at the age of 33. Since then (March 10, 86). I just finished term #8 (7-state prison terms. I’m now “60” years old. ALL my life, until my first term. I never had any problem in getting a job. I have many job skills. Some of them even scare me!! However, now that I have a prison record that seemed to keep getting bigger as time went on. It became next to impossible to obtain any type of work. After my 1st term with no work in sight and losing everything that I loved, cared about, as well as owned up to that point in life. Oh yea, lets not forget that I was also tired, cold, broke, at a complete loss and most of all Hungry!! I learned quick that “hunger is a good master”. So when a chance came along to sling some meth, I took it!! Yeah, both eyes wide open, knowing it was wrong. Soon however, all those guilt feelings vanished. I had money, a roof over my head, food and ah, I feel that I’m forgetting something. Lets see, I still had “3” Harleys. Two of which were beautiful show bikes, both were 1950 Panheads and one new 1985 FXWG. Did I mention all the women?

Well gee, I was that guy overnight life was looking good. At least until I got busted. Then prison term #2. All the way until now, I was never offered or even knew or heard about any type of help. It just wasn’t there at all!! Every Parole Officer I ever had, made it perfectly clear that their job was to do there utmost to put me back in prison as soon as possible!! I suppose they must have had a large case load or something! I was out for about 3-mo. or so before I was assigned a Probation Officer Mr. Frank Doña. I report everyday because I’m homeless. So after awhile, I was running into Frank more + more. We talked some from time to time, if I had a problem he would help me if possible. One day he mentioned the D.R.C. and asked if I would be interested. If it would help me in getting a decent job I’m all for it!! A slim chance is better than nothing. My 1st day there I have to admit, everyone there were really concerned, very friendly but most of all, treated me with respect and dignity like I was an equal instead of just a number. This fact amazed me very much!! I’m here to tell you, there demeanor still hasn’t changed. The following week, my first class started. The instructor Mr. Jeff Boyd is very knowledgeable about all aspects of his class. He can answer any question put before him and give a detailed answer then explain why that is the correct answer as opposed to something else. Bottom line is that the times have changed and we or at least myself was left behind!! You will get all the “tools needed! In my honest opinion if there is to be any real help for ex-cons, this has got to be it. I wish this class and help were offered to me 20+ years ago.

There is now doubt what so every that it would have prevented the last “7” prison terms. Not to mention restored my life back to being normal and orderly!! There are also several other classes for help in various other areas where ex-cons develop problems. I have met these people also, and the same goes for them all. You can’t help to feel they really care about us and are very sincere in there work. If it is in their power to workout, solve or direct you to where your problem can be fixed. They will gladly get the proper information most of the time, in a few minutes or the same day.

Listen and believe this! If help is to be given for ex-cons the D.R.C. is the place where you will find it. I have never written a letter about something like this before. It gives my great pleasure and pride to share the importance of this what is now being offered after all these years.

I'm also honored to be a graduate of the 1st class!! I've never been a plankmember of anything. To all of you, Thank you!! CID# XXXXXX Michael XXXXXX

P.S. Frank Doña Riverside Probation Corona Office, Miss Courtney Johnson Riverside Day Reporting Center, "Big Chris" who runs the criminal thinking awareness and the receptionist at the D.R.C. Who put forth a great effort to their very important and sometimes difficult job! You all make it look so easy!!

P.S.S. I wrote this slow in case some of you don't read fast!!

## Success Story: Siskiyou County

F is a 30 year old adult male who has been involved within the criminal justice system since he was a young teenager and the majority of his family have been incarcerated at some point as well. In the past F had participated in a variety of programs including some county provided Alcohol and Other Drug (AOD) treatment, work release programs and other types of treatment groups. On May 13, 2012 F was arrested for domestic violence and violation of probation, this was less than a year from his completion of a work program for drug charges. F was given a final chance by the local court system to make changes in his life and was sentenced to serve his time in the County Jail.

F was released to the work program to serve his time. F was one of the first work program participants assigned to work crews at the Day Reporting Center (DRC). While F had been through various programs (including work release) this was the first time he had ever participated in multiple programs at once. Aside from being a Drug Court participant F was also enrolled in the services offered at the DRC— these included Equine Therapy, AOD groups, individual counseling, the Change Companies' Interactive Journaling® and the Work program. Anytime F was not in a group he was working on a crew completing landscaping projects, brushing, trail building and other community projects. Initially F struggled with all that was expected of him. The amount of physical and emotional work that was asked (simultaneously) was new and difficult to manage, however as he began to work and meet the expectations put forth he saw positive changes in his life that made him work harder.

F successfully completed all groups and the work program. While participating in the group multiple individuals supported, mentored, provided services and worked with him to achieve his goals. F completed his jail sentence and chose to continue attending the DRC. When asked why, he stated “reporting keeps me on track and away from using.” Staff at the DRC regularly encouraged F and helped him obtain full-time employment. F has not reoffended since his completion of the program and checks in with staff to let them know how he is doing. In a recent interview F stated the following “Without the help of the DRC and work program I would be in prison right now. I am very grateful for the opportunity I have been given.”

# Individual County Profiles



San Diego County Superior Court Judge Desirée Bruce-Lyle, seated at the head of the table, leads a Mandatory Supervision Review meeting with community providers and local law enforcement.

# ALAMEDA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

The Probation Department contracted with America Works to provide realigned clients employment training, placement and job placement support. Behavioral Health Care Services initiated a Request For Proposal (RFP) process and awarded contracts to community-based organizations for treatment of substance use disorders for realigned clients. Behavioral Health Care Services contracted with Center Point Inc. to provide referral and case management responsibilities for substance use disorders. Alameda County Community Development Agency (ACCDA) and the Probation Department developed a housing program for realigned clients. The housing program offers shelter diversion, shelter provision, housing services and rapid re-housing.

### Innovations in Reentry

Innovations in Reentry is a pilot grant program (supported by Public Safety Realignment dollars) designed to spur innovative, creative ideas for addressing the needs of the adult reentry population. The fund awards grants to support community-based projects that contribute to reducing adult recidivism in Alameda County. Innovations in Reentry is not designed to support existing programs or services or provide ongoing grants. Rather, these grants are meant to serve as incubation funds for creative projects that will improve service delivery and strategies in the field of reentry.

In 2013, through a participatory decision-making process, Innovations in Reentry selected nine grantees to receive 18-month grants: Asian Prisoner Support Committee, Centerforce, Lawyers Committee for Civil Rights, Planting Justice, PUEBLO, The Gamble Institute, The Mentoring Center, UCSF Office of Sponsored Research, and Youth Uprising.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			
Counseling Programs			
Day Reporting Center		✓	✓
Drug Courts			
Educational Programs			
Electronic and GPS Monitoring Programs			
Mental Health Treatment Programs	✓		✓
Residential Multiservice Centers		✓	
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2012-13 the ACCDA and the Probation Department entered into a memorandum of understanding to provide housing to realigned clients. The housing program offers shelter diversion, shelter provision, housing services and rapid re-housing. In FY 2012-13 the CCP initiated the RFP process for an Innovations in Reentry Fund. The fund will distribute grants used as incubation funds for creative projects to improve service delivery and strategies in the field of reentry. Innovations in Reentry projects must introduce a novel, creative, and/or ingenious approach to practices related to reducing adult recidivism.

**Describe a local success story (as defined by the CCP).**

A client was having trouble reporting and was questioned for a serious felony event. The fear of returning to jail caused the client to change his ways. He has since completed six weeks of residential treatment at New Bridge Foundation and attended treatment at Options Recovery Services. The client has lived in a sober living environment for the past three months, and all drug tests have been negative for narcotics. The client recently completed forklift training and received a forklift license. Alameda County Department of Child Support Services lifted the hold on the client's driver's license. The client is in the process of creating a resume to find employment and plans to take the GED exam in December.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Day Reporting	1. Day Reporting
2. Data	2. Data	2. Risk Assessment
3. Medical	3. Risk Assessment	3. Data
4. Health	4. Health	4. Health
5. Risk Assessment	5. Staffing	5. Staffing
6. Law Enforcement	6. Medical	6. Staff Training
7. Staff Training	7. Staff Training	7. Law Enforcement
8. GPS	8. Law Enforcement	8. Medical
9. Day Reporting	9. GPS	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*Evidence-based practice trends and community input were influential in priority changes from FY 2011-12 to 2012-13 and from FY 2012-13 to FY 2013-14.

# AMADOR COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).

County-provided programs and services include:

- Pre-Trial Supervision;
- Alternative Sentencing Program;
- Moral Reconciliation Therapy;
- Health and Human Services Sober Living Environment Beds; and
- Community Based Organization Community Supervision.

*The Alternative Sentencing Program has an 86% completion rate and has saved 3,017 jail bed days. The Pre-Trial Supervision Program has a 50% completion rate and has saved 656 jail bed days.*

In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs			

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Amador County Probation began operating an Alternative Sentencing Program and Pre-Trial Supervision Program consistent with the CCP goal of positively affecting the jail population. The Alternative Sentencing Program has an 86% completion rate and has saved 3,017 jail bed days. The Pre-Trial Supervision Program has a 50% completion rate and has saved 656 jail bed days

**Describe a local success story (as defined by the CCP).**

An offender released to Post Release Community Supervision came back to Amador County without a residence, significant drug dependence issues and unresolved mental health issues. The offender was initially set up with housing at a local shelter and referred to Amador County Behavioral Health for enrollment in an AB 109 treatment program. During the course of treatment the offender found housing, remained clean, began addressing Post-Traumatic Stress Disorder and took steps to become self sufficient. After one year of supervision the offender was successfully released and remains active in the AB 109 group, providing support to other offenders in the program.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. GPS	2. GPS	2. GPS
3. Data	3. Data	3. Data
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Health	5. Health	5. Health
6. Staff Training	6. Staff Training	6. Staff Training
7. Law Enforcement	7. Law Enforcement	7. Law Enforcement
8. Medical	8. Medical	8. Medical
9. Day Reporting	9. Day Reporting	9. Day Reporting

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# BUTTE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

Butte County Sheriff's Office (BCSO) expanded its electronic and GPS monitoring program, called Alternative Custody Supervision (ACS), with a comprehensive plan to supervise offenders within the community. BCSO developed and opened the BCSO Day Reporting Center (DRC) in late 2011 to provide evidenced-based classes designed to address ACS offenders' individual criminogenic needs in order to reduce recidivism within this population. Sentinel Offender Services was selected as BCSO's vendor to provide evidence-based programming at the DRC as well as the electronic monitoring for the ACS population. BCSO had a contract with Butte County Public Works to supply an inmate work crew for projects throughout the community. ACS offenders were trained and assigned to this program. BCSO also partnered with the Alliance for Workforce Development to provide job readiness training to ACS offenders.

**Describe a local success story (as defined by the CCP).**

An offender placed on ACS in July 2012 for drug possession has successfully reintegrated into the community. While on the program the individual completed two evidence-based cognitive behavioral therapy programs (including one specifically designed for relapse prevention), enrolled as a full-time student at the local community college, and participated in the Community Impact Mentoring Program. May 2013 marked his successful completion of the ACS program. The individual continues to meet with his mentor, attends college classes for Media Arts, and returns to the Butte County Jail to offer ministry and support for inmates. He believes if he can be successful, so can they.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓		✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	
Victim Restitution Programs		✓	✓
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

BCSO developed and opened the Day Reporting Center (DRC) in late 2011 to provide evidenced-based classes designed to address ACS offenders' individual criminogenic needs in order to reduce recidivism within this population. Sentinel Offender Services was selected as BCSO's vendor to provide evidence-based programming at the DRC as well as the electronic monitoring for ACS population. Since its inception, the DRC has expanded programs and services to ACS offenders to include:

- Online GED programs;
- Job readiness;
- College readiness;
- Narcotics Anonymous;
- A Mentoring Program;
- Computer Literacy;
- Three inmate work crews;
- Child Support Restitution;
- Methamphetamine Prevention; and
- Landscaping.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. GPS	1. Day Reporting	1. Day Reporting
2. Day Reporting	2. GPS	2. Data
3. Staffing	3. Data	3. GPS
4. Staff Training	4. Staffing	4. Staffing
5. Risk Assessment	5. Risk Assessment	5. Law Enforcement
6. Data	6. Staff Training	6. Health
7. Health	7. Health	7. Medical
8. Law Enforcement	8. Law Enforcement	8. Risk Assessment
9. Medical	9. Medical	9. Staff Training

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*Changes in priority areas from FY 2011-12 to FY 2012-13 and FY 2012-13 to FY 2013-14 were impacted by the establishment of Alternative Custody Supervision and Day Reporting Center programs. Further program/service development and data collection measures were also refined locally.

# CALAVERAS COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13, and or 2013-14, identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

FY 2011-12: Calaveras Probation Department begins its Alternative Sentencing Program, offering electronic monitoring and community service work in lieu of jail custody.

FY 2012-13: Calaveras County Behavioral Health Services, the Public Library and Probation Department collaborated on programming for a day reporting center. Services includes cognitive-behavioral programming, substance abuse counseling, GED preparation, employment readiness training, and anger management/domestic violence counseling.

### **Describe a local success story (as defined by the CCP).**

An offender sentenced to three years in county jail per penal code 1170(h)(5) was ordered to serve 1 year in custody and 2 years on mandatory supervision (also on state parole for a prior offense). Upon release from jail in June 2013, the offender enrolled in the Day Reporting Center and availed himself of all available services despite a history of non-compliance. In December 2013, while maintaining sobriety and obtaining full-time employment, the individual graduated from the Day Reporting Center. The individual continues to be a volunteer leader at the Day Reporting Center, providing orientation to his peers new to the program.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs			
Residential Multiservice Centers			
Victim Restitution Programs			✓
Work Training Programs			✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

On April 5, 2013 the CCP opened its Day Reporting Center.

*In FY 2011-12, the Calaveras County Behavioral Health Services, Library and Probation Department collaborated on programming for a Day Reporting Center. Services include cognitive-behavioral programming, substance abuse counseling, GED preparation, employment readiness training, and anger management / domestic violence counseling.*

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Day Reporting	1. Staffing	1. Staffing
2. Staffing	2. Day Reporting	2. Day Reporting
3. Health	3. Medical	3. Health
4. GPS	4. Health	4. Medical
5. Risk Assessment	5. Staff Training	5. Law Enforcement
6. Data	6. GPS	6. Staff Training
7. Staff Training	7. Data	7. GPS
8. Law Enforcement	8. Risk Assessment	8. Data
9. Medical	9. Law Enforcement	9. Risk Assessment

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In FY 2012-13 the priority for staffing increased as no hiring had been done in the prior fiscal year. Medical-Related Costs also moved up in ranking as the CCP funded a catastrophic health insurance plan for the county jail and the CCP funded the medical costs of a terminally ill AB109 offender serving a PC 1170(h)(5)(A) sentence in the county jail. Staff Training moved up in ranking, as newly hired staff required training. Risk Assessment Instruments moved down in ranking as it was in place and being implemented.

\*In FY 2013-14 Medical-Related Costs moved down in ranking as costs associated with the terminally ill jail inmate were less than anticipated. Local Law Enforcement moved up in ranking, as the CCP funded equipment costs of a municipal police department.

# COLUSA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

FY 2011-12: Colusa One Stop and Addiction Recovery Colusa (ARC) collaboration formed, Moral Reconciliation Therapy (MRT) begins, Probation uses Electronic Monitoring/GPS, Mental Health Treatment and a Behavioral Health Work Training Program offered.

FY 2012-13: Cognitive interventions formalized and scheduled two times a week, mental health services implemented at the Day Reporting Center (DRC), expansion of behavioral health education and employment assistance at the DRC, implementation of GED program at the jail, and expansion of the ARC services to include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Domestic Violence.

FY 2013-14: Expansion of jail services to include MRT, education and mental health services. Expansion of DRC services to include Behavioral Health Creative Memories Workshop, Life Skills Program, Graduate Incentive Program, MRT graduate support group, additional Social Services staff and the development of a risk and needs matrix.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs		✓	✓
Work Training Programs	✓		✓

\*FY 2012-13: Opened a Day Reporting Center and began incorporating mental health evaluations and services based on the risk and needs assessment of clients.

\*FY 2013-14: Developed and implemented a Creative Memories Workshop to assist clients in focusing on the positive aspects of their lives and to experience the satisfaction of completing a project and possibly giving a gift.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Probation Department opened a DRC in November 2012 for all Post-Release Community Supervision (PRCS) and split-sentenced probationers. Initial services included MRT, a cognitive behavioral counseling program that combines education, group counseling and structured exercises to alter how clients think and make judgments about what is right and wrong. The DRC also provides employment assistance through Colusa One Stop, and mental health assessments and services through the county Behavioral Health Department. Probation arranged for substance abuse programs, including penal code 1000 classes, Prop 36 classes, and AA and NA through ARC. These offerings were the foundation of the "one stop" safety net the department envisioned to better assist clients.

*An AB 109 probationer with a history of substance abuse, on mandatory supervision, was enrolled in Moral Reconation Therapy at the DRC. The individual was placed on an intensive supervision caseload with enhanced drug testing and successfully completed probation by attending and actively participating in all curriculum classes. Additionally, this former probationer started two jobs, purchased a car, established her own residence and divorced her husband who is on PRCS status and struggling to "stay on the straight and narrow."*

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Risk Assessment	1. Risk Assessment	1. Risk Assessment
2. Staff Training	2. Staff Training	2. Day Reporting
3. Health	3. Health	3. Health
4. Staffing	4. Day Reporting	4. Data
5. Law Enforcement	5. Staffing	5. Law Enforcement
6. GPS	6. Law Enforcement	6. Staff Training
7. Day Reporting	7. GPS	7. Staffing
8. Data	8. Data	8. GPS
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In FY 2011-12 to FY 2012-13 the Day Reporting Center became a higher priority in order to provide appropriate services to our PRCS and Split Sentenced (Mandatory Supervision) probationers. Research shows that when a person is released from confinement/incarceration a re-entry plan that ensures an individually targeted transition from jail to structured programs and intensive supervision will provide the best opportunity to lower recidivism rates. Further research supports that rehabilitative treatment of convicted offenders in one-on-one or small groups is more effective than correctional sanctions. In FY 2012-13 and FY 2013-14 priorities changed once the DRC was opened and functional, which resulted in enhanced supervision, expanded services, and a focus on data identification and collection to make better decisions on the direction of treatment programs.

# CONTRA COSTA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

The Contra Costa County Behavioral Health Division provided transitional assistance to offenders, including reentry services and linkages to mental health, housing, alcohol and substance abuse services.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Collaborations between the Behavioral Health Division and the Probation Department dating back to October 2011 have positively impacted system-wide responses and client outcomes. The Arraignment Court Early Representation (ACER) program developed by the Public Defender and District Attorney began in FY 2012-13. ACER ensures representation at the first court appearance and has reduced county jail bed days by 2 to 10 days for people deemed eligible for release. Contracts with community-based programs focused on enhanced efforts to address employment training and placement, short-and long-term housing, mentoring and peer support services also occurred in FY 2012-13. The county is currently in the planning process for regional reentry resource centers.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs			✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs		✓	✓
Work Training Programs			✓

\*Additional community-based programming was added related to work training and placement, mentoring and peer support, data and analysis, and early disposition and arraignment services by both the District Attorney and Public Defender. Local law enforcement support was added for four of the most highly impacted AB 109 cities.

**Describe a local success story (as defined by the CCP).**

Bryan was released from the California Department of Corrections and Rehabilitation in March 2012. His referring offense was Penal Code (PC) 530.5, PC 273(A) and PC 273.5. He was committed for 4 years, 8 months. When he reported to Probation Bryan said he did not receive any visits while he was in prison. Bryan appeared to be very anxious and did not feel comfortable walking around town. Bryan had already been seen by Behavioral Health, which responded to his growing concern and connected him with emergency mental health services due to his deep depression and feeling of being overwhelmed. Bryan signed up with a provider and was prescribed medication, and the next month he also was linked with the Forensic Mental Health team to begin regularly scheduled services. Bryan wanted his facial tattoos removed and was referred to a contracted partner for assistance. Bryan stuck with the treatment and the tattoos have been removed. By June Bryan joined job training and placement services and ultimately got a job as a house roofer. Soon he reconnected with his three children and they came to spend a week with him. Although he has maintained his job Bryan has applied for another job at Target. He has been successful in his compliance with probation and successful in his personal life.

**For FY 2011-12, 2012-13, and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Health
2. Health	2. Health	2. Staffing
3. Risk Assessment	3. Staff Training	3. Data
4. GPS	4. Risk Assessment	4. Law Enforcement
5. Staff Training	5. Data	5. Risk Assessment
6. Data	6. Medical	6. Staff Training
7. Medical	7. Law Enforcement	7. GPS
8. Law Enforcement	8. GPS	8. Medical
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In FY 2012-13 less emphasis was placed on staff training needs. Although individual departments have been collecting data, the County also began the process of investing in comprehensive data collection and evaluation that would unite all the data collected and provide a more complete picture. In FY 2013-14 revenue was provided to local law enforcement for the four cities with the highest number of offenders returning to their communities (Richmond, Antioch, Concord and Pittsburg).

# DEL NORTE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13, and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff’s Department, Department of Public Health, etc.).**

In FY 2012-13 residential and substance abuse treatment programs were implemented in the county.

### **Risk Assessment Tool**

In keeping with the current evidence-based trends for offender management the Probation Department assesses offenders to determine the level of risk they pose to the community and what treatment modalities would best achieve measureable outcomes. Criminogenic needs are those attributes that if treated are most likely to decrease the likelihood of future criminality. The Probation Department uses the Static Risk Assessment and Offender Need Guide (STRONG) tool as its risk and needs assessment instrument.

The STRONG assessment tool accomplishes four objectives:

- Classifies an offender’s risk level to determine level of supervision;
- Identifies the risk and protective factors linked to criminal behavior to target effective interventions;
- Develops a case plan focused on reducing risk factors and increasing protective factors; and
- Allows for ongoing monitoring of the offender’s progress.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center		✓	✓
Drug Courts	✓		
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In 2012 Del Norte County opened a Day Reporting Center, implemented Cognitive Behavioral Therapy (CBT), and expanded substance abuse programming. To date the Post-Release Community Supervision (PRCS) population has responded well to the expanded service options. The county also opened a residential program that provides offenders with a pro-social environment removed from past negative associations, allowing them to build a sober and supportive social network.

*The Probation Department uses the Static Risk Assessment and Offender Need Guide (STRONG) tool as its risk and needs assessment instrument.*

**Describe a local success story (as defined by the CCP).**

Two offenders with extensive and violent criminal histories returned to the county with a myriad of challenges, i.e. anti-social associates, substance abuse and poor employment backgrounds. Both individuals have been immersed in the Cognitive Behavioral Therapy (CBT) and Matrix substance abuse services. At this time both individuals are living in a residential facility and one has recently found full-time employment. For these two former career criminals the progress has been very encouraging.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Risk Assessment	1. Risk Assessment	1. Staffing
2. GPS	2. Health	2. Day Reporting
3. Health	3. GPS	3. Risk Assessment
4. Staff Training	4. Day Reporting	4. Staff Training
5. Staffing	5. Staffing	5. Health
6. Data	6. Staff Training	6. GPS
7. Law Enforcement	7. Law Enforcement	7. Data
8. Medical	8. Data	8. Law Enforcement
9. Day Reporting	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*Changes in priority areas from FY 2011-12 to FY 2012-13 were impacted by the opening of a Day Reporting Center. In FY 2012-13 to FY 2013-14 priority for staffing increased to meet supervision and programming needs.

# EL DORADO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- The Sheriff's Office was able to use Inmate Services Officers in both jail facilities to complete necessary assessments to determine which inmates can be safely released into the community on alternative sentencing, coordinate jail program services while in custody, coordinate case management with other agencies and providers, and provide transitional planning prior to an inmate's release to increase his/her success in the community after release.
- Increased drug and alcohol services to inmates in both jail facilities, including Moral Reconciliation Therapy provided by the Health and Human Services Agency.
- Established an infrastructure that allows dedicated Probation staff to supervise, complete risk and needs assessments, and manage offenders on Post Release Community Supervision, mandatory community supervision and also expanded supervision roles to other offender populations.
- Increased treatment contract(s) to maintain an appropriate level of health and mental health services to inmates in both jail facilities. Provided necessary resources for transitional psychotropic medication for inmates being released to the community.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center		✓	✓
Drug Courts			
Educational Programs			✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs			

\*FY 2012-13 increased funding to jail facilities for staffing and medical and mental health services due to impacts of the 1170 (h)(5)(a)&(b) population. Additionally the CCP recognized the need for a Day Reporting/Community Corrections Center for the western slope of the county. FY 2013-14 added plans for an enhanced education program for the jail facilities as well as the Community Corrections Center. In addition the CCP recognized the need for data collection and analyses and added a Senior Analyst position under the supervision of the Chief Administrator's Office.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

To meet increased workloads resulting from realignment the county has added additional staff, improved jail programming and is providing medical and mental health care services to offenders serving longer commitments in jail. Health and Human Service Agency staff identified in prior years to provide direct offender services will be hired. In FY 2013-14 the county anticipates opening the Community Corrections Center.

**Describe a local success story (as defined by the CCP).**

Moral Reconciliation Therapy (MRT) was implemented in the El Dorado County jail in August 2012. A woman with a 15-year history of alcohol and cocaine use and a 21-year history of methamphetamine use was accepted into the program. Her criminal history included multiple drug charges and probation and parole violations. She reported she had served about 5 years total incarceration time throughout her life. She started the MRT program in August 2012, was one of the first participants to complete all 12 steps and graduated in April 2013. Upon her release she started attending church and 12-step meetings and re-engaged in parenting her young children. She has a goal to open her own business and in jail discussed the possibility of attending college classes. Her probation officer reports no positive alcohol or other drug tests or re-arrests since her release from jail.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Medical	2. Day Reporting	2. Day Reporting
3. Health	3. Health	3. Health
4. Data	4. Medical	4. Medical
5. GPS	5. GPS	5. GPS
6. Law Enforcement	6. Data	6. Data
7. Day Reporting	7. Law Enforcement	7. Law Enforcement
8. Risk Assessment	8. Risk Assessment	8. Risk Assessment
9. Staff Training	9. Staff Training	9. Staff Training

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*Changes in priority areas from FY 2011-12 to FY 2012-13 were impacted by plans for a Community Corrections Center for the western slope of the county. This had a domino effect with other priorities, such as the need for additional staff and contracts from Health and Human Services for direct service delivery to the Community Corrections Center population.

# FRESNO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

On August 5, 2013 the CCP funded the Transition from Jail to Community (TJC) Housing Unit at the Fresno County Jail. This unit is staffed by a Correctional Sergeant, two Correctional Officers, two Probation Officers and a social worker. Inmates housed in this new unit are AB 109 Mandatory Supervision inmates who are assessed as Moderate to High risk to reoffend. The unit is comprised of a “mixed” classification of inmates (Minimum – Administrative Segregation). Using the Static Risk and Offender Needs Guide (STRONG) assessment tool, the inmates top criminogenic need domains are determined and programming is targeted to these specific areas. Programs provided include but are not limited to: Cognitive Behavioral Restructuring (Thinking for a Change), Substance Use Disorders Treatment, Anger Management, Family Systems, Education and Individual Counseling. To date six inmates have been successfully transitioned back to the community with Probation partners providing intensive supervision. These individuals are continuing their community treatment and all remain arrest free as of this report. This a tremendous achievement for the County of Fresno, where classification issues and an overcrowding consent decree has made programming almost impossible in the custodial facility.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓		✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs			✓

\*Includes the opening of a transition and re-entry pod at the jail staffed by correctional and probation officers; receipt of grants from the Urban Institute and the National Institute of Corrections to address reentry; funds allocated for pre-doctoral students to administer assessment and counseling services and homeless service center money in conjunction with state parole.

**Describe a local success story (as defined by the CCP).**

The multi-agency Adult Compliance Team (ACT) unit has made a tremendous difference in the development and implementation of the AB 109 Public Safety Realignment Act by providing innovative and integrated services for the offender population while contributing to public safety. With a goal of reducing criminal acts through the support of targeted activities for this population, the multi-tasked ACT unit made over 1,200 offender and public safety contacts in both the first and second years of operation. Housed at the Fresno County Probation One Stop Probation Center for AB 109 offenders, the ACT unit consists of Probation Officers (2), a Fresno Police Officer (1), a City of Clovis Police Officer (1), a District Attorney Investigator (1), and is led by a Fresno County Sheriff’s Sergeant. The ACT multi-agency unit operates throughout the county and though the use of internet-based innovative programming is in constant communication with team members as well as other law enforcement agencies. We believe this integrated multi-agency team concept that pairs probation and law enforcement agencies, including the district attorney’s office, to address AB 109 realignment populations is the only operational team of its kind in the State of California. The ACT was in unchartered territory; members took the job and made it one of the most proactive and efficient methods of dealing with offenders in Fresno County. It is a concept that can be replicated to meet every jurisdictions’ needs. Through the ACT alliance the goals of and support for AB 109 legislation are being met.



Members of the Fresno County ACT

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Staffing	1. Staffing	1. Staffing
2. Staff Training	2. Staff Training	2. Risk Assessment
3. Risk Assessment	3. Risk Assessment	3. Data
4. Data	4. Data	4. Health
5. Health	5. Health	5. Staff Training
6. Medical	6. Medical	6. Day Reporting
7. Day Reporting	7. GPS	7. GPS
8. GPS	8. Day Reporting	8. Medical
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report *2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*The ability to provide services after staff were hired and trained resulted in changes to priority areas.

# GLENN COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13, and or 2013-14, identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

FY 2011-12 protocols were developed to refer defendants to county Mental Health, Drug and Alcohol Services and to Health and Human Services agencies to provide a range of services including but not limited to assessments, job skills, rental assistance, etc. In addition, an AB109 workgroup taskforce of local partners (i.e. Probation, the Sheriff's office, Glenn County Office of Education, the Child Support Division, etc.) was developed to implement programs, staff caseloads and facilitate communication between partners.

FY 2012-13 the Community Re-Entry Work Program (CREW) was developed to provide job and life skills to defendants, a stipend-based program for defendants to earn money or rental assistance for the completion of specific tasks and/or assignments was created, a range of child support programs for defendants were offered and a post-sentencing alternatives to incarceration program known as Alternative Custody Supervision (ACS) was developed. ACS allows a defendant to be released from custody on electronic monitoring if they meet certain criteria.

FY2013-2014 the Glenn County Office of Education developed a new charter school (operational in early 2014) that will provide services inside and outside of detention. It is developing programming in which a father can gain literacy skills and read to his children while confined in detention, and the probation department, in conjunction with the Sheriff's department, developed a pre-trial program to help ease the jail population and the potential for over-crowding.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Glenn County Health and Human Services Agency developed and implemented the CREW program in 2011-2012. This program has been recognized throughout the state as a model program to assist individuals with re-entering the community and helps strengthen skills that can lessen the likelihood of recidivism.

**Describe a local success story (as defined by the CCP).**

A defendant re-entered the community with a severe drug program and a federal probation case. The probation department worked closely with the federal system and the courts and the individual was allowed to enter the Salvation Army. After treatment the defendant transitioned back into the community, continues to taking advantage of offered services, is performing well within the community and has yet to re-offend.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staff Training	1. Staff Training
2. Health	2. Data	2. Data
3. Risk Assessment	3. Day Reporting	3. Day Reporting
4. Staff Training	4. GPS	4. GPS
5. Law Enforcement	5. Medical	5. Medical
6. Medical	6. Health	6. Health
7. GPS	7. Law Enforcement	7. Law Enforcement
8. Data	8. Staffing	8. Staffing
9. Day Reporting	9. Risk Assessment	9. Risk Assessment

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In FY 2012-13 all staff were hired or re-assigned by year two, partners were identified and a referral processes was in place. Evidence-based risk assessments were being used, and on-going training became a priority for staff, along with continuously educating other partners.

# HUMBOLDT COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- October 2011: Implementation of assessments and evaluations; increased subsidies for alcohol, drug treatment and support services for criminal offenders; and implementation of Group Therapy and Cognitive Behavioral Therapy (Thinking for a Change, Moral Reconciliation Therapy and Cognitive Behavioral Interventions) with AB 109 population.
- April 2012: Opening of Community Corrections Resource Center (CCRC) and implementation of pre-trial/jail alternative program.
- June 2012: Community Based Organizations (CBOs) implemented multi-disciplinary team process for integrated case management and decisions making.
- October 2013: Re-entry navigator positions authorized to assist with offender case management and linkages to community services/programs.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*FY 2012-13 and FY 2013-14: The county continued and/or enhanced all evidence-based programs and practices found in FY 2011-12.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Established CCRC near courthouse and filled most core positions rapidly; established "crosswalk" service for mental health clients (both AB109 and non-AB109) from jail to CCRC to stabilize in community and reduce likelihood of return to custody; multi-disciplinary team process established/implemented on all AB109 and pre-trial cases; contract treatment services with CBO's implemented for alcohol/drug treatment/detox, sex offender treatment and residential services; managed jail population by expanding jail alternative programs to reserve jail beds for highest risk offenders; Sheriffs Work Alternative Program expansion, participant fee subsidy, Electronic Monitoring/GPS program implemented for probation Post Release Community Supervision (PRCS)/Mandatory Supervision violators; established pre-trial release pilot program and secured grant funding, and trained multiple agencies on evidence-based practices.

**Describe a local success story (as defined by the CCP).**

- An offender anxious to find any type of work met with vocational counselor and was placed at Job Market. After completing a landscaping work experience placement he found employment full time at a prominent hotel as a maintenance worker. After assistance with résumé preparation and purchase of basic tools, he has since transitioned to a well-paying job in construction.
- A female offender released from the California Department of Corrections and Rehabilitation in October entered directly into a residential drug treatment program. The individual successfully completed the program and returned to her home on the Indian reservation, engaging in outpatient alcohol and drug services/supports on the reservation. Though her brother died in an auto accident, the offender utilized her supports and remained clean/sober. She was discharged successfully from PRCS in July 2013.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. Staffing	2. Staffing
3. GPS	3. GPS	3. GPS
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Health	5. Health	5. Health
6. Staff Training	6. Staff Training	6. Staff Training
7. Medical	7. Medical	7. Medical
8. Data	8. Data	8. Data
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# IMPERIAL COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).

County-provided programs and services include:

- Community Work Crew;
- Probation supervision of AB 109 offenders;
- Mental Health services for AB 109 offenders;
- Substance Abuse Treatment;
- Cognitive Behavioral Therapy; and
- Flash Incarceration .



Job Announcement Board

In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs		✓	
Electronic and GPS Monitoring Programs		✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs		✓	✓
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- FY 2011-12: CCP plan is adopted
- FY 2012-13: Cognitive Behavioral classes offered to AB 109 offenders and the opening and staffing of a Day Reporting Center as a need was identified
- FY 2013-14: Substance abuse treatment services expanded

**Describe a local success story (as defined by the CCP).**

While in the community the county Public Defender was approached by an offender who completed the "Thinking for a Change" program. The Public Defender noticed in the individual an improved disposition, positivity, and a resolve to remain law abiding .

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Day Reporting	1. Day Reporting
2. Day Reporting	2. Staffing	2. Data
3. Staff Training	3. Health	3. Health
4. Health	4. Data	4. Law Enforcement
5. Data	5. Staff Training	5. Risk Assessment
6. Law Enforcement	6. Law Enforcement	6. Staff Training
7. Risk Assessment	7. GPS	7. Medical
8. Medical	8. Risk Assessment	8. GPS
9. GPS	9. Medical	9. Staffing

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Day Reporting Center (DRC) operation/activation remains a top priority to deal with offenders in the community and to provide community supervision/public safety. DRC operations by a service provider were deemed necessary for professional dispersing of community correctional services by experienced, knowledgeable staff. The CCP also identified data collection and analysis as a need.

\*FY 2013-14: Data Analyst is hired; Probation Department continues to use the STRONG assessment tool and the Sheriff’s department selects the Virginia assessment tool for the Pre-Trial population.

# INYO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Full implementation of radio frequency, GPS and electronic alcohol monitoring;
- Phase one of a new pre-trial services program that includes assessments and supervised own recognizance releases from the jail;
- Comprehensive adult community work service program, and
- GED preparation and Life Skills classes inside the Inyo County Jail.

*Through the use of evidence-based practices such as EPICS (Effective Practices In Community Supervision) and MI (motivational interviewing) as well as the implementation of a sanction/reward matrix, all PRCS but one have completed their terms of PRCS successfully. Most of these terminations were at the six-month mark.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts		✓	✓
Educational Programs		✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs			

\*No major updates have been made to the existing CCP plan with the exception of recommending the addition of one position to serve as an 1170(h) case manager within the Inyo County Jail.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

A District Attorney, Court and Probation collaboration lead to the development of a parole revocation process; GED preparation and male and female Life Skills courses are introduced to offenders in the Inyo County Jail; and electronic monitoring, Pre-Trial Services and an Adult Community Work Service program are implemented.

**Describe a local success story (as defined by the CCP).**

Through the Probation Department's use of evidence based practices such as EPICS (Effective Practices In Community Supervision) and MI (motivational interviewing) as well as the implementation of a sanction/reward matrix, all PRCS but one have completed their terms of PRCS successfully. Most of these terminations were at the six month mark.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. GPS	1. GPS	1. Staffing
2. Risk Assessment	2. Risk Assessment	2. Data
3. Staff Training	3. Staff Training	3. Medical
4. Staffing	4. Staffing	4. Health
5. Health	5. Health	5. Staff Training
6. Data	6. Data	6. GPS
7. Law Enforcement	7. Law Enforcement	7. Risk Assessment
8. Medical	8. Medical	8. Law Enforcement
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2013-14, the need to implement programs in the jail for long-term sentences pursuant to PC 1170(h) has placed staffing as a higher priority for the upcoming CCP Plan. In addition, as we see more and more 1170(h) sentences in our jail it is apparent that medical-related costs are rising. We plan to place a higher priority for medical-related costs in the upcoming CCP plan. The need to implement a data-collection system to determine outcome measures for programs and services for the purpose of directing funds to evidence-based programs has also become a higher priority.

# KERN COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

### Describe a local success story (as defined by the CCP).

A 27-year-old male offender was released to Kern County with substance abuse issues in need of general life skills and employment services. Probation enrolled the offender in the Kern Day Reporting Center (DRC). After successfully completing the DRC, the offender is working full-time, has meaningful relationships and is drug free. This is what the offender had to say after completion of the DRC: “...I completed the program and received my certificate of completion. But completing the program was only the beginning. It was up to me to stay sober, stay employed, and maintain a healthy relationship with my girlfriend and kids. By applying what I learned in the program, I know what it takes to succeed in life...I realize every choice made has consequences, which can lead to success or failure. But I only want to succeed. I am now proud to be a new man.”

### Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.

Employers' Training Resource allocated half of its AB 109 allocation and contracted with a local community-based organization (CBO) to provide a paid work experience program. This program has contributed to the employment of 49 percent of participants. One participant, a 21-year-old male, became a Certified Solar Technician but could not find employment due to a lack of experience. The program placed the offender at a paid work site with a local solar company. The employer is now interested in hiring this young man.

- For additional information on the impact of local CBO's search [www.kerngoldenempire.com](http://www.kerngoldenempire.com), “17 News Special Report: Kern County's realignment rehabilitation”

### In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs		✓	✓
Work Training Programs		✓	✓

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff’s Department, Department of Public Health, etc.).**

FY 2011-12, the Probation Department doubled the capacity of the Day Reporting Center (DRC). The DRC is an evidence-based, intensive offender services program that focuses on substance abuse education, mental health services, employment and education services. The Probation, Sheriff and Mental Health departments began closely collaborating for improved services, streamlined processes and more efficient communication. This is done through informal meetings and regular communications

FY 2012-13, the CCP endorsed the belief that community-based organizations (CBO’s) play an important part of the overall success of Realignment in Kern County by allocating nearly \$1 million to a CBO program. These CBO's provide services to male and female offenders reentering the community through sober living environments, employment programs and case management services. The Sheriff, Probation, and Mental Health/Substance Abuse Department staff are working closely with the CBO's in the form of monthly collaborative meetings, establishment of data tracker elements and quarterly reporting, CBO provider training, and exchange of key information for improved offender services. The CBO Program is designed to provide flexibility to react to the needs of the offenders and the community under the direction of the CCP Executive Committee.

FY 2012-13 and FY 2013-14, Mental Health/Substance Abuse Services Department increased mental health and substance abuse services, the Sheriff’s Office developed and expanded its Virtual Jail Program, which includes Sheriff’s Parole and Electronic Monitoring Program and increased in-custody education and substance abuse programs.

**For FY 2011-12, 2012-13, and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Health	2. Health	2. Health
3. GPS	3. GPS	3. GPS
4. Day Reporting	4. Day Reporting	4. Day Reporting
5. Risk Assessment	5. Risk Assessment	5. Risk Assessment
6. Data	6. Data	6. Data
7. Staff Training	7. Staff Training	7. Staff Training
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# KINGS COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13, and or 2013-14, identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

FY 2011-12: Probation GPS program and alternative to sentencing Parks and Grounds Work program are implemented; funding for victim services are increased; the Sheriff expands in-custody options for offenders, including medical services and an animal shelter work program for offenders.

FY 2012-13: Residential Treatment Program and Day Reporting Center are operational, services include, but are not limited, to education, counseling services and life skills training.

*In FY 2012-13 there were 477 new participants on electronic GPS monitoring. Of these 80% - or 381 - successfully completed their terms. The Day Reporting Center began enrolling clients in February 2013. In March 2013 the Rate of Compliance was at 40% for the program. That rate has increased to 100% by September 2013.*

**In FY 2011-12, 2012-13, and 2013-14, the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs		✓	✓
Day Reporting Center		✓	✓
Drug Courts			
Educational Programs		✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs			

\*In FY 2012-13 and FY 2013-14 Drug Court was funded using Senate Bill 678 funds. Discussions are currently underway with the Job Training Office to address work training programs.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2012-13 there were a total of 477 new participants on electronic GPS monitoring. Of these 80% - or 381 - successfully completed their terms. The Day Reporting Center began enrolling clients in February 2013. In March 2013 the Rate of Compliance was at 40%. That rate increased to 100% in September 2013. The Probation Parks and Grounds Program had a 90% completion rate over the first six months of 2013. Split-sentencing: from October 2011 through March 2013, Kings County managed to keep an average of 55% of AB 109 offenders on split-sentences. This rate is 31% greater than the State's average of 24%.

**Describe a local success story (as defined by the CCP).**

A completely homeless, alcohol and drug-addicted offender entered the Residential Treatment and Day Reporting Center (DRC) in April 2013. The individual had no resources. An assessment was completed to determine the criminogenic needs, which included alcohol/drug use, aggression and peer relationships. During Phase II of the DRC Program a light bulb clicked on and the individual put more focus on the programming. In eight months that individual was able to reconnect with his children, connect to the faith-based community and obtain an apartment and a drivers license. That individual is now in the after care program and focusing on finding a job.

**For FY 2011-12, 2012-13, and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Staffing	1. Staffing	1. Health
2. Staff Training	2. Staff Training	2. Medical
3. GPS	3. GPS	3. Day Reporting
4. Medical	4. Medical	4. GPS
5. Risk Assessment	5. Risk Assessment	5. Staffing
6. Day Reporting	6. Day Reporting	6. Data
7. Health	7. Health	7. Staff Training
8. Data	8. Data	8. Risk Assessment
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2013-14 hiring is almost complete for existing programs and the majority of staff training has occurred. Offender assessments are being used, and with Public Safety Realignment and the Affordable Care Act more focus has been put on healthcare for the offender population.

# LAKE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

FY 2011-12: Day Reporting Center provides substance abuse programming, mental health services and alcohol and other drug monitoring.

FY 2012-13: Services expanded to include full residential treatment facility options, employment and education.

FY 2013-14: Created sober living environment; enhanced mental health services and alcohol and other drug counseling; increased electronic monitoring; added in-custody treatment, including behavior change plans, Cognitive Behavioral Therapy, anger management, substance abuse treatment, Life Skills and employment readiness; and added a nurse, mental health counselor, and alcohol and other drug counselor for the in-custody population.



Client providing janitorial services

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs			✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs			
Work Training Programs			✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

FY 2011-12: The Probation Department opened a Day Reporting Center that provides substance abuse programming, mental health counseling, anger management and alcohol and drug abuse monitoring.

**Describe a local success story (as defined by the CCP).**

A client who spent most of his adult life in custody was due to be released into the community. Historically this client was unwilling to participate in any form of counseling. While initially reluctant, the client attended the Day Reporting Center and not only participated but graduated from the program.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. Staffing	2. Staffing
3. Health	3. Health	3. Health
4. Data	4. Data	4. Medical
5. Risk Assessment	5. Risk Assessment	5. Data
6. Staff Training	6. Staff Training	6. Risk Assessment
7. GPS	7. GPS	7. Staff Training
8. Law Enforcement	8. Law Enforcement	8. GPS
9. Medical	9. Medical	9. Law Enforcement

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2013-14: The CCP allocated a significant amount of funding (\$255,000) to jail medical due to a serious increase of costs related to jail overcrowding.

# LASSEN COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14, identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

Lassen County Mental Health has provided rehabilitative, case management, psychiatric, individual and group therapy services, out-of-county residential placement, and wraparound/full service Mental Health Services Act (MHSA) partnership services to inmates in the adult detention facility. Parenting Inside Out has been implemented and the Courage to Change program is scheduled for implementation. Lassen County Alcohol and Drug provides assessments, treatment and therapy planning for individual and group services, as well as locates out-of-county treatment services when necessary. The Workforce Investment Act has provided employment services to the targeted population. The Lassen County Adult Detention Facility has implemented and is successfully using electronic monitoring as an alternative to custody for low- and medium-risk candidates who qualify.

*The Lassen County Adult Detention Facility uses electronic and GPS monitoring to provide qualifying offenders an opportunity to participate in an alternative custody program.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*The CCP is currently evaluating the need and sustainability of a day reporting center. The evaluation will include which services are needed by the population served, who will provide the services, a detailed structural plan for operation, measurable outcomes and data collection methods. The goal of the CCP is to have an updated CCP plan for FY 2014-15.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Lassen County Adult Detention Facility (LCADF) uses electronic and GPS monitoring to provide qualifying offenders an opportunity to partake in an alternative custody program. Lassen County Behavioral Health has provided an array of mental health, substance abuse and parenting services to inmates in the LCADF. The county has struggled with the above-mentioned services being provided in the past and the current services are an integral part of achieving successful outcomes.

**Describe a local success story (as defined by the CCP).**

The LCADF was a driving force in sending a female offender to a residential substance abuse treatment center. This offender had a long criminal history, including interactions with child welfare services. The offender successfully completed the treatment program and was able to return to the community. Within one year of being released the offender was able to obtain employment, housing and was able to successfully reunify with her children. The holistic approach with family intervention proved successful for the family and has benefitted the entire community.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Medical	1. Medical	1. Day Reporting
2. Health	2. Health	2. Staff Training
3. GPS	3. Staffing	3. GPS
4. Staffing	4. GPS	4. Data
5. Risk Assessment	5. Risk Assessment	5. Medical
6. Staff Training	6. Staff Training	6. Staffing
7. Law Enforcement	7. Law Enforcement	7. Health
8. Day Reporting	8. Day Reporting	8. Law Enforcement
9. Data	9. Data	9. Risk Assessment

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*The CCP has changed the area of focus to evaluate the need for a day reporting center to establish sustainable programs offering multiple services to the targeted population, data collection and staff training in all service areas in evidence-based programs and risk assessments.

# LOS ANGELES COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- The Department of Mental Health (DMH) developed pre-release case plans, assessed individuals for mental health or co-occurring treatment needs, made appropriate referrals to treatment agencies and monitored treatment services. DMH provides a full range of services based on assessed need including placement in state hospital, acute inpatient hospital, Institutions for Mental Disease (IMD), IMD step down residential treatment programs and outpatient mental health services.
- The Sheriff's Department provided a range of services to facilitate reentry and community supervision success. Evidence-Based Incarceration programming reached over half of the jail population and DMH collaborations resulted in the provision of mental health services in the jail and the development of community transition plans to ensure continuity of care.
- The Probation Department provided supervision in accordance with evidence-based principles and coordinated with partnering agencies on the delivery of comprehensive rehabilitative services, including mental health, substance abuse treatment and benefits enrollment. Services managed through contract agencies include housing assistance, job readiness and job placement. The department also coordinates with the Department of Health Services on the delivery of care to medically fragile individuals.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

**Describe a local success story (as defined by the CCP).**

An offender with prison gang ties was released on Post-Release Community Supervision (PRCS). The offender has an extensive criminal history including 23 bookings and 8 convictions. Previous crimes include possession of narcotics, possession of dangerous weapons, parole violations, possession of a concealed firearm, battery, assault, burglary, intimidation and terrorist threats. The supervised person informed his Deputy Probation Officer (DPO) he has been in and out of custody for 22 years. The longest he has been in the community was 16 days and the quickest turnaround back into custody was 36 hours. He is currently in month seven of his supervision. To date, there has been no contact with police. He has provided his state identification card to his DPO, the first time he reported as having done so. In the beginning of AB 109 supervision, he was frustrated because he had no job and admitted it was difficult to adhere to supervision requirements. During one of his probation meetings, he reported that he was so frustrated he would rather violate and go back to prison where “he could kick his feet up.” The DPO engaged in positive intervention by providing words of encouragement and establishing obtainable goals (job applications, job readiness, treatment commitment). The DPO was told by the supervised person that due to the relationship established, respect demonstrated and assistance with goal setting, he was determined to refrain from his old behavior. The supervised individual now has his first checking account and is working full time as a painter. He recently asked his DPO for out-patient drug treatment services to address his urges because he did not want to violate and was determined to follow supervision requirements.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staff Training
2. Data	2. Data	2. Staffing
3. Health	3. Health	3. Data
4. Staff Training	4. Law Enforcement	4. Health
5. Law Enforcement	5. Staff Training	5. Law Enforcement
6. GPS	6. GPS	6. Risk Assessment
7. Risk Assessment	7. Medical	7. GPS
8. Day Reporting	8. Risk Assessment	8. Medical
9. Medical	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In year one, significant effort was focused on developing operational capacity and staffing various efforts. Implementation data was captured at the outset, but as the impact of realignment increased from year one to year two (as well as the jail and PRCS volume), the County increased focus on the capacity to collect and measure implementation data. In addition, year two included the addition of significant collaborative efforts to enhance partnerships with local police departments. Finally, the high cost and amount of resources utilized to address the medical/housing needs of medically fragile individuals on PRCS was increasingly identified. Plans were initiated for the co-location of health services staff at the County’s pre-release center to triage medical needs and coordinate the exchange of medical information with CDCR.

# MADERA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In October 2012 the Madera Probation Department entered into agreement with the Madera Rescue Mission for inpatient treatment services regarding offenders with substance abuse problems. The scope of services provided by the Rescue Mission included a twelve-step recovery treatment program, adult general education studies, and individual/group/family counseling. Additionally, the program provides housing, meals, and transition into the community upon completion for the participants. The Rescue Mission is the first residential treatment facility with which Madera Probation has contracted locally. As a result, a better service is delivered between both agencies as the two are close in proximity and Probation can supervise the offenders more efficiently while in the program. Prior to the agreement Madera Probation would place these type of offenders out of county in other treatment facilities. Since the collaboration, sixteen offenders were referred, five have completed, and eight are still in the program. The program is deemed successful as it defers low level offenders from local jail sentences into a treatment facility. Overall, the program fits the needs of both the offender and the community by providing rehabilitation and a cost saving for the taxpayers.

*In August 2013 the offender returned from treatment and reported he wanted to continue attending outpatient services at Westcare to help in maintaining his sobriety. AB 109 funding was granted for the offender to continue to receive outpatient services.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Describe a local success story (as defined by the CCP).**

An offender was released to Post-Release Community Supervision (PRCS) in 2012. He was eager to start substance abuse counseling as he had an addiction to methamphetamine. He was referred to Madera County Behavioral Health for Substance Abuse Counseling with AB 109 funding. The offender was certified in welding, however he wanted to further his education for future employment so he received an AB 109-funded scholarship to Madera Community College's (MMC) Maintenance Mechanic/Welding Program. The offender was struggling in class and on his own volition started attending tutoring sessions at MCC and graduated in May 2013. During that same time his father was admitted to the VA Hospital and was diagnosed as only having a few months to live. The offender relapsed and was placed on weekly drug testing and continued to attend his Substance Abuse counseling. In June 2013 the offender's father passed away and he asked for help in locating an inpatient program as he felt his addiction was taking over his life. In July 2013 the offender was placed at Westcare with the assistance of AB 109 funding and completed the 30-day inpatient program. In August 2013 the offender returned from treatment and reported he wanted to continue attending outpatient services at Westcare to help in maintaining his sobriety. AB 109 funding was granted for the offender to continue to receive outpatient services. The offender also reported he was going to enroll in the advanced Welding class at MCC. Because of his skills and fortitude, he was offered employment at MCC as a student instructor in the Welding Program. The offender attended classes and worked at MCC on a daily basis and also continued attending outpatient services through Westcare two times a week at the time of his discharge from PRCS on September 19, 2013.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staffing
2. Staff Training	2. Staff Training	2. Day Reporting
3. Risk Assessment	3. Day Reporting	3. Law Enforcement
4. Day Reporting	4. Risk Assessment	4. Risk Assessment
5. Health	5. Law Enforcement	5. Health
6. GPS	6. Health	6. Staff Training
7. Law Enforcement	7. GPS	7. GPS
8. Data	8. Data	8. Data
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*In FY 2012-13 and FY 2013-14 the Day Reporting Center and Local Law Enforcement increased in priority as the number of offenders requiring services increased and the county hired two municipal police officers, a deputy probation officer and a deputy district attorney. Priority decreased for Risk Assessment Instruments and Staff Training as the Correctional Assessment and Intervention System tool was implemented and most staff were trained in the basics of evidence-based practices, Motivational Interviewing and other related topics.

# MARIN COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14, identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

FY 2011-12: A comprehensive set of in-custody treatment programs with community-based counterparts to allow offenders to continue and finish programs upon re-entering the community; expanded pre-trial release program utilizing electronic monitoring; increased staffing at the County jail and funding for three positions on the county's multijurisdictional Coordination of Probation Enforcement (COPE) team; and CCP implementation of a multidisciplinary AB 109 Team approach to provide transition for offenders leaving correctional institutions and coming under local or mandatory supervision. The AB 109 Team includes probation officers for case management, a licensed mental health practitioner, a crisis specialist, employment counselor and two recovery coaches. Recovery coaches supplement probation officers by doing the "little things" such as driving a client to a drug/alcohol assessment, assisting with medication related challenges and/or helping clients obtain employment.

FY 2012-13: Contracts for outpatient, residential treatment services and sober living environments. Marin has a "no one sleeps outside" rule. If a person leaves state prison or jail and does not have shelter county partners will arrange for a hotel until proper arrangements can be made with one of the local residential or sober living environments.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

This page has been modified since its original publication to include items on the checklist omitted in the county's original submission.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- Since 2012 the AB 109 Team has assisted 26 clients in obtaining gainful employment through the use of various training programs such as The Labors Union Apprentice Program. Investments in these types of programs assist in easing the financial burden of re-entry and create structure and accountability.
- In 2013 the Marin County Jail established an in-house Bakery to provide vocational training to inmates, in addition to providing Serv Safe certification for inmates in the jail kitchen training program.

**Describe a local success story (as defined by the CCP).**

Marin County Probation Department has instituted an exit survey of those participating in Post-Release Community supervision. Questions asked of participants include, "My Probation Officer (PO) treats me with respect, my PO is a positive role model and when I do the right thing my PO acknowledges it." Sample feedback includes:

"I would like to thank DPO for being not only a great probation officer [sic]. He was willing to help you help yourself. If you wanted it he was willing to take the extra step. He was also a great motivator and believes that anyone can change, all you have to do is want it and the help is there. Thank you! "

"DPO made it posible [sic] for me to begin to put my life together. He is still helpful and still checks in with me to see if I am OK. This program is perfect for a person on the rong [sic] track for many years. AB 109 really works it helped me a lot Without the help & care of DPO I don't know if I would be where I am or succeeding like I am."

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Health	2. Health	2. Health
3. Staff Training	3. Staff Training	3. Staff Training
4. Data	4. Data	4. Data
5. Law Enforcement	5. Law Enforcement	5. Law Enforcement
6. GPS	6. GPS	6. GPS
7. Medical	7. Medical	7. Medical
8. Risk Assessment	8. Risk Assessment	8. Risk Assessment
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# MARIPOSA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Contract with a local non-profit to open the Center for Opportunity, Reentry and Education center (CORE). CORE services include a Day Reporting Center, drug counseling, housing assistance, mental health services to in-custody inmates, transportation and referral services;
- Partnership with the University of California, Merced to conduct program evaluation of the CORE program;
- A Victim Witness Advocate position;
- Purchase of a case management system to more efficiently track and monitor probationer progress; and
- Formation of a jail work task force (District Attorney, Sheriff, Probation, Mental Health, Human Services and the Public Defender) to monitor the jail population and identify areas to improve safety and services to inmates.

*By involving the community in the solution it has helped them better understand the underlying issues associated with realignment.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts		✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			✓
Victim Restitution Programs		✓	✓
Work Training Programs		✓	

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Mariposa County CORE center is designed as a hybrid Day Reporting Center to fit the needs of a small community. In addition to traditional day reporting center services, CORE provides low-level mental health services to the jail, transportation for probationers, assists with housing issues, employment, crisis counseling services and provides psychological evaluations upon request. By involving the community in the solution it has helped them better understand the underlying issues associated with realignment.

**Describe a local success story (as defined by the CCP).**

When AB 109 began there was a substantial fear the local jail would exceed capacity in a relatively short period of time resulting in the need to release inmates early. A sub working group was formed to discuss issues in the jail including mental health, health and pre-release services. The group consists of the Chief Probation Officer, Sheriff, District Attorney, Jail Lieutenant., Human/Mental Health Director, a CORE representative (community partner), and the Public Defender. To date the local jail population has been at or below capacity by developing alternative sanctions for probation violations. AB 109 has resulted in the use of evidenced-based practices to hold probationers accountable that are not singularly based on jail custody.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staff Training	1. Day Reporting	1. Medical
2. Risk Assessment	2. Staffing	2. Health
3. GPS	3. Medical	3. Data
4. Day Reporting	4. Data	4. Day Reporting
5. Health	5. Health	5. Staffing
6. Medical	6. GPS	6. GPS
7. Data	7. Risk Assessment	7. Risk Assessment
8. Staffing	8. Staff Training	8. Staff Training
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: A hybrid Day Reporting Center, staffing and medical costs were identified as priority areas.

\*FY 2013-14: Medical and mental health costs continue to be a priority. Data collection has increased as a priority area due to an increase in program evaluations.

# MENDOCINO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Voluntary and involuntary home detention program;
- Work Release Program;
- In-custody programs offering life skills counseling, substance abuse, educational and work training services;
- In-custody mental health services;
- Revocation hearings;
- Alternatives to incarceration;
- Pre-Trial Release Program;
- Mental health assistance at the Day Reporting Center (DRC);
- Half-time Eligibility Worker at the DRC to assist clients in securing services from Social Services, Alcohol and Other Drug Programs and Public Health;
- Interactive Journaling Program;
- Sex Offender Therapy Program;
- Residential Vocational and Substance Abuse Program;
- Detoxification Program; and
- Chronic User System of Care Services.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Mendocino County Probation Department opened a DRC in FY 2011-12 through a contract with B.I., Inc. The DRC is located adjacent to the Probation Department and includes 1 FTE Mental Health Technician, a .5 FTE Alcohol and Other Drug Program Counselor and a .5 FTE Eligibility Worker for Social and Health Services. A major element of the DRC is Moral Reconciliation Therapy (MRT) classes. MRT is a cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. A ceremony recognizing the first MRT graduating class was held in April 2013.

**Describe a local success story (as defined by the CCP).**

An offender returned to Mendocino County with substance abuse, housing and job placement needs. The Probation Department coordinated with B.I. Inc. staff from the DRC to provide the individual needed services. Following several months of MRT the individual graduated from the program and has become a mentor to new DRC referrals.



Chef and graduate from the Ford Street Project in Mendocino County.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. Staffing	2. Staffing
3. Risk Assessment	3. Risk Assessment	3. Risk Assessment
4. Staff Training	4. Staff Training	4. Staff Training
5. GPS	5. GPS	5. GPS
6. Health	6. Health	6. Health
7. Data	7. Data	7. Data
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.*

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# MERCED COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

### Post-Release Community Supervision (PRCS):

PRCS Offenders Released	285
PRCS Warrant - Failure To Appear (FTA) Upon Release	2%*
PRCS Closure (6-12 months)	41
PRCS Closures (1 year)	1
PRCS Recidivism	9
Current PRCS Clients	228
Current PRCS Warrants	8
*Merced's rate of FTA by PRCS offenders is 2% outperforming statewide outcomes of 7%.	

### Describe a local success story (as defined by the CCP).

Leadership for Life is a program operated by the Human Services Agency (HSA) and the Probation Department out of the Trident Center. The program was developed by HSA and is facilitated by former offenders trained by HSA. The experienced facilitators provide an array of services to newly released students including life skills, cognitive behavioral therapy, education and career assessments, homeless assistance, general relief, food stamps, driver's licenses, clothing for interviews, cooking utensils, cook books and eating guides ("Cook this Not That" and "Eat this Not That"). 80 clients were served in the first session.

### In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff’s Department, Department of Public Health, etc.).**

County provided programs and services include:

- Trident Center-one stop shop for offenders;
- Leadership for Life skills and re-entry program;
- Alcohol and Other Drug Counseling;
- Mental Health/Substance Abuse Services;
- Child Support Services;
- Workforce Investment;
- Day Reporting Center Expansion;
- Alternative Sanctions;
- GPS;
- Pre-Trial Release;
- Risk and Need Assessments;
- High Risk Supervision Caseload Reduction;
- Victim Advocate Contract;
- Jail Re-entry, Education, Vocational and Rehabilitation Program; and
- Warrant Reduction Advocates Program.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Day Reporting	1. Health	1. Day Reporting
2. Staffing	2. Day Reporting	2. GPS
3. Health	3. GPS	3. Health
4. GPS	4. Data	4. Staffing
5. Risk Assessment	5. Staffing	5. Risk Assessment
6. Data	6. Risk Assessment	6. Staff Training
7. Staff Training	7. Staff Training	7. Data
8. Medical	8. Medical	8. Medical
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: County budget reductions continued into FY 2011-12 putting higher emphasis on staffing. A slightly improved budget in FY 2012-13 allowed more emphasis on mental health and substance abuse services. It should be noted, however, while those services became higher priorities, the Mental Health Department was able to provide a majority of the services in-kind (MHSA) allowing continued budgeting for other treatment, re-entry, and alternative sanctions utilizing AB 109 funding.

# MODOC COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Mental Health Assessments;
- Community Work Service Program;
- Support and care of offenders under supervision including sober living environments;
- Static Risk and Offender Needs Guide (STRONG) risk assessment for probationers and those with split sentences;
- Mandatory supervision Pre-trial services; and
- Batterer's Intervention Programs.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Probation Department joined the STRONG consortium and trained staff on use of the risk assessment.

*Consumers are provided with intensive community-based services using a multidisciplinary approach including: case management, individual and family therapy, psychiatric services, rehabilitation services, group therapy, specific behavioral interventions, 24/7 support, employment and housing linkages.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Behavioral Health Services (Refer to the County’s 2011 Realignment Implementation Plan for additional information)**

Modoc County Behavioral Health Services (MCBH) provides mental health and substance abuse services for indigent and Medi-Cal populations with diagnosed mental illnesses and/or substance abuse issues. MCBH serves approximately 250 individuals annually with counseling, medication management, case management, peer supports, acute care services and substance abuse services. Core services include outpatient mental health treatment, case management and acute care services including crisis response and crisis stabilization. Crisis response and stabilization are available to jail inmates as well. Additionally MCHB staff are members of the local drug court treatment teams that specifically address the behavioral health needs of justice involved individuals with co-occurring mental illness and substance abuse disorders.

Modoc County also offers a Full Service Partnership Program that provides enhanced services to those at high risk of institutionalization or incarceration. Consumers are provided with intensive community-based services using a multidisciplinary approach including: case management, individual and family therapy, psychiatric services, rehabilitation services, group therapy, specific behavioral interventions, 24/7 support, employment and housing linkages.

**Describe a local success story (as defined by the CCP).**

An offender with a goal of attending college required housing after completing a residential treatment program. AB 109 funds were allocated for the purchase of two months of sober living for the offender.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Risk Assessment	1. Health	1. Health
2. Staffing	2. Staffing	2. Staffing
3. Law Enforcement	3. Law Enforcement	3. Law Enforcement
4. Health	4. GPS	4. GPS
5. GPS	5. Risk Assessment	5. Risk Assessment
6. Data	6. Staff Training	6. Staff Training
7. Staff Training	7. Medical	7. Medical
8. Medical	8. Data	8. Data
9. Day Reporting	9. Day Reporting	9. Day Reporting

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# MONO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Probation Juvenile Officers have been trained in the Positive Achievement Change Tool (PACT) risk

**Describe a local success story (as defined by the CCP).**

An offender with significant substance abuse challenges received mental health counseling (individual and group) along with probation supervision. After two years of services his condition has improved and he has returned to the community.



AB 109 client displays some of the tattoos he would like to have removed.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			✓
Work Training Programs			

\*FY 2013-14: Added youth and adult Forest Service Crews

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

In 2014 the Mono County Sheriff's Office issued a press release on its Inmate Worker Program and the local community impact. The program is partially funded with AB 109 realignment dollars and excerpts from the press release can be found below.

The Inmate Worker Program allows locally housed inmates who have not been charged with a violent or sexual crime to engage in providing community service throughout Mono County. This program includes work details such as: washing Mono County Sheriff's Office patrol and jail vehicles; washing county-wide fire protection districts fire engines and equipment; weed removal at local fire stations, county parks, cemeteries, and along local sidewalks and roadways; litter and trash removal along county roadways; snow removal along local community sidewalks; painting projects of county-wide facilities and offices; preparation and cleanup for large localized county-wide events; and snow removal around fire hydrants within the Town of Mammoth Lakes. Funding has allowed for the department to purchase a work trailer with tools and other necessary equipment for the inmates to perform these varied tasks.

The Inmate Worker Program has already shown positive results around Mono County and its communities. Citizens benefit from the hard work the inmates put in to keep their local communities clean. Local agencies benefit from the hard work the inmates put in that allow their staff to focus on other projects. This program also benefits the inmates by getting them outside and helping to build camaraderie amongst themselves, which allows for a better living environment for the inmates and jail staff. In addition to the Inmate Worker Program, the CCP is actively working on additional programming opportunities for the locally housed inmates in the Mono County Jail.

<http://monosheriff.org/sheriff/page/mono-county-sheriffs-office-inmate-worker-program>

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Data	1. Data	1. Data
2. GPS	2. GPS	2. GPS
3. Risk Assessment	3. Risk Assessment	3. Risk Assessment
4. Staffing	4. Staffing	4. Staffing
5. Day Reporting	5. Day Reporting	5. Day Reporting
6. Health	6. Health	6. Health
7. Staff Training	7. Staff Training	7. Staff Training
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# MONTEREY COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

A locally identified goal was the opening of a Re-entry Services Center using a phased approach. The Re-entry Services Center would provide assessment, referral and access to treatment in one location. Phase I consisted of the creation of a Re-entry Assessment Center process managed by Probation staff, who would conduct assessments and deliver cognitive-based interventions to address criminogenic needs. In Phase II these activities would be connected and integrated with referral and access to treatment and rehabilitative and support services. Using this phased approach employment and housing services, psychosocial assessments and mental health and substance abuse treatment were successfully streamlined for user and providers. Recently a 30-day program opened to address the immediate needs of an offender returning to the community (this is in addition to the Day Reporting Center that provides long-term placement and intervention) in an off-site location.

*By her own admission, K Z was “shocked” by the Probation Department electing to remove her from incarceration and work with her to secure necessary services in the community. After extensive counseling she embraced supervision and began to show a marked change in behavior.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			✓
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

\*Other CCP plan elements included: Housing services for clients, implementation of Evidence-Based Practice (EBP) supervision practices, Behavioral Health Psychosocial assessments and referral to substance abuse treatment, expanded Own Recognizance release policy, expanded outreach services (through collaboration with Department of Social Services) for offenders in social services programs, implementation of Pretrial Services, upcoming completion of tenant improvement to accommodate a one-stop reentry center offering a variety of integrated services within Probation's Adult Division, allocated funding for catastrophic medical costs for jail inmates, increased collaboration with local law enforcement agencies by creating two new probation officer positions to work closely with each jurisdiction in the supervision of very high-risk offenders and utilized funding to house Monterey County Jail inmates in another county jail.

**Describe a local success story (as defined by the CCP).**

KZ is a female offender who was released to the supervision of the Monterey County Probation Department. Because she was actively participating in the Substance Abuse Program while in prison, the Probation Department authorized her release from prison to the Female Offender Treatment and Employment Program. After failing to report to the Probation Department, a warrant for her arrest was secured. KZ later reported and the warrant was recalled. KZ refused to receive a psychosocial assessment by Behavioral Health staff and declined to attend therapeutic counseling services. She was then directed to enroll in, and successfully complete, the Day Reporting Center (DRC). Because of her institutionalized mentality and criminal sophistication, staff at the DRC later requested that she be removed from the program. This failure, in conjunction with several positive drug screenings, resulted in the department placing her under arrest and detaining her for a period of flash incarceration.

Following an assessment KZ was referred to a Program for outpatient counseling services. KZ continued to display a confrontational attitude and often became belligerent when confronted by probation staff. KZ again failed to report and a warrant was issued for her arrest. Approximately nine months following the issuance of a warrant for her arrest, KZ was arrested. Upon arrest, it was discovered that she was pregnant and receiving medically indicated methadone from a local collaborative agency. Based upon her high-risk pregnancy, methadone treatment, and jail policies regarding the same, the Probation Department removed her from jail custody and placed her on electronic monitoring for a period of thirty days so that she could continue to receive medical services in the community. By her own admission, KZ was “shocked” by the Probation Department electing to remove her from incarceration and work with her to secure necessary services in the community. After extensive counseling she embraced supervision and began to show a marked change in behavior.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Health
2. Risk Assessment	2. Health	2. Medical
3. Staff Training	3. Staff Training	3. Staffing
4. Health	4. Risk Assessment	4. Data
5. Day Reporting	5. Day Reporting	5. Staff Training
6. GPS	6. GPS	6. Day Reporting
7. Data	7. Data	7. Law Enforcement
8. Medical	8. Medical	8. GPS
9. Law Enforcement	9. Law Enforcement	9. Risk Assessment

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report *2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: The implementation and completion of training on Risk Assessment Instruments resulted in lower rankings.

\*FY2013-14: Medical Related Costs and Data increased in ranking due to the Affordable Care Act and increased efforts to identify, collect and analyze data.

# NAPA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- High risk unit to supervise AB 109 offenders;
- Pretrial program supervising offenders on the Jail's Home Detention program;
- Community corrections work program as an Alternative to Custody;
- Additional classification staff to assure appropriate housing of inmates;
- Diversion program for unlicensed drivers; and
- Misdemeanor Deferred Entry of Judgment Program.

The Misdemeanor Deferred Entry of Judgment Program (DEJP) is the result of a local collaboration between the Probation Department and the District Attorney's Office. DEJP is an opportunity for misdemeanor offenders without significant criminal history to maintain a clean record. Offenders are assessed using an evidenced-based assessment tool and assigned a specific number of group counseling sessions. The group includes cognitive-behavior counseling, evidenced-based written assignments and individual and group processing.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12*	FY 2012-13	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			✓
Work Training Programs			

\*FY 2011-12: Napa County's Plan focused on three areas: Pretrial Services, Services for those on probation and Alternatives to Custody. It was determined that since the county already had a day reporting center, the focus was to be on assuring the county had an operational pretrial program, alternatives to incarceration (such as a home detention program) and cognitive behavioral services to offenders placed on formal probation individualized to match their risk and needs.

\*FY 2013-14: A Victim Advocate was added to the District Attorney's office to assist with the new caseloads due to AB 109. Funding was allocated to the Jail to update serious structural issues so the jail did not need to shut down beds. Additionally, plans for a Staff Secure Facility began that would add a re-entry program to the current list of available options for offenders.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Napa County expanded a home detention program and began an electronic monitoring program; both programs are supervised by the Probation Department. The Probation Department started an “on-call probation officer” program. An on-call-probation officer is available to assist local law enforcement in decision making when law enforcement encounters a probationer, mandatory supervision offender or Post-Release Community Supervision (PRCS) offender on a technical violation. This has resulted in increased teamwork, provides a unified message to offenders and has led to a reduction in violations of probation arrests made by law enforcement. Napa County has over 75 referrals to the misdemeanor deferred entry of judgment program.

**Describe a local success story (as defined by the CCP).**

An offender returned from prison on PRCS. During meetings with his probation officer and substance abuse assessment, it was determined he was very high risk to relapse into his drug addiction. At his request, the probation officer placed him in a six-month residential program. The offender completed the program successfully and graduated. He is now back in the community living with his wife and young child. This is the longest period of time he has remained drug free.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. GPS	2. GPS	2. GPS
3. Staff Training	3. Health	3. Health
4. Data	4. Staff Training	4. Staff Training
5. Risk Assessment	5. Data	5. Data
6. Day Reporting	6. Risk Assessment	6. Risk Assessment
7. Health	7. Day Reporting	7. Day Reporting
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Public Health/Mental Health increased in priority to reflect the addition of mental health staff in the jail and the increase in the number of clients in Mental Health Court.

# NEVADA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Day Reporting Center;
- GPS/Electronic Monitoring;
- Cognitive-Behavioral Therapy (CBT);
- .5 FTE Public Health Nurse and .5 FTE Therapist;
- Moral-Reconciliation Therapy (MRT); and
- One Stop Vocational Training.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2011-12 Nevada County opened a Day Reporting Center at the Probation Department. All Deputy Probation Officers were trained in CBT by the Change Company and almost all are facilitating groups with moderate–high risk offenders, either AB 109 or probation cases.

**Describe a local success story (as defined by the CCP).**

An offender returned to Nevada County and reunited with his spouse and two children. The offender enrolled in substance abuse counseling and joined his spouse in “The Parent Project” to improve their parenting skills. The offender completed outpatient substance abuse treatment and the Parent Project. The offender is nearing completion of his supervision period with minimal issues and overall very good compliance.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs		✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs	✓	✓	✓
Work Training Programs			✓

## Community Corrections Case Management (CCCM)

CCCM is a model for providing cohesive case management to high-risk offenders in all felony community corrections populations (non-serious/non-violent/non-sex offenders, felony probationers and post-release community supervision population). CCCM consists of needs-assessment-driven case management and supervision of offenders in the community. This strategy applies an overall structure comprised of risk, need and responsibility principles; relational elements between Probation Officer and offender; techniques designed to engage and motivate offenders to change; and behavioral interventions coupled with the use of graduated sanctions and incentives supporting engagement, motivation and behavior change. A case plan is developed to aid Probation in making the appropriate referrals for treatment interventions.

Strategy components include:

- Risk and Needs assessments;
- Needs-assessment-driven case planning;
- Use of engagement and motivation techniques;
- Use of behavioral interventions and instruction (cognitive-behavioral interventions); and
- Swift and certain responses to violation behavior employing graduated sanctions (up to and including flash incarceration) and incentives to support behavior change.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Risk Assessment	1. Day Reporting	1. Health
2. Day Reporting	2. Staffing	2. Day Reporting
3. Staff Training	3. GPS	3. Data
4. Health	4. Health	4. Staff Training
5. GPS	5. Staff Training	5. GPS
6. Staffing	6. Data	6. Staffing
7. Data	7. Law Enforcement	7. Law Enforcement
8. Law Enforcement	8. Risk Assessment	8. Medical
9. Medical	9. Medical	9. Risk Assessment

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Risk Assessment Instruments decreased in priority due to prior investments in FY 2011-12. The Day Reporting Center and Staffing increased in priority to account for the increased number of offenders

# ORANGE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

The Orange County Probation Department (OCPD) has contracted with the Health Care Agency (HCA) to provide Mental Health and Substance Abuse services for both Post-Release Community Supervision (PRCS) and Mandatory Supervision (MS) clients. Assessment staff, mental health caseworkers, re-entry case managers and a psychiatrist are on site at OCPD. On April 13, 2012 the Board of Supervisors approved a master memorandum of understanding to reimburse local law enforcement for operating expenses directly related to public safety realignment. The Orange County Sheriff's Department (OCSA) has created a Transition from Jail to Community (TJC) pilot program, where inmates are screened at intake to identify those who are highly likely to recidivate. If they agree to take part in the TJC Program, they are evaluated through a risk/needs assessment, through which their criminogenic needs are identified and a treatment protocol is developed. Inmates in the TJC are housed together in a "therapeutic community" and attend classes and therapy in group and individual settings. Towards the end of the program inmates begin discharge planning where counselors make available employment, housing, education and treatment opportunities.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

\*FY 2012-13: Despite not being addressed in the CCP 2012-2013 plan update, the MS and PRCS population continue to be eligible for Drug Courts and the Collaborative Treatment Courts. Specialized programs include: DUI Court and four individual Mental Health and/or Substance Abuse programs; Whatever It Takes; Opportunity Court; Recovery Court and Veterans' Treatment Court. The collection of restitution for the MS population is the responsibility of the Probation Department. The collection of prior financial obligations owed by the PRCS offenders remains with the State of California.

\*FY 2013-14: A vote by the Board of Supervisor's to approve the CCP plan is scheduled for early 2014.

**Describe a local success story (as defined by the CCP).**

An offender was released from prison on PRCS after numerous years of formal supervision and several prison terms. She shared her history of sexual abuse with her Deputy Probation Officer, along with her methamphetamine addiction that led to drug sales and theft. After struggling to adjust to re-entry, she completed an in-patient drug treatment program and transitioned into a paid sober living facility. In addition to the programs sponsored by the sober living homes, she also attended out-patient treatment, which is one of the criteria to be eligible for the sober living program. A local non-profit program connected her to the Illumination Foundation, a job-readiness program designed to provide "ex-offenders" a second chance. It is a month-long, six-hour a day course with the goal of not just helping the students with practical skills, but also assisting them in dealing with the emotional baggage that often leads to drug addiction and crime. With this wrap-around approach she was able to obtain and maintain employment, sign up for school and discharge from PRCS. She is now a mentor for the women at the sober living home and speaks to community-based organizations interested in this population.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Medical
2. Health	2. Health	2. Data
3. Day Reporting	3. Medical	3. GPS
4. Medical	4. Day Reporting	4. Staffing
5. Staff Training	5. Law Enforcement	5. Law Enforcement
6. Law Enforcement	6. Data	6. Health
7. Data	7. GPS	7. Day Reporting
8. GPS	8. Staff Training	8. Staff Training
9. Risk Assessment	9. Risk Assessment	9. Risk Assessment

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: The OCPD established a GPS Program with a 24/7 monitoring unit prior to realignment. Because actual outcomes were significantly higher than projected by CDCR, custody beds became a higher priority. In the first nine months after realignment, the OCSD saw an average monthly increase of 324 bookings per month, for a total of 2,924 bookings. This was more than 200% of CDCR estimates. Another factor affected by this was the need for increased alternatives to custody with GPS for the OCSD. Both the OCPD and the OCSD had a validated Risk/Needs assessment in place; therefore, it remained a low priority.

\*FY 2013-14: In-custody health care services have increased significantly since the inception of realignment. HCA has spent \$1,054,380 on in-patient hospitalizations for this population. As of September 30, 2013, 89 inmates have been hospitalized, with the highest claim for an individual thus far being \$115,967.00. Because of this and an increase in the need for specialty clinics due to the extended term of custody, this issue has increased in priority.

# PLACER COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- The Probation Department offers Courage to Change, Job Seekers, a Community Resource Team and Independent Living Skills courses. These programs encourage positive and pro-social behavior while assisting offenders with community reintegration.
- Health and Human Services (HHS) offers Substance Abuse and Mental Health services (outpatient and inpatient), which are rooted in evidence-based practices. These services assisted offenders in the rehabilitation and recovery process.
- Placer County Jail (PCJ) offers in-custody programs including Moral Reconciliation Therapy and Behind Bars. These programs are evidence-based, cognitive-behavioral programs aimed at changing offender behavior while in custody in order to begin the transition process immediately.
- In FY 2011-12 and 2012-13 all departments contributed to the Special Investigation Unit (SIU) model which effectively collaborates to supervise a high-risk caseload. This collaboration serves to hold offenders accountable and increase public safety.
- In FY 2013-14 SIU will continue its function and service of intensive supervision. HHS and PCJ will continue to offer cognitive-behavior therapy and rehabilitative services to offenders reintegrating into the community. In addition to services already offered, Probation will offer the Placer Re-Entry Program (PREP). PREP provides a centralized location for programs and services aimed at transitioning offenders back into the community in a safe and efficient manner.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12*	FY 2012-13*	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

\*FY 2011-12: In addition to the programs listed funding was provided to the SIU with the expectation that SIU would collaboratively manage a High Risk AB 109 caseload.

\*In FY 2012-13 and FY 2013-14 funding was allocated to agencies using funding percentages from the original FY 2011-12 CCP Plan. In FY 2013-14 Probation funding will also be directed to the PREP.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2011-12 the CCP expanded the mission of the SIU to include assisting the Probation in the monitoring of high-risk offenders. SIU provided compliance checks with random home visits and searches, led warrant apprehension activities, responded to high-level GPS alerts, and assisted local law enforcement and agencies with operations relating to the AB 109 population. A portion of the most dangerous and high-risk offenders were assigned to the SIU caseload, which enabled collaborative supervision between the SIU team, which includes a Probation officer, three Sheriff’s officers, an officer from each police department, a clerical staff, and an evidence technician. A Client Services Practitioner and District Attorney participate on the team as needed. The collaborative mission of the SIU team has contributed to offender accountability and public safety.

**Describe a local success story (as defined by the CCP).**

An offender with multiple jail and prison terms (more than five DUI’s and drug-related offenses) was released from the California Department of Corrections and Rehabilitation to Placer County on Post Release Community Supervision (PRCS). During his period of supervision the offender was assessed, placed on an appropriate supervision caseload and linked to services directed to assist him with his transition into the community. While under supervision the offender participated in a mental health program, substance abuse treatment, individual therapy, intensive case management, self-help classes, probation services and DUI classes. With this collaborative and intensive support he has successfully completed his term of PRCS supervision, re-engaged with his family and is employed in the construction field. He is a self-supporting member of our community.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Staffing	1. Staffing	1. Health
2. Health	2. Health	2. Staffing
3. Medical	3. Medical	3. GPS
4. Law Enforcement	4. Law Enforcement	4. Law Enforcement
5. GPS	5. GPS	5. Risk Assessment
6. Staff Training	6. Staff Training	6. Staff Training
7. Data	7. Data	7. Data
8. Risk Assessment	8. Risk Assessment	8. Medical
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*Placer County continues to utilize the original CCP plan, which was approved and submitted to the Board of Supervisors during FY 2011-12. However, the change in rankings for FY 2013-14 reflects the outcome of a recent survey submitted to members. The changes in rankings are attributed to our stakeholders developing a better understanding of the impacts system wide. The County has also hired a consultant to analyze our justice system and to identify future system improvements. In FY 2013-14 priorities will shift toward the development of the PREP. PREP provides a centralized location for programs and services aimed at transitioning offenders back into the community in a safe and efficient manner.

# PLUMAS COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- FY 2011-12: The Probation and Sheriff's Department offers intensive supervision of offenders;
- FY 2012-13: The District Attorney's Office started and operates a Day Reporting Center;
- Plumas County Alcohol and Drug offers intensive substance abuse counseling;
- Community non-profits offers literacy and employment readiness development;
- The Sheriff's Department offers Moral Reconciliation Therapy programs to in-custody offenders;
- Probation Department initiates Interactive Journaling; and
- The Plumas County Resource Center (community non-profit) offers housing assistance.



Client in white jacket receiving culinary guidance from an instructor.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs		✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs			✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs		✓	✓

**Describe a local success story (as defined by the CCP).**

A Post-Release Community Supervision Offender (PRCS) returned to the county with mental health and medication stabilization issues. The offender was homeless, unemployed and had a lengthy history of involvement with the criminal justice system (primarily in the area of substance use/abuse). The offender’s immediate needs for housing were addressed via the collaborative efforts of the Day Reporting Center and the Probation Department and a liaison was identified to assist him in navigating the benefits enrollment system. Intensive outpatient services were established through the Mental Health Department, physical health issues were addressed by the Public Health department and substance abuse services (intensive outpatient) were implemented.

The defendant has had no involvement with law enforcement for the last 8 months (going from approximately every-two-week involvement to zero). He is medication stable and continues to follow through with his mental health counseling and substance abuse counseling. He is on the verge of becoming a peer mentor for a mental health program and has stable housing.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. Health	2. Health
3. Health	3. Staffing	3. Staffing
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Staff Training	5. Staff Training	5. Staff Training
6. GPS	6. Data	6. Data
7. Data	7. GPS	7. GPS
8. Medical	8. Medical	8. Medical
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Staffing decreased in priority due to hiring in FY 2011-12 however it is still a critical area, especially for Probation. Data increased in priority as programs were implemented and the tracking of statistics and performance outcomes increased.

# RIVERSIDE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Courage to Change;
- Alternatives to Custody;
- Work Release;
- Electronic Monitoring;
- Post-Release Accountability and Compliance Teams (PACT);
- Day Reporting Center;
- Transitional Housing options;
- Law enforcement portal implementation, which allows law enforcement access to Probation's case management system;
- Employment workshops (Helping Individuals Realize Employment-H.I.R.E.);
- Expansion of services to include clothing acquisition options and tattoo removal;
- Expanded placement for the critically mentally ill;
- Expanded custodial mental health assessments and services;
- Enhanced custodial programming and utilization of the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool; and
- Expanded victim notification services to include the realigned population victims.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs		✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*In FY 2012-13 and FY 2013-14 substance abuse treatment and transitional housing were also addressed.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Riverside County developed the Post-Release Accountability and Compliance Teams (PACT), which include local law enforcement officers, probation officers and District Attorney staff. The primary mission of the PACT is to conduct searches, compliance checks and warrant apprehension on the highest-risk realigned offenders. Currently there are three PACTs operating within the region. In FY 2012-13 PACT completed 691 compliance checks/searches and made 327 arrests of both realigned and non-realigned offenders. The PACTs utilize the Law Enforcement Portal, which allows officers on the street to access Probation's case management system and enter contact information. Because of the PACTs' interaction with the realigned offenders, the Probation Officers are better able to know when an offender should be referred to a higher level of treatment, to the Day Reporting Center, or back to court for a violation. The information from the PACT also helps the Probation Officer to determine when and at what level to utilize graduated sanctions to gain compliance.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Data
2. Staff Training	2. Staff Training	2. Health
3. Law Enforcement	3. Day Reporting	3. Medical
4. Health	4. Health	4. Risk Assessment
5. Risk Assessment	5. Law Enforcement	5. Day Reporting
6. Data	6. Risk Assessment	6. Law Enforcement
7. Day Reporting	7. Data	7. Staffing
8. GPS	8. GPS	8. Staff Training
9. Medical	9. Medical	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: The Day Reporting Center increased in priority as the volume and needs of offenders entering the community increased.

\*FY 2013-14: Data collected on rehabilitative programs and suppression efforts led to an increase in the Data priority area. Medical Related Costs rose in priority due to an increase in the medical needs (both custodial and in the community) of the realigned population and the Affordable Care Act presenting an opportunity to recoup medical costs.

# SACRAMENTO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- The CCP integrated strategies and core programming at facilities that included alternatives to incarceration (pretrial and pretrial supervision), custody housing, alternative custody diversion programs (expansion of home detention electronic monitoring), community supervision (opened a third Adult Day Reporting Center), evidence-based assessments (using validated risk assessment tools) for treatment/programming and continuum of intermediate sanctions for program violations.
- The Sheriff and Probation Department used department resources, AB 109 funds and leveraged other funding to enter into contracts with community based organizations to provide offender reentry services, mental health, substance abuse and rehabilitative treatment services, educational and vocational programs.
- AB 109 funding provided local law enforcement with a crime analyst to develop regional response strategies using evidence-based practices related to prevention, intervention and response for the Post-Release Community Supervision, Mandatory Supervision and Parole population.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12*	FY 2012-13*	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

\*FY 2011-12: Sacramento County has a Drug Court that has been in existence since FY 1994-95. AB 109 offenders that are assessed and meet criteria have been able participate in the court as part of their case plan since FY 2012-13. The Sheriff and Probation Department leveraged other funding to augment AB 109 funding, which provided educational, vocational, work programs and expanded the number of offenders that could be served.

\*FY 2012-13: Funded transitional housing with wraparound services for 40 male beds via Volunteers of America. Clients are referred from the Sheriff's Home Detention Program and Probation's Adult Day Reporting Centers. Allocated funding for long term mental health treatment in the jail and psychotropic medication for in-custody and out-of-custody AB 109 offenders at the recommendation of the CCP mental health and substance abuse workgroup.

**Describe a local success story (as defined by the CCP).**

- "I am a 52 year old repeat offender, I have been to the county jail and prison numerous times. Of all the times being incarcerated this time is different, and the reason for that is AB 109. I went to RCCC, where I was able to acquire certifications in custodial training, welding, food safety and handling, and computer-aided drafting. I also attended classes such as Thinking for a Change, Change Counseling, Man Alive and employment. I benefited further by acquiring the tools that will help me become a productive member of society. The tools I have acquired are résumé, social security card, health care insurance, and a job. All of this was made possible because of my caseworker. From the beginning he has been very inspirational in helping me to make positive choices in my life. He makes sure I have transportation to appointments, whether it be a bus pass or him giving me a ride. It is my opinion that he has not only made my re-entry to society positive, but possible. I feel part of my success is due to his hard work, if only I would have had him and re-entry twenty years ago."
- "This program has helped me in many different ways. I used to allow things outside of my control to alter my behavior and anger me to the point of violence. Once I made a mistake I wouldn't stop. I embodied the many labels that I had collected on my life journey. Through the teachings and teachers in this program, instead of allowing outside forces to move me I look around with empathy and tolerance because I would want the same, and I've come to grips with the fact that I am special, I am only human, and to take responsibility for my mistakes, learn from them and keep pushing. Because I've been to prison, it isn't who I am, I can choose another route."

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Day Reporting	2. Day Reporting	2. Day Reporting
3. GPS	3. GPS	3. GPS
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Health	5. Health	5. Health
6. Medical	6. Data	6. Data
7. Staff Training	7. Law Enforcement	7. Law Enforcement
8. Data	8. Medical	8. Medical
9. Law Enforcement	9. Staff Training	9. Staff Training

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Data increased in priority due to recommendations and reports created by a data workgroup that enables programs to collect data. Local Law Enforcement increased in priority due to funding for a crime analyst. The position allows local law enforcement to share crime data, compare probation and parole offender data to analyze trends, build crime pattern predictions and develop regional response strategies using evidence-based practices related to prevention, intervention and response.

# SAN BENITO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- The San Benito County Probation and Behavioral Health Department collaborated to offer the evidence-based curriculum Thinking for A Change to offenders.
- The San Benito County Sheriff and Probation Department implemented a Pre-Trial Services program. Pre-Trial Services releases low level offenders from the County Jail and places them on an electronic monitoring program to make room for higher risk offenders.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- In FY 2011-12 San Benito County Probation Department partnered with a local Faith-Based Organization (FBO) to offer Thinking for a Change courses. Courses are facilitated by Probation staff and classes are held at the FBO facility.
- In FY 2012-13 San Benito County had the highest number of 1170(h) split sentences California.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Matrix Model (Refer to the County’s 2011 Realignment Implementation Plan for additional information)**

The Matrix Model is a multi-element package of therapeutic strategies that complement each other and are combined to produce an integrated outpatient treatment experience. The Matrix Model is a set of Evidence-Based Practices delivered as a program. Many of the treatment strategies within the Model are derived from clinical research literature, including cognitive-behavioral therapy, relapse prevention, motivational interviewing strategies, psycho-educational information and 12-Step program involvement.

- Level I is a three-to-twelve-month program consisting of intake and assessment and group services with a focus on psycho-educational treatment using Matrix curriculum and/or process groups. Individual group counseling is available in order to review progress and update treatment plans on an as-needed basis. Individuals participate in random drug tests to monitor compliance with treatment program.
- Level II is a four-to-six-month intensive outpatient program (IOP) delivered to clients at the San Benito County Behavioral Health (SBCBH) clinic. These IOP services include a minimum of six hours per week of intensive group services (based upon the Matrix Model curriculum) as well as individual sessions as needed. Case management services are available to assist clients in accessing other supportive services. Level II clients routinely receive frequent random drug testing.
- Level III is residential treatment services. These services will still be available to high-need clients through contracting residential treatment providers in neighboring counties on a limited basis. These services are pre-authorized through the multi-agency collaborative (Probation and SBCBH), and can range from 30 to 90 days. Clients are re-evaluated every 30 days to determine the continued appropriateness of level of care.
- Level IV aftercare groups are offered for clients returning from residential treatment as well as to those clients who have completed treatment and request additional support services.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. GPS	2. GPS	2. GPS
3. Staff Training	3. Staff Training	3. Staff Training
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Health	5. Health	5. Health
6. Day Reporting	6. Day Reporting	6. Day Reporting
7. Data	7. Data	7. Data
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# SAN BERNARDINO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- The Department of Behavioral Health (DBH) provides co-located behavioral health services at each regionally based Day Reporting and Reentry Services Centers (DRRSC). Services include mental health assessments, drug and alcohol services, case management by a mental health specialist and individual and group counseling. Under the leadership of DBH each of the DRRSC obtained Medi-Cal certification to provide substance abuse and/or mental health treatment. The Transitional Assistance Department (TAD) is co-located at the DRRSC and assists with enrollment in Medi-Cal healthcare plans, enrollment in the Cal-Fresh program and provides referrals for clients who are eligible to receive general relief or CalWORKS services.
- A Post-Release Community Supervision (PRCS) Court was implemented to address PRCS violations. The court includes a designated Probation Officer, Deputy Public Defender and District Attorney.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs			✓
Work Training Programs	✓	✓	

\*FY 2012-13: The Probation Department initiates housing contracts addressing HIV/AIDS for single male and female offenders and contracts with the Department of Behavioral Health to find housing for offenders with mental health and substance abuse challenges. Three regionally based Day Reporting and Reentry Services Centers located in San Bernardino, Rancho Cucamonga and Victorville are open and operational.

\*FY 2013-14: The Probation Department acquired two additional contracts that will provide residential housing and rehabilitative services to probationers, Mandatory Supervision and Post-Release Community Supervision (PRCS) offenders in need of housing and life skills/vocational training.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The creation of the DRRSC, coinciding with the receipt of Medi-Cal certification from the California Department of Health Care Services, have been significant achievements. These developments allow the county to offset the cost of providing outpatient alcohol and drug and mental health services by billing Medi-Cal when eligible clients receive services, thereby diverting AB 109 funds to program services and staffing costs. DRRSCs have been created throughout the County and can be found in Rancho Cucamonga, San Bernardino and Victorville.

**Describe a local success story (as defined by the CCP).**

A male offender was released from prison and was reunited with his wife and children. Two weeks after his release his wife was killed in a vehicle accident, leaving him with two young children. He could not maintain their apartment because his name was not on the lease and he had no income to support his family. The DRRSC Housing Liaison Officer was able to locate temporary housing for the family. The Workforce Development Department found a job for him in his field of plumbing and construction and he was able to re-connect with family who helped him transition to regular housing. The individual continues to receive follow-up from his Probation Officer and is scheduled to successfully discharge from further probation supervision.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12*	FY 2012-13*	FY 2013-14
1. Staffing	1. Day Reporting	1. Day Reporting
2. Risk Assessment	2. Data	2. Data
3. Day Reporting	3. Risk Assessment	3. Law Enforcement
4. Health	4. GPS	4. Health
5. GPS	5. Staffing	5. Staff Training
6. Staff Training	6. Staff Training	6. GPS
7. Data	7. Law Enforcement	7. Staffing
8. Medical	8. Health	8. Risk Assessment
9. Law Enforcement	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2011-12: Staffing and Risk Assessment Instruments are a high priority due to PRCS offenders entering the community.

\*FY 2012-13 and FY 2013-14: Focus shifted to addressing client needs based on criminality, results of mental health assessments, trends for treatment needs, the appropriate level of supervision and the development of treatment resources (i.e., Day Reporting Centers, Department of Mental Health clinics, Workforce Development job readiness programs, pre-release coordination and linkages to rehabilitative services).

# SAN DIEGO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- The Probation Department hired more than 100 new staff and created a Post Release Division to supervise and manage the Post-Release Community Supervision (PRCS) and Mandatory Supervision (MS) Offenders.
- The Health and Human Service Agency and Probation Department amended service contracts in order to provide substance abuse treatment and mental health services for PRCS offenders. Contracts with 15 substance abuse programs (6 outpatient and 9 residential treatment programs including detoxification) were expanded to provide intensive services for those with addictive disorders.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The San Diego County Public Safety Realignment and Post Release Community Supervision Implementation Plan established three goals. Those goals are: 1. Efficiently Use Jail Capacity; 2. Incorporate Re-entry Principles Into In-Custody Programming; and 3. Incorporate Evidence-Based Practices Into Supervision, Case Management and Sentencing of Offenders. In pursuit of goal one the Probation department implemented the Residential Reentry Center (RRC). The RRC is an alternative custody program where suitable inmates serving jail sentences are provided job readiness training and allowed to seek employment. As inmates are moved to the RRC jail beds are freed further serving the goal of expanding jail capacity.

In pursuit of goals one through three, CCP partners developed a "Blueprint for Success" for Mandatory Supervision offenders. The plan was implemented on February 7, 2013 and includes a pre-sentence Correctional Offender Management Profiling for Alternative Sentencing (COMPAS) assessment tool and a case plan developed from the offender's identified risks and needs. Once sentenced the offender participates in the Sheriff's Reentry Program (if eligible), while in-custody correctional counselors and on-site probation officers assist the offender in completing the goals as identified in the case plan. Approximately thirty days prior to release, the offender attends a pre-release review hearing in Mandatory Supervision Court where progress toward the identified goals are assessed and the conditions and requirements of the offender's community supervision are discussed. After release, regular status hearings are calendared for continued assessment of the offender's progress.

A step down Probation supervision approach using a three-phase model is utilized to assist in a successful reintegration into the community. If the offender becomes non-compliant, s/he may be dropped down to the previous phase. In pursuit of goal three, the District Attorney's Office and Probation Department created the Community Transition Center (CTC). The center opened on January 7, 2013. PRCS offenders are transported directly to the CTC from prison on their day of release. The result has been a significant drop in the number of offenders who initially abscond or fail to appear. Since its opening only 3 of the 934 offenders released to San Diego County had a warrant issued for such behavior as of September 30, 2013. Probation officers are now able to immediately engage the offender and connect them with the needed services to successfully reintegrate into society. In addition to helping achieve goal three of the Realignment Plan, the CTC also is being used to achieve goal number one. Offenders who violate the conditions of their probation and are in need of treatment can be held at the CTC while awaiting availability at a residential treatment program.

**Describe a local success story (as defined by the CCP).**

In April of 2013 an offender with a committing offense involving DUI and possession of a large quantity of methamphetamines was released to San Diego Probation after spending much of the last two years in prison. He is currently completing his remaining five years of custody in the community under mandatory supervision of the Probation Department. He has been on probation numerous times before. However, this time, he is part of San Diego County’s “Blueprint for Success” created specifically for those offenders sentenced pursuant to 1170(h) of the penal code and who now serve their sentence in the Sheriff’s jail instead of state prison. In local prison he participated in the Sheriff’s Reentry Program. Also, while in-custody, correctional counselors and on-site Probation officers assisted him in completing the goals identified in his case plan. Approximately thirty days prior to release the offender attended a pre-release review hearing in Mandatory Supervision Court where Judge Bruce-Lyle reviewed progress toward his identified goals and discussed the conditions and requirements of his community supervision. In April 2013 he was placed on GPS monitoring and transported to the CTC. Staff at the CTC screened him for substance abuse and any mental health needs. At the CTC he utilized the available short-term transitional housing pending placement at a residential treatment program. He has since successfully completed a residential drug treatment program and continues to participate in aftercare. He still attends several self-help groups each week and continues to provide negative drug tests to his probation officer.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Health	1. Health
2. Staff Training	2. Staff Training	2. Data
3. Health	3. Staffing	3. Law Enforcement
4. Data	4. Data	4. Medical
5. Risk Assessment	5. Medical	5. Staff Training
6. GPS	6. GPS	6. Staffing
7. Medical	7. Law Enforcement	7. GPS
8. Law Enforcement	8. Risk Assessment	8. Risk Assessment
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Staffing decreased in priority as more than half of hiring was accomplished. Risk Assessment Instruments decreased in priority due to full implementation of the COMPAS assessment tool for all realigned offenders. Local Law Enforcement increased in priority because of the exploration of increased partnerships, Public Health/Mental Health increased as attention turned away from staffing and to increased services for offenders, and Medical-Related Costs rose due to an increase in costs reported by the Sheriff’s Department and impending implementation of the Affordable Care Act.

\*FY 2013-14: Medical-Related Costs decreased in priority as understanding of true costs stabilized, Staff Training decreased as the Probation Leadership Academy was completed, Staffing decreased due to full staffing of new division and GPS/Electronic Monitoring decreased as contracts and equipment are functioning as desired. Data collection increased in priority as attention turned to measuring outcomes and Local law Enforcement increased as partnerships were acknowledged as an important tool to increase community safety.

# SAN FRANCISCO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

### Describe a local success story (as defined by the CCP).

In anticipation of the implementation of AB 109 the Adult Probation Department (APD) applied for a federal Department of Justice Second Chance Act Planning and Demonstration grant to fund Reentry SF, a comprehensive set of community based employment services for the realignment population. Client X returned to San Francisco County on Post-Release Community Supervision (PRCS) with a long history of incarceration. Having spent more than 8 years in prison he knew the difficulties that faced him. Upon release he was struggling with housing, instability, unemployment and no right-to-work documents. The client was referred to Reentry SF, a partnership of APD, Goodwill Industries, HealthRIGHT 360, the Senior Ex-Offender Program and the San Francisco Department of Public Health. Reentry SF provided the necessary assistance to secure work documents and began to prepare the client for a job through job readiness training, digital literacy training, peer support and emergency food and clothing. In partnership with his Deputy Probation Officer the client was able to access transitional housing provided by HealthRIGHT 360. The client is currently working full time at a local restaurant and has been in the position for more than 6 months. He recently successfully completed PRCS.

### In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

\*FY 2012-13: The CCP plan builds on strategies from FY 2011-12 with further development of the Reentry Division within APD, which, in addition to developing reentry services, directs research and analysis related to realignment implementation and is responsible for ensuring APD is able to produce data and analysis needed to assure quality across its programming and supervision.

\*FY 2013-14: The CCP plan builds on prior years' plans to include a partnership with the California Department of Corrections and Rehabilitation (CDCR) to transfer individuals who will be released to PRCS to San Francisco County Jail 60 days prior to their release. These PRCS clients will be housed in the Reentry Pod, a comprehensive reentry planning and services program which engages up to 56 men in pre-release case management and interventions. This collaboration between the Sheriff's Department and APD is part of a three year pilot program, the outcomes of which will be reported to the legislature and CDCR.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

APD, in partnership with Leaders in Community Alternatives, Inc. (LCA) opened the Community Assessment and Services Center (CASC) in June 2013. The CASC is an innovative, one-stop reentry center that serves the comprehensive needs of clients under the supervision of APD. The CASC model tightly aligns community corrections and support services into an approach focused on accountability, responsibility and opportunities for long-term change. The CASC is a cornerstone community corrections initiative of the City and County of San Francisco’s Public Safety Realignment Plan. The CASC was created to protect public safety, reduce victimization, maximize taxpayer dollars and to contribute to San Francisco’s community vitality. The CASC provides on-site APD supervision of clients, as well as a range of evidence-based services provided by LCA including cognitive-behavioral therapy, anger management, substance abuse treatment, relapse prevention, gender responsive programming, trauma and victimization, parenting education, vocational training and employment readiness and placement. Additional services include recovery support groups, family reunification services, community service projects and referrals to other needed resources. APD and LCA staff closely coordinate efforts so that clients access a unique blend of CASC services contingent on the results of an Individualized Treatment and Rehabilitation Plan (ITRP) and Individualized Achievement Plan. The CASC is a model program that helps clients gain confidence build resiliency and the self-sufficiency skills they need to permanently exit the criminal justice system.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Health	1. Health	1. Health
2. Data	2. Data	2. Data
3. Staffing	3. Day Reporting	3. Day Reporting
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. Staff Training	5. Staff Training	5. Staff Training
6. Day Reporting	6. Staffing	6. Medical
7. Medical	7. Law Enforcement	7. Law Enforcement
8. GPS	8. Medical	8. GPS
9. Law Enforcement	9. GPS	9. Staffing

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Hiring Deputy Probation Officers to supervise the AB 109 population was a higher priority in the first year of realignment (2011). By FY 2012-13 staff were hired and priorities shifted to increase service delivery to this high-risk, high-need population.

# SAN JOAQUIN COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County provided programs and services in FY 2011-12 include:

- Superior Court implemented a Post Supervision Release Re-Entry Court to address the needs of high-risk realigned offenders with significant substance abuse issues;
- Funding for Correctional Health Care for in-custody medical needs as well as to Behavioral Health Services for in-custody and out-of-custody mental health and substance abuse services;
- Establishment of the San Joaquin Assessment Center; and
- Funding to the San Joaquin Community Data Co-Op for evaluation work.

County provided programs and services in FY 2012-13 include:

- Contracts with four community-based organizations (CBO) to provide integrated case management, outreach and mentoring;
- Warrant Reduction and Advocacy Program implemented by a CBO;
- Parole Re-Entry Court;
- High Violent Offender Court;
- Violent Crimes Unit for Intensive Supervision Services;
- CCP Task Force comprised of the Probation Department, Stockton Police Department, Lodi Police Department, Manteca Police Department and the Tracy Police Department; and
- A Pretrial Assessment and Monitoring Program.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14
Community Service Programs	✓		
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*FY 2012-13: The provider for the community service contract merged with another community-based organization and was no longer interested in providing services offered in FY 2011-12.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Probation Department, in conjunction with San Joaquin County Behavioral Health Services (BHS), San Joaquin County Employment and Economic Development Department (WorkNet) and the San Joaquin County Human Services Agency (HSA) created the San Joaquin Assessment Center. The Assessment Center is located next to the Probation Department's Day Reporting Center (DRC) and serves as a hub for the comprehensive delivery of service to offenders. The Assessment Center allows probation officers to complete offenders' risk/needs assessments, provide intake decisions that incorporate multi-disciplinary team screening and assessment, decrease duplication of services between agencies and facilitates multi-agency background information sharing and record checking. These multi-agency agreements and rapport built between agency participants in the Assessment Center help overcome many of the traditional roadblocks to information sharing and provide a continuum of care. The Courts have the ability to send an offender to the Assessment Center from the courtroom, where the offender can literally walk across the street to the Assessment Center. At the Assessment Center an offender can make immediate probation contact, receive additional "bridging" support from BHS regarding mental health and alcohol and drug services, access streamlined eligibility screening for all support services offered through HSA and/or begin the process of employment preparation and job placement services. Should the client wish to pursue education goals he/she can be referred to the DRC across the hall. This "one-stop shop" brings all the supportive services together in one centralized location to assist the client in his/her reintegration back into the community and provides them the necessary resources to assist in their rehabilitation.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Day Reporting	2. Risk Assessment	2. Risk Assessment
3. Data	3. Data	3. Data
4. Health	4. Health	4. Health
5. GPS	5. Day Reporting	5. Day Reporting
6. Staff Training	6. Law Enforcement	6. Law Enforcement
7. Risk Assessment	7. GPS	7. GPS
8. Medical	8. Staff Training	8. Staff Training
9. Law Enforcement	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Risk Assessment Instruments increased in priority as the CCP identified a validated pre-trial assessment instrument as an area of need. Local Law Enforcement increased in priority with the funding of a CCP Task Force to assist with locating offenders on outstanding bench warrants and in conducting compliance searches on high risk violent offenders.

# SAN LUIS OBISPO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County provided programs and services include:

- Jail in-custody program (re-entry planning and case management);
- In-custody substance abuse treatment and in-custody screening and assessment;
- Cognitive-behavior treatment programming;
- Vocational internship for inmates, job skills training and job skills training for the mentally ill;
- Sober living environments;
- Transitional housing;
- Community-based treatment (trauma based, substance use disorders and gender specific);
- Co-occurring disorder treatment with a psychiatric nurse in community;
- Case management services in the community;
- Three regional hub treatment centers;
- Post-release screening assessment and supervision;
- Deputy District Attorney and Victim Advocate prosecution team; and
- An AB 109 Specialty Court.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs			✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓		
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

\*FY 2012-13: The Day Reporting Center was replaced by regional treatment hubs run by County Behavioral Health Services and the Probation Department. Case management for re-entry was implemented, a Program Manager was added at the jail to implement jail programming and funding was allocated for beds in sober living environments

\*FY 2013-14: Added co-occurring disorder treatment in the community, a psychiatric nurse for medication management, created the Jail Programs and Services unit and the community-based volunteer organization "Restorative Partners," began a partnership with the Jail Programs and Services unit.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Creation of three regional hub treatment centers; a Jail programming unit comprised of Probation, Behavioral Health and Sheriff employees; and Post-Release Offender Meetings (PROM) comprised of Probation, Behavioral Health and community based organizations to provide coordinated case management services.

**Describe a local success story (as defined by the CCP).**

- Male client in re-entry services has one year clean and sober after a 45-year heroin habit. He is active in the recovery community as a sponsor of other clients in treatment. He is currently completing community work service as a way to give back to the recovery community.
- Female client has 10 months clean and sober and living in a sober living environment after a 35-year methamphetamine habit and five-year heroin habit. She is working part-time in the community and has re-established family ties with her children.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staffing
2. Staff Training	2. Health	2. Health
3. Medical	3. Medical	3. Medical
4. Health	4. Staff Training	4. Data
5. Data	5. Data	5. Staff Training
6. Day Reporting	6. GPS	6. GPS
7. GPS	7. Risk Assessment	7. Risk Assessment
8. Risk Assessment	8. Law Enforcement	8. Law Enforcement
9. Law Enforcement	9. Day Reporting	9. Day Reporting

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: The Day Reporting Center (DRC) was eliminated due to cost and public opposition to site location. Funds dedicated to the DRC were re-allocated to three regional treatment hubs. Benefits from this change included more accessibility and regional services tied to each community.

\*FY 2013-14: Data increased in priority as more emphasis was placed on data collection and outcome measures.

# SAN MATEO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County provided programs and services in FY 2012-13 include:

- The Human Services Agency and the Health Department collaborated with the Probation Department and the Sheriff's Office to open Service Connect. Service Connect offers emergency housing vouchers, benefits (food, medical, cash) application assistance, employment services, substance abuse and mental health screening, treatment referrals, peer mentors, Moral Reconciliation Therapy and individual counseling.
- The Probation Department, Sheriff's Office, Health Department and Human Services Agency coordinated Multi-disciplinary Team (MDT) meetings to discuss shared clients and foster communication and collaboration among the agencies.
- The CCP created a grant and awarded contracts to community-based organizations to provide employment services and housing and rehabilitation services to the realigned population.

*After several months of working with Service Connect the client stabilized his living situation, developed a therapeutic relationship with his Service Connect psychiatrist and accepted a referral to a full service partnership.*

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs			
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

An accomplishment of the CCP is the development of an information sharing data management system. The Human Services Agency, Health Department, Sheriff's Office and Probation Department have been working on a system for the past six months and it will be ready for launch in early 2014. The system will allow county departments and community-based organizations to exchange information regarding supervisees, thus promoting communication and facilitating collaboration.

**Describe a local success story (as defined by the CCP).**

The Probation Department, Human Services Agency, Health System and the Sheriff's Office collaborated on Service Connect, a one-stop-shop, to provide realigned offenders the help they need to succeed. A client was released from jail and met his Service Connect staff person in the lobby of the jail, where they walked next door to meet with his probation officer. After the meeting the probation officer accompanied the client to a separate Service Connect office. After several months of working with Service Connect the client stabilized his living situation, developed a therapeutic relationship with his Service Connect psychiatrist and accepted a referral to a full service partnership. The client has now successfully completed his probation, has an apartment and is engaged in treatment. The client has not been hospitalized for his mental health issues in more than a year and is looking forward to getting a part-time job.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Data	1. Data	1. Data
2. Staffing	2. Staffing	2. Staffing
3. Health	3. Health	3. Health
4. Day Reporting	4. Day Reporting	4. Day Reporting
5. Law Enforcement	5. Law Enforcement	5. Law Enforcement
6. GPS	6. GPS	6. GPS
7. Risk Assessment	7. Risk Assessment	7. Risk Assessment
8. Staff Training	8. Staff Training	8. Staff Training
9. Medical	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# SANTA BARBARA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County provided programs and services include:

- Mental Health, Sex Offender and Domestic Violence Treatment;
- Sober Living Detox;
- Employment Readiness;
- Cognitive Behavior Therapy;
- Case Management (enhanced supervision and case planning);
- Community Response Teams;
- GPS Monitoring;
- Re-entry Services; and
- Discharge Planning Team.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts		✓	✓
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs		✓	✓

\*FY 2012-13: A significant area of change going into FY 2012-13 planning was the development of Mental Health Clinic hours at the Probation Report and Resource Centers. This modification resulted in more efficient and timely delivery of services for the Post-Release Community Supervision (PRCS) offenders with mental health issues. Through analysis of needs assessment and review of client criminal history the CCP added counseling slots for PRCS offenders being supervised with a history of domestic violence and sex offenses; two Rehabilitative Services Coordinators through the Public Defender's Office to work with offenders awaiting court and one Deputy District Attorney to ensure DA participation in the County's Collaborative Courts. The caseload ratio of officer to offender was lowered to 1:40 due to the high percentage of PRCS offenders who risked "high" for recidivism and violence .

\*FY 2013-14: Custody risk assessment and pre-incarceration mitigation efforts were employed that included decision-making violation/revocation protocols as well as an evidence-based assessment tool to identify offenders eligible for alternative detention. GPS units and additional custody deputies were added to manage increased workload.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- Successful and timely implementation of a Mental Health clinic at Probation sites;
- Successful implementation of Compliance Response Teams;
- Development and implementation of a data tracking system; and
- An agreement by the CCP on all three Realignment Plans (FY 2011-12 - FY 2013-14).

**Describe a local success story (as defined by the CCP).**

A 34-year-old male offender with a lengthy history of addiction to heroin and multiple prison commitments was released to the county in March 2012. While in the county he continued to use heroin, failed to participate in treatment and received three flash incarcerations for drug use, with his last in December 2012. In January 2013, after learning he was to be a father for the first time, he began regular participation in drug treatment and is currently a speaker through Narcotics Anonymous. He has spoken candidly about how his addiction started as a teenager due to a lack of parental involvement and poor peer influences. He is working full time as a foreman at a local ranch, remains in compliance with Probation and drug treatment, is testing negative for controlled substances and appears extremely healthy and happy.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Health	1. Data
2. Staff Training	2. Data	2. Day Reporting
3. Health	3. Staff Training	3. Health
4. Day Reporting	4. Day Reporting	4. Law Enforcement
5. Law Enforcement	5. Risk Assessment	5. Staff Training
6. Data	6. Staffing	6. Risk Assessment
7. Risk Assessment	7. Medical	7. Medical
8. GPS	8. Law Enforcement	8. Staffing
9. Medical	9. GPS	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Staffing decreased in priority as most staff were in place in year one. Public Health/Mental Health increased in priority as the mental health service delivery system that was initially established was identified as a critical area that needed change. Data increased in priority as data collection/development gained more momentum and Risk Assessment Instruments increased in priority as more realigned offenders were serving time in-custody.

\*FY 2013-14: Data collection continues to be vital to assessing programs and it is needed from a variety of stakeholders. Local Law Enforcement is playing a great role with Community Response Teams and has rose in priority.

# SANTA CLARA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

- In February 2012 the Board of Supervisors (BOS) approved \$325,000 for 25 housing vouchers designated for AB 109 clients, specifically for those under probation supervision. The housing voucher provides rental subsidy up to \$1,000 per month for six months with one additional six month renewal. Since the program began in July 2012, 31 AB 109 individuals received a housing voucher. As part of the FY 2013-14 approved budget, the BOS extended the initial Rental Assistance Program to a second year and allocated a one-time reserve of \$4 million from the FY 2012-13 AB 109 fund balance towards housing projects.
- After a five month strategic planning effort the BOS unanimously approved a Five-Year Adult Reentry Strategic Plan to focus on five service areas, including education. The goal is to increase educational opportunities for moderate' and high-risk offenders while in-custody and in the community. Based on the results of county-wide request for proposals the BOS approved a contract with Milpitas Adult Education to provide educational assessment, GED preparation and testing, adult literacy, computer literacy and career counseling to 450 male and female inmates and ex-offender adults assessed as being at a medium to high risk to re-offend.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2013-14 the Santa Clara County established the Office of Reentry Services (ORS) to support and coordinate all efforts for individuals transitioning from incarceration back into the community. ORS assumed responsibility for the operation of the Re-Entry Resource Center (RRC). At the RRC the Probation Department conducts assessments and the Sheriff's Department operates custody alternative programs. The Multi-Agency Program Team (MAP Team) provides treatment assessments and generates referrals to services. The RRC offers emergency services, such as clothing and food, to meet the immediate needs of individuals reentering the community.

The Re-Entry Multi-Agency Program (MAP) is a multi-disciplinary team that provides assessment and transitional wraparound services, including custody health, mental health, drugs and alcohol services, peer mentoring, general assistance, housing and transitional case management. MAP was developed to assess service needs and formulate a delivery model that would facilitate interagency coordination and provide effective re-entry services for incarcerated adults exiting prison and jail settings. The RRC pairs necessary health and hospital agencies with adult probation in order to reduce recidivism by developing re-entry plans for individuals transitioning from incarceration.

The MAP Team has been in operation since February 2012 at the RRC and has assessed and connected 453 individuals to needed services. Many of the individuals who are receiving services are finding something they have not previously experienced in the cycle of incarceration— people who are reaching out with helping hands. At its core the MAP is equipped to address issues that contribute to the cycle of incarceration. The County is working proactively to reduce recidivism, and on a daily basis the MAP Team serves clients who are taking steps to change their lives. Clients are undertaking career development, finding employment, addressing addiction and mapping their road to long-term recovery. Santa Clara County is leading the way implementing one of the region's strongest justice re-alignment programs with credit due to a variety of participating agencies.

**Describe a local success story (as defined by the CCP).**

Offender A has been in and out of county jail and prison since 1972. “I was wild on the street and did crazy stuff to support my heroin...but I paid the price by going to prison,” said Offender A. With the passage of AB 109 Offender A was one of the individuals eligible for release back into the County of Santa Clara. “People told me about AB 109 but I couldn’t believe it. I couldn’t believe I was eligible. I never had a chance to be in a program. It was always jail time for me.” Offender A is now 64 years old and was released a month ago to community supervision. “When I got out, I didn’t have anything. My wife passed away while I was in prison. All my properties were in her name. I lost everything I had. When I saw my probation officer I told him I will do whatever he told me to do.” Offender A's probation officer referred him to the Reentry Resource Center, where he met Jose Garcia, a peer mentor who connected him to housing, general assistance benefits and a drug treatment program. Offender A has been clean and sober for two years. On a weekly basis he goes to his drug treatment program and shares his recovery stories with others. It has been more than a month since Offender A has been released. He is getting a second chance for a new beginning. “I am doing things I never thought I would. If I had been in a program earlier in life I would have changed direction. I am thankful for all the good people out there who are helping me,” said Offender A. Santa Clara County partners quickly developed a comprehensive assessment and service delivery model for the realignment population. Thus far data indicates the County has maintained a low re-arrest/re-offense rate for this population.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Staffing	1. Staffing	1. Health
2. Data	2. Data	2. Data
3. Health	3. Health	3. Staffing
4. Day Reporting	4. Day Reporting	4. Day Reporting
5. Risk Assessment	5. Risk Assessment	5. Staff Training
6. Staff Training	6. Staff Training	6. Risk Assessment
7. Medical	7. Medical	7. Medical
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. GPS	9. GPS	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2013-14: During the first two years of Public Safety Realignment a significant focus has been on staffing and ensuring staffing levels were sufficient to serve the population. Although this area is still a focus, staffing is beginning to level out with respect to creating new positions and hiring. The more direct focus is service delivery, specifically substance abuse, mental health services and staff training, which is imperative to being successful in the local service delivery model.

# SANTA CRUZ COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Custody Alternative Program (CAP) was recognized by the California State Association of Counties (CSAC) as a model of cost-effective strategies to maintain public safety with a 2013 CSAC Challenge Merit Award. The CAP Team is a multi-disciplinary partnership of the Sheriff's Office and Probation Department that uses electronic monitoring and law enforcement supervision in lieu of correctional housing. With CAP a seamless transition from incarceration to community is realized through risk assessment, case management and community supervision. CAP allows low-level offenders that meet certain criteria to serve their sentence by performing light labor such as landscaping and litter pick-up at specific supervised worksites throughout the County.

The AB 109 Service Provider Network was developed through a data-driven process that involved broad community input and representation. Effective intervention services are critical to the success of the CCP Plan. Comprehensive data was analyzed to identify priority criminogenic needs of the initial cohort of AB 109 offenders. A request for Letters of Interest/Request for Qualifications was released based on these priority areas, along with a focus on responsivity, accountability and flexibility. A total of thirty Letters of Interest were reviewed and scored by a panel made up of community leaders and stakeholder representatives. Based on the panel's recommendations the Probation Department negotiated FY 2012-13 contracts with sixteen organizations and agencies. Monthly coordination meetings and joint trainings have established referral and reporting procedures, which has resulted in a new integrated network of services that supports a forensic assertive case management model operated by the CAP team.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs		✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

**Describe a local success story (as defined by the CCP).**

Z lived on the street from the age of fifteen and fell in with bikers and drug dealers. Z sold marijuana and methamphetamine, was first arrested at age nineteen and for the next thirty years lived a criminal lifestyle of using and selling drugs, drinking and going in and out of jail. At the age of 49 he was sentenced under AB 109 to two years in the Santa Cruz County Jail. While in custody Z participated in the Reclaiming Integrity, Self-Awareness and Empowerment (RISE) substance abuse treatment program, completed the Thinking For A Change curriculum and worked with a Friends Outside reentry advocate to develop a transition plan. Z was released to electronic monitoring through the Sheriff’s Custody Alternatives Program and attended the Matrix Model intensive outpatient program at Sobriety Works while staying in a sober living environment. Friends Outside staff helped Z to apply for and enroll at the local community college. He was recruited to participate in the AB 109 Speakers Bureau coordinated by the United Way. Z has lived most of his adult life with no resources to live a normal, non-criminal lifestyle and in all the times he was arrested and incarcerated he was never offered any help. The combination of accountability and support available through AB 109 has changed his life dramatically. It has given him the chance to reconnect with his family and to pursue positive goals. Z has emerged as an engaging community speaker who has presented to a variety of groups. Z finished his first semester with a 4.0 GPA and is looking forward to making a positive contribution to the community.

*The Custody Alternative Program (CAP) was recognized by the California State Association of Counties (CSAC) as a model of cost-effective strategies to maintain public safety with a 2013 CSAC Challenge Merit Award.*

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Data	2. Health	2. Health
3. Staff Training	3. Staff Training	3. Staff Training
4. Risk Assessment	4. Risk Assessment	4. Risk Assessment
5. GPS	5. Data	5. Data
6. Health	6. GPS	6. GPS
7. Medical	7. Medical	7. Medical
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Day Reporting	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*During FY 2011-12 the CCP implemented initial services while continuing to develop plans for a comprehensive distributed services network. This network was developed and made operational during FY 2012-13.

# SHASTA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Cognitive-Behavioral Therapy (i.e. Moral Reconciliation Therapy, Thinking for A Change, Courage to Change and the Positive Parenting Program);
- Substance abuse treatment;
- Sober living;
- Residential treatment;
- Detox services;
- Supervised Own Recognizance Program;
- Step Up Program;
- Mental Health and Re-entry Court; and
- A Vivitrol Program.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12*	FY 2012-13*	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*FY 2011-12: Allocated funding for the implementation of a Day Reporting and Assessment Center. Provided services include risk and need assessments, mental health and drug and alcohol assessments, cognitive-behavioral therapy, employment services, housing services, supervised own release program, compliance team and the Sheriff's Work Program. The County has a drug court program and victim restitution program.

\*FY 2012-13: Opened the Community Corrections Center that includes the Day Reporting and Assessment Center, established a Compliance Team to maintain consistent contact with the AB 109 population and the Sheriff's Department, offered a "Step Up Program" that places eligible alternative to custody offenders in a vocational program at the local community college.

**Describe a local success story (as defined by the CCP).**

A 43-year-old male returned to the county after serving two terms in prison for possession of a controlled substance, a substance abuse history dating back to the early 1990s, mental health treatment needs and medical issues related to seizures. In July 2013 the defendant was referred to Skyway House to address his substance-abuse needs in the community. After a 30 day commitment the defendant met with his probation officer and was referred to mental health services to obtain prescription medications and establish a mental health provider. In August 2013 the defendant was referred to the Day Reporting Center to help him address his social and personal needs. Since his enrollment the defendant has moved through various program phases on his way to meeting program requirements. He has completed Moral Reconation Therapy, is participating in a substance abuse treatment program and has provided no positive drug tests. The defendant has proven to be a positive role model to those starting the program and uses his experiences to help other participants avoid the same mistakes. The defendant is participating in the Projects for Assistance in Transition from Homelessness (PATH) housing program and has transitioned from living in a tent in a family member’s backyard to purchasing a trailer and refurbishing it himself. The defendant is participating in a budgeting program through PATH and is learning how to pay his own way using his social security benefits. The defendant is beginning to use the skills he has learned with his family by refusing to allow his son into his home while his son is using methamphetamine. In recent months the defendant has identified short-and long-term goals, has not violated the of his terms of supervision or committed any new crimes.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Day Reporting	1. Staffing
2. Risk Assessment	2. Staffing	2. Staff Training
3. GPS	3. Staff Training	3. Day Reporting
4. Health	4. Law Enforcement	4. Law Enforcement
5. Data	5. GPS	5. Data
6. Day Reporting	6. Data	6. GPS
7. Law Enforcement	7. Health	7. Health
8. Staff Training	8. Risk Assessment	8. Risk Assessment
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Day Reporting Center increased in priority, as it was identified as a need in a prior year, and Staff Training increased as new staff were hired and trained.

\*FY 2013-14: Staffing increased in priority to match the resources needed, and Data increased as emphasis was placed on ensuring the correct data is collected.

# SIERRA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

### Adult Day Reporting Center (Refer to the Board of Supervisor's January 2014 Agenda for additional information )

The Sierra County Probation Department proposes to implement an effective countywide Adult Day Reporting Center (ADRC) with departmental and AB 109 Public Safety Realignment funds. The ADRC will provide community supervision and targeted interventions to serve the Post-Release Community Supervision (PRCS) offender population and other high-risk felony probationers. The target audience of the ADRC is male and female offenders 18 or older who have been assessed as having a moderate-to-high-risk to reoffend and have been identified as having significant needs. Depending on the offender's assessed needs the program can last between 9 to 12 months with aftercare for up to an additional six months. ADRC services can include drug testing, cognitive-behavioral treatment classes, referrals to community-based organizations, access to employment, educational training, job placement assistance and restitution to victims.

The ADRC will concentrate its community supervision resources on the period immediately following the person's release from custody and adjust supervision strategies as the needs of the person released, the victim, the community and the offender's family change. The center's staff and program providers will facilitate offenders' sustained engagement in treatment, mental health and other supportive services. Job development and supportive employment are a key element of the programming and service linkage activities probation staff undertake. Efforts will be made to address obstacles that make it difficult for an offender to obtain and retain viable employment while under community supervision

### In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓		
Counseling Programs	✓		
Day Reporting Center			
Drug Courts	✓	✓	✓
Educational Programs	✓		
Electronic and GPS Monitoring Programs	✓		
Mental Health Treatment Programs	✓		
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs			

\*FY 2012-13 and FY 2013-14: A CCP plan has not been adopted as of September 2013, however a consultant has been hired.

**Risk Assessment (Refer to the Board of Supervisor's January 2014 Agenda for additional information)**

The Probation Department contracts with the Noble Software Group to provide online static and needs assessment services using validated evidence-based assessment tools. The assessment process is intended to (a) provide data to inform supervision and intervention decisions, (b) identify the level of risk an offender poses to the community and (c) identify and target crime producing characteristics (criminogenic needs) in order to reduce the likelihood of re-offense. The risk assessment tools will help probation officers (a) identify the probability of re-offense (low to high) and the factors that contribute to reoffending, (b) identify the type and amount of intervention needed (those who need the most intervention to none at all), (c) increase accuracy through the use of objective criteria rather than “gut instinct” and (d) guide decision making by providing information in a statistical and systematic manner to improve the placement of offenders and utilization of resources. The Noble Group can make available two types of risk assessment tools. The first involves screening instruments, which include primarily static items (e.g. prior arrests) that can be useful for in or out decisions (i.e. detained, release on recognizance, or rebook, etc.). The second includes comprehensive risk and needs assessments like the Static Risk and Offender Needs Guide (STRONG), which includes static and dynamic items covering all major risk and need factors. This is useful in developing case plans that target intervention to crime producing factors for moderate and high-risk offenders. Officers conducting the assessments can also indicate areas of offender strengths. The assessment/evaluation process involves obtaining information from many sources about many aspects of an offender's life. Offenders are first interviewed (using motivational interviewing techniques) to gather information so the assessor can accurately complete the assessment.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Medical	1. GPS	1. GPS
2. Staffing	2. Day Reporting	2. Day Reporting
3. GPS	3. Staffing	3. Staffing
4. Data	4. Data	4. Risk Assessment
5. Staff Training	5. Risk Assessment	5. Data
6. Day Reporting	6. Medical	6. Law Enforcement
7. Law Enforcement	7. Law Enforcement	7. Health
8. Health	8. Health	8. Medical
9. Risk Assessment	9. Staff Training	9. Staff Training

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# SISKIYOU COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- The Probation Department and Sheriff's Office co-managed the Day Reporting Center. Staff from both agencies and a non-governmental organization provided counseling, life skills programming and education services;
- The District Attorney's office operated a pre-charge, pre-filing diversion program;
- The Probation Department utilized the Static Risk and Offender Needs Guide (STRONG) risk assessment tool;
- The Sheriff's Office operated a post-sentence Alternative to Incarceration program;
- The Probation Department utilized an outcome-oriented supervision model;
- The Probation Department and Sheriff's Office provided an Electronic Monitoring Program; and
- A Corrections Services Specialist serves as a liaison at specialty courts to connect defendants to community and agency services.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1**

	FY 2011-12*	FY 2012-13*	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs		✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers			
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

\*FY 2011-12: Expansion of existing programs including evidence-based practices, Alternative Sentencing and Electronic Monitoring Programs. Siskiyou's CCP facilitated comprehensive strategic planning processes during this time period and the Day Reporting Center began operations.

\*FY 2012-13: New programs include pre-filing diversion, community-based education and veteran's services. Inmate health/mental health programs were enhanced, technical support for a pre-trial assessment program was requested and additional support programs and services were implemented in the Day Reporting Center.

**Describe a local success story (as defined by the CCP).**

F is a 30-year-old adult male who has been involved within the criminal justice system since he was a young teenager, and the majority of his family has been incarcerated at some point as well. In the past F had participated in a variety of programs including some county-provided Alcohol and Other Drug (AOD) treatment, work release programs and other types of treatment groups. On May 13, 2012 F was arrested for domestic violence and violation of probation less than a year from his completion of a work program for drug charges. F was given a final chance by the local court system to make changes in his life and was sentenced to serve his time in the County Jail. F was released to the work program to serve his time. While F had been through various programs (including work release) this was the first time he had ever participated in multiple programs at once. Aside from being a Drug Court participant, F was also enrolled in services offered at the at the Day Reporting Center (DRC). These included Equine Therapy, AOD groups, individual counseling, the Change Companies' Interactive Journaling® and the Work program. The amount of physical and emotional work that was asked (simultaneously) was new and difficult to manage, however, as he began to work and meet the expectations put forth he saw positive changes in his life that made him work harder. F completed his jail sentence and chose to continue attending the DRC. When asked why, he stated "reporting keeps me on track and away from using." Staff at the DRC regularly encouraged F and helped him obtain full-time employment. F has not reoffended since his completion of the program and checks in with staff to let them know how he is doing.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. Health	2. Data
3. Staff Training	3. Staffing	3. Health
4. Law Enforcement	4. Staff Training	4. Risk Assessment
5. GPS	5. Data	5. Staff Training
6. Risk Assessment	6. Risk Assessment	6. Staffing
7. Medical	7. GPS	7. Medical
8. Health	8. Medical	8. Law Enforcement
9.Data	9. Law Enforcement	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Data increased in priority with the desire to determine the effectiveness of new programming, and Public Health/Mental Health increased as access to services became the priority for implementation. Staffing declined in priority as initial funding for positions was secured in FY 2011-12 and Staff Training declined as significant training occurred in FY 2011-12.

\*FY 2013-14: Risk Assessment Instruments increased in priority in preparation for the implementation of a pre-trial risk assessment program, and Local Law Enforcement increased as joint compliance operations were amplified.

# SOLANO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- The Probation Department and Health and Social Services partnered to identify and refer appropriate individuals to treatment services, including clients with substance abuse, mental health concerns and/or co-occurring disorders;
- The Workforce Investment Board provided job-readiness training and assisted clients in obtaining and maintaining employment;
- The Probation Department offered Thinking for a Change and Reasoning and Rehabilitation II;
- A substance abuse matrix program was established to provide group counseling and individual therapy sessions;
- Two Clinical Service Associates, two Mental Health Workers and one Social Worker are available to provide assistance to clients; and
- The County contracted with five employment training/non-profit agencies that assist clients with learning new trades and placing them with employers in need of similar job skills.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

\*Drug Courts are addressed separately from the CCP Plan.

**Data (Refer to the CCP May 2014 Agenda for additional information )**

Probation AB 109 Population: 338

- Post-Release Community Supervision (PRCS) clients under supervision: 292
- 1170(h) clients under supervision: 66
- PRCS assessed as high (67%) and very high-risk (23%) (to recidivate): 90%
- Vallejo has the highest PRCS population (107), followed by Fairfield (64)
- 53 (16%) AB 109 individuals consider themselves homeless
- 1170(h) females represent 27% of the population, compared to 6% in the PRCS population
- 1170(h) average age is younger; 27% for ages 26-30 as compared to 15% of PRCS

**Describe a local success story (as defined by the CCP).**

- An individual with no previous employment experience and a criminal history was able to obtain a legitimate full-time job at \$12 per hour with assistance from community partners. AB 109 funds helped purchase equipment necessary for the job and covered the costs of steel-toe shoes.
- An individual participating in a Thinking for a Change (T4C) group was able to secure employment during the middle stages of the program. Despite his new found employment the individual continued his T4C classes while maintaining his new full-time job.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14*
1. Staffing	1. Staffing	1. Day Reporting
2. Staff Training	2. Staff Training	2. Staffing
3. Health	3. Health	3. Staff Training
4. Day Reporting	4. Day Reporting	4. Risk Assessment
5. Data	5. Data	5. Health
6. Law Enforcement	6. Law Enforcement	6. Data
7. GPS	7. GPS	7. GPS
8. Risk Assessment	8. Risk Assessment	8. Law Enforcement
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2013-14: Changes in priority areas reflect leadership changes at the local level and the accomplishments of prior identified goals.

# SONOMA COUNTY

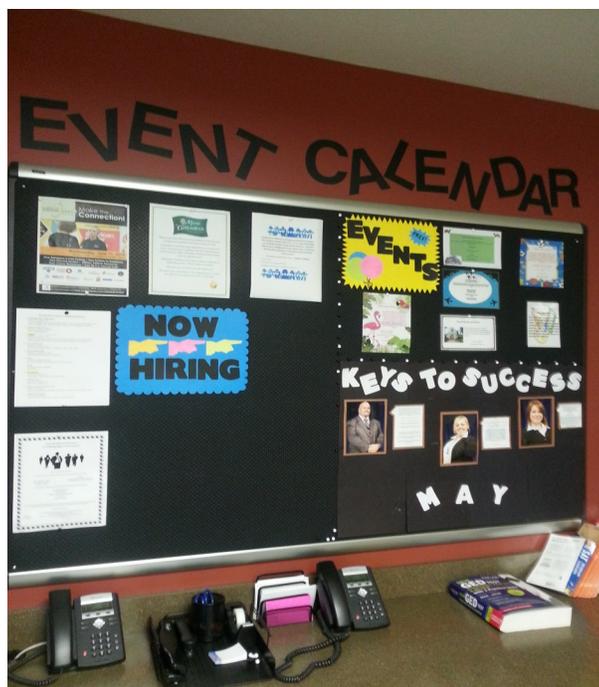
## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

Sonoma County's CCP, in recognizing the uniqueness of its County's earlier strategic initiatives, leveraged the organizing principles of the County's 2010 Criminal Justice Master Plan (CJMP) as a foundation for its Public Safety Realignment Plan. The CCP's Public Safety Realignment Plan promotes evidence-based programming and investments that align closely with the overall strategic goals, guiding principles and recommendations of the County's earlier CJMP. Some of the CJMP's key recommendations, such as implementation of an Early Case Resolution (ECR) Court, were accomplished prior to AB 109 Realignment, however many recommendations from the CJMP could not be adequately addressed prior to 2011 due to lack of available funding. The additional revenue from AB 109 Realignment has been instrumental in allowing the County to move forward with implementing many of the key recommended programs cited in the CJMP.

The CJMP recommended several programs and initiatives that were subsequently implemented as part of AB 109 Realignment: a new Day Reporting Center (DRC); a comprehensive Pre-Trial Services program; inmate assessments to guide targeted programming; cognitive-behavioral programming in-custody; use of an objective risk-assessment instrument; programming and treatment continuity in-and out-of-custody; mental health evaluation and services; substance abuse treatment; employment testing and job search assistance; general education and literacy classes and life skills classes. Of these programs the DRC and Pre-Trial Services are considered to be the two most critical initiatives. Establishment and continued operation of the DRC is consistent with the guiding principles of the CJMP, which recommended that the County develop a DRC as a non-residential correctional option.

The DRC opened in January 2012 and serves as the central point of evidence-based programming and structure for the Post-Release Community Supervision (PRCS), Mandatory Supervision, and Felony Probationers in the community. Pre-Trial Services constitutes a core system function by providing universal front-end screening for all persons booked into jail, supporting jail population management, reducing pre-trial failures and facilitating efficient case processing. The County's Pre-Trial Services program, currently being developed and scheduled to launch in early 2014, will have two components: (1) an assessment component that will operate as a function of the Classification Unit in the local jail; and (2) a supervision component that will operate as a Supervision Unit of the Probation Department. Additionally, the CCP's plan also incorporated the CJMP recommendation to maintain an integrated information system and collect detailed information about clients, services and outcomes that will allow meaningful analysis and reporting. The confluence of the County's own strategic initiatives and those of Realignment provided the CCP with a unique opportunity to develop an AB 109 Realignment plan that achieves shared strategic goals and further improves Sonoma County's progressive criminal justice system.



Announcement Board

**Describe a local success story (as defined by the CCP).**

Probation recently supervised a PRCS offender that first entered the justice system at the age of 17 after he was adjudicated by the juvenile court for auto theft. As an adult, the offender continued to be involved in criminality and narcotics use. He reportedly began smoking methamphetamine at the age of 17 and records indicate he abused cocaine, LSD and psilocybin mushrooms as well. Over the years he was convicted of multiple crimes including burglary, conspiracy, forgery, vandalism and narcotics, and was committed to the California Department of Rehabilitation in 2001. On August 15, 2012, the offender was released from prison after serving time for convictions of forgery, burglary and possession of stolen property. After his release to PRCS in Sonoma County the offender was closely supervised by his Probation Officer and immediately directed to participate in the DRC. He consistently complied with the terms of PRCS and remained free of intoxicants. In May 2013 he enrolled himself in a “Firefighter Basics” academy. He was eventually offered employment as a seasonal firefighter. The offender successfully completed PRCS in August of 2013. At the time of his successful discharge from PRCS he had not yet completed the aftercare phase at the Day Reporting Center. Rather than cease his attendance the offender elected to voluntarily continue his participation in the DRC and is scheduled to graduate with the next DRC graduating class. Available records indicate he has not re-offended since terminating PRCS.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Day Reporting	2. Day Reporting	2. Day Reporting
3. Health	3. Health	3. Health
4. Data	4. Data	4. Data
5. GPS	5. GPS	5. GPS
6. Law Enforcement	6. Law Enforcement	6. Law Enforcement
7. Risk Assessment	7. Risk Assessment	7. Risk Assessment
8. Medical	8. Medical	8. Medical
9. Staff Training	9. Staff Training	9. Staff Training

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# STANISLAUS COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- The Sheriff's Custody and Community Institute of Life Skills (SCCILS) program. SCCILS programming includes educational services, cognitive skills, parenting programs and spiritual and mental health programs;
- An expanded program capacity of the Integrated Forensics Team with the addition of staff from Behavioral Health and Recovery Services, Probation and the Community Services Agency;
- A Regional Apprehension Task Force to apprehend at large AB 109 offenders, funding allowed for 4 specialty operations that resulted in 33 arrests;
- Contract services to the jail including literacy services, vocational training, chaplain services and clean-and-sober beds to be used as an alternative option to jail;
- Services at the Day Reporting Center (DRC) with the addition of drug and alcohol treatment staff and increased contracted services for educational, vocational and literacy services;
- A Crime Analyst to assist in evaluating effectiveness of programs; and
- Contract services for residential drug and alcohol services and intensive wrap around and case management services through El Concilio.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers		✓	✓
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

\*FY 2012-13: Added contracted residential clean and sober beds as an alternative to custody option for substance abuse offenders and expanded Work Training Programs.

\*FY 2013-14: Added residential drug and alcohol treatment beds added with second a community service provider and expanded victim services with a Victim Advocate to help address restitution.

**Describe a local success story (as defined by the CCP).**

“Anonymous” looks completely different today with a big smile, yet until he became part of the Sheriff’s program in Stanislaus County he had nothing to smile about. He spent 21 years of his life behind bars. He attributes his practice of crime to the need to supply himself with money to support addictions. He resided on the streets of Modesto and Riverbank but was not really living, he was existing. He sought help during those incarcerated years but the help was never enough and his life revolved around being in jail and prison. When he heard of the SCCILS he asked for help. He claims the 60 days he spent in the SCCILS program turned his life around. The difference between SCCILS and prison programs was the presence of local citizens living in his own county showing him loving acceptance. Being a new father and learning the life skills taught within the program helped him change his thinking. One class, Second Chances, uses retired and disabled thoroughbreds in their group therapy; he saw his broken life in the face of the disabled horses and realized he could become useful. With the encouragement and love of SCCILS teachers and the camaraderie of other SCCILS students he is now a free man inside and outside. He remains in contact with program instructors, as they still meet with him in the community. He is now living with his wife and child and making a home for them. He is a dedicated member of a local church, speaks about his success whenever asked and is seeking ways to give back by being available to others who want to change.

*...he saw his broken life in the face of the disabled horses and realized he could become useful. With the encouragement and love of SCCILS teachers and the camaraderie of other SCCILS students he is now a free man inside and outside.*

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Data	2. Data	2. Data
3. Day Reporting	3. Day Reporting	3. Day Reporting
4. Health	4. Health	4. Health
5. GPS	5. Risk Assessment	5. Risk Assessment
6. Risk Assessment	6. GPS	6. GPS
7. Law Enforcement	7. Staff Training	7. Staff Training
8. Staff Training	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Medical	9. Medical

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Risk Assessment Instruments increased in priority as a greater emphasis was placed on using assessments to assist in jail release decisions.

# SUTTER COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Intervention Counselors offer intensive outpatient substance abuse counseling and Moral Reconciliation Therapy (MRT);
- A Resource Center that offers education, employment and counseling classes;
- Sutter County One Stop;
- A Business Workforce Specialist and an Adult Education Teacher to assist offenders in gaining employment and/or obtaining their high school diploma or GED;
- Introduction of the Seeking Safety counseling in a group setting to female offenders addressing substance abuse issues and trauma;
- Expanded Anger Management and Co-Dependency counseling groups;
- Implementation of a Pre-Trial Services Program;
- MRT and Coping with Anger counseling in the jail to assist offenders with the transition back into the community;
- A Victim Advocate position;
- A Batterer's Treatment Program which uses an evidence-based curriculum; and
- A Public Health Nurse and Licensed Vocational Nurse for the Jail Medical Unit to assist with in-custody treatment.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13*	FY 2013-14*
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs		✓	✓
Electronic and GPS Monitoring Programs		✓	✓
Mental Health Treatment Programs			✓
Residential Multiservice Centers			
Victim Restitution Programs		✓	✓
Work Training Programs		✓	✓

\*FY 2012-13: CCP plan includes Pre-Trial Services Program.

\*FY 2013-14: CCP allocated funding for a Public Health Nurse and Licensed Vocational Nurse for Jail Medical Services, a Mental Health Worker for the First Steps Prenatal Program and a part-time educator for the Jail.

**Describe a local success story (as defined by the CCP).**

In January 2011 a female offender was arrested for evading and later for failure to appear in court. At 27 she had 2 felony offenses within 3 months of one another. The offender advised she started using drugs at age 24 and her use “got out of control.” After serving a year in jail the offender was released on January 1, 2012 to serve a 3 year formal probation term. After testing positive for methamphetamine in February 2012 the offender agreed to attend a residential treatment program, however she was not ready. She failed to report to her probation officer and a warrant was issued for her arrest. The offender returned to court and was sentenced to prison for 2 years 8 months. On January 12, 2013 nearly 2 years after being released from jail the first time, the offender was released from prison to report to the Probation Department under Post-Release Community Supervision (PRCS). This time things were different; the offender was clean and committed to staying clean. She reports that she “found God in prison” and believes this happened for a reason, “I just want to help others.” She stated that this time she “...listened to suggestions” from others and “...completely removed [herself] from people, places, and things” that were drug related. The offender advised that church helped and she was “saved” in March of this year. She also indicated that she had a supportive probation officer and she “didn’t want to disappoint him... or anyone else.” The offender reported that in 2012 she started out not being honest but that changed when she was released from prison. She said, “Once you’re honest, it’s much easier to be successful.” The offender stressed that “filling up my time is key;” when she has too much idle time it becomes dangerous to her sobriety. She stated that she now puts as much effort into staying clean as she once did in getting high. The offender has 17 ½ months clean and has achieved many accomplishments since her clean date: she is a manager at her place of employment, has received 4 consecutive months of recognition from her employer, successfully completed her PRCS term and has earned back a relationship with her daughter.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Staff Training	2. Staff Training	2. Day Reporting
3. Law Enforcement	3. Data	3. GPS
4. Data	4. Medical	4. Medical
5. Health	5. Risk Assessment	5. Law Enforcement
6. Risk Assessment	6. Law Enforcement	6. Data
7. Medical	7. Health	7. Health
8. GPS	8. GPS	8. Risk Assessment
9. Day Reporting	9. Day Reporting	9. Staff Training

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.*

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# TEHAMA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- A Day Reporting Center (DRC);
- Tehama County Health Services conducted assessments, created individualized case plans and provided program enrollment in Mental Health and Alcohol and Drug programs;
- Moral Reconciliation Therapy (MRT) classes;
- 6 transitional beds through a contracted vendor;
- The Job Training Center offered resume building, interview skills and certificate programs (e.g. forklift certificate);
- The Sheriff's Alternative to Secure Custody (ASC) programs are coordinated and defendants were assigned to ASC programs based on an assessments conducted at the DRC;
- GED services;
- Electronic Monitoring Programming;
- Faith-based programming;
- The Tehama County Woodworking Shop provided training to offenders to learn cabinetry skills; and
- A Multi-Disciplinary team met weekly with Mandatory Supervision and Post-Release Community Supervision (PRCS) offenders to discuss progress and/or requests for additional services.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14*
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			
Work Training Programs	✓	✓	✓

\*FY 2013-14: Added Behavioral Court.

**Describe a local success story (as defined by the CCP).**

The Tehama County AB 109 Auto Shop Program provides offenders an opportunity to learn skills, opens valuable bed space in the County Jail and reduces the County’s costs for vehicle maintenance and repair. 12 to 14 offenders provide maintenance on county vehicles, are monitored on ankle bracelets and allowed to live at home. A Sheriff’s deputy leads the program, which has saved the county approximately \$98,000. In 2013 the California State Association of Counties recognized the innovation of the Sheriff’s Office with the Challenge Award.

- Defendant was sentenced to local jail on an unauthorized possession of a firearm. Upon review by the Sheriff’s Department the defendant possessed auto mechanic skills, a willingness to change and desire to learn new things. The defendant was placed in the AB 109 Auto Shop Program and proved to be a leader among his peers; he was willing and eager to be a part of the program. Probation assisted the defendant in obtaining his driver license. In October 2013 his case was presented to the court for early dismissal as a result of his positive achievements. The defendant has since been permanently hired by the AB 109 Auto Shop Program.
- Defendant was released to the county in 2012 on PRCS with a serious drug problem, living barriers, family issues and no employment. The defendant indicated he was motivated to change and was linked to an array of local services. The Faith-based community provided transportation and support, Health Services offered drug and alcohol services and MRT was offered at the DRC. The defendant completed MRT and the drug and alcohol program, eventually becoming a peer role model for others. He gained employment as a tree faller with a local business; the position comes with a company truck, per diem and his salary is greater than the minimum wage. The defendant completed his term of PRCS in one-year, has gained self-respect, is proud to share his accomplishments and left the program a changed man.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. GPS	1. Day Reporting	1. Day Reporting
2. Medical	2. Risk Assessment	2. Risk Assessment
3. Health	3. Staff Training	3. Staff Training
4. Day Reporting	4. Medical	4. Medical
5. Risk Assessment	5. GPS	5. GPS
6. Staff Training	6. Data	6. Data
7. Law Enforcement	7. Health	7. Health
8. Data	8. Staffing	8. Staffing
9. Staffing	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report *2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Changes in priority areas reflect a focus on programming and establishing community partnerships.

# TRINITY COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Electronic Monitoring Program operated by the Probation Department;
- Transitional Housing services provided by the Human Response Network;
- Mental Health and Drug and Alcohol assessments administered by the Mental Health Department; and
- Moral Reconciliation Therapy (MRT) classes for the jail population.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The Trinity County Probation Department entered into a Memorandum of Understanding with the Human Response network to provide case planning and transitional housing for Post-Release Community Supervision (PRCS) clients returning to the County.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs		✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs			
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs			✓
Residential Multiservice Centers			
Victim Restitution Programs			
Work Training Programs			

**Describe a local success story (as defined by the CCP).**

A high risk PRCS offender returned to Trinity County with a number of challenges, including homelessness, health issues and employment barriers. County services aided him in regaining his health, secured transitional housing and provided employment training. The defendant successfully completed one year of supervision without reoffending, found employment and married during the time he was supervised.



Inside of a transitional housing unit.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13	FY 2013-14
1. Staffing	1. Staffing	1. Staffing
2. Risk Assessment	2. Risk Assessment	2. Risk Assessment
3. GPS	3. GPS	3. GPS
4. Health	4. Health	4. Health
5. Data	5. Data	5. Data
6. Staff Training	6. Staff Training	6. Staff Training
7. Law Enforcement	7. Law Enforcement	7. Law Enforcement
8. Medical	8. Day Reporting	8. Day Reporting
9. Day Reporting	9. Medical	9. Medical

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

# TULARE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

County-provided programs and services include:

- Contract with Turning Point of Central California for residential and out-patient substance abuse and mental health treatment;
- Contract with Double R Ranch for residential substance abuse counseling;
- Contract with five shelters to provide homeless services;
- Contract with BI Inc. to provide Moral Reconciliation Therapy;
- Contract with Fresno First, Westcare and Visalia Rescue Mission for residential and out-patient substance abuse and mental health treatment;
- Contract with Karis House for residential and aftercare treatment of substance abuse and Gang Intervention;
- Contract with Creekside Laser Clinic for tattoo removal;
- Contract with the Counseling and Psychotherapy Center for sex offender treatment;
- Contract with Dr. Stephen Bindler for specialty mental health and medication management groups;
- Expanded Pre-Trial Court Services; and
- A police/probation partnership to manage high risk Post-Release Community Supervision (PRCS) offenders.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs			
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓		✓

Tulare County maintains Drug Court, Proposition 36 Court, Mental Health Court and Veterans Court programs independent of AB 109 funding.

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

An Own Recognizance/Bail Release Program was implemented in the county. The Own Recognizance/Bail Release Program is based on a validated risk and needs assessment and includes an automated telephonic reminder to clients prior to their next appearance.

**Describe a local success story (as defined by the CCP).**

A mentally ill PRCS client was released in error to State Parole afterhours on a Friday. The client was informed he needed to return on the following Monday. With 29 cents in his pocket and no medication he became actively suicidal and the police were called. County staff mobilized afterhours to provide assistance and despite limited access to his paperwork were able to place him in a residential treatment program that evening. Over time the client stabilized, reunited with his estranged son and is now employed and residing in the community.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas<sup>^</sup> of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12*	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Day Reporting
2. Risk Assessment	2. Health	2. Medical
3. Health	3. Risk Assessment	3. Health
4. GPS	4. Medical	4. Risk Assessment
5. Data	5. Data	5. Data
6. Staff Training	6. GPS	6. GPS
7. Day Reporting	7. Day Reporting	7. Staffing
8. Law Enforcement	8. Law Enforcement	8. Law Enforcement
9. Medical	9. Staff Training	9. Staff Training

<sup>^</sup>Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report *2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Medical Related Costs increased in priority due to the costs of providing inmate medical services.

\*FY 2013-14: Day Reporting Center increased in priority as expansion of the Sheriff’s Day Reporting Program to include a South County site was identified as critical.

# TUOLUMNE COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).

County-provided programs and services include:

- Contract with B.I. Inc. to provide services for the Day Reporting Center;
- A Probation Work Release Program;
- Expanded community service monitoring and referrals;
- Victim witness services and victim empathy services;
- Marsy's Law notifications;
- Electronic monitoring services to include Radio Frequency, GPS, SCRAM units;
- Deputy Probation Officers to a High Risk Supervision/Compliance Team;
- Mentally ill offender programming;
- Contract with Behavioral Health to provide a range of services including medication monitoring and counseling;
- Substance abuse programming, interactive journaling, digital literary services, and GED preparation through the Sheriff's Office;
- A Day Treatment Program;
- Drug and Alcohol Services; and
- Enhanced Jail Inmate Work program to assist offenders with community reintegration.

In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts	✓	✓	
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs		✓	✓
Mental Health Treatment Programs		✓	✓
Residential Multiservice Centers			
Victim Restitution Programs		✓	✓
Work Training Programs			

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

In FY 2011-12 a Day Reporting Center opened in the county through a contract with B.I. Inc. Contracted services were well received and within six months improvement could be seen in some of the "career offenders". Many offenders receiving services have attained and sustained employment and have

**Describe a local success story (as defined by the CCP).**

An offender attending the Day Treatment Program asked for assistance in completing his GED. With encouragement and assistance he enrolled in an evening GED tutorial class at a local community college and successfully passed the GED test the first time. This was a big accomplishment for him and he was very excited; he has since found full time employment.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14
1. Day Reporting	1. Day Reporting	1. Day Reporting
2. Staffing	2. GPS	2. GPS
3. Risk Assessment	3. Staffing	3. Staffing
4. Staff Training	4. Staff Training	4. Staff Training
5. GPS	5. Risk Assessment	5. Risk Assessment
6. Health	6. Health	6. Health
7. Medical	7. Medical	7. Medical
8. Law Enforcement	8. Data	8. Data
9. Data	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: GPS/Electronic Monitoring and Staffing rose in priority as the offender population increased and limited jail beds were available. Risk Assessment Instruments decreased in priority as they were implemented in prior years.

# VENTURA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

With the passage of realignment the Ventura CCP recognized the importance of assessing and providing appropriate treatment services for mentally ill offenders within the AB 109 population. Since FY 2011-12 clinicians from the Behavioral Health Department have been placed in the Probation Department's Adult Field Units on multi-disciplinary teams with the case managing probation officer. These clinicians conduct comprehensive mental health (and substance abuse) assessments to target the appropriate level of services needed and assist in providing treatment. The Behavioral Health Department also contracted for mental health services through Telecare. Telecare provides treatment in accordance with the Assertive Community Treatment (ACT) model as well as services for lower level of care as part of a wellness component.

The CCP also identified employment upon release from custody as a key need. To address this concern the Probation Department and Human Services Agency (HSA) partnered via a Memorandum of Agreement to create and implement an employment program. This collaboration resulted in the creation of the Specialized Training and Employment Project for Success (STEPS) program that launched in FY 2012-13. The program is staffed by an Employment Specialist who works with the Probation Department and the offender to develop and implement an individualized employment case plan (includes assessments, workshops, job readiness courses, etc.) and an Employer Outreach component linking offenders with appropriate employment in the community based on their strengths. HSA staff are embedded in regional field offices where they have access to the field probation officers and offenders five days a week. STEPS was selected by the California State Association of Counties as an innovative AB 109 program (<http://www.csac.counties.org/post/smart-justice-ventura-county>).

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center			
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs	✓	✓	✓
Work Training Programs	✓	✓	✓

**Describe a local success story (as defined by the CCP).**

An offender on Mandatory Supervision (MS) was supervised in the community by the Probation Department. While in custody the offender’s risk and needs were assessed by an AB 109 funded custody Deputy Probation Officer (DPO). Upon release from custody the offender struggled with substance abuse and chronic unemployment issues and was returned to custody for violating his MS. While serving his sentence the offender participated in a job training program, earning a print shop training certificate. Prior to his release a case plan was created that included seeking employment in the printing field and coordination with Behavioral Health to create a treatment plan for his substance abuse needs. Despite these efforts he had a brief relapse. The DPO responded by continuing to work with him towards sobriety and coordinated his placement into an AB 109-funded drug detox and residential program. The offender entered the program in September 2013, remained drug free and is expected to graduate in 2013. While working to maintain sobriety he was screened for his unemployment risk factor and was placed in an AB 109 funded STEPS program operated by HSA. At STEPS he was provided résumé and job application assistance, leading to an on-the-job training program where he earned full-time employment at a local print shop. Concurrently he remained sober and arrest free. Those involved with his case are hopeful the range of services provided by the Sheriff’s Office, the Probation Department, Behavioral Health, and STEPS have provided him with the tools and support needed to remain crime-free and productive in the community.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staffing
2. Health	2. Health	2. Health
3. Data	3. Risk Assessment	3. Risk Assessment
4. Risk Assessment	4. Law Enforcement	4. Law Enforcement
5. Law Enforcement	5. Data	5. Data
6. GPS	6. Staff Training	6. Day Reporting
7. Staff Training	7. Medical	7. Staff Training
8. Medical	8. GPS	8. Medical
9. Day Reporting	9. Day Reporting	9. GPS

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Risk and needs assessment instruments and Local Law Enforcement increased in priority as it was imperative to assess offenders’ risk and needs and provide appropriate supervision for high risk offenders.

\*FY 2013-14: Day Reporting Center increased in priority as data highlighted community-based alternative-to-custody programs as a need. Health/Mental Health remains a priority as substance use is the top offense type and behavior leading to violations.

# YOLO COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

### **Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

- Reduced supervised adult caseloads from (in some cases) 300/1 to 50/1 for high risk offenders;
- Provided training on the Static Risk and Offender Needs Guide (STRONG) assessment tools to risk assess the entire adult population and provide needs assessments to entire high risk population;
- Implemented Motivational Interviewing through purchase orders with Eckmaas & Associates;
- Established residential substance abuse treatment placement capacity Memorandum of Understanding (MOU) with 4th and Hope and Cache Creek Lodge Residential Substance Abuse Treatment Provider;
- Established out-patient substance abuse and dual diagnosis placement capacity through MOU with CommuniCare Health Services;
- Established a Day Reporting Center (DRC) through a MOU with Sacramento County Office of Education. DRC services include development of a Personal Life Plan, parenting classes, money management classes, Why Try? curriculum, anger management classes, Thinking for a Change, Courage to Change, WorkNet, Job Development/Search, Northern California Construction Training referrals, advanced Job Readiness Course, GED preparation and testing, Introduction and Advanced Computer Education, Yolo County Office of Education Programs, basic literacy, Substance Abuse Education: Relapse Prevention, on-site substance abuse testing, referrals to individual mental health counseling with CommuniCare's Dual Diagnosis Program, 52-Week Batterers Intervention, DUI-Courses, 12 Step Support Meetings, benefit screening and transitional housing referrals to Cache Creek Lodge;
- Hired 7 Probation Officers and 2 Supervising Probation Officers;
- Developed a Graduated Sanction Matrix;
- Provided training with Judge Couzens on sentencing changes;
- Provided training with Dr. Ed Latessa on evidence-based practices;
- Created an AB 109 website to encourage information sharing;
- Hired consulting data analyst Kevin O'Connell and created operation agreement with CCP partners to share justice-involved data with each other;
- Developed a Data Dashboard to display monthly PRCS/1170 population and arrest activity to the CCP and Board of Supervisors to inform on management of realignment impacts;
- Completed long-term planning session facilitated by MOU with Center for Collaborative Policies based out of Sacramento State University;
- Developed 8 charters for working groups made up of and chaired by CCP members to research and make recommendations on areas of need for FY 2011-12. Working Groups include: Alternative Sentencing, Victims' Rights, Policing, Risk Assessment/California Risk Assessment Pilot Project (CalRAPP), Community Corrections Treatment, Sustainability, Justice Reinvestment Initiative and the Data Workgroup;
- Developed capacity to refer high-risk mentally ill offenders to Yolo County Alcohol, Drug, and Mental Health;
- Public Defender's Office used realignment funding to employ interns to offset attorney workload related to AB 109;
- District Attorney's Office funds 2 Deputy District Attorneys, 1 DA investigator and 1 Legal Secretary to adjudicate AB 109 Realignment-related cases;
- Expanded Electronic Monitoring Program from capacity of 20 to a capacity of 100 and freeing up jail beds; and
- Realignment funding supports the funding of 5 front-line police officers in the cities of Yolo County, which include Davis, West Sacramento, Woodland, and Winters.

**Describe a local success story (as defined by the CCP).**

An offender was released to Yolo County on Post-Release Community Supervision (PRCS) with a history of domestic violence and alcohol abuse. He began his supervision without employment, residing with his mother and father and requiring supervised visitation with his 7-year-old daughter. On his initial check-in from release an Offender-Needs-Guide was completed with his probation officer to identify his top three criminogenic needs. These needs were substance abuse, employment and family relationships. To prevent him from feeling overwhelmed and to avoid triggers his probation officer prioritized one need at a time and addressed his needs over multiple visits. To address his family relationship need the offender made an appointment with family court, and with the assistance of his probation officer developed a plan to obtain partial custody of his daughter. While working on family court requirements he entered the Yolo County Day Reporting Center to address his substance abuse and employment needs. At the DRC he consistently tested negative for illegal substances, participated in a vocational education program and graduated the program with a union job. This information was provided to family court and he was granted 50% custody of his daughter. He has since successfully terminated his term of PRCS.

*Realignment funding supports the funding of 5 front-line police officers in the cities of Yolo County, which include Davis, West Sacramento, Woodland, and Winters.*

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staffing
2. GPS	2. Day Reporting	2. Day Reporting
3. Data	3. Health	3. Health
4. Risk Assessment	4. GPS	4. Risk Assessment
5. Staff Training	5. Data	5. GPS
6. Law Enforcement	6. Law Enforcement	6. Medical
7. Health	7. Risk Assessment	7. Data
8. Medical	8. Staff Training	8. Staff Training
9. Day Reporting	9. Medical	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: The FY 2011-12 plan was the initial mitigation plan, the FY 2012-13 plan reprioritized strategies based on the work done from the workgroups established in the first year of realignment.

\*FY 2013-14: This plan takes into account cost-of-living increases for the current levels of staffing. An independent program assessment of the operations of Probation and the Sheriff’s Electronic Monitoring programs informed the reprioritization of system-wide utilization of risk-assessment tools. Data management needs continue to be a priority to establish outcomes for newly established programs in the previous fiscal year. The launch of the Affordable Care Act has created opportunities recognized by the CCP to expand services to the offender population and those efforts are underway.

# YUBA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

**Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.**

The opening of the Day Reporting Center (DRC) as a joint venture of the Sheriff and Probation Department was a noteworthy accomplishment in itself, taking a vacant property with few services and no buildings and establishing a campus for clients to obtain services. Those services include cognitive-behavioral training, GED, employment services, substance abuse counseling, gardening classes and a mental health component.



Participants in a Thinking for a Change class.

**In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1**

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs			✓
Residential Multiservice Centers			
Victim Restitution Programs	✓	✓	✓
Work Training Programs		✓	✓

**Describe a local success story (as defined by the CCP).**

BR was struggling with finding employment to move forward with his life since being placed on probation. BR did not have his high school diploma or GED. BR was given the opportunity to participate in the GED preparation program at the DRC. In September 2013 BR took his GED test and passed. BR has now enrolled at Yuba College, taken his placement test and filled out all of his financial assistance forms.

**For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).**

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Day Reporting	1. Staffing	1. Staffing
2. Staffing	2. Risk Assessment	2. Data
3. Risk Assessment	3. GPS	3. Health
4. Staff Training	4. Staff Training	4. Risk Assessment
5. GPS	5. Data	5. Day Reporting
6. Data	6. Day Reporting	6. GPS
7. Medical	7. Health	7. Staff Training
8. Health	8. Medical	8. Medical
9. Law Enforcement	9. Law Enforcement	9. Law Enforcement

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

\*FY 2012-13: Staffing and Risk-Assessment Instruments increased in priority as the number of clients increased. GPS/Electronic Monitoring rose in priority due to jail capacity issues coupled with a demonstrated need for alternatives to incarceration. Data increased in importance and priority due to the need to determine where successes (and failures) are. Public Health/Mental Health increased with the introduction of substance abuse counselors at the Day Reporting Center. The Day Reporting Center was completed and staffed during the previous year and dropped on the priority scale.

\*FY 2013-14: Staffing and Public Health/Mental Health increased in priority with the addition of a mental health counseling component at the Day Reporting Center. Data increased in priority with the addition of a data gathering/analysis position to help track client progress, outcome measures and success of the various interventions provided.

# Appendix

# Community Corrections Partnership Report

The Budget Act of 2013 (AB 110, Chapter 20, Statutes of 2013) appropriates \$7,900,000 to counties if they submit a report to the Board of State and Community Corrections (BSCC) about the actual implementation of the Community Corrections Partnership (CCP) plan accepted by the county Board of Supervisors pursuant to section 1230.1 of the Penal Code.

In an effort to provide counties a concise user friendly report format, this electronic survey is being used to gather information pertinent to the Budget Act of 2013.

## Survey Completion

This survey has been dispersed electronically to Chief Probation Officers in their capacity as CCP Chair. Each CCP Chair is encouraged to share the survey with CCP members prior to submission. Provided responses should represent the collective views of CCP members and not a singular agency or individual. However, BSCC will only accept one completed survey from the CCP Chair of each county. To facilitate a report format that captures static as well as dynamic feedback, questions on the following pages will include a mixture of yes/no responses, rankings, multi-selection offerings, as well as narrative space.

Please note the BSCC is not requesting counties submit documentation from the local Board of Supervisors as a term of compliance.

## Survey Intent

Provided responses to questions will be used to allocate funds as outlined in the Budget Act of 2013 and to satisfy the "report" requirement. To reduce county workload, responses will also be used by the BSCC in a July 1, 2014 report to the Governor's Office and the Legislature on the implementation of the local CCP plans instead of dispersing an additional survey. If the depth of responses allows, BSCC will also use information garnered from this survey to identify county and statewide current and/or emerging training and technical assistance needs related to realignment.

## Funding

BSCC will distribute funds by January 31, 2014, to counties that comply with the survey submission requirements, as follows: (1) \$100,000 to each county with a population of 0 to 200,000, (2) \$150,000 to each county with a population of 200,001 to 749,999, and (3) \$200,000 to each county with a population of 750,000 and above. Allocations will be determined based on the most recent county population data published by the Department of Finance.

## Due Date and Submission

One survey (i.e. report) must be received electronically by Sunday, December 15, 2013. All CCP members are encouraged to view and collaborate on a response; however, only one submission must be received by the BSCC from the CCP Chair. Upon completion of the survey, a message will be sent to the respondent acknowledging receipt of the

## Community Corrections Partnership Report

submission. Respondents will be unable to print provided responses once the "Done" button is clicked and instead may choose to print each page prior to electronic submission if a paper copy is required.

Questions may be directed to:

Ricardo Goodridge, Field Representative  
Corrections Planning and Programs Division  
(916) 341-5160  
[Ricardo.Goodridge@bscc.ca.gov](mailto:Ricardo.Goodridge@bscc.ca.gov)

# Community Corrections Partnership Report

**\*1. County Name (list below)**

**\*2. In FY 2011-12, the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1:**

Select ALL applicable options by clicking inside the circles.

- Community Service Programs
- Counseling Programs
- Day Reporting Center
- Drug Courts
- Educational Programs
- Electronic and GPS Monitoring Programs
- Mental Health Treatment Programs
- Residential Multiservice Centers
- Victim Restitution Programs
- Work Training Programs

Comment (optional):

# Community Corrections Partnership Report

**\*3. In FY 2012-13, the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1:**

Select ALL applicable options by clicking inside the circles.

- Community Service Programs
- Counseling Programs
- Day Reporting Center
- Drug Courts
- Educational Programs
- Electronic and GPS Monitoring Programs
- Mental Health Treatment Programs
- Residential Multiservice Centers
- Victim Restitution Programs
- Work Training Programs

Comment (optional):

# Community Corrections Partnership Report

**\*4. In FY 2013-14, the CCP plan adopted by the Board of Supervisors included (e.g. addressed) the following areas derived from Penal Code section 1230.1:**

Select ALL applicable options by clicking inside the circles.

- Community Service Programs
- Counseling Programs
- Day Reporting Center
- Drug Courts
- Educational Programs
- Electronic and GPS Monitoring Programs
- Mental Health Treatment Programs
- Residential Multiservice Centers
- Victim Restitution Programs
- Work Training Programs

Comment (optional):

**\*5. In FY 2011-12, 2012-13, or 2013-14 did the CCP plan adopted by the Board of Supervisors identify outcome measures?**

**Select ONE of the below options by clicking inside the circle.**

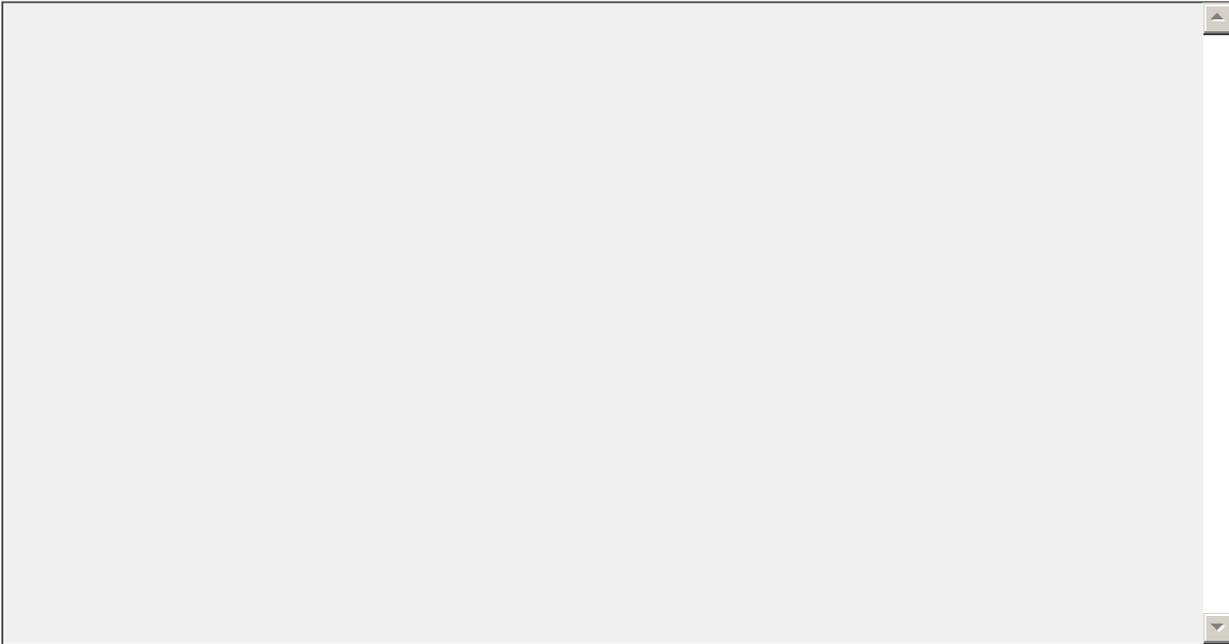
- Yes
- No

# Community Corrections Partnership Report

**\*6. The CCP has made progress (as defined by the CCP) in achieving outcome measures identified in FY 2011-12, 2012-13, or 2013-14. Select ONE of the below options by clicking inside the circle.**

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Comments (optional):



## Community Corrections Partnership Report

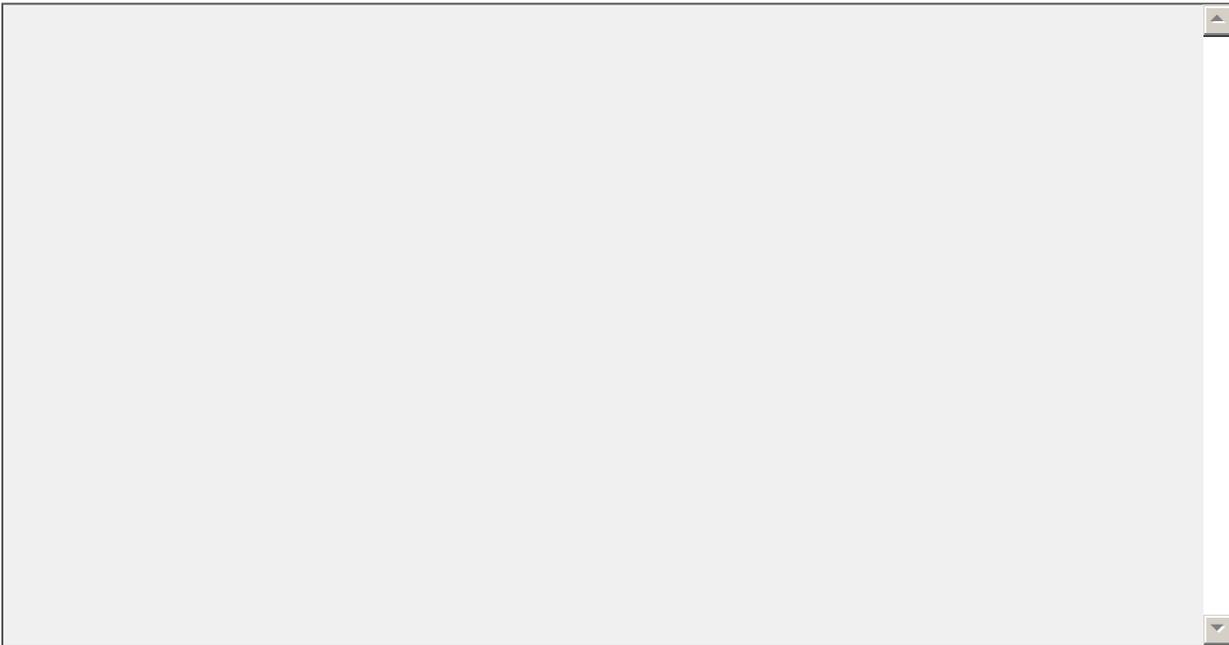
**\*7. Did the CCP use results from outcome measures in FY 2011-12, 2012-13, or 2013-14 to assist in a local decision making process?**

**Example: Outcome measure results identified substance abuse treatment as an emerging need subsequently additional resources were dedicated to this area.**

**Select ONE of the below options by clicking inside the circle.**

- Yes
- No

If an answer of "No" is provided, please explain why in the below space.

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## Community Corrections Partnership Report

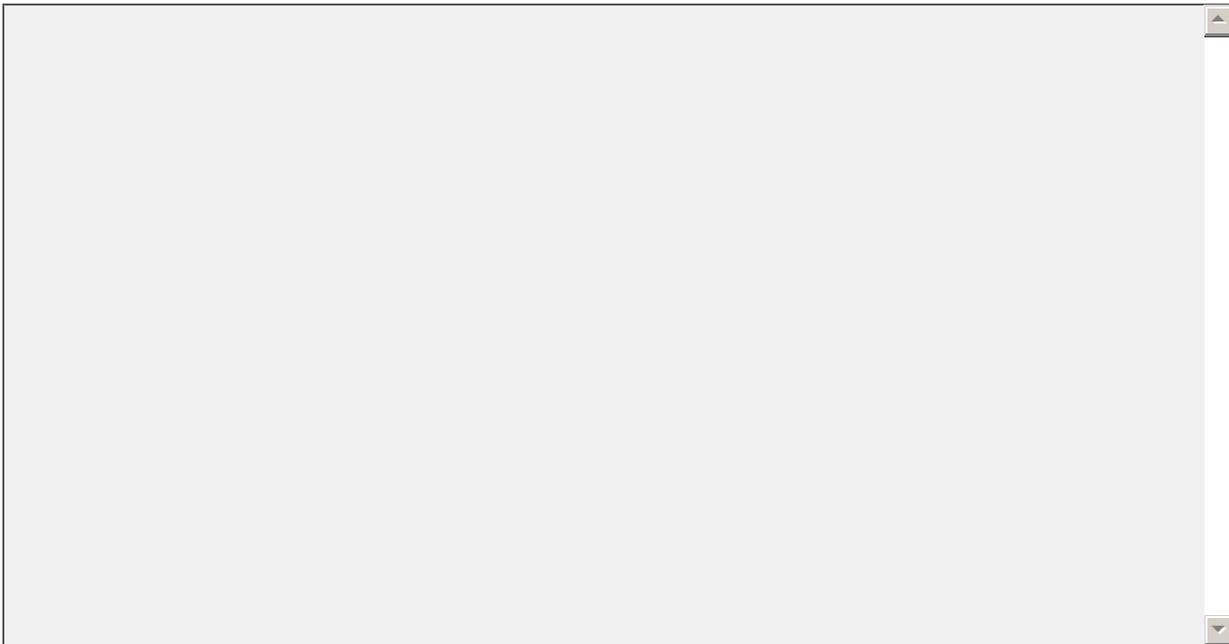
**\*8. The county has increased the number of community corrections programs and or services (e.g. substance abuse treatment, employment workshops, housing assistance, etc) offered to offenders from FY 2011-12 through 2013-14?**

**Select ONE of the below options by clicking inside the circle.**

- Yes
- No

**\*9. In the space below identify the community corrections programs and or services implemented (e.g. program or service was operational) in FY 2011-12, 2012-13, and or 2013-14 by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).**

**Example: 123 department offered the ABC program in FY 2011-12. The ABC program provides XYZ services to offenders.**



# Community Corrections Partnership Report

**\*10. For FY 2011-12, rank the priority areas of the CCP. (The list of priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.)**

**EACH of the below areas must be assigned a numerical rank. Each drop down box is assigned a numerical value ranging from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP) for FY 2011-12. Please note Survey Monkey utilizes an interactive ranking feature. As each of the 9 priority areas are ranked, each item will visually appear in its ranked order.**

**Example: GPS/Electronic Monitoring was the highest priority area in FY 2011-12. In the left hand column select the number 1 from the drop down box. GPS/Electronic Monitoring will move from its stagnant position to number 1. This process will be repeated for each priority area.**

<input type="text"/>	Day Reporting Center
<input type="text"/>	Data (e.g. data identification, collection, analysis, etc.)
<input type="text"/>	GPS/Electronic Monitoring
<input type="text"/>	Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.)
<input type="text"/>	Local Law Enforcement (municipal police)
<input type="text"/>	Public Health/Mental Health (e.g. substance abuse, treatment, etc.)
<input type="text"/>	Medical Related Costs
<input type="text"/>	Risk Assessment Instruments (COMPAS, STRONG, etc.)
<input type="text"/>	Staff Training (e.g. Probation Dept., District Attorney's Office, etc.)

## Community Corrections Partnership Report

**\*11. For FY 2012-13, rank the priority areas of the CCP. (The list of priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.)**

**EACH of the below areas must be assigned a numerical rank. Each drop down box is assigned a numerical value ranging from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP) for FY 2012-13. Please note Survey Monkey utilizes an interactive ranking feature. As each of the 9 priority areas are ranked, each item will visually appear in its ranked order.**

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<input type="text"/>	Medical Related Costs
<input type="text"/>	Risk Assessment Instruments (COMPAS, STRONG, etc.)
<input type="text"/>	Staff Training (e.g. Probation Dept., District Attorney's Office, etc.)

## Community Corrections Partnership Report

**12. If the CCP ranking of priority areas changed from FY 2011-12 to FY 2012-13, please explain what has caused the change in the below space. If no change has occurred respondents may enter "N/A".**



## Community Corrections Partnership Report

**\*13. For FY 2013-14, rank the priority areas of the CCP. (The list of priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans.)**

**EACH of the below areas must be assigned a numerical rank. Each drop down box is assigned a numerical value ranging from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP) for FY 2013-14. Please note Survey Monkey utilizes an interactive ranking feature. As each of the 9 priority areas are ranked, each item will visually appear in its ranked order.**

**Example: GPS/Electronic Monitoring was the highest priority area in FY 2013-14. In the left hand column select the number 1 from the drop down box. GPS/Electronic Monitoring will move from its stagnant position to number 1. This process will be repeated for each priority area.**

<input type="text"/>	Day Reporting Center
<input type="text"/>	Data (e.g. data identification, collection, analysis, etc.)
<input type="text"/>	GPS/Electronic Monitoring
<input type="text"/>	Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.)
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## Community Corrections Partnership Report

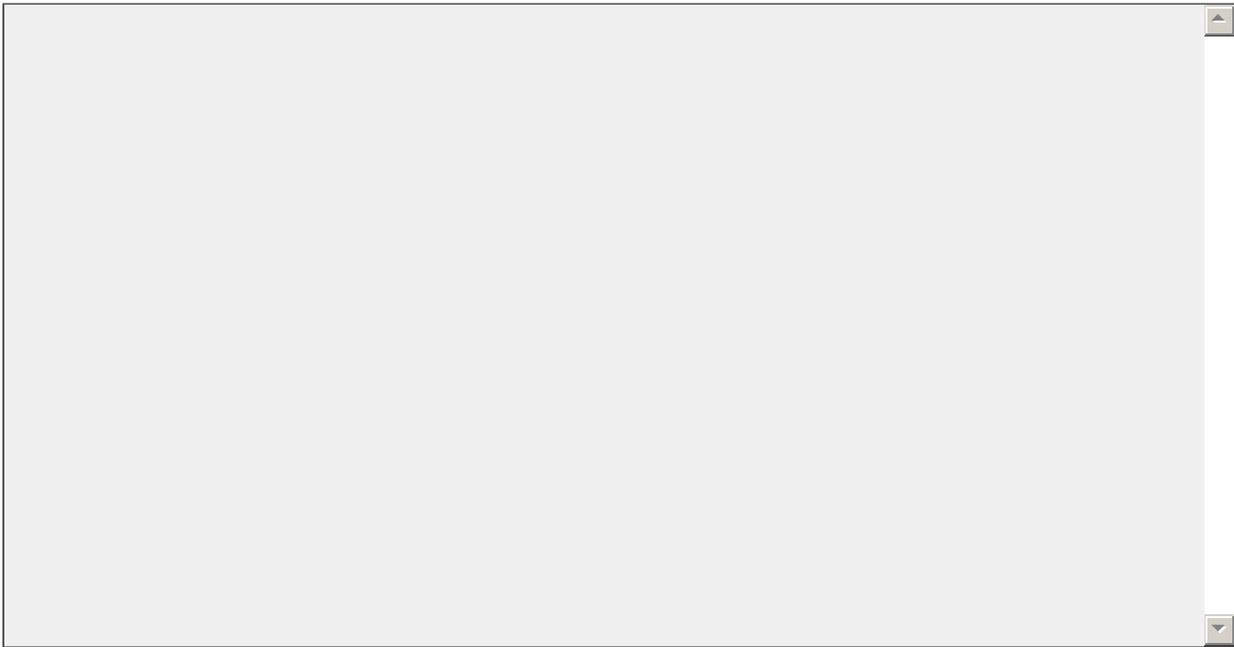
**14. If the CCP ranking of priority areas changed from FY 2012-13 to FY 2013-14, please explain what has caused the change in the below space. If no change has occurred respondents may enter "N/A".**



# Community Corrections Partnership Report

**\*15. In FY 2011-12 and or 2012-13, describe an accomplishment or highlight (as defined by the CCP) achieved by the CPP.**

**Example: 123 department opened a day reporting center in FY 2012-13. Services at the department include... or 123 department entered into a memorandum of understanding with the ABC community based organization to provide substance abuse treatment for...**

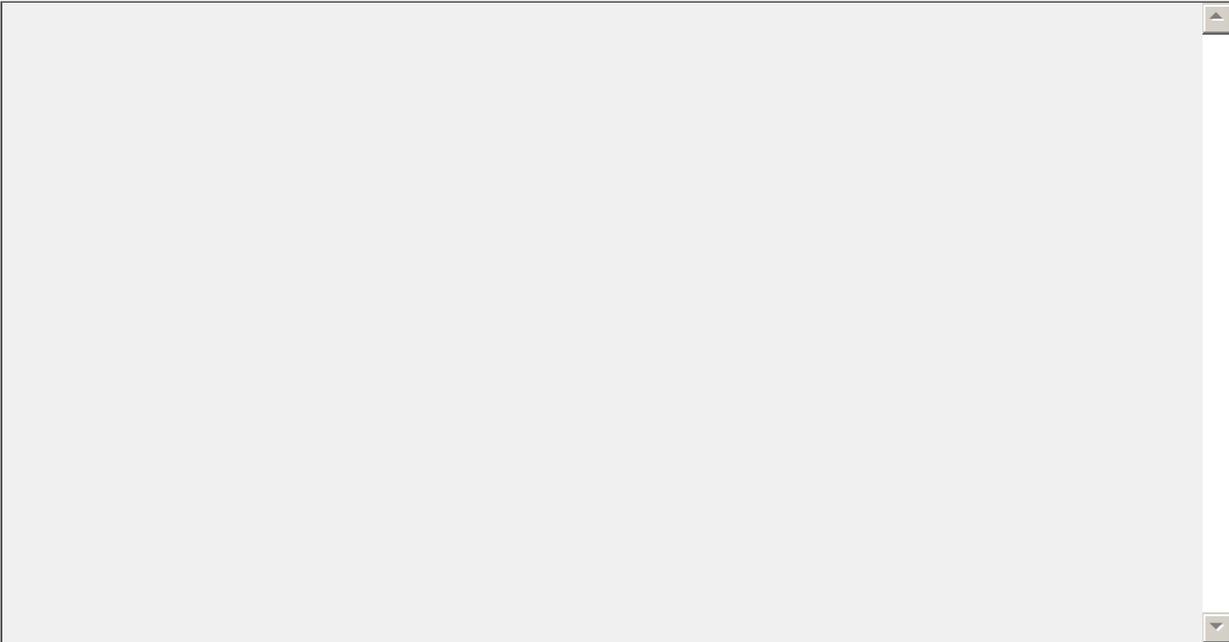


## Community Corrections Partnership Report

**\*16. To personalize the achievements of each county, in the space below describe a local success (as defined by the CCP) story.**

**Example: An offender returned to ABC county with anger management challenges along with housing and job placement needs. 123 department coordinated with XYZ agency to provide services. 123 department staff have noticed positive changes in behavior after three months of counseling...**

**DO NOT PROVIDE INDIVIDUAL NAMES**

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**\*17. Provide the name, title, telephone number, and email of the individual completing this survey. This information will be used in the event responses to questions are unclear or incomplete.**

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