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| FY 2021-22 Community Corrections Partnership Survey **PART A** |

Part A of the Fiscal Year (FY) 2021-22 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 [*FY 2021-22 CCP Survey Data Reporting Guide*](http://www.bscc.ca.gov/wp-content/uploads/CCP-Survey-Data-Reporting-Guide.pdf).

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

Responses to the CCP Survey shall represent the collective views of the CCP and not a single agency or individual.

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| 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. Please identify the county name for which this survey is being submitted:
2. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

|  |  |
| --- | --- |
| Survey Respondent Contact Information | |
| Name: |  |
| Organization: |  |
| Email Address: |  |
| Phone Number: |  |

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

|  |  |
| --- | --- |
|  | Same as above |
|  | Other (If "Other" is selected, provide contact information below) |

|  |  |
| --- | --- |
| Survey Follow-up Contact Information | |
| Name: |  |
| Organization: |  |
| Email Address: |  |
| Phone Number: |  |

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| SECTION 2: CCP MEMBERSHIP |

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

1. CCP membership roles: Provide the name and organization of each individual fulfilling a membership role as of October 1, 2021 in the spaces to the right of 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.

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| **Role** | **Name** | **Organization** |
| Chief Probation Officer |  | County Probation Dept. |
| Presiding Judge of the Superior Court or designee |  | Superior Court of California |
| County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors |  |  |
| District Attorney |  | County District Attorney Office |
| Public Defender |  |  |
| Sheriff |  | County Sheriff’s Dept. |
| Chief of Police |  |  |
| Head of the County Department of Social Services |  |  |
| Head of the County Department of Mental Health |  |  |
| Head of the County Department of Employment |  |  |
| Head of the County Alcohol and Substance Abuse Programs |  |  |
| Head of the County Office of Education |  | 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 |  |  |
| An individual who represents the interests of victims |  |  |

1. How often does the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the CCP’s **regular** meeting schedule.

Bi-weekly (every other week)

Monthly

Bi-monthly (every other month)

Quarterly

Semi-annually

Annually

Other (please specify below)

1. How often does the Executive Committee of the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the Executive Committee’s **regular** meeting schedule.

Bi-weekly (every other week)

Monthly

Bi-monthly (every other month)

Quarterly

Semi-annually

Annually

Other (please specify below)

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

Yes

No

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

|  |  |  |
| --- | --- | --- |
|  | **Subcommittee/Working Group** | **Purpose:** |
|  |  |  |
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| 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*](http://www.bscc.ca.gov/wp-content/uploads/CCP-Survey-Data-Reporting-Guide.pdf) for detailed information about goal and objective statements, and outcome measures.

**Updated Information on FY 2020-21 Goals, Objectives, and Outcome Measures**

Questions 8, 9, and 10, asks the CCP to provide *updated* progress information about the goals, objectives, and outcome measures previously reported for FY 2020-21 in the 2020-21 CCP Survey. To view responses provided in the 2020-21 survey, [click here](https://www.bscc.ca.gov/wp-content/uploads/2021-Community-Corrections-Partnership-FINAL.pdf).

For each question, provide the goals, objectives, and outcome measures as reported in the FY 2020-21 survey. The progress information (last two rows of each table) should be updated to reflect the progress achieved over the full fiscal year.

1. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2020-21. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating “Not Applicable."

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| --- | --- | --- |
| Goal |  | |
| **Part of FY 20-21 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe progress toward goal: | |  |
| Rated progress toward the goal: | | No progress  Partially achieved  Fully achieved |

1. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2020-21. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating “Not Applicable."

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| --- | --- | --- |
| Goal |  | |
| **Part of FY 20-21 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe progress toward goal: | |  |
| Rated progress toward the goal: | | No progress  Partially achieved  Fully achieved |

1. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full fiscal year. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating “Not Applicable."

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| --- | --- | --- |
| Goal |  | |
| **Part of FY 20-21 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe progress toward goal: | |  |
| Rated progress toward the goal: | | No progress  Partially achieved  Fully achieved |

Information on FY 2021-22 Goals, Objectives, and Outcome Measures

1. For FY 2021-22, will the CCP use the same goals, objectives, and outcome measures identified above from FY 2020-21? Check the appropriate box to the left of the list.

Yes. (Skip to Section 4)

No. The CCP will add and/or modify goals, objectives, and outcome measures (Continue with section below)

Questions 12, 13, and 14, the CCP is asked to describe a goal and its associated objectives and outcomes for FY 2021-22. 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 2022-23 CCP Survey.

1. Describe a goal for FY 2021-22 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 2021-22, respond by indicating “Not Applicable."

|  |  |  |
| --- | --- | --- |
| Goal |  | |
| **Part of FY 21-22 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe *current* progress toward goal: | |  |
| Rate the *current* progress toward the goal: | | Substantially slower than expected  Somewhat slower than expected  As expected  Faster than expected  Substantially faster than expected |

1. Describe a goal for FY 2021-22 and one 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 2021-22, respond by indicating “Not Applicable."

|  |  |  |
| --- | --- | --- |
| Goal |  | |
| **Part of FY 21-22 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe *current* progress toward goal: | |  |
| Rate the *current* progress toward the goal: | | Substantially slower than expected  Somewhat slower than expected  As expected  Faster than expected  Substantially faster than expected |

1. Describe a goal for FY 2021-22 and one 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 2021-22, respond by indicating “Not Applicable."

|  |  |  |
| --- | --- | --- |
| Goal |  | |
| **Part of FY 21-22 CCP plan?** | Yes  No | |
| Objective: | |  |
| Objective: | |  |
| Objective: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Outcome Measure: | |  |
| Briefly describe *current* progress toward goal: | |  |
| Rate the *current* progress toward the goal: | | Substantially slower than expected  Somewhat slower than expected  As expected  Faster than expected  Substantially faster than expected |

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| SECTION 4: TYPES OF PROGRAMMING AND SERVICES |

Section 4 asks questions about the types of programs and services provided during FY 2020-21. 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). Please refer to the [CCP Survey Data Reporting Guide](http://www.bscc.ca.gov/wp-content/uploads/CCP-Survey-Data-Reporting-Guide.pdf) for the BSCC’s definition of each type of program and service listed and the stage(s) of program or service.

| **Program/Service** | **Provide** | **Providing Agency**  (check all that apply) | **Stage(s) Provided**  (check all that apply) |
| --- | --- | --- | --- |
| **Mental Health/Behavioral Health** – Services designed to improve mental health. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Substance Use** – services designed to assist with substance use. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Housing** – services designed to assist with housing after release. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Employment** – services designed to provide clients with a job and/or to provide job training to improve chances of finding employment after release. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Education** – focuses on academic achievement. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Family** – family-oriented education, service, and training. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Domestic Violence Prevention** – support and intervention | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **Physical Health** – services designed to improve clients’ physical well-being. | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |
| **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.) | Yes  No | Sheriff  Probation  Behavioral health  Community-based organization  Other, describe:  > | In-Custody  Supervision  Other, describe:  > |

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| **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.”

1. Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds.

>

1. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Check the appropriate box to the left of the list.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, explain how.

>

1. Does the county consider evaluation results when funding programs and/or services? Check the appropriate box to the left of the list.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, explain how.

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1. Does the county use [BSCC definitions](http://www.bscc.ca.gov/downloads/AB%201050%20Key%20Term%20Definitions.pdf) (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Check the yes or no box to the left of each BSCC Definition listed, as applicable.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | BSCC Definition |
|  |  | Average daily population |
|  |  | Conviction |
|  |  | Length of stay |
|  |  | Recidivism |
|  |  | Treatment program completion rates |

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

|  |  |
| --- | --- |
| Percent for Evidence-Based Programming | |
|  | Less than 20% |
|  | 21% 40% |
|  | 41% 60% |
|  | 61% 80% |
|  | 81% or higher |

1. We would like to better understand the county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?

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

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1. 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?

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

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**ATTENTION: This concludes Part A of the FY 2021-22 CCP Survey.**

**Please complete** [**Part B**](http://www.bscc.ca.gov/m_realignment/) **in Microsoft Excel which consists of**

**two (2) budgetary sections.**

## Optional Highlight or Success Story

In addition, to produce a more comprehensive report on the implementation of realignment, we are asking for a brief, one-page, visually appealing, highlight or success story that provides implementation information related to the county’s Public Safety Realignment success. This highlight may include optional graphs, charts, photos, or quotes. Photos of programs in action along with quotes from program participants and/or community partners do not need to provide identifying information. The highlight or success story provided may be published in the *2011 Public Safety Realignment Act: Tenth Annual Report on the Implementation of Community Corrections Partnership Plans*. While every effort will be made to include these in the report, inclusion is not guaranteed. Note: Ensure any individual(s) in the photos have given their consent for use/publication and do not submit any photos that include faces of minors (youth under the age of 18).

#### Submission Instructions

In a single email, please attach the following documents to provide a complete CCP Survey package:

1. Completed Part A (Word) document,
2. Completed Part B (Excel) documents,
3. Optional highlight or success story (if being provided), and
4. Updated CCP plan.

The complete CCP Survey package, including all attachments, shall be emailed **by December 15, 2021** to:

Helene Zentner, Field Representative

Board of State and Community Corrections

916-838-7777 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)

**Please be aware that a complete CCP Survey package, including an updated CCP plan, 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.*