

SANTA BARBARA 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.).

County provided programs and services include:

- Mental Health, Sex Offender and Domestic Violence Treatment;
- Sober Living Detox;
- Employment Readiness;
- Cognitive Behavior Therapy;
- Case Management (enhanced supervision and case planning);
- Community Response Teams;
- GPS Monitoring;
- Re-entry Services; and
- Discharge Planning Team.

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: A significant area of change going into FY 2012-13 planning was the development of Mental Health Clinic hours at the Probation Report and Resource Centers. This modification resulted in more efficient and timely delivery of services for the Post-Release Community Supervision (PRCS) offenders with mental health issues. Through analysis of needs assessment and review of client criminal history the CCP added counseling slots for PRCS offenders being supervised with a history of domestic violence and sex offenses; two Rehabilitative Services Coordinators through the Public Defender's Office to work with offenders awaiting court and one Deputy District Attorney to ensure DA participation in the County's Collaborative Courts. The caseload ratio of officer to offender was lowered to 1:40 due to the high percentage of PRCS offenders who risked "high" for recidivism and violence .

*FY 2013-14: Custody risk assessment and pre-incarceration mitigation efforts were employed that included decision-making violation/revocation protocols as well as an evidence-based assessment tool to identify offenders eligible for alternative detention. GPS units and additional custody deputies were added to manage increased workload.

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

- Successful and timely implementation of a Mental Health clinic at Probation sites;
- Successful implementation of Compliance Response Teams;
- Development and implementation of a data tracking system; and
- An agreement by the CCP on all three Realignment Plans (FY 2011-12 - FY 2013-14).

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

A 34-year-old male offender with a lengthy history of addiction to heroin and multiple prison commitments was released to the county in March 2012. While in the county he continued to use heroin, failed to participate in treatment and received three flash incarcerations for drug use, with his last in December 2012. In January 2013, after learning he was to be a father for the first time, he began regular participation in drug treatment and is currently a speaker through Narcotics Anonymous. He has spoken candidly about how his addiction started as a teenager due to a lack of parental involvement and poor peer influences. He is working full time as a foreman at a local ranch, remains in compliance with Probation and drug treatment, is testing negative for controlled substances and appears extremely healthy and happy.

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. Health	1. Data
2. Staff Training	2. Data	2. Day Reporting
3. Health	3. Staff Training	3. Health
4. Day Reporting	4. Day Reporting	4. Law Enforcement
5. Law Enforcement	5. Risk Assessment	5. Staff Training
6. Data	6. Staffing	6. Risk Assessment
7. Risk Assessment	7. Medical	7. Medical
8. GPS	8. Law Enforcement	8. Staffing
9. Medical	9. GPS	9. GPS

^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: Staffing decreased in priority as most staff were in place in year one. Public Health/Mental Health increased in priority as the mental health service delivery system that was initially established was identified as a critical area that needed change. Data increased in priority as data collection/development gained more momentum and Risk Assessment Instruments increased in priority as more realigned offenders were serving time in-custody.

*FY 2013-14: Data collection continues to be vital to assessing programs and it is needed from a variety of stakeholders. Local Law Enforcement is playing a great role with Community Response Teams and has rose in priority.