

MONTEREY COUNTY

Community Corrections Partnership (CCP) Plan Implementation

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

A locally identified goal was the opening of a Re-entry Services Center using a phased approach. The Re-entry Services Center would provide assessment, referral and access to treatment in one location. Phase I consisted of the creation of a Re-entry Assessment Center process managed by Probation staff, who would conduct assessments and deliver cognitive-based interventions to address criminogenic needs. In Phase II these activities would be connected and integrated with referral and access to treatment and rehabilitative and support services. Using this phased approach employment and housing services, psychosocial assessments and mental health and substance abuse treatment were successfully streamlined for user and providers. Recently a 30-day program opened to address the immediate needs of an offender returning to the community (this is in addition to the Day Reporting Center that provides long-term placement and intervention) in an off-site location.

By her own admission, K Z was “shocked” by the Probation Department electing to remove her from incarceration and work with her to secure necessary services in the community. After extensive counseling she embraced supervision and began to show a marked change in behavior.

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	✓	✓	✓

*Other CCP plan elements included: Housing services for clients, implementation of Evidence-Based Practice (EBP) supervision practices, Behavioral Health Psychosocial assessments and referral to substance abuse treatment, expanded Own Recognizance release policy, expanded outreach services (through collaboration with Department of Social Services) for offenders in social services programs, implementation of Pretrial Services, upcoming completion of tenant improvement to accommodate a one-stop reentry center offering a variety of integrated services within Probation's Adult Division, allocated funding for catastrophic medical costs for jail inmates, increased collaboration with local law enforcement agencies by creating two new probation officer positions to work closely with each jurisdiction in the supervision of very high-risk offenders and utilized funding to house Monterey County Jail inmates in another county jail.

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

KZ is a female offender who was released to the supervision of the Monterey County Probation Department. Because she was actively participating in the Substance Abuse Program while in prison custody, the Probation Department authorized her release from prison custody to the Female Offender Treatment and Employment Program. After failing to report to the Probation Department, a warrant for her arrest was secured. KZ later reported and the warrant was recalled. KZ refused to receive a psychosocial assessment by Behavioral Health staff and declined to attend therapeutic counseling services. She was then directed to enroll in, and successfully complete, the Day Reporting Center (DRC). Because of her institutionalized mentality and criminal sophistication, staff at the DRC later requested that she be removed from the program. This failure, in conjunction with several positive drug screenings, resulted in the department placing her under arrest and detaining her for a period of flash incarceration.

Following an assessment KZ was referred to a Program for outpatient counseling services. KZ continued to display a confrontational attitude and often became belligerent when confronted by probation staff. KZ again failed to report and a warrant was issued for her arrest. Approximately nine months following the issuance of a warrant for her arrest, KZ was arrested. Upon arrest, it was discovered that she was pregnant and receiving medically indicated methadone from a local collaborative agency. Based upon her high-risk pregnancy, methadone treatment, and jail policies regarding the same, the Probation Department removed her from jail custody and placed her on electronic monitoring for a period of thirty days so that she could continue to receive medical services in the community. By her own admission, K Z was “shocked” by the Probation Department electing to remove her from incarceration and work with her to secure necessary services in the community. After extensive counseling she embraced supervision and began to show a marked change in behavior.

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. Risk Assessment	2. Health	2. Medical
3. Staff Training	3. Staff Training	3. Staffing
4. Health	4. Risk Assessment	4. Data
5. Day Reporting	5. Day Reporting	5. Staff Training
6. GPS	6. GPS	6. Day Reporting
7. Data	7. Data	7. Law Enforcement
8. Medical	8. Medical	8. GPS
9. Law Enforcement	9. Law Enforcement	9. Risk Assessment

^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: The implementation and completion of training on Risk Assessment Instruments resulted in lower rankings.

*FY2013-14: Medical Related Costs and Data increased in ranking due to the Affordable Care Act and increased efforts to identify, collect and analyze data.