

SHASTA 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:

- Cognitive-Behavioral Therapy (i.e. Moral Reconciliation Therapy, Thinking for A Change, Courage to Change and the Positive Parenting Program);
- Substance abuse treatment;
- Sober living;
- Residential treatment;
- Detox services;
- Supervised Own Recognizance Program;
- Step Up Program;
- Mental Health and Re-entry Court; and
- A Vivitrol Program.

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 2011-12: Allocated funding for the implementation of a Day Reporting and Assessment Center. Provided services include risk and need assessments, mental health and drug and alcohol assessments, cognitive-behavioral therapy, employment services, housing services, supervised own release program, compliance team and the Sheriff's Work Program. The County has a drug court program and victim restitution program.

*FY 2012-13: Opened the Community Corrections Center that includes the Day Reporting and Assessment Center, established a Compliance Team to maintain consistent contact with the AB 109 population and the Sheriff's Department, offered a "Step Up Program" that places eligible alternative to custody offenders in a vocational program at the local community college.

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

A 43-year-old male returned to the county after serving two terms in prison for possession of a controlled substance, a substance abuse history dating back to the early 1990s, mental health treatment needs and medical issues related to seizures. In July 2013 the defendant was referred to Skyway House to address his substance-abuse needs in the community. After a 30 day commitment the defendant met with his probation officer and was referred to mental health services to obtain prescription medications and establish a mental health provider. In August 2013 the defendant was referred to the Day Reporting Center to help him address his social and personal needs. Since his enrollment the defendant has moved through various program phases on his way to meeting program requirements. He has completed Moral Reconation Therapy, is participating in a substance abuse treatment program and has provided no positive drug tests. The defendant has proven to be a positive role model to those starting the program and uses his experiences to help other participants avoid the same mistakes. The defendant is participating in the Projects for Assistance in Transition from Homelessness (PATH) housing program and has transitioned from living in a tent in a family member’s backyard to purchasing a trailer and refurbishing it himself. The defendant is participating in a budgeting program through PATH and is learning how to pay his own way using his social security benefits. The defendant is beginning to use the skills he has learned with his family by refusing to allow his son into his home while his son is using methamphetamine. In recent months the defendant has identified short-and long-term goals, has not violated the of his terms of supervision or committed any new crimes.

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

^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: Day Reporting Center increased in priority, as it was identified as a need in a prior year, and Staff Training increased as new staff were hired and trained.

*FY 2013-14: Staffing increased in priority to match the resources needed, and Data increased as emphasis was placed on ensuring the correct data is collected.