

# CONTRA COSTA COUNTY

## Community Corrections Partnership (CCP) Plan Implementation

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

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

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

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

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

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

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

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

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

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

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

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

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

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