



A Department of Ventura County Health Care Agency

HEALTH, RECOVERY & WELLNESS

**Meloney Roy, LCSW**

Behavioral Health Director

**Celia Woods, M.D.**

Behavioral Health Medical Director

**Deborah Thurber, M.D.**

Children's Medical Director

August 8, 2013

Mr. Gary Wion  
Deputy Director  
Board of State and Community Corrections  
600 Bercut Drive  
Sacramento, CA 95811

Dear Mr. Wion:

As the Director of the Ventura County Behavioral Health Department (VCBH), I welcome this opportunity to offer my department's support to the Sheriff's application to expand medical/mental health housing capacity under SB 1022. In our partnership with the Sheriff's Office, we are always striving to work more effectively and efficiently with available resources, and new funding would bring new possibilities.

The relationship that exists between VCBH and the Sheriff's Office is the product of many years of close collaboration on multiple fronts, encompassing a wide range of specific projects. Our collaboration began in earnest in 1999 with the application for a Mentally Ill Offender Crime Reduction (MIOCR) grant. With the Sheriff's Office leading the multi-agency team, Ventura County went on to receive two MIOCR grants which helped establish a mental health court program that has become a fixture in our Superior Court system. In appropriate cases, outpatient treatment is offered as an alternative to incarceration with the goal to enhance personal recovery and reduce recidivism.

In the past six years, funding through the Mental Health Services Act has been used to provide a full-time jail discharge planner who helps to identify and address the mental health needs of inmates and insures continuity of care upon their release. As a direct result, the collaborative relationship between VCBH and the Sheriff's Office has strengthened. Additionally, VCBH now conducts admission assessments for outpatient services, and the Sheriff's Office provides a supply of psychiatric medications upon release to ensure medication continuity. The Sheriff's Office has welcomed VCBH's peer-support staff into their custody facilities to help inmates be better prepared for their release.

The Sheriff's concern and sensitivity for the mentally ill inmate is also evidenced in other partnerships, including active attendance at Ventura County's Mental Health Board and many other related workgroups. VCBH staff have participated in the hiring process of Sheriff's staff charged with developing/conducting vocational, substance-related, and other types of programming. The Sheriff's Office has also effectively

partnered with the National Alliance for the Mentally Ill in Ventura County and has vastly improved communication with family members.

Given the nature and extent of the collaboration between VCBH and the Sheriff's Office, Ventura County was well prepared to address the changes ushered in by AB 109 and Re-entry. Working with Ventura County's Probation Department, expanded services have been put into place and all of our systems have managed the influx of persons receiving both substance-use disorder and mental health services.

Funding to expand medical/mental health housing within our jail would be put to great use in Ventura County where we understand the relationship between enhancing recovery and decreasing recidivism. We know that the time in custody is valuable time that can be utilized to address the very deficits that bring people into jail and can save money and support human potential. As such, we wholeheartedly support the Sheriff's application.

If you need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Meloney Roy". The signature is fluid and cursive, with the first name "Meloney" being more prominent than the last name "Roy".

Meloney Roy  
Director, Ventura County Behavioral Health





Pacific Clinics  
ADVANCING BEHAVIORAL HEALTHCARE

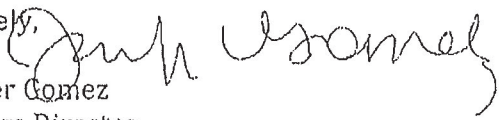
To: Mr. Gary Wion, Deputy Director  
From: Jennifer Gomez, Program Director  
CC: Linda Oksner, Commander  
Date: 8/15/2013  
Re: Application for Jail Expansion of Medical and Mental Health Beds under SB 1022 Grant Funding.

Pacific Clinics is proud to write a letter of support for Ventura County Todd Road Jail in applying for jail expansion of medical and mental health beds. The Pacific Clinics Transitional Aged Youth Wellness and Recovery Center serves 18-25 year olds who are recovering from mental illness or co-occurring mental illness and substance abuse disorders. We are a peer-driven center where peers with lived experience with mental health issues work alongside the members to support them in their journey of recovery into wellness.

We are very proud of our partnership with Todd Road Jail which was initiated in November of 2011. Pacific Clinics Peer Staff facilitate groups weekly for the transitional age youth at the jail. Identified young adults, who may have mental health concerns, work with our Peer Staff on completing a Wellness and Recovery plan that they can utilize while incarcerated and as well as when they transition back into the community. Since our Pilot Project started, we have worked with over 100 unduplicated 18-25 year olds. Pacific Clinics believes it is making a difference and will help reduce recidivism.

It is our hope that we will continue to work alongside each of the TAY inmates and support them in making wise decisions while incarcerated and upon their integration back into community so that they can strive to create a more positive life for themselves.

Sincerely,

  
Jennifer Gomez

Program Director

Pacific Clinics Transitional Aged Youth Wellness and Recovery Center



BOARD OF STATE AND COMMUNITY CORRECTIONS

SB 1022

2013 OCT 17 AM 10:03

ADULT LOCAL CRIMINAL JUSTICE FACILITIES  
CONSTRUCTION FINANCING PROGRAM  
PROPOSAL FORM

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ORIGINAL

SECTION 1: PROJECT INFORMATION

A: APPLICANT INFORMATION AND PROPOSAL TYPE

COUNTY NAME Ventura	STATE DOLLARS REQUESTED \$ 41,115,000	
SMALL COUNTY (200,000 OR UNDER GENERAL COUNTY POPULATION) <input type="checkbox"/>	MEDIUM COUNTY (200,001 - 700,000 GENERAL COUNTY POPULATION) <input type="checkbox"/>	LARGE COUNTY (700,001 + GENERAL COUNTY POPULATION) <input checked="" type="checkbox"/>
TYPE OF PROPOSAL – PROGRAM SPACE PROPOSAL <u>OR</u> BEDS AND PROGRAM SPACE PROPOSAL PLEASE CHECK ONE (ONLY):		
PROGRAM SPACE <input type="checkbox"/>		BEDS AND PROGRAM SPACE <input checked="" type="checkbox"/>

B: BRIEF PROJECT DESCRIPTION

FACILITY NAME Todd Road Jail		
PROJECT DESCRIPTION Medical and Mental Health Expansion Project		
STREET ADDRESS 600 South Todd Road		
CITY Santa Paula	STATE CA	ZIP CODE 93060

C. SCOPE OF WORK – INDICATE FACILITY TYPE AND CHECK ALL BOXES THAT APPLY.

FACILITY TYPE (II, III or IV) II	<input type="checkbox"/> NEW STAND-ALONE FACILITY	<input type="checkbox"/> RENOVATION/ REMODELING	<input checked="" type="checkbox"/> CONSTRUCTING BEDS OR OTHER SPACE AT EXISTING FACILITY
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D. BEDS CONSTRUCTED – Provide the number of BSCC-rated beds and non-rated special use beds that will be subject to construction as a result of the project, whether remodel/renovation or new construction.

	A. MINIMUM SECURITY BEDS	B. MEDIUM SECURITY BEDS	C. MAXIMUM SECURITY BEDS	D. SPECIAL USE BEDS
Number of beds constructed				64
TOTAL BEDS (A+B+C+D)	64			



**E: APPLICANT'S AGREEMENT**

By signing this application, the authorized person assures that: a) the County will abide by the laws, regulations, policies and procedures governing this financing program, and b) certifies that the information contained in this proposal form, budget, narrative and attachments is true and correct to the best of his/her knowledge.

**PERSON AUTHORIZED TO SIGN AGREEMENT**

NAME Michael Powers

TITLE County Executive Officer

AUTHORIZED PERSON'S SIGNATURE 

DATE

10/10/13

**G: DESIGNATED COUNTY CONSTRUCTION ADMINISTRATOR**

This person shall be responsible to oversee construction and administer the state/county agreements. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)

**COUNTY CONSTRUCTION ADMINISTRATOR**

NAME Jeff Pratt

TITLE Director

DEPARTMENT

Ventura County Public Works Agency

TELEPHONE NUMBER

805-654-2073

STREET ADDRESS

800 South Victoria Avenue

CITY

Ventura

STATE

CA

ZIP CODE

93009

E-MAIL ADDRESS

jeff.pratt@ventura.org

**H: DESIGNATED PROJECT FINANCIAL OFFICER**

This person is responsible for all financial and accounting project related activities. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)

**PROJECT FINANCIAL OFFICER**

NAME Paul Derse

TITLE Chief Financial Officer

DEPARTMENT

Chief Executive's Office

TELEPHONE NUMBER

805-662-6792

STREET ADDRESS

800 South Victoria Avenue

CITY

Ventura

STATE

CA

ZIP CODE

93009

E-MAIL ADDRESS

paul.derse@ventura.org

**I: DESIGNATED PROJECT CONTACT PERSON**

This person is responsible for project coordination and day-to-day liaison work with BSCC. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)

**PROJECT CONTACT PERSON**

NAME Linda Oksner

TITLE Sheriff's Commander

DEPARTMENT

Ventura County Sheriff's Office

TELEPHONE NUMBER

805-933-8505

STREET ADDRESS

800 South Victoria Avenue

CITY

Ventura

STATE

CA

ZIP CODE

93009

E-MAIL ADDRESS

linda.oksner@ventura.org



## SECTION 2: BUDGET SUMMARY

### BUDGET SUMMARY INSTRUCTIONS

Definitions of total project costs for purposes of this program (state reimbursed, county cash contribution and county in-kind contribution) can be found in the Project Costs, State Reimbursement and County Contribution (Match) section of the Request for Proposals (RFP). The county cash and in-kind contributions are collectively the county contribution. Those defined costs in the RFP shall be the guide for accurately completing this budget summary section.

In the Budget Summary Table that follows in part B of this section, indicate the amount of state financing requested and the amount of cash and/or in-kind contributions allotted to each budget line-item, in total defining the total project costs. While it is necessary to fully include each eligible project cost for state reimbursed and county cash contribution line items, it is not necessary to include county in-kind contribution amounts. All other eligible costs are considered hard costs and are to be claimed under state reimbursed or county cash contribution.

Inclusion of the in-kind contribution amounts is optional and counties may choose whether or not to include any of the amounts eligible under each in-kind contribution line item. The in-kind contribution line items represent only county staff salaries and benefits, or current fair market value of land. An appraisal of land value will be required after conditional award (or with proposal submittal if the county is seeking funding preference under the real estate due diligence criterion), and only if land value is included as part of the county's contribution.

The total amount of state financing requested cannot exceed 90 percent of the total project costs. The county contribution must be a minimum of 10 percent of the total project costs (unless the applicant is a small county petitioning for a reduction in the county contribution amount). County contributions can be any combination of cash or in-kind project costs. Small counties that petition for a reduction in the contribution amount must provide a minimum of five percent contribution of the total project costs. Small counties requesting a reduction in county contribution must state so in part A of this section.

State financing limits (maximums) for all proposals are as follows:

- **\$80,000,000** for large counties;
- **\$40,000,000** for medium counties; and
- **\$20,000,000** for small counties.

**A. SMALL COUNTY PETITION FOR REDUCTION IN CONTRIBUTION**

A small county may petition the BSCC Board for a reduction in its county contribution. This proposal document will serve as the petition and the BSCC Board's acceptance of the county's contribution reduction, provided the county abides by all terms and conditions of this SB 1022 RFP process and receives a conditional award. Small counties requesting the reduction must still provide a minimum of five percent contribution that may be any combination of cash and/or in-kind contribution. If requesting a reduction in match contribution, check the box below to indicate the county's petition.

- ☐ **This proposal includes a petition for a county contribution reduction request as reflected in the proposal budget.**



**B. BUDGET SUMMARY TABLE**  
(Report to nearest \$1000)

LINE ITEM	STATE REIMBURSED	CASH CONTRIBUTION	IN-KIND CONTRIBUTION	TOTAL
1. Construction	\$ 32,486,000	\$ 2,524,000		\$ 35,010,000
2. Additional Eligible Costs*	\$ 836,000	\$ 66,000		\$ 902,000
3. Architectural	\$ 3,235,000	\$ 256,000		\$ 3,491,000
4. Project/Construction Management	\$ 4,558,000	\$ 372,000		\$ 4,930,000
5. CEQA		\$ 18,000		\$ 18,000
6. State Agency Fees		\$ 51,000		\$ 51,000
7. Audit		\$ 0	\$ 15,000	\$ 15,000
8. Needs Assessment		\$ 95,000	\$ 0	\$ 95,000
9. Transition Planning		\$ 0	\$ 102,000	\$ 102,000
10. County Administration			\$ 17,000	\$ 17,000
11. Land Value			\$ 1,053,000	\$ 1,053,000
<b>TOTAL PROJECT COSTS</b>	<b>\$ 41,115,000</b>	<b>\$ 3,382,000</b>	<b>\$ 1,187,000</b>	<b>\$ 45,684,000</b>
<b>PERCENT OF TOTAL</b>	<b>90.00%</b>	<b>7.40%</b>	<b>2.60%</b>	<b>100.00 %</b>

\* Additional Eligible Costs: This line item is limited to specified fees and moveable equipment and moveable furnishings (eligible for state reimbursement or cash contribution), and public art (eligible for cash contribution only).

Provide an explanation below of how the dollar figures were determined for each of the budget line items above that contain dollar amounts. Every cash contribution (match) line item shall be included with a reporting of the full amount budgeted, unless a line item is not an actual cash contribution project cost for the county. (In that case, indicate so below.) For each line item explanation below, include how state financing and the county contribution dollar amounts have been determined and calculated (be specific).

1. **Construction (includes fixed equipment and furnishings):**  
Construction costs developed from feasibility study, Third party commissioning, and contingency
2. **Additional Eligible Costs (specified allowable fees, moveable equipment and moveable furnishings, and public art):**
  - a) Define each allowable fee type and the cost of each: Building permit fees: \$455,383
  - b) Moveable equipment and moveable furnishings total amount: FFE: \$310,117
  - c) Public art total amount: 0
3. **Architectural:**



- a) **Describe the county's current stage in the architectural process:** We have a site plan, and functional diagram in place to launch the design. Will seek Statements of Qualifications (SOQs) to determine those best qualified to progress in interview, after application is submitted.
- b) **Given the approval requirements of the SPWB and associated state reimbursement parameters, define which portions/phases of the architectural services the county intends to seek state dollar reimbursement:** Design professional fee and architectural construction support and administration
- c) **Define the budgeted amount for what is described in b) above:** \$3,491,000
- d) **Define which portion/phases of the architectural services the county intends to cover with county contribution dollars:** Our portion will be spent during the construction phase for the architectural submittal review (a subset of the Arch Constr. Support & Admin line item)
- e) **Define the budgeted amount for what is described in d) above:** \$256,000
- 4. **Project/Construction Management:**  
Testing \$759,000. Inspection \$4,171,000
- 5. **CEQA:**  
Planning and permitting fees: \$18,000
- 6. **State Agency Fees (maximums: due diligence \$16,000; SFM \$35,000):**
  - a) **Real estate due diligence fee:** \$16,000
  - b) **State Fire Marshal fee:** \$35,000
- 7. **Audit – Define whether the county is intending to use independent county auditor (in-kind) or services of contracted auditor (cash) and amount budgeted:**  
County Auditor/Controller: \$15,000
- 8. **Needs Assessment – Define whether work is performed by county staff (in-kind) or consultant (cash) :**  
Consultant (HDR): \$95,000
- 9. **Transition Planning – Define whether work is performed by county staff (in-kind) or consultant (cash):**  
County staff salary offsets: \$102,000
- 10. **County Administration:**  
Appraisal Costs: \$7,000; Public Works: \$10,000;
- 11. **Land Value:**  
Appraised value of the land: \$1,053,000

## SECTION 3: PROJECT TIMETABLE

Prior to completing this timetable, the county must consult with all appropriate county staff (e.g., county counsel, general services, public works, county administrator) to ensure that dates are achievable. Please consult the State Capital Outlay/Board of State and Community Corrections Process Details and Timing Requirements section of the RFP for further information. Complete the table below indicating start and completion dates for each key event, including comments if desired. Note the required timeframes for specific milestone activities in this SB 1022 process. (The BSCC Board intends to make conditional awards at a January 2014 meeting.)

KEY EVENTS	START DATES	COMPLETION DATES	COMMENTS
Site assurance/comparable long-term possession <u>within 90 days of award</u>	1/31/2014	3/31/2014	Ready to Proceed upon award
Real estate due diligence package submitted <u>within 120 days of award</u>	7/31/2013	9/27/2013	Submitted with application
State Public Works Board meeting – Project Established <u>within 18 months of award</u>	1/31/2014	6/13/2014	
Schematic Design with Operational Program Statement <u>within 24 months of award</u> (design-bid-build projects)	6/16/2014	10/27/2014	Plans, Sections, Elevations and reviews
Performance criteria or performance criteria and concept drawings with Operational Program Statement <u>within 30 months of award</u> (design-build projects)			
Design Development (Preliminary drawings) with Staffing Plan	2/9/2015	7/28/2015	Plans, Sections, Elevations, Engineering, Specifications and reviews
Staffing/Operating Cost Analysis approved by the Board of Supervisors	7/16/2013	7/16/2013	July 15, 2013 Board Agenda Item #30
Construction Documents (Working drawings)	11/5/2015	7/8/2016	Plans, Sections, Elevations, Engineering, Specifications, reviews and approvals.
Construction Bids	10/18/2016	12/7/2016	
Notice to Proceed <u>within 42 months of award</u>	12/8/2016	2/6/2017	
Construction (maximum 3 years to complete)	2/7/2017	7/10/2018	
Staffing/Occupancy <u>within 90 days of completion</u>	7/11/2018	10/3/2018	



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## SECTION 4: FACT SHEET

To synopsise and capture key information from Section 5: Narrative, applicants must complete this Fact Sheet. Minimal information is requested. Narrative information or explanations are not to be included on this Fact Sheet nor as part of the tables in this section. Explanations of what is provided in these tables may be included in the Narrative section of the Proposal Form. Proposal narratives may include reference back to one or more of these specific tables (e.g., refer to Table 4 in the Fact Sheet), rather than repeat information in the narrative that is already provided in the tables.

Tables 1 through 7 below constitute the Fact Sheet, which shall be provided with each proposal submittal, without regard as to whether the proposal includes bed construction. These tables of information shall be used by the raters in conjunction with the information provided in the proposal narrative (see Narrative section of the Proposal Form).

The information requested in this Fact Sheet pertains to those facilities (Type II, III and IV), approaches and programs under the jurisdiction of the sheriff or local department of corrections.

Tables 1 – 4, 6 and 7: For Average Daily Population (ADP), provide the average number per day for the first six months of 2013. For programs that started after January 1, 2013, provide the average number per day for the length of time the program was in effect (after the name of the program, provide the starting date). The same time period parameters pertain to Assessments per Month. "Lack of space" releases in Table 1 refers to the total of non-sentenced inmates released and sentenced inmates released early.

Table 3: The term "approaches" includes home detention, not incarcerating misdemeanants, etc., or other policies/procedures and approaches that do not include specific measures influencing recidivism reduction.

Tables 4, 5 and 7: The term "programming" refers to the utilization of formal programs that specifically incorporate measures to influence recidivism reduction.

**Table 1: Provide the following information.**

1.	County general population	825,981
2.	Number of detention facilities	3
3.	BSCC-rated capacity of system	1606
4.	ADP (Secure Detention) of system	1581
5.	ADP (Alternatives to Detention) of system	169
6.	Percentage felony inmates of system	85



7.	Percentage non-sentenced inmates of system	71
8.	Arrests per month	2187
9.	Bookings per month of system	2006
10.	"Lack of space" releases per month	133

**Table 2: Provide the name, BSCC-rated capacity (RC) and ADP of the adult detention facilities in your jurisdiction.**

	Facility Name	RC	ADP
1.	PreTrial Detention Facility	793	796
2.	Todd Road Jail	782	771
3.	East Valley Jail	31	14
4.			
5.			
6.			
7.			
8.			

**Table 3: List approaches currently in place to reduce the need for beds, and ADP for each.**

	Pre-Trial Approaches	ADP
1.	Release - Own Recognizance	4
2.	Release - Cite & Release	11
3.	Bail - Bond, Cash, or Credit Card	13
4.	Court Ordered Release	3
5.	Statute of Limitations	7
6.		
	Sentenced Offender Approaches	ADP
1.	Sheriff's Electronic Monitoring Program	17
2.	Probation Agency - Work Furlough	86
3.	Probation Agency - Work Release	26
4.	Probation	2
5.		
6.		

<b>Table 4: List the current offender programming in place and the ADP in each program.</b>		
	<b>Pre-Trial Program</b>	<b>ADP</b>
1.	GED - Independent Study	10
2.	AA/NA	15
3.		
4.		
5.		
6.		
	<b>Sentenced Offender Program</b>	<b>ADP</b>
1.	1. ReEntry Planning 2. 1170h Substance Abuse 3. 1170h Moral Reconation Therapy	79 21 9
2.	4. GED Preparation 5. GED Independent Study	14 30
3.	6. Computer Skills	15
4.	7. English as a Second Language (ESL)	15
5.	8. Substance Abuse Treatment Basics 9. Food Handlers Certificate	30 20
6.	10. Malachi Men - Faith Based Leadership Program 11. AA/NA 12. Striving for Transformation through Education and Personal Success (S.T.E.P.S.) 13. Reentry Action Planning (R.A.P.)	20 15 25 13

<b>Table 5: List the offender programming gaps and deficiencies.</b>	
	<b>Gaps and Deficiencies</b>
1.	No direct partnership with employers
2.	Lack of Capacity in transitional/ sober living housing in County.
3.	Maintaining funding sources for community-based treatment providers
4.	
5.	
6.	



**Table 6: List the offender assessments used for the purpose of jail population management.**

	<b>Assessment Tools</b>	<b>Assessments per Month</b>
1.	Ohio Risk Assessment System (ORAS)	15
2.	Informal Screening for Electronic Monitoring Program	400
3.	Probation Agency Case Planning	31
4.	Offender Reintegration Scale (ORS)	19
5.		
6.		

<b>Table 7: List the offender assessments used for determining programming.</b>		
	<b>Assessment Tools</b>	<b>Assessments per Month</b>
1.	Offender Reintegration Scale (ORS) for Reentry planning	19
2.	Informal assessment and screening criteria (education level, jail classification and in custody behavior checks)	200
3.	Addiction Severity Index-Drug Use (ASI-Drug Use)	5
4.		
5.		
6.		





## VENTURA COUNTY SB 1022 PROPOSAL

### 1. PROJECT NEED

#### **BED CONSTRUCTION**

Ventura County's application is a Beds and Program Space Proposal.

#### **Background**

The Sheriff's Detention facilities continue to experience operational challenges for an inmate population with chronic medical and/or mental health needs. These challenges have increased with the shift in custodial responsibility for certain long-term inmates under the 2011 Public Safety Realignment Act ("Realignment Act").

#### ***Evaluation of Repurposing Existing County Facilities***

To identify the future state of inmate housing for this population, the Sheriff's Office authorized a jail feasibility study, which recommended jail capacity expansion in the area of inmates with special needs. As the feasibility study was being completed and prior to the Realignment Act being implemented, Sheriff's jail management met with our partners in the Health Care Agency (HCA) to discuss the possibility of repurposing existing and/or future Ventura County Medical Center (VCMC), a County managed hospital located in the City of Ventura, facilities for inmate housing. The potential plan was thought to be mutually beneficial and a reasonable option to construction. After significant discussion and evaluation, we determined it was neither operationally feasible nor cost effective to repurpose any of the VCMC facilities to house inmates.

Further discussions ensued with members of the CEO Executive Team. It was determined the most cost effective option was to increase jail bed and program capacity at the Todd Road Jail and evaluate potential funding from SB 1022.

#### **B: 1.01 - Finding of Needs Assessment**

A Feasibility Study (needs assessment) was prepared for Ventura County as an update of the Needs Assessment that was approved by the Board of Supervisors in March 1988, and the April 4, 2007 Needs Assessment and Engineering Analysis.

**Table 1.1 - 1988 Needs Assessment Results**

<b>Phase</b>	<b>Year</b>	<b>New Beds Required</b>
<b>I</b>	1990	1191
<b>II</b>	2000	705
<b>III</b>	2010	411
	<b>Total</b>	<b>2307</b>

The Feasibility Study presents a discussion of the historical and current operating conditions of the Ventura County local detention system specific to the medical and mental health needs of the County's inmate population. HDR Architecture, Inc. was hired by the Ventura County Public Works Agency to prepare the Feasibility Study. Funding was provided by the Ventura County Sheriff's Office.

The Feasibility Study utilized data from the 2007 Needs Assessment and Engineering Analysis, extracting and updating information pertinent to providing medical and mental health services to the inmate population. In addition, information from the following data



sources was used in the assessment and projections which were the basis for this Feasibility Study:

- Current Jail Statistics from 2007- 2010
- Medical and Mental Health Case Loads from 2007 – 2010
- California Forensic Medical Group (CFMG) Staffing Projections
- National Trend Data

A projection of future inmate growth was then used as the basis for the development of three Todd Road Jail (TRJ) Medical Unit Expansion concepts. In addition to the inmate population projections and analysis, this Feasibility Study involved several other tasks:

- Comprehensive examination of the existing facilities to gain a full understanding of operations and the medical and mental health needs system-wide.
- Conclusion that TRJ was the most fiscally and operationally appropriate location for construction and program development.
- Assessment of the existing TRJ facilities to study how the new Medical and Mental Health Housing Unit can be integrated into facility operations efficiently and effectively.
- Assessment of the existing TRJ facilities to study how the new construction can be implemented without disrupting on-going operations.
- Development of architectural space programs based on three expansion concepts.
- Custody and Medical staffing requirements for the new Medical and Mental Health Housing Unit.
- Master planning options were studied as to how the new medical/mental health services will fit into the approved master plan for the TRJ Campus.
- Preliminary Site Investigations of the TRJ Campus with regard to existing infrastructure and security systems that could be impacted by the addition of the new Medical and Mental Health Housing Unit.
- Conceptual cost estimate.

The conclusion of this report supports the need for the expansion of the Todd Road Jail to increase capacity for Medical and Mental Health Services within the Ventura County Jail system and gives stakeholders the information they need to make an informed decision about the future of Medical and Mental Health Services at the County's detention facilities.

**Table 1.2 - 2010 Feasibility Study Data: Medical/Mental Health Bed Needs**

<b>Current System Wide Medical /Mental Health Beds</b>			
2007-10 ADP	Actual AVG M/MH Bed Need	Current M/MH Capacity	M/MH Bed Need
<b>1622</b>	<b>81</b>	<b>36</b>	<b>45</b>
<b>Projected System Wide Medical/Mental Health Beds Needed 2012</b>			
ADP Projection	AVG M/MH Bed Need	Current M/MH Capacity	M/MH Bed Need
<b>2061</b>	<b>103</b>	<b>36</b>	<b>67</b>
<b>Projected System Wide Medical/Mental Health Beds Needed 2017</b>			
ADP Projection	AVG M/MH Bed Need	Current M/MH Capacity	M/MH Bed Need
<b>2257</b>	<b>113</b>	<b>36</b>	<b>77</b>
<b>Projected System Wide Medical/Mental Health Beds Needed 2022</b>			
ADP Projection	AVG M/MH Bed Need	Current M/MH Capacity	M/MH Bed Need
<b>2452</b>	<b>123</b>	<b>36</b>	<b>87</b>
5% +/- of ADP Based on 2007 projections prior to changes in sentencing guidelines due to Realignment Act			

## **B: 1.02 - Jail Capacity and Programs Overview**

The Ventura County Jail System is comprised of three (3) detention facilities with a total Rated Capacity (RC) of 1606. The Pre Trial Detention Facility (PTDF), located in the City of Ventura; the Todd Road Jail (TRJ), located in the unincorporated area of the Santa Clara Valley; and the East Valley Jail (EVJ), located in the City of Thousand



Oaks; work together to house inmates in Ventura County. The table below breaks out each facility's capacity. Currently there are approximately 300 inmates housed in overflow (dayroom bunks) within the Sheriff's detention facilities in order to meet the current housing and classification needs of the expanding inmate population. ***The Ventura County Sheriff's Office has no other AB900 construction projects planned or underway at this time.***

The Sheriff currently contracts with California Forensic Medical Group (CFMG) for medical and mental health service delivery for the inmate population. Ventura County Behavioral Health provides an on-site liaison to the jail for program delivery, provides the mental health court with inmate mental-health status, and coordinates the transition of inmates from custody into the community as a partner in the Reentry team.

**Table 1.3 – Facility Description**

Facility	Type	Board-Rated Capacity (RC)
PreTrial Detention Facility (PTDF)	II	793
Todd Road Jail (TRJ)	II	782
East Valley Jail (EVJ)	I	31
	<b>Total</b>	<b>1606</b>

Source: Ventura County Integrated Justice Information System (VCIJIS) and BSCC

***Our highest daily population to date for 2013 was 1794 on July 27, 2013.***

**Table 1.4 – Average Daily Pop and Status (First six months of 2013)**

Avg Daily Pop (ADP)	1,581
Non- Sentenced	71%
Felony charges	85%

Source: Ventura County Integrated Justice Information System (VCIJIS)

**Table 1.5 - Jail Alternatives**

<b>Program</b>	<b>Capacity</b>
<b>Sheriff's Electronic Monitoring (EMP)</b>	20
<b>Probation Agency- Work Furlough</b>	235

*Source: Ventura Sheriff and Ventura County Probation Agency*

The Sheriff's Electronic Monitoring Program (EMP) has a current capacity of 20. The EMP is the only alternative sentencing option with Sheriff's oversight. Our Probation Agency partners manage another jail alternative, Work Furlough, which has a RC of 235. Work Furlough allows inmates housed in the jails to transition into less secure housing, continue with their education and participate in job-readiness classes, after acceptance. Those inmates who are employed are able to transition back into the community as they complete their court commitment in a less restrictive manner.

#### **PreTrial Detention Facility Medical Housing**

There are currently 32 medical/mental health beds at the PTDF to meet the specialized medical/mental health needs of over 1700 inmates. These are the only secure medical/mental health beds within the Sheriff's three jails.

**In the first two quarters of 2013, 896 (18.8%) inmates in custody had a diagnosed mental illness. Of this population, only 614 (68.5%) were medication compliant.**

**Over 4% of the inmates have severe and persistent mental illness.**

In addition to the 32 medical beds at the PTDF, one housing quad has been designated as a dedicated housing area for male inmates who fall into this classification. The severely mentally ill population often requires segregation from other inmates for their protection. The impact on our housing capacity is significant, as these inmates are typically housed one person to a cell in this area designed with two beds per cell.

Each housing section within the specialized housing area is designed with an upper housing tier and a lower housing tier. Over the course of the last several years, there have been inmates that have jumped off the upper tier in an attempt to harm themselves. This issue is prevalent enough that the PTDF explored the feasibility of enclosing the entire upper tier of the housing area in an attempt to stop the inmates from jumping. Security and visibility issues prevented the enclosure of the upper tier, thus the issue remains.

The design for the Todd Road Jail Medical/Mental Health expansion is designed without an upper tier. All cells and areas to which inmates will have access are on one level, thereby eliminating all opportunities for this type of self-harm.

### **Inmate Programs**

The Sheriff's Inmate Services Unit provides a wide variety of educational and vocational opportunities to the inmate population housed in our detention facilities. These programs include: Evidence Based Treatment for Substance Abuse, Treatment Basics, GED preparation (classroom and independent study), Basic Computer Skills, English as a Second Language (ESL), Malachi Men Class – a faith-based leadership program, Food Handler Certificate, Alcohol Anonymous/ Narcotics Anonymous (AA/NA) meetings, and Reentry Planning. Inmate Services also manages our Print Shop, providing inmates with an opportunity to develop skills in both offset and digital printing application. In August, we expanded our Evidence-Based-Programs to include Moral Reconciliation Therapy (MRT) and Cognitive Behavior Therapy (CBT). Other programs of particular interest include;



### **S.T.E.P.S. Program**

Striving 4 Transformation through Education & Personal Success (S.T.E.P.S.) program is based upon promoting and developing positive change using a group setting. We are expanding the program so more inmates can take part in this opportunity.

### **R.A.P. Program**

The Re-Entry Action Planning (R.A.P.) program is new to our facilities; it is an eight (8) week long program available to Re-Entry participants that have 90 days remaining before release. The curriculum has an emphasis on developing and changing cognitive skills. Topics include values and goals, stages of change, identifying and overcoming triggers and challenges, and re-entry planning. Groups will be facilitated by student interns from Oxnard City College who are completing field work as a requirement of the Alcohol and Drug Counselor certification program.

### **Reception Center Housing**

Ten years ago we identified the need to assist inmates in transitioning to custody. We deployed a reception center model to provide for evaluation, observation and appropriate classification of inmates in a designated area of the Pre Trial Detention Facility. As part of this effort, a suicide prevention project was also undertaken to address fixtures within cells that were frequently used to accomplish suicide attempts.

### **B: 1.03 – System Issues Remedied by New Construction**

An increased medical/mental health jail bed capacity at the Todd Road Jail will enable us to house more general population inmates in the housing unit currently devoted to housing medical/mental health inmates. The cells will be able to be used at design

capacity by housing two inmates to a cell, and additional bunks in the dayrooms as needed; essentially leveraging an additional 100 general population beds.

Efficiencies in the delivery of mental and medical health care will also be realized as inmates will be more easily observed, evaluated and accessed by health care professionals. Staff will be able to address issues with inmates in crisis at earlier stages of decompensation which will increase care efficacy and system wide security.

#### **B: 1.04 - Intake/ Release Trends**

**Table 1.6 – Intake and Release Statistics for January-June 2013**

Event	Total Number	Avg. per month
<b>Arrests</b>	13,125	2,187
<b>Booking</b>	12,036	2,006
<b>Releases</b>	13,140	2,190
<b>Lack of Space Releases</b>	796	133

*Source: VCIJIS and Crime Analysis information from Ventura County LE agencies.*

The information listed comprises the arrest statistics provided by all the law enforcement agencies who book arrestees in our jail.

To address our increasing jail population, we make use of early release statutes and alternatives to custody. Additionally, we continue to increase our use of pre-trial release mechanisms to help reduce the population. However, the use of these methods has a disproportionate negative impact on mental health and medically infirm inmates because they tend to stay in custody and not qualify for release programs because of their instability and/or inability to comply with program requirement protocols until they

are stabilized. As this trend continues, we anticipate a rise in this service intensive part of our jail population.

**B: 1.05 and B: 1.06 - Inmate Programs/ Alternatives to Incarceration**

In August 2010, the Sheriff's Office partnered with Ventura County Courts, the Public Defender Office and Behavioral Health to develop a re-entry plan to reduce recidivism in the mentally ill inmate population and those with substance abuse histories who were enrolled in education programs within the jail system. This sector of the population had rates of recidivism ranging from 70% to 89%. The re-entry planning process included meeting with the inmate, developing a plan for successful re-integration into the community, housing, treatment programming and transitional medication upon release. There were no evidence-based (EBP) assessments completed. The plan was developed and deployed in the form of a "warm hand off" to the treatment provider. The initial success of this program in 2010 had provided the impetus for its expansion to all inmates meeting the target criteria in January 2011. At last review in 2012, the rate to recidivate of the small pilot group dropped to 55%.

In April 2012, the Sheriff's Inmate Services unit modified the Reentry program, adding an evidence based assessment instrument; the **Offender Reintegration Scale (ORS)**, a self-report assessment designed to measure the concerns and potential barriers faced by offenders and former-offenders with regards to community reentry. The assessment is used as a tool by inmates to develop a reentry plan with assistance from Inmate Services staff. **Although the program is still in a period of on-going development and evaluation, a preliminary review of the participants released during January 1 through June 30, 2013 indicates a recidivism rate of 40%.**



Ventura County Courts have taken the lead in developing specialty courts to address a defined population of defendants whose behaviors are better served outside of the mainstream court process. The specialty courts include ***Mental Health Court, Veterans Court, Drug Court, and our newest additions, Community (Homeless) Court and Reentry Court.*** Each of these courts hold defendants accountable for their conduct while providing treatment, supervision, and community based housing options. By offering alternatives within the justice system, the jails are able to reduce recidivism and assist former offenders to a more productive future outside of the jail.

The Sheriff's Electronic Monitoring Program began in November 2011. The Board of Supervisors approved the program with a capacity of 20. The program targets sentenced inmates; however it has been used for pre-trial inmates who have medical conditions that are not compatible for jail placement. While this option works for extreme medical conditions, the vast majority of inmates with complex medical issues are still managed within the jail system. The recidivism rate for this population is 9% since its inception. **During the first six months of 2013, the rate of recidivism dropped to 2.3%.**

#### **B: 1:07- Future Plans to Expand Programs and Jail Alternatives**

Ventura County Criminal Justice partners initiated a "Reentry Court", as well as a "Pre Trial Assessment Program" in October 2013. ***The goal of these courts is to evaluate each defendant using evidence-based assessment instruments,*** which may assist the court in identifying persons who may be good candidates for alternatives to jail. The Sheriff continues to evaluate the Electronic Monitoring Program with the goal of

increasing capacity. Probation will begin screening and assessing the 1170 PC population for acceptance into their Work Furlough Program in January 2014. However, it must be acknowledged that with respect to reducing the jail population, the inmates who present the lowest risk to the community have already been diverted from incarceration. The challenge for the future is managing an increasingly complex, sophisticated and “needs intensive” inmate population. Simply pushing medically and mentally fragile inmates into the community increases care costs and places individuals at risk. The expansion will allow us to assess, address, and transition appropriate medical and mental health inmates into community settings that set them on a path to successful integration with our social services partners.

## **PROGRAM SPACE CONSTRUCTION**

### **PS: 1:01 - Need for Program Space**

Inmates housed in medical housing at the PTDF do not have access to the higher level of programming available at Todd Road Jail, due to physical plant limitations at the PTDF. The Todd Road Jail was designed as a sentenced facility with the goal of providing inmate education and vocational opportunities. The expansion of medical/mental health capacity at the Todd Road Jail affords a more holistic approach to programming opportunities for those inmates with special needs.

Additionally, the program space will directly impact the quality of medical and mental health care within the Ventura County Sheriff's Office Detention Services. We will increase our ability to address issues earlier and more comprehensively. This will better allow this fragile sector of our inmate population to more fully participate in offender re-entry programs.

## **PS: 1.02 - Current Approach to Offender Programming**

The Sheriff is committed to deploying evidence-based assessment instruments as a means of identifying the best and most effective programs, resulting in better outcomes and a reduction in recidivism.

Sheriff's Inmate Services has integrated the ***Offender Reintegration Scale (ORS)***, a self-report assessment designed to measure the concerns and potential barriers faced by offenders and ex-offenders with regards to reentry. The ORS helps individuals to identify gaps in the areas of basic needs, life skills, and family concerns that, when addressed, facilitate successful reentry into the community. An inmate's readiness and commitment to change can be assessed by their level of participation in the reentry planning process. While the process is a self-reporting document, Inmate Services staff members meet with the inmate to assist in the interpretation and recommend educational and vocational opportunities while incarcerated.

We continue our partnerships with organizations that are able to deliver educational opportunities to adult inmates. ***The classes offered include GED, Computer Basics, English as a Second Language, Job Readiness and Word Processing.***

Our Probation Agency has embedded a Probation Officer onto our Reentry team. The Probation Officer liaisons with Inmate Services and the Courts, providing risk assessment using the ***Ohio Risk Assessment System (ORAS)*** instrument, an evidence-based instrument, which assesses risk to re-offend based on scores in the criminogenic domain factors such as substance abuse, education, vocation/employment skills, attitude and beliefs, and family and social supports. The risk to recidivate can be



reduced when these risk factors are addressed through education and vocation training, substance abuse treatment, and cognitive-behavioral treatment.

In 2012, we partnered with Pacific Clinics to provide peer counseling for the Transitional-Aged Youth (TAY), persons aged 18-25, with mental illnesses. In September 2013, we began a pilot class on “mindfulness meditation” for the female inmates.

### **PS: 1.03 - Least Restrictive Alternatives for Inmate Programming**

We will continue to offer independent study to those inmates’ whose classification does not permit attendance in a general population class. As the population continues to increase, the availability of programs is constantly evaluated and expanded whenever possible. The programs offered are completely voluntary, yet participation is incentivized by jail staff.

### **PS: 1.04 - Current Programming Gaps**

Within the jail, our gaps include those already mentioned at the PTDF Medical housing unit. In order for jail programs to continue to expand, funding of the programs provided by our education providers must be maintained.

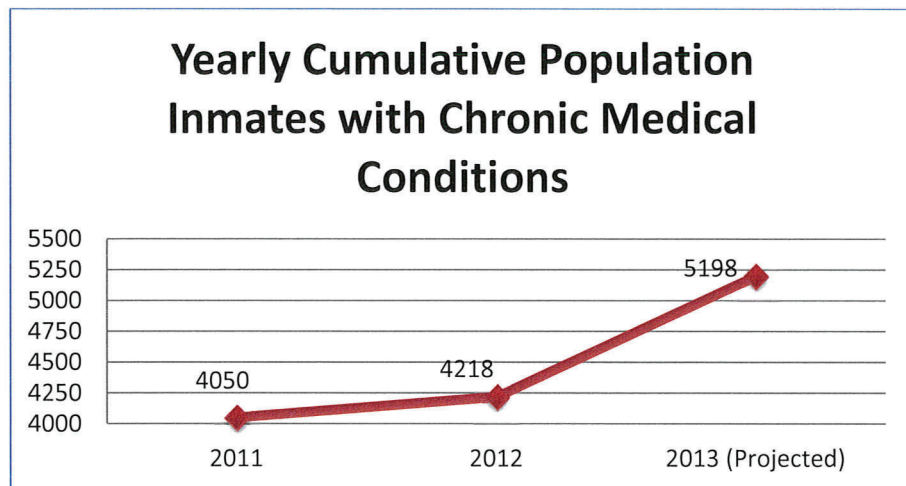
We have also identified two significant gaps impacting the successful transition from jail to the community: ***housing and employment.***

The lack of transitional/sober living housing alternatives within the county reduces placement options for the justice involved (former offenders). Our partnership with Ventura County Human Services Agency is powerful in obtaining access to housing and benefits, which otherwise would be difficult for this population to obtain.

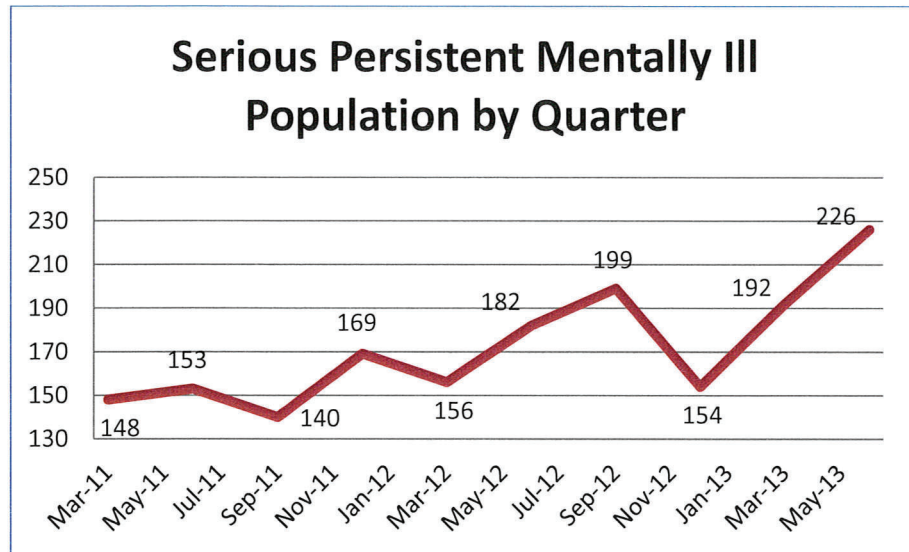
We have been able to identify a group of employers who are willing to partner with us to provide employment to former inmates. A core group of 15 companies routinely participate in our annual Reentry Fair and are committed to providing employment when the need arises. Inmates are provided an opportunity to practice their job interviewing skills and are able to apply for employment with these organizations upon release.

**PS: 1.05 and PS: 1.06 - Identified Program Need and Supporting Data**

Our statistics and projections support the need for program expansion. The population of inmates with chronic medical issues and serious and persistent mental illness housed in the Ventura County Jail System continues to increase. The graph below illustrates the projected 28% increase in chronic medical issue inmates housed in the Ventura County Jail System over the course of a calendar year.



Similarly, the chart below illustrates that the number of Seriously and Persistently Mentally Ill (SPMI) inmates in custody also continues to rise. The rise in SPMI inmates since the first quarter of calendar year 2011 represents a 65% increase in our population.



The figures displayed above represent the changing demographic of the jail population. Inmate population programs and management tools have little effect on the population of inmates that are chronically ill and seriously mentally ill; these inmates do not qualify for many programs because they are unstable, usually do not work and are typically treatment non-compliant. Therefore, they remain in custody longer and are more resource intensive.

In addition to the 32 special use beds at the PTDF, one housing quad has been designated as a housing area for male inmates who are classified as “psychiatric” inmates. The severely mentally ill population often requires segregation from other inmates for their protection. We make every attempt to provide additional support and programming within the housing quad, however the physical plant is not designed for this type of treatment and programming and the effectiveness of treatment is degraded. With the expansion of medical and mental health beds at Todd Road Jail, the area currently used at the PTDF to house psychiatric inmates will ultimately be leveraged to house over 100 General Population inmates when dayroom bunks are deployed. This



clearly outlines our lack of capacity for this population and the possibility of more efficient use of our existing housing design. In addition, inmates with special needs will have more access to medical and behavioral health programs, as the facility will be built to accommodate that purpose.

**PS: 1.07 - Efficacy of Programming in Jail Population Management**

Ventura County has proven success in developing programs which reduce recidivism. Using a collaborative team approach, Sheriff's Inmate Services, and a Behavioral Health Jail Liaison, partnered to develop an effective reentry pilot program in 2010. The pilot group involved 57 inmates with substance abuse or mental health histories. Our collective efforts to provide intensive programming and transitional planning, in addition to medication and community based resources resulted in a significant drop in the rate of recidivism, from 89% to 55%. Our success was due in part to the collaborative relationships of our partners and innovative changes to our system.

Members of the Sheriff's Inmate Services team continue to partner with members of Ventura County Behavioral Health, Ventura County Human Services Agency and the Courts to identify community based options for the justice involved who are close to release. We found the most effective means of assuring the continued participation in the reentry planning process is to combine in-custody incentives and strong support from the Reentry team, which also includes the Public Defenders' sentencing specialist staff. This reduction in recidivism is a direct correlation to reducing our jail population.

## 2. SCOPE OF WORK

### **A: 2.01 - Full Scope of Work**

The proposed Medical and Mental Health Housing Unit will be a separate building attached to the existing Todd Road Jail Facility by expanding the northern pedestrian sally port. The newly constructed building will have more than a 15 foot buffer from all other buildings and have a clear title for finance leasing.

The Medical and Mental Health Housing Unit consists of two distinct functional elements: the Housing component and a Clinic component. The proposed expansion option of 64 non-rated medical and mental health beds relate to the jail bed capacity of the Housing component. The Clinic will support the corresponding inmate population with basic outpatient medical services.

The Housing component is a single level, secure housing unit designed to be operated with the same “interactive management” approach deployed in the general population units at Todd Road Jail. Special attention was paid to the inmate-patient rooms with respect to type, size, and configuration as they are the basic building block of the housing component. The inmate-patient room or cells are arranged to provide clear visibility and close access from a central custody station and nurse station. The nurse station and custody station shall have a physical and sound barrier to assure a secured and private environment. The geometry of the housing configuration is also important from the standpoint of being able to organize the housing unit into a variety of different health and acuity classifications.

The typical inmate-patient cell is sized to accommodate two beds. This affords the flexibility of housing inmate-patients singly or two per cell, depending on capacity and

treatment needs. The double cell has a smaller overall unit floor plate size than a comparable all single cell unit floor plate. It also requires fewer interior walls and plumbing fixtures than an all single cell housing unit.

The two other inmate-patient cell types programmed for the Medical and Mental Health Housing Unit are four (4) Safety Cells and two (2) Medical Isolation rooms. Safety Cells are single occupant, padded cells with an in-floor toilet fixture. The Medical Isolation rooms are to be designed for a reversible, negatively or positively, pressurized room paired with an ante room.

A pantry is provided for food cart staging and storage of special dietary nourishment. All cell types have 2-sided bed access and are fully ADA compliant and have 4'-0" wide doors. All cells will have glazed cell fronts and doors to allow visual supervision and to "borrow light" from the Dayroom. Design of the Housing Unit should maximize daylighting into the interior space.

The Clinic component is designed on two levels. The first level contains all the clinical spaces for treating inmate-patients, as well as clinical support spaces. All exam rooms and procedure rooms will have half-lite doors. The second floor will contain the Dental Clinic and Visitation area. All inmate-patients will access the second floor areas via stair or elevator within the Unit. The second floor interior corridor will be accessible by staff; the exterior corridor will facilitate visiting from the public. The second floor will also contain the administrative functions of the clinic as well as staff support spaces, such as break rooms, medical records and work/copy area.

The Clinic will perform basic outpatient medical services such as emergency/triage care, advanced first aid, and general radiographic diagnostics. Highly acute cases



requiring invasive procedures, sedated treatment or inpatient care will be sent out to the County Hospital under existing agreements and protocols.

Treatment and Procedure rooms will be equipped with telemedicine capabilities and may flex as mental health and program counseling rooms. Telemedicine and tele-psychiatry may be utilized as well as video visitation. Future implementation of electronic medical records is to be considered.

A Sheriff's Deputy will be present when there is direct contact between the healthcare provider and inmate-patients. Generally, all services are delivered to the inmate population in their housing units, which will continue even with the expansion.

Medical staff assigned to the Medical and Mental Health Housing Unit will provide care, medication delivery and treatment to those housed there. Inmates who are housed in general housing locations will be escorted by Sheriff's Deputies to the Medical and Mental Health Housing Unit should they require a higher level of medical care. Food services will be delivered by food cart from the existing kitchen location. A separate sally port will provide direct access for ambulances.

All inmate treatment rooms including exam rooms, procedure rooms and dental rooms will have a button duress alarm. One button will activate an open microphone heard at the nearest officer's station and the other will activate an alarm indication at the local officer's station and central control.

The medical/mental health expansion is a general housing unit with security and medical staffing 24 hours a day on a daily basis. Medical and Dental and Mental Health examination and treatment delivery will generally occur during the normal Monday

through Friday work cycle. All after-hours incidents will be assessed and triaged and treated by on-duty medical staff.

## **BED CONSTRUCTION**

### **B: 2.01 - Planning Process**

The feasibility study completed in 2011 was the driving force of this project. The study formally identified a known need for expansion to better serve the medically and mentally ill inmate population and improve outcomes to reduce recidivism.

### **B: 2.02 - Relationship between Stated Needs and Project Construction**

There is a direct correlation between the feasibility study, and our proposal for funding of the expansion of jail capacity for medical/mental health beds and program space.

### **B: 2.03 - Anticipated Beneficial Outcomes**

The new jail capacity maximizes existing design capacity at the PTDF and improves bed space and program delivery to the medical and mentally ill inmate population.

### **B: 2.04 - Additional Staffing**

**Table 2.1 – Staffing Detail**

<b>POSITION</b>	<b>FTE</b>
<b>Deputy Sheriff</b>	4.0
<b>Charge R.N.</b>	4.2
<b>Medical Assistant</b>	2.1
<b>LVN</b>	4.2
<b>Medical Director Physician</b>	12 hrs/wk
<b>Psychiatrist</b>	12 hrs/wk

*Source: Sheriff's Office and CFMG*

## **PROGRAM SPACE CONSTRUCTION**

### **PS: 2.01 - Planning for Program Space**

We met with our partners in Ventura County Behavioral Health to identify the evidence based programming that would best meet the needs of the inmate population with special needs. Inmates currently housed at the PTDF, participate in a weekly class that includes socialization, group discussion, and life skills development. These meetings are currently held in existing dayrooms and small rooms which were not designed for such use. The goal of the medical/mental health expansion is to develop a more robust, incentivized program to identify those who may benefit from additional housing options and increased program access. The physical plant will be designed to maximize programming options.

### **PS: 2.02 - Relationship between Stated Needs and Construction**

There is a direct relationship between expanding jail capacity for medical/mentally ill beds and improving outcomes, which will lead to a reduction in recidivism. In addition we will be able to maximize existing jail capacity for general population inmates.

### **PS: 2.03 - Design Features Feasible for Programming**

The project includes general dayroom space and an increased number of interview and conference rooms. This space will allow for more efficient program delivery for a larger group of inmates with greater flexibility. Additionally, the design of the space allows for increased observation of inmates by medical staff. Early detection of medical complications or mental decompensation is key in providing humane care and for ensuring a safe custody environment.



#### **PS: 2.04 - Plans to Implement and Operate Programs**

Once the construction project is completed, the ability to deploy both educational opportunities and treatment programs will be possible. Physical plant design of the PTDF currently does not afford those opportunities. ***Currently the Ventura County Community and Corrections Partnership (CCP) is developing an expanded group of Community-Based Organizations (CBO) who will work with VCBH, Probation and Inmate Services to build program capacity and access to services for all inmates, including the appropriate linkages to programs and services upon release.*** A cornerstone of this effort is the ability to reach, assess and treat medical and mental health inmates who are heavy users of services both in and out of custody. It is in everyone's interest to release inmates with well managed health and mental health issues.

The availability of the Affordable Care Act will increase options as funding will exist for more substance abuse and mental health treatment programs in the community.

#### **PS: 2.05 - Anticipated Beneficial Outcomes**

The expansion of medical/mental health jail capacity at the TRJ will permit the leveraged expansion of housing space at the PTDF. Inmates with medical or mental health conditions rehoused to TRJ will continue to have a high level of medical and mental health care, and have expanded access to Inmate Services programming.

The change to the physical plant from a housing unit with two-tiered housing unit to a single story design eliminates the potential use of the upper tier as a tool for suicide or injury. The use of a holistic treatment/programming model adds value and effectiveness to the security and safety goals, while also providing options to reduce recidivism.

### 3. OFFENDER MANAGEMENT AND PROGRAMMING

#### **BED CONSTRUCTION**

##### **B: 3.01 - Goals of Project: Improve Offender Management**

When the PreTrial Detention Facility was built in 1980, its Rated Capacity was 400. Of the 400 beds, 12 beds were identified as medical beds. Shortly after initial occupancy, all the cells were double-bunked, and each dayroom equipped with 12 double- bunks, effectively tripling the original bed design. The medical housing area currently used for the chronically medically ill was expanded to 32 beds. This medical/mental health housing area now must serve the entire jail population of approximately 1700 inmates, who require sheltered housing.

Considering the limitations posed by the inability to expand at the PTDF, a general housing unit at the PTDF was designated as an overflow to house male inmates with mental illnesses, who actively participate in both the social and medical aspect of their treatment, and do not require the more restrictive housing of medical. The rated capacity for this space is over 100 inmates; however 33 inmates with severe mental illness are occupying this space. As a result, we are not able to capitalize on the design capacity, due a lack of medical and mental health housing.

When the Todd Road Jail opened in 1995, the physical plant design was as a sentenced facility with the focus on inmate education and vocational programming. The facility does not have sheltered housing for inmates with significant medical or mental health needs. If an inmate's medical or mental illness cannot be accommodated in regular housing, per classification, the inmate is rehoused to the PTDF.

*The specialized housing for inmates with chronic medical and significant mental health concerns has not changed since the PTDF added the double bunks in the 1980s.*

### **B: 3.02 - Alignment with CCP Plan**

The Sheriff's proposal provides housing and programming options currently not available to those with special needs. The medical/mental health expansion project is one element of the CCP's plan of developing secure detention options to maintain public safety, while at the same time identifying and developing jail alternatives for those who pose less of a threat. There will always be a need to have a locked facility to secure the most serious and violent inmates. The medical/mental health jail expansion is better suited to providing vital services to those inmates whose charges threaten the safety of our communities.

The expansion of educational and treatment services to this population should help reduce recidivism. Our experience has been that inmates who have participated in educational classes and earned a GED are better equipped to obtain employment upon release. The sooner an inmate begins an effective combination of treatment and services, with a bridge to community based resources, the more success we will have.

This expansion also allows for a more effective strategy to deploy personnel to provide those services. Our partners in Behavioral Health and our medical provider will be afforded greater efficiencies in delivery of care and programming as the majority of the inmates with intensive needs will be located at one facility.



**B: 3.03 - Assessment Instruments – Other Interventions**

We see the value of deploying evidence based assessment instruments to provide information for better outcomes. ***Ventura County Superior Court and the Ventura County Probation Agency are using the PreTrial risk and threat assessments to assist the Court in determining appropriate options pending furtherance of justice. In addition, there will be pre-sentencing assessments completed to assist the Court with identifying the best sentencing option for the offender who is ready for change.*** Once in jail, the inmate completes a proxy assessment and another needs assessment to identify which inmate programs will have the most value in light of recidivism.

**B: 3.04 - Identifying Needs: Project Beds and Future Needs.**

The proposed construction is a necessary element in Ventura County moving forward with the challenges brought under realignment. The new medical/mental health beds will provide a more effective use of existing jail capacity and expand the amount of services and treatment opportunities to those inmates with special needs. Again, these inmates are at serious risk of reoffending. It is important they have an effective program in place to help with their stabilization and recovery. In the end, this will benefit the community as a whole. Our holistic approach to inmate management not only includes our “interactive inmate management” philosophy, but also bridges to community support through our County and community partnerships. This collaborative effort is the start to breaking the cycle of recidivism, where innovative change is a priority.

## **PROGRAM SPACE CONSTRUCTION**

### **PS: 3.01 - Use of Program Space to Address Offender Management Goals**

Consolidation of medical and mental health staff in one area will provide more intensive programming on a more frequent basis. Maximum socialization and other efforts along these lines will benefit the inmates and improve behavior. We are also evaluating options regarding the use of incentive-based programming to improve compliance. These approaches, coupled with transitional housing options offered by the Probation Agency seek to obtain a reasonable blend of programming with jail alternatives.

### **PS: 3.02 - Program Space Alignment with CCP Plan**

All programs are based on evidence based principles or are best practices, to ensure consistent application, program fidelity and the ability to measure outcomes. Programs are designed to reduce recidivism and ensure inmates are provided the opportunity to receive needed services both in and out of custody. These programs are discussed, adopted and implemented with the support of all CCP members.

### **PS: 3.03 - Planned Programming**

The new bed and program space will provide opportunity to expand the current behavioral health programs, and even pilot several more. We want to expand our incentive-based behavior assessments where positive incentives are utilized to control negative behaviors. Expansion of these programs is difficult now as there currently is no program space available to do so at the PTDF.

### **PS: 3.04 - The 'Warm Hand-off': Fostering a Holistic Approach to Reentry**

The program space within the new jail expansion will integrate the existing holistic approach to inmate management and evidence-based treatment, including the

opportunity to develop a reentry plan and continuity of care/treatment upon release. The treatment providers within the facility partner with their peers in the community to ensure the 'warm handoff' and the appropriate level of support to reduce recidivism.

### **PS: 3.05 - Existing Collaborative Partnerships**

In Ventura County, we understand the value and strength that comes from collaboration and partnerships. This is evidenced through the many interdependent relationships we have forged within county government and the community at large.

We have received letters of support of our jail expansion project from some of these partners/stakeholders. The District Attorney; Probation Agency; VC Human Services Agency; Health Care Agency-Ventura County Behavioral Health; Mental Health and Alcohol and Drug Program; National Alliance for the Mentally Ill; VC Mental Health Board- Executive Board, and Transitional Aged Youth (TAY) Committee; VC Public Defender; Pacific Clinics – TAY group. Selections of these letters were included as appendices; the remainder available upon request. As further evidence of community support, the pilot program for Mindfulness Meditation is provided at no cost to the County.

Our partners and stakeholders are invested in the success of the justice-involved and are essential to the goal of changing the lives of those formerly incarcerated.

In addition to these interdependent relationships, we also partner with two of our local colleges, California Lutheran University and Oxnard Community College. Both colleges have Criminal Justice and Addictive Disorders Programs where college students assist in conducting assessments and interns work with Inmate Services. The internships add



value to the Sheriff's operation as well as providing credible experience for the candidates who participate.

We sincerely believe that it is our responsibility to use the time imposed by the court in a productive manner, offering tools and treatment to the inmates and a connection to the community upon release. We have seen the value in providing opportunities for positive change and a better future.

**PS: 3.06 - Sources of Financial Support** Collaborative partnerships are extremely valuable in accomplishing the holistic approach to inmate population management. The Sheriff's Inmate Welfare Fund provides staffing and programs within the jail. The advent of health care reform brings more options for funding community-based services after release. There are in-custody and community-based treatment opportunities for current and former offenders provided by community based organizations funded through the CCP. More than this, by addressing issues that destabilize medical/mental health inmates prior to their release, we decrease the strain and financial impact on community services. This is done by delivering clients who are stable and care compliant

**PS: 3.07 - Offender Assessments and Programming (Custody and Non-Custody)**

***Motivational Interviewing (MI)*** is a professional communication strategy and counseling technique used to assist offenders in taking personal responsibility and ownership of their lives. The Inmate Services staff has integrated MI skills to assess an inmate's readiness and commitment to change. MI principles are effective in assisting offenders to plan and commit to making pro-social changes in thinking and behavior.

The ***Ohio Risk Assessment System (ORAS)*** is an evidence-based practice assessment instrument intended to separate adult offenders into risk groups determined by their likelihood of recidivating, and to identify dynamic risk factors (or criminogenic needs) to guide and prioritize appropriate and effective programmatic intervention.

The ***Offender Reintegration Scale (ORS)*** is a self-report assessment designed to measure the concerns and potential barriers faced by offenders and ex-offenders with regards to reentry. It is intended to be self-scored and self-interpreted without the use of any other materials, thus providing immediate results for the respondent and/or administrator. The ORS is designed to meet the need for a brief assessment instrument to help offenders and former offenders identify the needs, barriers, and skills deficits they must overcome in order to successfully reintegrate into society.

**PS: 3.08 - Evidence Based Principles and Objectives to Reduce Recidivism**

In an effort to prepare offenders for successful reentry into the community and in an attempt to reduce recidivism, the Sheriff's Inmate Services unit has been deploying evidenced-based practices and principles in providing programs. In addition, our Probation Agency reentry partner deploys the Ohio Risk Assessment System (ORAS) instrument, a validated assessment instrument.

While Inmate Services does not administer risk and needs assessment such as the ORAS, our validated assessment (ORS) defines the best program for inmates to directly address criminogenic needs in the areas of education, vocation and employment, substance abuse treatment, and cognitive-behavioral restructuring.

Inmate Services staff use Motivational Interviewing skills during interactions with inmates to assist them in identifying how to make pro-social changes, and preparing reentry plans.

**PS: 3.09 - Staff Qualifications**

Motivational interviewing training for Inmate Services staff has been implemented by the Inmate Services Manager. An overview training module introduced staff to the MI principles and skills. Inmate Services staff have been developing their skills with frequent contact with inmates. Additionally, coaching and periodic observation and assessment is conducted by the Sheriff's Inmate Services Manager.

The Behavior Health Jail Liaison is trained in delivering techniques that assist inmates in making better choices while in custody. These techniques have been successful in attaining medication compliance and improved behavior for the severely mentally ill. Our Inmate Services staff is highly trained and educated. Two-thirds of our staff possess Masters level degrees in appropriate subject matters. All of our staff has certification in areas such as addiction counseling, therapy facilitation and suicide intervention. We have a proven track record of putting well trained personnel in positions where their skills can be leveraged to affect the most good.

***Moral Reconciliation Therapy (MRT)*** is a systematic treatment strategy designed to enhance self-image, promote growth of a positive, productive identity and facilitate the development of higher stages of moral reasoning. MRT Training for select Inmate Services staff will be provided by The Correctional Counseling, Inc., and sponsored by Interface, Center for Community Development.



**Clinical assessments** to determine severity of drug and alcohol addiction are administered by certified Drug and Alcohol Addiction Counselors who are employed by Alternative Action Program (AAP). Through a partnership between the Sheriff's Office, Behavioral Health/Alcohol and Drug Programs, and AAP, these certified counselors also facilitate the in-custody substance abuse treatment and MRT programs.

#### **PS: 3.10 - Targeted Population**

The target population for the expansion of jail capacity is 64 beds for the medically and mentally ill currently occupying general housing space. Each inmate will be given an opportunity to avail themselves of programs which help enforce pro-social behavior and a more productive future within the community.

### **4. ADMINISTRATIVE WORK PLAN**

#### **4.01 - Plan for Project Management and Administration**

The current project team includes a diverse group of professionals, within County government. Upon award, the team will be expanded to include additional County staff members and construction consultants fully dedicated to ensuring the progress and success of the project.

#### **4.02 - Current Project Planning Process**

The County has provided skilled members to ensure the successful planning, permitting, and funding of the project. We meet all required criterion outlined in the RFP proposal. We have adequate County contribution funds; fulfill the real estate due diligence; and are moving forward to obtain CEQA compliance. We are fully prepared to begin seeking Statements of Qualification for the design process upon the award of funding.

#### **4.03 - Readiness to Proceed**

The County meets the criteria to earn the award. The County owns the land, an environmental impact report has been approved, the county funding match has been secured, and the conceptual design provides an excellent foundation to move forward.

#### **4.04 - Construction Project Timeline**

We will use the design/bid/build delivery method for this project. Therefore we estimate the timeline to be dependent upon the State's review requirement. The project timeline is included on page 7 of the proposal form.

<h3><b>5. BUDGET REVIEW AND REASONABLENESS</b></h3>
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#### **5.01 - Justify the Amount of State Financing Requested**

The feasibility study began in 2010, and was completed in 2011 prior to realignment becoming law. There was a significant economic downturn at that time. Therefore we secured a refreshed cost estimate. The costs provided for the conceptual design are projected to meet the needs for medical/mental health beds and improved program delivery of our jail system, addresses the soft costs and contingencies needed, and is fiscally reasonable.

#### **5.02 - Anticipated Benefits/Impacts of the Project**

We have evaluated options within the County infrastructure and determined there is little benefit to repurposing other properties, or remodeling existing structures. The addition of medical/mental health jail capacity for inmates with chronic medical and/or mental health needs will provide a centralized location to better attend to the physical, mental, and potential program needs of this population. The 64 project beds will allow the jail

system to free up over 100 general population beds, thus-maximizing existing jail capacity. The centralization of services for this population will free-up bed space for the increase in general population inmates as a result of realignment. Additionally, this centralized service affords more opportunity to deploy pro-social programming and effective treatment, thus reducing recidivism.

### **5.03 - Efforts to Contain Costs**

The medical and mental health bed expansion project was designed to occur at the Todd Road Jail. The County owns the land; the project has minimal impact to surrounding roads, and leverages the existing facility infrastructure, all factors which reduce costs. Within the feasibility study the 64-bed model was the most cost-effective of the three options.

### **5.04 - Efforts to Leverage Other Funds**

The County has opted to not seek other funding sources.

### **5.05 - Cost Effectiveness of Project in Inmate Management**

The Todd Road Jail facility is the only existing detention facility where expansion of medical and mental health jail bed capacity can occur. The expense to purchase the land and develop infrastructure is not needed. The addition of 64 medical/mental health beds outlined in this project will effectively add capacity of over 100 beds to the other detention facilities.

## **APPENDICES:**

Letter of Support: Ventura County Probation Agency – Chief Probation Officer Mark Varela

Letter of Support: Ventura County Office of the Public Defender – Public Defender Steven Lipson

Letter of Support: Ventura County Mental Health Board – David Holmboe, Chair

Letter of Support: National Alliance on Mental Illness – Ventura County – Executive Director Ratan Bhavnani

Letter of Support: Ventura County Behavior Health – Director Meloney Roy

Letter of Support: Pacific Clinics – Program Director Jennifer Gomez.





# Ventura County Probation Agency

Mark Varela  
Director/Chief Probation Officer

August 8, 2013

Gary Wion, Deputy Director  
Board of State and Community Corrections  
600 Bercut Drive  
Sacramento, CA 95811

**RE: VENTURA COUNTY SHERIFF'S OFFICE – APPLICATION FOR FUNDING  
THROUGH SENATE BILL 1022**

Mr. Wion,

This letter is written in support of the Ventura County Sheriff's Office request for funding through Senate Bill 1022 to expand its existing Todd Road jail facility by 64 beds with the primary focus of managing mentally ill and medically infirm inmates.

As you know, the implementation of Assembly Bill 109, Public Safety Realignment, has had a significant impact on counties throughout the State. As in most jurisdictions, Ventura County is experiencing an overall increase in our local jail population. While our Community Corrections Partnership is committed to the development of proven jail alternative programs and enhancement of community-based treatment services for our post-release community supervision offender population, the fact remains that nearly 70% of criminal sentences handed down by the Superior Court of Ventura County since October 2011 have been jail-only dispositions. Many of these sentences have been lengthy and, as a result, we have seen our local jail population increase with the commitment of these long-term inmates.

In the analysis of our current jail population, we have seen that many long-term sentenced inmates have significant and chronic mental health issues; and there are more inmates with serious medical conditions. The need to provide adequate care and specialized services for these inmates is paramount. Our county jails are not designed to be state prisons and/or multi-year custodial facilities. As such, an expansion to our current Todd Road jail facility with the focus of providing suitable housing, treatment services, and behavior management approaches to this specialized population makes sense and is a viable plan to address this important issue in Ventura County.

In Ventura County, we pride ourselves on our ability to collaborate and look for dynamic solutions that make sense. I support Sheriff Geoff Dean's efforts to secure funding to provide better services for inmates with severe mental health and medical needs. The Probation Agency will continue its ongoing efforts to work closely with the Sheriff's Office, the California Forensic Medical Group, and the Ventura County Behavioral

Health Department to ensure that suitable transitional services exist for these inmates as they make their way back into the Ventura County community.

For many years, the Probation Agency has worked closely with the Sheriff's Office to move low-risk jail inmates to the County's Work Furlough Program, a Class IV jail facility operated by Probation, to serve their Court-ordered commitments. If accepted into the Work Furlough Program, inmates can maintain their current employment and/or participate in the facility's Search for Work and Job Readiness programs. This effort frees up precious bed space in the county jails for those inmates who represent the highest risk to the community. In addition, adult offenders may be allowed by the Court to serve short jail sentences in the County's Work Release program. These offenders are assigned to supervised community work crews and deployed to all areas of the county to perform menial labor jobs to benefit the community.

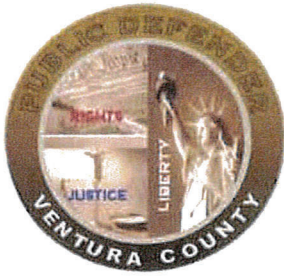
I appreciate your review and consideration of this letter. Please contact me should you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mark Varela', with a long horizontal line extending to the right.

Mark Varela  
Director/Chief Probation Officer





## **OFFICE OF THE PUBLIC DEFENDER**

**COUNTY OF VENTURA**

**STEPHEN P. LIPSON**

**PUBLIC DEFENDER**

**TODD HOWETH**

Assistant Public Defender

**ANN M. FAVOR**

Chief Investigator

July 30, 2013

Mr. Gary Wion  
Board of State and Community Corrections  
600 Bercut Drive  
Sacramento, CA 95811

Re: Endorsement of Sheriff's SB 1022 Application

Dear Mr. Wion:

I am writing to endorse the Sheriff's application for jail construction funding under California Senate Bill 1022. As the Public Defender, I am deeply interested in insuring the proper and humane treatment of the mentally ill clients housed in our county jail. With the advent of Realignment, this concern has become more acute. Our County jail is filling to capacity, straining the Sheriff's ability to safely manage the jail population and to provide adequate medical and mental health services to inmates who are being sentenced to prison-length sentences.

Although I agree with the California Legislature that stated, "California justice policies that rely on building and operating more prisons to address community safety concerns are not sustainable, and will not result in improved public safety," Penal Code section 17.5(3), it seems clear that Sheriff Dean's request to update jail facilities to accommodate and treat the ever growing population of mentally ill inmates qualifies as a necessary exception to this statutory finding.

Currently our justice partners are collaborating to find and develop non-jail alternatives that may safely reduce the jail overcrowding, but evidence based programs are in short supply. So while we continue to work together to find less expensive alternatives to jail, the Sheriff's proposal seems reasonable and necessary.

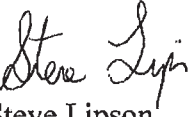


Sheriff Dean has a history of dealing with the difficult issues presented by mentally ill people in his jail. For the last several years, my office has collaborated with evidence based treatment specialists lead by our local mental health board. This "jail workgroup" includes members of my office, Behavioral Health, the District Attorney, Probation, community members, Alcohol and Drug treatment specialists and the Sheriff. We have solved difficult problems by working together.

The Sheriff has been quite supportive of numerous collaborative partnerships that all have the same goals of trying to create a more productive future for our clients that will also reduce recidivism. This 64 bed addition at the Todd Road facility for inmates with serious mental health/medical conditions is a positive step towards those goals that is made necessary by the influx of clients to the jail.

Feel free to contact me with any questions or concerns you may have.

Sincerely,

  
Steve Lipson  
Public Defender





# Ventura County



Chair: David Holmboe  
1<sup>st</sup> Vice Chair: Dr. Ron Thurston  
2<sup>nd</sup> Vice Chair: Carol Thomas  
Secretary: Valerie Flores

## MENTAL HEALTH BOARD

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### Members:

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August 5, 2013

Mr. Gary Wion, Deputy Director  
Board of State and Community Corrections  
600 Bercut Drive  
Sacramento, CA 95811

Dear Mr. Wion:

The Mental Health Board of Ventura County strongly supports the Ventura County Sheriff's Department's application under SB 1022 to expand its medical and mental health housing capacity. The board believes that expansion of mental health services and jail capacity are absolutely necessary for the health and safety of inmates in Ventura County.

The Mental Health Board recently worked collaboratively with the Ventura County Sheriff's Department on several projects. The Transitional Age Youth subcommittee has reported to the full board the highly effective partnership formed with the TAY Tunnel which was designed to support young inmates transitioning out of the justice system to the community.

The Board established a Jail Workgroup committee in 2008 to review and discuss the mental health needs of people who are incarcerated within Ventura County. The Jail Workgroup chair has reported on the excellent partnerships and processes developed between county agencies to ensure that inmates with mental illness received optimal support during their incarceration. Areas of focus have included: the assessment procedures to identify inmates with mental illness during processing, coordinated medication support, inmate housing needs, and restraint protocols. Suicide prevention and watch procedures to ensure and maintain the safety of mentally ill inmates have been developed by the Sheriff's Department and reported to the committee.

The Sheriff's Department established a quality advanced discharge planning process to ensure inmates transition from jail to community with connections to mental health care, community services and housing referrals. Discussions at the committee level, with judges and attorneys were focused on how to best serve mentally ill offenders through coordinated treatment and supervision in the community and within the jail. The Sheriff's Department, Public Defenders, Probation Department, Public Guardians, Jail Facilities Leadership, Treatment Professionals and Advocates in Ventura County all work together to discuss how to best care for this vulnerable population.

The collaborative efforts to coordinate the needs of mentally ill inmates in Ventura County were established because the Jail Commanders wanted to develop best practices to ensure proper treatment of the mentally ill while in their care. The Mental Health Board believes the sheriff has the necessary leadership and capacity to effectively implement this grant.

Thank you for your careful consideration of the Ventura County Sheriff's Department application. Should you have any question, please feel free to contact me at [mholmboe@verizon.net](mailto:mholmboe@verizon.net) or through Anna Ware, Mental Health Board Secretary, at [anna.ware@ventura.org](mailto:anna.ware@ventura.org).

Sincerely,

A handwritten signature in black ink that reads "David C. Holmboe". The signature is written in a cursive style with a large, stylized "D" and "H".

David Holmboe, Chair  
Mental Health Board

cc: Sheriff Geoff Dean  
Commander Linda Oksner  
Meloney Roy, Director, Ventura County Behavioral Health  
Mental Health Board Executive Committee  
Anna Ware, Mental Health Board Secretary



August 8, 2013

Mr. Gary Wion  
Deputy Director  
Board of State and Community Corrections  
600 Bercut Drive  
Sacramento, CA 95811

Dear Mr. Wion,

Letter of Support, Ventura County Sheriff

On behalf of the Board of Directors of NAMI Ventura County, I am pleased to write this letter of support for the Ventura County Sheriff's Department, in their application for SB1022 grant funds to expand our County Jail.

We at NAMI Ventura County are at the center of all issues relating to mental illness in our community. We offer numerous programs and services for families of adults living with serious mental illness. NAMI actively advocates for better mental health services in all areas, including county mental health, psychiatric hospitals, community organizations and the criminal justice system.

The strong collaborative partnership between our Sheriff's Department and the many agencies in Ventura County is a model for the State of California. When a person with mental illness is incarcerated, we often connect the family with medical staff in the jail, and the outcomes are very satisfactory. With the proposed jail expansion, which will house many of these clients, we can further improve upon these outcomes while reducing overcrowding.

I can also state that Sheriff Geoff Dean is an excellent leader who engages stakeholders to ensure that programs and projects meet the needs of our community. I have no hesitation in offering the full support of NAMI Ventura County in this application.

Please feel free to contact me if you need additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ratan Bhavnani", with a long horizontal flourish extending to the right.

Ratan Bhavnani  
Executive Director  
NAMI Ventura County

**NAMI Ventura County ■ National Alliance on Mental Illness**

1355 Del Norte Road, P.O. Box 1613, Camarillo, CA 93011

Tel: 805.641.2426 ■ Fax: 805.275.2188 ■ Email: [namiventura@gmail.com](mailto:namiventura@gmail.com) ■ Website: [www.namiventura.org](http://www.namiventura.org)