

# ORANGE 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 Orange County Probation Department (OCPD) has contracted with the Health Care Agency (HCA) to provide Mental Health and Substance Abuse services for both Post-Release Community Supervision (PRCS) and Mandatory Supervision (MS) clients. Assessment staff, mental health caseworkers, re-entry case managers and a psychiatrist are on site at OCPD. On April 13, 2012 the Board of Supervisors approved a master memorandum of understanding to reimburse local law enforcement for operating expenses directly related to public safety realignment. The Orange County Sheriff's Department (OCSA) has created a Transition from Jail to Community (TJC) pilot program, where inmates are screened at intake to identify those who are highly likely to recidivate. If they agree to take part in the TJC Program, they are evaluated through a risk/needs assessment, through which their criminogenic needs are identified and a treatment protocol is developed. Inmates in the TJC are housed together in a "therapeutic community" and attend classes and therapy in group and individual settings. Towards the end of the program inmates begin discharge planning where counselors make available employment, housing, education and treatment opportunities.

**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	✓	✓	✓

\*FY 2012-13: Despite not being addressed in the CCP 2012-2013 plan update, the MS and PRCS population continue to be eligible for Drug Courts and the Collaborative Treatment Courts. Specialized programs include: DUI Court and four individual Mental Health and/or Substance Abuse programs; Whatever It Takes; Opportunity Court; Recovery Court and Veterans' Treatment Court. The collection of restitution for the MS population is the responsibility of the Probation Department. The collection of prior financial obligations owed by the PRCS offenders remains with the State of California.

\*FY 2013-14: A vote by the Board of Supervisor's to approve the CCP plan is scheduled for early 2014.

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

An offender was released from prison on PRCS after numerous years of formal supervision and several prison terms. She shared her history of sexual abuse with her Deputy Probation Officer, along with her methamphetamine addiction that led to drug sales and theft. After struggling to adjust to re-entry, she completed an in-patient drug treatment program and transitioned into a paid sober living facility. In addition to the programs sponsored by the sober living homes, she also attended out-patient treatment, which is one of the criteria to be eligible for the sober living program. A local non-profit program connected her to the Illumination Foundation, a job-readiness program designed to provide "ex-offenders" a second chance. It is a month-long, six-hour a day course with the goal of not just helping the students with practical skills, but also assisting them in dealing with the emotional baggage that often leads to drug addiction and crime. With this wrap-around approach she was able to obtain and maintain employment, sign up for school and discharge from PRCS. She is now a mentor for the women at the sober living home and speaks to community-based organizations interested in this population.

**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. Medical
2. Health	2. Health	2. Data
3. Day Reporting	3. Medical	3. GPS
4. Medical	4. Day Reporting	4. Staffing
5. Staff Training	5. Law Enforcement	5. Law Enforcement
6. Law Enforcement	6. Data	6. Health
7. Data	7. GPS	7. Day Reporting
8. GPS	8. Staff Training	8. Staff Training
9. Risk Assessment	9. Risk Assessment	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 OCPD established a GPS Program with a 24/7 monitoring unit prior to realignment. Because actual outcomes were significantly higher than projected by CDCR, custody beds became a higher priority. In the first nine months after realignment, the OCSD saw an average monthly increase of 324 bookings per month, for a total of 2,924 bookings. This was more than 200% of CDCR estimates. Another factor affected by this was the need for increased alternatives to custody with GPS for the OCSD. Both the OCPD and the OCSD had a validated Risk/Needs assessment in place; therefore, it remained a low priority.

\*FY 2013-14: In-custody health care services have increased significantly since the inception of realignment. HCA has spent \$1,054,380 on in-patient hospitalizations for this population. As of September 30, 2013, 89 inmates have been hospitalized, with the highest claim for an individual thus far being \$115,967.00. Because of this and an increase in the need for specialty clinics due to the extended term of custody, this issue has increased in priority.