

MERCED COUNTY

Community Corrections Partnership (CCP) Plan Implementation

Post-Release Community Supervision (PRCS):

October 2011 - December 2012

PRCS Offenders Released	285
PRCS Warrant - Failure To Appear (FTA) Upon Release	2%*
PRCS Closure (6-12 months)	41
PRCS Closures (1 year)	1
PRCS Recidivism	9
Current PRCS Clients	228
Current PRCS Warrants	8

*Merced's rate of FTA by PRCS offenders is 2% outperforming statewide outcomes of 7%.

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

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

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

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

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

County provided programs and services include:

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

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

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

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

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

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