

Title	Contra Costa County	12/15/2023
	by Patrice Guillory in Community Corrections Partnership (CCP) Survey 2023-2024	id. 44965466

Original Submission	12/15/2023
----------------------------	------------

Score	n/a
PART A	Part A of the Fiscal Year (FY) 2023-24 Community Corrections Partnership (CCP) Survey collects information about CCP Membership and implementation of the county’s CCP plan. For detailed guidance on how to complete Part A of the CCP Survey, please refer to the CCP Survey Data Reporting Guide at: https://www.bscc.ca.gov/m_realignment/ Part A is divided into five (5) sections: · Section 1: Respondent Information · Section 2: CCP Membership · Section 3: Goals, Objectives, and Outcome Measures · Section 4: Types of Programming and Services · Section 5: Optional Questions When applicable, use person-first language and terminology that eliminates potential generalizations, assumptions, and stereotypes. Responses to the CCP Survey shall represent the collective views of the CCP and not a single agency or individual.
SECTION 1: RESPONDENT INFORMATION	Section 1 asks questions related to the county for which survey responses are provided, the individual who is completing the survey, and who BSCC may contact for follow-up questions. There are three (3) questions in this section.
1. Identify the county name for which this survey is being submitted.	Contra Costa County
2. Provide the contact information for the individual completing this survey.	
Name of Survey Respondent	Patrice Guillory
Survey Respondent's Organization	Probation Department - Office of Reentry & Justice
Email Address of Survey Respondent	

Phone Number of
Survey Respondent

3. Identify the individual who may be contacted for follow-up questions. Check the appropriate box to the left of the list.

Other (If "Other" is selected, provide contact information below)

Contact Information
for Survey Follow-up

Enid
Mendoza

Survey Contact's
Organization

Contra Costa County Administrator's Office

Email Address for
Survey Follow-up

Phone Number for
Survey Follow-up

SECTION 2: CCP
MEMBERSHIP

Section 2 asks questions related to the CCP composition and meeting frequency. There are four (4) questions in this section.

4. CCP Membership
Roles

Provide the first and last name (and organization if not provided) of each individual fulfilling a CCP membership role as of October 1, 2023 in the spaces below each membership role. · If a public membership role does not exist in the county, respond by indicating "not applicable." This should only be used if the county does not have the specific position listed. · If a position exists in the county but the membership role is not filled in the CCP, respond by indicating "vacant." · For county positions, one person may fill multiple roles.

Name of the Chief
Probation Officer:
County Probation
Department

Esa Ehmen-Krause

Name of the
Presiding Judge of
the Superior Court or
Designee: Superior
Court of California

Edward G. Weil

Name of the County
Supervisor or Chief
Administrative Officer
or Designee of the
Board of
Supervisors: Include
their organization

Timothy Ewell, County Administrator's Office

Name of the District Attorney: Diana Becton
County District Attorney's Office

Name of the Public Defender: Ellen McDonnell, Office of the Public Defender
Include their organization

Name of the Sheriff: David O. Livingston
County Sheriff's Office

Name of the Chief of Police: Mark Bustillos, City of Concord Police Department
Include the city location

Name of the Head of the County Department of Social Services: Marla Stuart, Employment and Human Services Department
Include their organization

Name of the Head of the County Department of Mental Health: Suzanne Trevano, CCHS-Behavioral Health Services (BHS) Division
Include their organization

Name of the Head of the County Department of Employment: Tamia Brown, Workforce Development Board
Include their organization

Name of the Head of the County Alcohol and Substance Abuse Programs: Fatima Matal Sol, BHS-Alcohol and Other Drug Services (AODS)
Include their organization

Name of the Head of the County Office of Education: Lynn Mackey
County Office of Education

Name of the representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense: Include their organization	Pat Mims, The Reentry Success Center at Rubicon Programs
---	--

Name of the individual who represents the interests of victims: Include their organization	Shannon Mahoney, County District Attorney's Office
--	--

5. How often does the CCP meet? Check the appropriate answer to the left of the list. Select the one/single option that best describes the CCP's regular meeting schedule.	Quarterly
--	-----------

Other:

6. How often does the Executive Committee of the CCP meet? Check the appropriate answer to the left of the list. Select the one/single option that best describes the Executive Committee's regular meeting schedule.	Quarterly
---	-----------

Other:

7. Does the CCP have subcommittees or working groups? Check the appropriate answer to the left of the list.

Yes

If "Yes," list the subcommittees and/or working groups, and their purpose.

Quality Assurance Committee (QAC) - To advise the CCP on the quality of services being delivered to the AB 109 population. 3 members (2 members from the CCP and the CAB Chair, or designee). Community Advisory Board (CAB) - To advise the CCP on the implementation of the Realignment Plan. 12 voting members and 3 alternate members who are representatives of the community.

SECTION 3: GOALS, OBJECTIVES, AND OUTCOME MEASURES

Section 3 asks questions related to the CCP's goals, objectives, and outcome measures. Please refer to the CCP Survey Data Reporting Guide at: https://www.bscc.ca.gov/m_realignment/ for detailed information about goal and objective statements, and outcome measures.

Updated Information on FY 2022-23 Goals, Objectives, and Outcome Measures

Questions 8, 9, and 10, ask the CCP to provide updated progress information about the goals, objectives, and outcome measures previously reported for FY 2022-23 in the 2022-23 CCP Survey. For each question, provide the goals, objectives, and outcome measures as reported in the FY 2022-23 survey. The progress information should be updated to reflect the progress achieved over the full fiscal year.

8. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23 respond by indicating "Not Applicable."

Goal A:

Implement the County's adopted Reentry Strategic Plan 2018-2023

Was this Goal part of the FY 22-23 CCP plan?

No

Goal A Objective:	Implement a multi-disciplinary, jurisdiction-wide reentry strategy to improve outcomes for individuals coming home from incarceration that incorporates the federally established “Fundamental Principles of Evidence-Based Correctional Practice.”
Goal A Objective:	Establish a Reentry Council to oversee the Plan’s implementation.
Goal A Objective:	Develop a work plan and process to implement the Plan
Goal A Outcome Measure:	Number of objectives from the strategic plan accomplished.
Goal A Outcome Measure:	
Goal A Outcome Measure:	
Briefly describe progress toward the goal.	<p>In 2017, the ORJ undertook the development of a five-year Strategic Plan for the Contra Costa County reentry system. This Plan is an update of the County’s first Reentry Strategic Plan, adopted in 2011. Through a public procurement process, the County contracted with Resource Development Associates (RDA) to facilitate a stakeholder-driven planning process and draft an updated reentry Strategic Plan. This Plan expands beyond AB 109 to address the expressed goals and needs of the County’s reentry system. The plan was adopted by the Board of Supervisors in July 2018.</p> <p>In addition to the development of an updated Mission Statement, Vision Statement, and Guiding Principles, the Plan includes six areas of focus, each with its own goal, that collectively serve as the plan’s central pillars onto which more detailed objectives and activities are built. Additionally, the Plan recommends the development of a “Reentry Council” that would be responsible for shepherding the implementation of the Strategic Plan, to include at least an annual review of the progress made on the Plan’s objectives.</p> <p>The Plan’s areas of focus and their respective goals are as follows:</p> <p>A. Jail to Community Transition Implement structures, tools, and procedures necessary to help returning residents achieve successful transitions from jail to community.</p> <p>B. Post-Release Program Access and Linkage Facilitate timely and appropriate connections to services and resources that effectively support the reentry of returning residents.</p> <p>C. Economic Security Increase the likelihood of post-release success by enhancing opportunities for returning residents to attain economic security.</p> <p>D. Housing Access and Attainment Improve access to housing matched to the needs of clients.</p> <p>E. Behavioral Health Access</p>

Improve timely access to appropriate behavioral health care services.

F. Use and Coordination of Data

Enhance the use and coordination of data to ensure quality of services and inform decision-making.

Since last year, there has been progress made on the objectives and activities identified within the Strategic Plan in several focus areas, including:

In the area of improving Post-Release Program Access and Linkage, the County continues to build and improve service delivery for transition age youth (TAY) populations. The Probation Department established specialized caseloads dedicated to the supervision of individuals of ages 18 to 25, and leverages SB 678 funds to implement a networked system of services dedicated to supporting TAY populations. Probation has contracted a community-based service provider with a long history and expertise working with justice-involved young adults to provide case management services and lead coordination of a TAY Services Network that will integrate TAY-focused reentry services and improve local approaches to supporting young adults in the justice system. To date, both county health, homeless and social service agency representatives, local community-based service providers, and criminal justice partners meet monthly and quarterly to establish shared agreements related to: theory of practice and Network values; referral and care coordination; data collection and information-sharing; consent and client privacy; and provider and CJ staff trainings on effective engagement with young adults.

In the area of Economic Security, the Strategic Plan expressed a desire to improve reentry population access to public benefits. Since then, the county's Health Services Department, Probation Department, and Sheriff's Office continues to engage multiple stakeholders in planning and implementation efforts related to the CalAIM Justice-Involved Initiative. It is expected that CalAIM will be leveraged to expand and enhance both pre- and post-release reentry services including health and housing supports. Separately, the county's Workforce Development Board and Office of Education continue to host countywide opportunities for encouraging employers to hire among the justice-involved populations. Frequent job fairs, both in the community and periodically held in the county jails, offer direct employment access for job seekers during and after incarceration. This year, the Probation Department began partnering with a local community-based service provider (Rubicon Programs) to expand reentry employment services for individuals eligible for pre-trial services through the county's allocation of SB 129 state Pre-Trial resources. This new multi-year contract will provide more access to job opportunities and stipended vocational training to a large segment of the county's justice-involved population.

Through a partnership between the Probation Department and the Health, Housing and Homeless Services Division (H3), considerable progress has been made in the area of Housing Access and Attainment. Specifically, SB 678 funds are utilized to pay for evidence-based housing navigation and barrier mitigation services that ultimately help the County diversify

available housing options for justice-involved individuals in the community. Since last year, these resources have substantially increased to specifically serve and target the young adult population as an acknowledgement of the unique housing needs of this age group. Additionally, efforts have been made by the county to address the local housing crisis more broadly through the creation of the county's first Housing Trust Fund. New county sales tax revenues, following the passage of ballot measure - Measure X - in 2020, have been allocated (an initial one-time allocation of \$5.2 million) to establish this Fund, while continuing to utilize state and HUD resources to increase homeless prevention services and expand emergency shelter, rapid rehousing, permanent supportive housing, and other housing options through its Continuum of Care.

To improve Behavioral Health Access in our jails, the County has created a team of law, justice, and health professionals to participate in a statewide effort to implement medication-assisted-treatment options in our local jails for individuals with opioid based substance use disorders. Through medicines such as buprenorphine, individuals in custody have the option to begin a new treatment option while in custody that can be continued with a provider in the community. This effort has also provided all individuals in custody with access to a substance use disorder (SUD) counselor that can begin screening and treatment of individuals while they are in jail, and enhance their connection to community based treatment services upon the person's release.

Significant progress continues to be made in the area of Use and Coordination of Data over the last year. In recognition of AB 109 Realignment marking 10 years of implementation, the Probation Department's Office of Reentry and Justice (ORJ) – data and evaluation team has been conducting a multi-year trends analysis on the county's AB 109 and general reentry population. This analysis seeks to examine the impact of Realignment on our county's justice and reentry systems and opportunities for system planning for future years. Additionally, our county was selected to participate in the National Association of Counties' (NaCo) Familiar Faces Initiative (FFI) – a nationwide effort to improve outcomes through coordinated health and justice systems. A member of our Board of Supervisors, the Probation Department, and the Health Services Department have been engaged in ongoing technical assistance sessions to build mechanisms for cross-system data sharing in an effort to identify individuals with high-needs and inform local decision making. Further, the Probation Department has adopted a data-driven decision-making approach to investments in programs and services for justice-involved individuals. This has included increasing the use of AB 109 funds for evidence-based reentry programming in housing and employment services, establishing performance-based contracting requirements for service providers to ensure quality, and increasing investments in technology for improving data collection, management, and analysis while laying the foundation for more rigorous intra-departmental evaluations in the future.

Rated progress
toward the goal.

Partially achieved

9. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23, respond by indicating "Not Applicable."

Goal B:	Reentry: Assist in providing access to a full continuum of reentry and reintegration services, and measure the impact of these efforts
Was this Goal part of the FY 22-23 CCP plan?	No
Goal B Objective:	Support planning and implementation of an integrated system of services that may include co-located, site-based resources and services.
Goal B Objective:	Improve access to, and effectiveness of, services for the reentry population.
Goal B Objective:	Enhance information sharing among partners and improve access to data needed for effective evaluation and research.
Goal #2 Outcome Measure:	Recidivism reduction
Goal B Outcome Measure:	Employment and wage rates of the County's supervised population
Goal B Outcome Measure:	Reduction in the size of County's supervised population
Briefly describe progress toward the goal.	As our county has been in transition for some time following the height of the COVID-19 pandemic, progress in this area has been slow yet steady as reentry services administered by county agencies and contracted service providers resume program operations in a modified manner. Majority of the county's AB 109-funded contracted service providers are currently offering services through a hybrid of virtual and in-person programming options. This has afforded enhanced connectivity between participants and service providers and expanding programmatic reach among the reentry population. To further support increasing connectivity, the Probation Department has partnered with the Reentry Success Center,

one of the county's reentry service hubs, to purchase and distribute laptop computers and wifi internet access to supervised clients. Probation has also invested in the purchasing of three sprinter vans as part of an effort to expand Pre-Trial Services and establish mobile offices to meet clients in the field.

Other county agencies such as the Health Services Department's Behavioral Health Services (BHS) Division and Health, Housing, and Homeless Services (H3) Division, as well as the Office of the Public Defender have also adapted their supportive services to include field-based elements that will better serve the reentry population. BHS drug counseling and clinical staff are co-located within the county's West County Detention Facility, the Reentry Success Center, and host office hours by appointment in various community settings. BHS also receives service referrals for mobile crisis response by local law enforcement, community-based service providers, and families in the community. H3, through its Coordinated Outreach Referral and Engagement (CORE) mobile homeless outreach teams, provide access to homeless services for individuals newly released from jail and housing navigation for justice-involved TAY. The Office of the Public Defender expanded its Holistic Intervention Partnership (HIP) program this year through resources from Prop 47 to ensure housing, health, transportation, and legal services were made available at the initial stage of law enforcement contact.

While accessible service provision has been continuous in the community over the last year, the Probation Department's Office of Reentry & Justice (ORJ) has been responsible for contract administration of AB 109-funded community-based reentry programs, and has offered trainings and technical assistance to service providers as they developed logic models to inform data collection for tracking progress toward specific outcomes. ORJ has also hosted collaborative stakeholder meetings once every other month that include representatives from contracted service providers, county direct service staff, and other community-based providers serving the population through other resources outside of AB 109 to share information about availability and use of reentry services, while also fostering collective problem-solving when system gaps are identified. Additionally, as previously expressed, the county's participation in NaCo's Familiar Faces Initiative is bridging the gaps in sharing information by assessing the legal, regulatory, and privacy barriers to data integration.

With the county's increase of AB 109 funding for evidence-based programming, the Probation Department has received technical assistance from the California State Association of Counties' (CSAC) Criminal Justice Support Hub for supporting implementation of evidence-based programming through performance-based contracting requirements. ORJ has identified and are currently creating tools to adequately monitor the fidelity and implementation of evidence-based reentry housing and employment services. The Probation Department has launched this year a new case management system that will support streamlining collection of individualized data and information for effective evaluation of services utilized by supervised populations. These joint efforts will enhance our ability to access quality data for measuring program effectiveness.

Rated progress toward the goal.	Partially achieved
---------------------------------	--------------------

10. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23 respond by indicating "Not Applicable."

Goal C:	Implement the "Stepping Up" initiative and AB 1810 Diversion
---------	--

Was this Goal part of the FY 22-23 CCP plan?	No
--	----

Goal C Objective:	Reduce the number of people with mental illnesses in jail
-------------------	---

Goal C Objective:	Develop a pre-trial program across a continuum of care for the diversion of individuals who have complex mental health needs
-------------------	--

Goal C Objective:	Reduce the number of felony IST referrals
-------------------	---

Goal C Outcome Measure:	Number of felony IST referrals to Department of State Hospitals
-------------------------	---

Goal C Outcome Measure:	Reduction in number of individuals in jail assessed with a mental illness as compared with baseline data
-------------------------	--

Goal C Outcome Measure:	
-------------------------	--

Briefly describe progress toward the Goal.	<p>On December 8, 2015, the Board of Supervisors affirmed its commitment to reduce the number of people with mental illnesses in our County jails, consistent with the goals of the Stepping Up initiative, by adopting Resolution No. 2015/456. Since that time, County representatives have participated in several convenings and webinars related to the initiative, including participation in the California Stepping Up Initiative Summit held in January 2017. Efforts to implement the initiative in Contra Costa County include:</p> <ul style="list-style-type: none">• The creation of the Office of Reentry & Justice• The Health Services Department's Value Stream Mapping and their Rapid
--	--

Improvement Events

- CoCo Lead Plus, a pilot diversion program funded by Prop. 47 intended to break the cycle of criminalization and incarceration for people with mental illnesses or substance use disorders, operated in Antioch, CA
- A planned Mental Health Treatment Center at the West County Detention Facility
- Development of Comprehensive Outreach, Response, and Engagement (CORE) Teams, which serve as an entry point into the County's coordinated entry system for unsheltered persons, working to locate, engage, stabilize and house chronically homeless
- An electronic Shelter-Bed reservation system and coordinated entry
- CARE centers (Coordinated Assessment Referral and Engagement) located in Concord, Richmond, and Walnut Creek, providing a variety of services to the homeless
- Mental Health Evaluation Teams (MHET) program
- Adult Crisis Response team and Children's Crisis Response Teams
- Alcohol and Other Drugs Medi-Cal Waiver
- Assisted Outpatient Treatment program (Laura's Law Implementation)
- The Public Defender's Failure to Appear Program/Early Rep Program
- Expansion of Mental Health Court
- A Sequential Intercept Mapping (SIM) workshop conducted September 19-20, 2018, with a final Report to the Board of Supervisors in May 2019 recommending system improvements and a SIM Map to assist the County in identifying resources (or gaps) in certain points within the service delivery system.

Since then and over the course of last year, the county's Health Services Department's Behavioral Health Services (BHS) Division continues to build out its innovative approach to community crisis response known as A3 (Anyone, Anytime, Anywhere) Community Crisis Response. Funded through multiple federal and state sources, the county also allocated Measure X funding (a local 1/2 cent sales tax increase approved by voters in 2020) to develop the A3 Miles Hall Crisis Call Center, increase the number of mobile response teams, provide follow-up care, and the construction of the A3 Campus.

Our county's Forensic Mental Health (FMH) Services unit of the BHS Division continues to provide court-involved services such as Mental Health Diversion (AB 1810) and Assisted Outpatient Treatment (AOT), also known as Laura's Law. The FMH team receives diversion referrals from the Public Defender and other attorneys. Each referral is assessed for suitability and amenability for outpatient diversion services.

Recommendations are made to the court and if granted diversion, an individual receives intensive outpatient services. Forensics clinicians receive referrals to AOT from qualified requestors, complete an investigation to determine eligibility for AOT, make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet criteria. In the past year there was a change in the law that allows judges to be qualified requestors for AOT services. AOT now receives requests from the MH Diversion court and the IST court.

The county also continues to support the implementation of its Holistic Intervention Partnership (HIP) led by the Office of the Public Defender. This

program provides multidisciplinary case management and navigation services to indigent individuals, many with physical and/or behavioral health needs, to ensure timely and coordinated access to a client-centered services that provide access to housing, health, transportation and legal services. These services are made available at the critical time of initial law enforcement contact and continue to be accessible to clients after the conclusion of their criminal case. This project is intended to reduce the overall burden on local social services caused by those that are among the highest levels of recurring utilizers. HIP first began as a three year pilot project in 2020. The project was recently approved to receive a BSCC Prop 47 grant award of \$6 million to expand its services including earmarking nearly half of grant funds toward short-term and permanent housing options for HIP participants.

Lastly, as previously stated, the county has participated in NaCo's Familiar Faces Initiative over the course of this year through its provision of ongoing technical assistance and consultation support. To date, County Counsel has been engaged to assist agencies in determining and resolving legal challenges and barriers to integrated data-sharing for purposes of care coordination between county health services and contracted community-based service providers serving individuals with behavioral health challenges in the criminal justice system, as well as research and evaluation of program effectiveness.

Rated progress toward the Goal.

Partially achieved

If the CCP has identified more than 3 goals, upload additional CCP goal sheet(s) here.

Additional CCP goal sheets are located at:
https://www.bscc.ca.gov/m_realignment/

Information on FY 2023-24 Goals, Objectives, and Outcome Measures

11. For FY 2023-24, will the CCP use the same goals, objectives, and outcome measures identified above from FY 2022-23? Check the appropriate answer to the left of the list.

Questions 12, 13, and 14, the CCP is asked to describe a goal and its associated objectives and outcomes for FY 2023-24. For the goal, also provide information about the current progress toward the stated goal. As survey responses are due mid-year, progress information for these goals over the full fiscal year will be requested as part of the FY 2024-25 CCP Survey.

12. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

Goal D:

Was this Goal part of the FY 23-24 CCP plan?

Goal D Objective:

Goal D Objective:

Goal D Objective:

Goal D Outcome Measure:

Goal D Outcome Measure:

Goal D Outcome Measure:

Briefly describe current progress toward the Goal.

Rate the current progress toward the Goal.

13. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

Goal E:

Was this Goal part of the FY 23-24 CCP plan?

Goal E Objective:

Goal E Objective:

Goal E Objective:

Goal E Outcome Measure:

Goal E Outcome Measure:

Goal E Outcome Measure:

Briefly describe current progress toward the Goal.

Rate the current progress toward the Goal.

14. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

Goal F:

Was this Goal part of the FY 23-24 CCP plan?

Goal F Objective:

Goal F Objective:

Goal F Objective:

Goal F Outcome Measure:

Goal F Outcome Measure:

Goal F Outcome Measure:

Briefly describe current progress toward the Goal.

Rate the current progress toward the Goal.

If the CCP has identified more than 3 goals, upload additional CCP goal sheet(s) here.

Additional CCP goal sheets are located at:
https://www.bscc.ca.gov/m_realignment/

SECTION 4: TYPES
OF PROGRAMMING
AND SERVICES

Section 4 asks questions about the types of programs and services provided during FY 2022-23. For each type of program or service provided, identify the agency(ies) that provide the program or service and at what stage(s) the program or service is provided (in-custody, supervision, other). Definitions are provided for each program or service type, however, you may refer to the CCP Survey Data Reporting Guide for more clarity on the definition of each type of program and service listed and the stage(s) of program or service.

>
Programs/Services:
Mental
Health/Behavioral
Health - services
designed to improve
mental health.

Are Mental Health/Behavioral Health services provided?	Yes
---	-----

What is the Providing Agency? (check all that apply)	Behavioral Health Probation A Community-Based Organization Other
--	---

If "Other," describe below:	CCHS - Detention Health Services
--------------------------------	----------------------------------

At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
--	------------------------------------

If "Other," describe below:	Post-Supervision
--------------------------------	------------------

>
Programs/Services:
Substance Use -
services designed to
assist with
substance use.

Are Substance Use services provided?	Yes
---	-----

What is the Providing Agency? (check all that apply)	Behavioral Health A Community-Based Organization Other
--	--

If "Other," describe below: CCHS - Detention Health Services

At what Stage(s) is Service Provided? (check all that apply) In-Custody
Supervision
Other

If "Other," describe below: Post-Supervision

>
Programs/Services:
Housing - services designed to assist with housing after release.

Are Housing services provided? Yes

What is the Providing Agency? (check all that apply) Sheriff
Probation
Behavioral Health
A Community-Based Organization
Other

If "Other," describe below: Health, Housing, and Homeless Services Division of County Health Services Dept. (CoC) - County Office of Education's Pre-Release Planning Program - Public Defenders Office

At what Stage(s) is Service Provided? (check all that apply) In-Custody
Supervision
Other

If "Other," describe below: Post-Supervision

>
Programs/Services:
Employment - services designed to provide clients with a job and/or to provide job training to improve chances of finding employment after release.

Are Employment services provided? Yes

What is the Providing Agency? (check all that apply)	Sheriff Probation Behavioral Health A Community-Based Organization Other
If "Other," describe below:	Employment & Human Services Dept. - County Office of Education
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-Supervision
> Programs/Services: Education - focuses on academic achievement.	
Are Education services provided?	Yes
What is the Providing Agency? (check all that apply)	A Community-Based Organization Other
If "Other," describe below:	County Office of Education
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-Supervision
> Programs/Services: Family - family-oriented education, service, and training.	
Are Family services provided?	Yes
What is the Providing Agency? (check all that apply)	A Community-Based Organization
If "Other," describe below:	

At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-Supervision
> Programs/Services: Domestic Violence Prevention - support and intervention.	
Are Domestic Violence Prevention services provided?	Yes
What is the Providing Agency? (check all that apply)	Probation Behavioral Health A Community-Based Organization Other
If "Other," describe below:	Health, Housing, and Homeless Services
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-Supervision
> Programs/Services: Physical Health - services designed to improve clients' physical well-being.	
Are Physical Health services provided?	Yes
What is the Providing Agency? (check all that apply)	Sheriff Probation Other
If "Other," describe below:	CCHS Detention Health Services
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other

If "Other," describe below:	Post-Supervision
<hr/>	
>	
Programs/Services:	
Quality of Life – services that enhance the standard of happiness, comfort, and well-being of an individual to participate in life events (e.g., assistance in getting a driver's license, opening a bank account, etc.).	
<hr/>	
Are Quality of Life services provided?	Yes
<hr/>	
What is the Providing Agency? (check all that apply)	Sheriff Probation Behavioral Health A Community-Based Organization Other
<hr/>	
If "Other," describe below:	County Office of Education - Health, Housing, and Homeless Services - Public Defenders Office
<hr/>	
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
<hr/>	
If "Other," describe below:	Post-Supervision
<hr/>	
SECTION 5: OPTIONAL QUESTIONS	Section 5 asks optional questions about evaluation, data collection, programs and services, and local best practices. There are 9 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If the CCP chooses not to answer an optional question, please respond "Decline to Respond."
<hr/>	

15. Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds.	The CCP regularly receives input from its Community Advisory Board (CAB) on potential programs and/or services for its AB 109 Community Programs based on responses from AB 109 funded agencies in a survey annually administered by the Office of Reentry & Justice (ORJ). The ORJ provides updated information on reentry and diversion services as they become available. The CCP's Quality Assurance Committee meets quarterly to discuss program needs and operational challenges. The CCP conducts a Budget Workshop in November of each year to consider the budget requests for AB 109 Realignment Funds before making recommendations on the awarding of these funds the following month (December). The CCP also directs the distribution of the funding for community based services through competitive procurement processes.
16. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Check the appropriate answer to the left of the list.	Yes
If "Yes," explain how.	The County requires and receives regular data and narrative reports from all agencies receiving AB 109 Realignment revenue at least twice a year, and this information has been compiled into an annual report for the past six years. These annual reports have been temporarily postponed while a 10-year trends analysis report is currently in development. This analysis seeks to detail local population trends resulting from AB 109 implementation and other legislative impacts to help establish a baseline for evaluating recidivism reduction. The County continues to use AB 109 revenue to fund the creation and operation of a Salesforce-based platform called "SAFE" for the collection and sharing of reentry service provision data provided by the County's AB 109 funded community partners.
17. Does the county consider evaluation results when funding programs and/or services? Check the appropriate answer to the left of the list.	Yes

If "Yes," explain how. The CCP receives annual reports of its AB 109 expenditures and activities for its consideration during budget related discussions since the 2014-15 fiscal year. The ORJ has been working with contracted providers to develop data collection tools to better support effective evaluation of services at the conclusion of the contract cycle. Analysis of this information will be provided to the CCP for its consideration in making funding recommendations.

18. Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Check yes or no to the left of each BSCC Definition listed, as applicable. <https://www.bscc.ca.gov/wp-content/uploads/AB-1050-Key-Term-Definitions.pdf>

Average Daily Population	Yes
--------------------------	-----

Conviction	Yes
------------	-----

Length of Stay	Yes
----------------	-----

Adult Recidivism	Yes
------------------	-----

Treatment Program Completion Rates	No
------------------------------------	----

19. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Check the most appropriate answer to the left of the list of percentages.

21% - 40%

20. The BSCC would like to better understand the county's capacity to offer mental health, substance use disorder, behavioral

Contra Costa County's behavioral health system provides an array of services. Descriptions of each service are as follows:

The Behavioral Health Access Line:

A call center serves as the entry point for integrated mental health and substance use services across the county providing phone screenings,

health treatment programs, and/or other services. What type and level of services are now available?

risk assessments, referrals and resources to clients seeking mental health and/or substance use services. It is staffed with licensed mental health clinicians and certified substance abuse counselors. The Access Line works in tandem with the Behavioral Health Financial Counseling unit which allows for easy Medi-Cal verification or enrollment in Medi-Cal prior to referral to behavioral health services. Additionally, upon referrals from AB109 Probation Officers, the financial counselors enroll clients for Medi-Cal at the jail prior to release. Clients in need of SUD services are linked to services via warm hand-off through a 3-way call with dates and times for appointments. Similarly, clients in the 3 detention facilities are able to call directly to the Access Line by using a speed-dial number.

Mental Health Treatment Programs, and/or Other Services for Adult/Older Adult:

Behavioral Health's Adult/Older Adult System of Care provides services to individuals with the highest degree of functional impairment due to serious mental illness in the least restrictive manner possible, in order to improve the quality of their lives. Acute services are provided at the psychiatric in-patient unit of Contra Costa Regional Medical Center and other contracted hospitals. If community placement is not yet appropriate for clients leaving acute care, referrals to contracted Mental Health Rehabilitation Centers (MHRCs) and, more rarely, to the State Hospitals, are made. The goal of Behavioral Health Division's System of Care is that stays in these facilities be no longer than clinically necessary and that ongoing services and supports be provided in clients' communities. To enhance coordination of care and facilitate a smooth transition from in-patient psychiatric hospitalization to community settings, BHS operates one county crisis residential facility, Hope House. This program plays a pivotal role in the coordination of care within our system of care in supporting the successful transition of seriously mentally ill clients from restrictive settings to more open independent community settings. The objective is to provide intensive support to clients, while a coordinated plan of care to community settings is developed and implemented. The Transitional-Aged Youth Crossover committee addresses the service needs of young adults aging out of the Child and Adolescent system of care who may not be clients traditionally served in the adult system of care and are needing linkage to services in the adult system or with community providers. This committee has not been in operation since before COVID.

Regional Outpatient Clinics:

Adult Services is organized regionally to facilitate community access. West, Central, and East County are each served by a complete and locally managed range of services provided by County staff at our Regional Outpatient Clinics. Additionally, Behavioral Health Services (BHS) contracts with multiple Full Service Partnership (FSP) providers to provide a higher level of support to some of our more complex clients. Services provided include psychiatric and psychological counseling, medication management, individual therapy, group counseling, intensive case management, substance use counseling, family support, vocational assistance, supported housing and housing assistance, socialization programs, and peer counseling and support. As an important feature,

integrated Behavioral Health Services are provided to individuals with Co-Occurring Disorders (COD) at all mental health clinics, which include internal workflows for screening and referral to a substance abuse counselor co-located at all of the adult and children's clinics. In the older adult clinic, there is staff dually trained to meet the needs of older adults with COD.

Behavioral Health's Vocational Services:

Vocational Services provides comprehensive vocational preparation and job placement assistance. Services include job search preparation, job referral, job coaching, benefits management, and employer relations. These services are provided through a contract with the California Department of Rehabilitation under a cooperative agreement with the State Department of Health Care Services.

Besides the three regional adult clinics and the county-wide vocational services program, Behavioral Health operates the following services designed to support a wide continuum of care.

Client Run Community Centers:

Centers in Pittsburg, Concord, and San Pablo provide empowering self-help services based on the Recovery Vision, a concept that individuals can recover from severe mental disorders with peer supports. The centers are client operated and provide one to one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.

Forensics Mental Health (FMH) Services:

This unit is comprised of three areas of service delivery through:

1. Adult Felony Probation involvement (AB 109 and General supervision),
2. Court ordered services, and
3. Co-responding with local law enforcement agencies (Mental Health Evaluation Team – MHET)

Forensic clinicians are co-located at the Probation Department and law enforcement agencies for field-based outreach, mental health screening and linkage to the adult mental health system of care. Court involved services include Mental Health Diversion (SB1810) and Assisted Outpatient Treatment (AOT), also known as Laura's Law. The FMH team receives diversion referrals from the Public Defender and other attorneys. Each referral is assessed for suitability and amenability for outpatient diversion services. FMH sends a report and recommendation to the court and the court determines if an individual will be granted diversion. If granted diversion an individual receives intensive outpatient services. Forensics clinicians receive referrals to AOT from qualified requestors, complete an investigation to determine eligibility for AOT, make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet criteria.

In the past year there was a change in the law that allows judges to be qualified requestors for AOT services. AOT now receives requests from the

MH Diversion court and the IST court. FMH also receives referrals from Deputy Probation Officers county wide. These referrals are assessed for Specialty Mental Health Services. If the person on probation meets the criteria, they are opened for intensive care management services with the goal to help them successfully complete probation and develop a prosocial stable life in the community.

FMH also provides clinicians that partner with AB 109 funded officers from local police agencies and deputies from the Department of the Sheriff, to form Mental Health Evaluation Teams (MHET). MHET exists in each region of the county as part of the County's holistic AB 109 response. The purpose of these teams is to respond to referrals from law enforcement for individuals who have had multiple law enforcement contacts and/or recent Psychiatric Emergency Services (PES) stays, due to behavioral health needs. Each MHET team consist of a clinician and a law enforcement partner. The teams co-respond in the community to help stabilize the situation, safety plan and support families, and develop a plan to link individuals to follow-up services for long term care management to prevent future law enforcement contacts and/or visits to PES. In addition, the teams provide resources to support family members and loved ones that are part of a person's behavioral management plan.

Pre-trial diversion services via implementation of AB 1810 is provided across a continuum of care settings for justice involved individuals who have significant mental health challenges and have been found or at risk to be found incompetent to stand trial on felony charges.

Rapid Access:

Rapid Access provides drop-in services at the regional mental health clinics to clients who have recently been admitted to and subsequently discharged from Psych inpatient, Psychiatric Emergency Services (PES), or Detention. These include assessments, short term case management, referrals, and linkage to appropriate services.

Older Adult Program:

Provides mental health services to seniors, 60 years and older, including preventive care, linkage, and outreach to underserved and/or at-risk communities. Services include: Senior Peer Counseling, IMPACT, Intensive Care Management. Three multi-disciplinary teams support a respective region of the county and provide in-home mental health services as well as advocacy, linkage, and referral. Transition Team. Provides short term intensive case management services and linkage to ongoing services for severely and persistently mentally ill adults ages 18-59 in need of MHS. Referrals come primarily from inpatient psychiatric hospitals, PES, homeless services and occasionally law enforcement. Clients range from individuals who are experiencing their first psychiatric symptoms to those who have had long-term psychiatric disabilities but have been unable or unwilling to accept mental health treatment on their own.

Augmented Board and Cares:

The Adult/Older Adult Behavioral Health Division's Adult System of Care contracts with a network of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from a client's SSI rental allowance. These funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

First Hope:

This program provides early intervention in the treatment of early psychosis. Since 2013 First Hope has worked with youth, ages 12 – 25, at “clinical high risk” for developing a psychotic disorder to prevent progression. In June 2019 First Hope expanded their program to offer services to young people, ages 16 to 30, who have had a first episode of psychosis to support their recovery and functioning. First Hope offers comprehensive outpatient services to youth experiencing early psychosis, and their families using a Coordinated Specialty Care multidisciplinary team-based model. Services include individual, family and group therapy, case management, multifamily groups, employment and education support, occupational therapy, peer support, substance use counseling, and psychiatric management.

Mental Health Homeless Outreach/Advocacy Services:

The Don Brown shelter, in Antioch, serves up to 20 clients who are open to one of our BHS Clinics. They assist seriously mentally ill homeless clients to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing.

A3 - Anyone, Anywhere, Anytime - Behavioral Health Crisis Response:

When someone experiences a crisis – a fire, crime or medical emergency – they call 911 with the expectation of getting immediate emergency services. However, when that emergency is a behavioral health crisis, there is currently no timely and clinically appropriate response, which too often results in unnecessary suffering, loss of life, criminalization or incarceration. A3 addresses this enormous need by making behavioral health part of the emergency response system. Contra Costa Health Services (CCHS) Department is working to address the unmet behavioral health needs in Contra Costa County through A3. A3 provides timely and appropriate behavioral health crisis services to Anyone in Contra Costa County Anywhere at Anytime. The A3 Miles Hall Crisis Call Center is the central component of the A3 model. This is the front-door to access mobile crisis services. Once fully rolled out, the high-tech call center will be open 24/7 and staffed by both licensed behavioral health clinicians and peer staff. This staff will answer calls, triage the situation, and deescalate over the phone or dispatch a mobile crisis response team to respond. Currently, the A3 Miles Hall Crisis Call Center operates Monday – Friday, 8 a.m. to 6:30 p.m.

Substance Use (SU) Treatment - Adults:

Contra Costa Behavioral Health's Alcohol and Other Drugs Services (AODS) operates the Drug Medi-Cal Organized Delivery System (DMC-

ODS) since 2017. AODS provides a continuum of services through contracts with Community Based Organizations (CBO) that are modeled after the American Society of Addiction Medicine (ASAM) Criteria for individuals with substance use disorders (SUD). Currently, SU treatment access and availability has expanded the following ASAM Levels: Basic Outpatient (level 1), Intensive Outpatient (level 2), Low Intensity Residential (level 3.1), High Intensity Residential (levels 3.5 and 3.3), Withdrawal Management (level 3.2). Medication Assisted Treatment (MAT) is delivered both through CBOs but also robustly integrated with medical services under Health Services ambulatory care, including Detention facilities, which makes it extremely accessible to clients. Subsequently, in 2019 Recovery Services, Care Management and Recovery Residences were gradually launched to meet the needs of the clients. Contra Costa is also uniquely positioned to serve Spanish speaking monolingual men and women who may need low intensity 3.1 residential services. SU treatment services are provided to all Contra Costa residents, who meet medical necessity for SU and are eligible for Medi-Cal.

As projected, in September 2020, AODS restored residential treatment and detoxification services in West County. The Richmond Health and Wellness Center, is a new 25-bed facility for men bringing much needed services to the community. While still insufficient, the Richmond Health and Wellness Center has undoubtedly increased service capacity.

Outpatient SUD Services & Recovery Residences:

ASAM level 1 and level 2 are provided throughout the community, at hours and times convenient for clients, this includes gender specific services for pregnant, parenting, and post-partum women. A few Recovery Residences (RR) also known as (Sober Living Environments) were incorporated into the DMC-ODS in late 2019. RR are alcohol and drug free living environments that support the recovery process by allowing clients who are stepping down from residential treatment and continuing outpatient services, as they gain more stability and become successfully employed. Recovery Services are available for anyone at risk of relapse, in crisis or need linkages to employment, family support, etc. Since 2020, Contra Costa added to the network of Recovery Residences, 5 Oxford Houses (<https://www.oxfordhouse.org>), which are a very unique model of democratically-run houses for individuals in recovery of substance use. This model has been highlighted as an evidence-based practice to effectively support the unique needs of individuals who have completed SU treatment and who are in recovery.

Depending on funding availability clients who are actively participating in Intensive Outpatient treatment are eligible to receive housing grants for placement into a RR, the system is based on self-responsibility and accountability, and ensure that clients continue treatment for longer periods of time until they meet their treatment goals, obtain employment and reunify with their families. Although Recovery Residences are MAT and BH-friendly, treatment is not provided and there is minimum support. Because Behavioral Health understands that individuals involved in the criminal justice system may also have a SUD, Contra Costa AODS conveniently offers ASAM screenings at various touchpoint locations

including courts, Psych Emergency Services, etc. AB 109 funding has provided 2FTE certified substance abuse counselors who screen clients in the jail and at the West County Reentry Center as referred by Probation.

Crossroad SUD Treatment in the Jail:

In 2021, AODS received a grant from the State Board of Corrections for the implementation of treatment in the West County jail, out of this grant the Crossroads program emerged which quickly integrated with Detention Health Services. In addition, the Office of Education supported AOD efforts to meet the treatment gap in the jail, by adding a 1FTE counselor who is embedded with the School (DEUCE) and the Game Plan for Success (GPS) program. Crossroad counselors assess and pre-plan the transition of clients into residential programs including Medi-Cal enrollment. Prior to release, transportation is arranged and coordinated with the West County Reentry Center or provided by one of the Crossroad counselors to ensure continuity of care. Clients not scheduled for release, continue to receive SU treatment and/or orientation to treatment in the jail. Services include coordination with Detention Health for MAT.

Coordination of Care:

In general, all health services in Contra Costa are coordinated through a single Electronic Health Record (EHR) system, all patients have one chart. Because of restrictions related to the confidentiality and protection of records of patients with SUD also known as 42 CFR part2, AOD information is currently not available on EHR. To satisfy requirements of care coordination AOD implements written consents for the Release of Information (ROI) and biweekly meetings to discuss client mobility through case managers and coordinate with other individuals or systems involved such as: jail, whole person care, mental health, etc., this also allows for mobility within and across the DMC-ODS plan.

Medication Assisted Treatment (MAT):

As indicated earlier, MAT services are widely available on demand in the community, primarily for Medi-Cal eligible residents. The County Health Services Department is an integrated health system and as such services are provided across divisions; there are approximately 60 Buprenorphine-waivered physicians and a few psychiatrists who are considered waived prescribers. Within the jail environment, and with the exception of Vivitrol, Methadone is available for pregnant women; other populations are tapered then switched to Buprenorphine by the medical team. Narcan is distributed as needed when clients are released, this is particularly important in light of the fentanyl crisis which soared during the COVID pandemic.

21. What challenges does the county face in meeting the above program and service needs?

1) Transportation challenges provide a constant barrier to accessing behavioral health services. A comprehensive study was completed via the County's community planning process and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. Strategies include training clients to navigate public transit, providing

flexible resources to assist with transportation costs; and creating a centralized staff response to coordinate efforts and respond to transportation needs. When clients with BH needs are released from jail and reenter the community, a transportation system with support would effectively ensure that clients continue care.

2) There is a noticeable increase in the number of BH clients struggling with co-occurring disorders; in particular, an increase in use of methamphetamine among the seriously mentally ill clients we serve. A comprehensive aggressive approach in treating co-occurring complexity would benefit programs and services. Institutional sobriety approaches provide a temporary solution; they do not represent a long-term solution as many of these clients are released from locked long-term care, return to the community, and quickly relapse to using methamphetamine again.

3) Contra Costa is facing a housing crisis; an affordable housing crisis for low-income individuals. While Behavioral Health maintains a network of augmented Board and Care beds for our clients, these are not enough to meet the growing demand for housing among the people we serve. Many Behavioral Health clients struggle with homelessness and the stresses caused by lack of housing. This is also true for Recovery Residences, the funding available to support employment-ready clients is limited.

4) Behavioral Health staff in the community is working in an ongoing fashion with Mental Health in County Detention to improve coordination of care for seriously mentally ill patients needing clinic support upon release from detention.

5) While all SUD services are now covered by Medi-Cal, Medi-Cal coverage ends for those who remain long periods of time in custody. Barriers to treatment occur anytime that clients do not have Medi-Cal, are not eligible for Medi-Cal, or have a Medi-Cal from another county. Ideally, Medi-Cal should be used regardless of county of residence without having to transfer, which may take up to 60 days or longer.

6) Justice Involved Medi-Cal populations often report untreated SU for long periods of time and are often diagnosed with severe SU. Not only it is critical to ensure that all systems involved properly refer clients with SU to treatment while in jail so that treatment starts immediately, but it is also important to recognize that due to acuity returning citizens may require longer time in structured treatment settings and multiple treatment admissions. The county must continue to expand and integrate SU services available in custody at the same level as other necessary services.

7) In contrast to men, women by far constitute an underrepresented population in SU treatment. Despite efforts to increase referrals to treatment, the number of women placed in treatment is extremely low. Particularly concerning is the significant decline of pregnant and postpartum women with SUD referred to treatment. Should the trend continue, not only will it deepen gender disparities, but it will also decrease opportunities for women to regain custody of their children and negatively impact the SUD perinatal/postpartum/parenting infrastructure that was developed by many dedicated advocates in the state over the years.

8) Contra Costa faces an increased demand for behavioral health services in the community, both mental health and substance use. Exacerbated by the Opioid/Fentanyl crisis, more complex mental health needs combined with an increase on alcohol abuse, clearly support the need for more services. Compounding a dire need for services, historically high workforce shortages represent a major challenge as we try to meet the ever changing needs of our residents in an equitable, coordinated, and efficient manner.

22. What programmatic changes and/or course corrections has the CPP made in the implementation of Public Safety Realignment that it believes other counties would find helpful?

We recognized that over the course of the last decade, we have invested substantial resources across the county to ensure the most critical services needed to support successful reintegration was made available through AB 109 funding and cross-system collaborations among community-based service providers and county agencies. Though huge strides have been made to establish a system of services, it is imperative to begin aligning funding to research and evidence of effective programming throughout the county. Having a much more robust data-driven approach to service provision that would ultimately assist in decision-making and measuring both quality and efficacy of services is paramount to upholding the values as stated in the Reentry Strategic Plan. With this in mind, the county has adjusted its procurement process to increase investments in evidence-based reentry programming and requiring all contracted service providers to adopt a data-driven approach to service delivery through the administration of performance-based contracts. In doing so, we are confident that our community investments support effective programming, provides us with quality data collection and analysis, and enhances our ability to track progress and understand our impact in the community at the individual, programmatic, and system-levels. We intend in the near future to work with our county agency partners to apply a similar approach for greater alignment across the system.

23. Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

The Probation Department has leveraged SB 678 funding for the Contra Costa Office of Education's Game Plan for Success (GPS) jail pre-release planning program. GPS looks to build each participant's individualized, and data-driven, reentry success plan from the results of individual assessment tool from the Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) suite created by the George Mason University Center for Advancing Correctional Excellence (GMU Ace!). This evidence based approach to reentry planning not only helps sequence service delivery by separating criminogenic and critical needs from other needed services, but also ranks programs by how well they fit a participant's profile, and the dosage needed for the best results. By having this information while the person is in custody, GPS can advise the person as to the types of in custody programs they should seek out while simultaneously referring the person to those programs in the community that are most likely to have the greatest recidivism impact. This way the person can begin developing relationships with community based providers while in custody with the hopes of increasing the likelihood the individual will engage in these needed services upon their release.

Another project that has grown substantially from past efforts is the County's Holistic Intervention Partnership (HIP) led by the Office of the Public Defender. Initially leveraging Justice Assistance Grant funding from the Board of State Community Corrections (BSCC) and AB 109 Revenue to now expanding services utilizing Proposition 47 grant funds through the BSCC, this program seeks to build on the success of the County's Early Representation Program (EarlyRep) that has achieved astonishing rates of reductions in the proportion of individuals that fail to appear for their first court date after being cited for a misdemeanor law violation. Through this EarlyRep work advocates in the Public Defender's Office recognized that detailed social histories of their clients often identified recurring episodes of chronic homelessness, unresolved trauma, and debilitating mental and physical health diagnoses as underlying reasons for repetitive justice system involvement. If through a coalition of partners the Office could work to address these underlying conditions, the efforts of lawyers to address legal cases related to the symptomatic behaviors that arise from these conditions could more effectively lead to a permanent exit from the cycle of justice system involvement. In addition to providing HIP clients with access to coordinated housing, civil legal, and health related services, clients will also be assisted by the Reentry Success Center to navigate and access the other supportive services in the county they may need. Lastly, this project intends to utilize EarlyRep's successful text messaging court reminder platform built by Uprust to HIP partners so that service providers can send reminders and communicate with clients through this same phone texting app. In its expansion through BSCC's Prop 47 grant funds, HIP will provide nearly half of its award to dedicated housing support through short-term and permanent housing services and a goal to provide other substantially expanded array of resources, including immediate legal representation, civil legal advocacy, and community-based services for at least 900 people by June 2026.

If the CCP would like to provide the BSCC with any supplementary information, you may upload a maximum of five (5) additional files.

PART B - CCP Survey Excel Workbook

Part B of the CCP Survey collects information about the allocation of Public Safety Realignment dollars. The form to upload is available at: https://www.bscc.ca.gov/m_realignment/ For detailed guidance on how to complete Part B of the CCP Survey package, please refer to the CCP Survey Data Reporting Guide at the link provided above. Part B is divided into two sections: Section 6: FY 2022-23 Public Safety Realignment Funding Allocation Section 7: FY 2023-24 Public Safety Realignment Funding Allocation

Upload the completed CCP Survey, Part B below. (Excel format only)

[**FY-23-24-CCP-Survey-Part-B-Final.xlsx**](#)

Updated CCP Plan for 2023-2024.

Counties are eligible to receive funding if they submit an updated Community Corrections Partnership plan and a report (CCP Survey) to the Board of State and Community Corrections by December 15, 2023.

Upload the CCP Plan for 2023-2024 below. (maximum of 3 files)

[**Contra_Costa_County_AB109_23-24_Implementation_Plan_-_FINAL.pdf**](#)

The complete CCP Survey package, including all required attachments, shall be completed and submitted through the BSCC-Submittable online portal by December 15, 2023. Please be aware that a complete CCP Survey package, including an updated CCP plan for 2023-24, MUST be submitted to the BSCC to receive compensation.

NOTE: The information provided in the CCP Survey package will be made public by the BSCC in the annual report to the Governor's Office and the Legislature on the implementation of Community Corrections Partnership plans on the BSCC website.

Questions and/or Technical Assistance

If you have any questions or need assistance on the CCP Survey, attachments, and/or the BSCC-Submittable online portal, please contact: Helene Zentner, Field Representative at helene.zentner@bscc.ca.gov or 916.838.7777. Thank you.

FY 2023-24 Community Corrections Partnership Survey PART B

Part B of the CCP Survey collects information about the allocation of Public Safety Realignment dollars.

For detailed guidance on how to complete Part B of the CCP Survey package, please refer to the FY 2023-24 CCP Survey Data Reporting Guide at:
https://www.bscc.ca.gov/m_realignment/

The first question in this file, question 24, requests the name of the county for which the survey is being submitted.

Following the identification of the county, Part B is divided into two sections:

Section 6: FY 2022-23 Public Safety Realignment Funding Allocation

Section 7: FY 2023-24 Public Safety Realignment Funding Allocation

24. Please identify the county for which this portion of the survey is being submitted:

County Name: **CONTRA COSTA COUNTY**

SECTION 6: FY 2022-23 Public Safety Realignment Funding Allocation

Section 6 contains questions related to the allocation of FY 2022-23 Public Safety Realignment dollars. There are three (3) questions in this section.

When answering these questions, consider the funds allocated in FY 2022-23 and include any monies from 2021-22 growth funds and 2022-23 programmatic funding.

25. Of the total funds received in FY 2022-23, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if the county used any carry-over funds (monies from previous annual CCP allocations) and/or if the county put any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. Please correct any cells displaying **red** prior to submitting.

Total Allocation: \$ 32,781,000

Where funds were allocated to:	Amount
Employment and Human Services	\$ 351,103
Sheriff's Office	\$ 10,685,242
Police Chief's Association	\$ 492,246
Probation Department	\$ 5,104,970
Health Services	\$ 4,591,065
Office of the Public Defender	\$ 4,776,959
District Attorney Office	\$ 2,097,632
Superior Court	\$ 211,430
Community Based Contract Services	\$ 5,825,925
Use of Reserve Fund	\$ (1,355,572)

(Total sums to) \$ 32,781,000

Please spell out all names and do not
use acronyms.

Difference from
Stated Allocation: \$ -

26. Of the total funds received in FY 2022-23, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. **Please correct any cells displaying red prior to submitting.**

Total Allocation to public agencies:	\$ 26,611,882
---	----------------------

Total Allocation to non-public agencies: \$ 7,524,690

[illegible]

Please spell out all names and do not use acronyms.

(Total sums to)	\$	26,611,882
Difference from		
Stated Allocation:	\$	-

Please spell out all names and do not use acronyms.

(Total sums to)	\$	7,524,690
Difference from		
Stated Allocation:	\$	-

27. How much funding, if any, was allocated to data collection and/or evaluation of AB 109 programs and services?

Office of Reentry and Justice (ORJ) Research and Evaluation	\$213,769
Office of Reentry and Justice (ORJ) software	\$65,000
Probation Pre-Trial	\$45,000
Total:	\$323,769

SECTION 7: FY 2023-24 Public Safety Realignment Funding Allocation

Section 7 asks three (3) questions related to the allocation of FY 2023-24 Public Safety Realignment funding.

When answering these questions, consider the total funds allocated in FY 2023-24 and include any monies from 2022-23 growth funds and 2023-24 programmatic funding.

28. Of the total funds received in FY 2023-24, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if the county is using any carry-over funds (monies from previous annual CCP allocations) and/or if the county is putting any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red. **Please correct any cells displaying red prior to submitting.**

Total Allocation: \$ 36,296,000

Where funds were allocated to:	Amount
Sheriff's Office	\$ 11,080,310
Probation	\$ 5,600,031
Health Services	\$ 4,825,790
Public Defender's Office	\$ 6,421,915
District Attorney's Office	\$ 2,196,014
Employment and Human Services	\$ 402,157
Police Chief's Association	\$ 492,246
Community Based Contract Services	\$ 6,116,072
Superior Court	\$ 219,887
Use of Reserve Fund	\$ (1,058,422)

(Total sums to) \$ 36,296,000

Please spell out all names and do not
use acronyms.

Difference from
Stated Allocation: \$ -

29. If known: of the total funds received in FY 2023-24, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red. **Please correct any cells displaying red prior to submitting.**

Total Allocation to public agencies:	\$ 30,098,344
---	----------------------

Total Allocation to non-public agencies: \$ 7,256,078

Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
Sheriff's Office	\$ 10,755,314	Jail to Community Programs	\$ 324,996
Probation Department	\$ 5,520,031	Community Based Contract Services	\$ 6,116,072
Health Services	\$ 4,090,780	Transitional Housing (AODS)	\$ 219,322
Employment and Human Services	\$ 402,157	Residential Drug Facility (AODS)	\$ 426,484
Public Defender's Office	\$ 6,421,915	Outpatient (AODS)	\$ 89,204
District Attorney's Office	\$ 2,196,014	Pre-trial Program	\$ 45,000
Police Chief's Association	\$ 492,246	Probation Restorative Circles - Reentry	\$ 35,000
Superior Court	\$ 219,887		
(Total sums to Difference from Stated Allocation:	\$ 30,098,344 \$ -	(Total sums to Difference from Stated Allocation:	\$ 7,256,078 \$ -

30. How much funding, if any, is being allocated to data collection and/or evaluation of AB 109 programs and services?

ORJ - Research & Evaluation: \$222,527
ORJ - Data & Evaluation Software: \$85,000
Pre-Trial Program Evaluation: \$45,000

NOTE: The information contained in this report will be made public by the BSCC in the annual report to the Governor's Office and the Legislature on the implementation of Community Corrections Partnership plans on the BSCC website.

IMPORTANT

A complete FY 2023-24 CCP Survey Package includes Part A (online portal form), Part B, Highlight or Success Story (optional), and an updated CCP Plan. All attachments by must be submitted to the BSCC through the BSCC-Submittable online portal no later than Friday, December 15, 2023.

If you have any questions or need technical assistance with the BSCC-Submittable online portal, please contact:

Helene Zentner, Field Representative
Board of State and Community Corrections
Helene.Zentner@bscc.ca.gov
916.838.7777