Community Corrections Partnership (CCP)
Executive Committee Meeting
November 16, 2016
City Hall – Caldwell Park Conference Room, Second Floor
777 Cypress Street, Redding, CA

Attendees:

Tracie Neal, Erin Ceccarelli, Chelsey Chappelle, Jeremy Kenyon, Ruby Fierro – Shasta County Probation Department
Donnell Ewert – Shasta County Health and Human Services Agency
Tom Bosenko – Shasta County Sheriff's Office
Brian Muir – Shasta County Auditor-Controller's Office
Shawn Watts – Shasta County Superior Court
Elaine Grossman, Terri Howat – Shasta County Administrative Office
Karen Day – Department of Adult Parole Operations
Danielle Caito – Shasta Day Reporting Center
Jackie Durant – HOPE City
Robert Wharton – Member of the Public

CCP Executive Committee Members are in bold.

Meeting Overview

The meeting was called to order at 3:07 p.m. A quorum was not present. Introductions were made.

Public Comment

Robert Wharton requested details regarding the Sobering Center. Donnell Ewert suggested that it be added to a future agenda. Tracie Neal agreed.

Jackie Durant presented a letter of an individual who had gone through the Neighborhood Court program and the restorative justice process.

Approval of Meeting Minutes

A quorum was not present. This item was tabled for a future meeting.

Financial Report

State Allocations to Shasta County

Elaine Grossman distributed a *Fiscal Year (FY) 2016/17 Realignment Revenue Report* and stated that the financial payment for October was received and that the distribution was on the handout

for both the departments and the special District Attorney/Public Defender funds, which come in separately.

Discussion Items

2017/18 Budget Process

Erin Ceccarelli stated that the budget process for Fiscal Year 2017/18 would be similar to previous years. She requested that the department submit their requests for changes by January 11th. She stated that there would be a budget discussion in at the January meeting and budget approval would take place at the February meeting, or a special meeting in March.

Action Items

Tracie Neal stated that since a quorum was not present, they could not take action on these items, however a discussion could still take place and suggestions and requested changes are welcome.

Community Correction Partnership Planning Survey Report for FY 2016/17

Tracie Neal gave an overview of the CCP Planning Survey Report, she noted that it seemed shorter than in years past. Erin Ceccarelli stated that could be because of the formatting and that this year they sent a word document and an excel sheet rather than a pdf, which allowed for more information to be included per page. Donnell Ewert clarified that the survey had already been filled out. Erin Ceccarelli stated that it had. Donnell Ewert asked why the DRC numbers being reported are from March. Tracie Neal stated that the more recent data is still being analyzed, and that the numbers from March are the most current and complete numbers available. Donnell Ewert asked if we had decided to not answer #21. Tracie Neal stated that information could be added, but we could not think of any assistance that the CCP would need for training or technical assistance. Erin Ceccarelli stated that last year they talked about program evaluations, but since then, the CCP has approved the training dollars for the program evaluation. Donnell Ewert suggested that it read "Not at this time," rather than being left blank.

CCP Executive and Advisory Committee meeting dates for 2017

Donnell Ewert requested that the February meeting be moved to the 8th and that the April meeting be moved to the 5th.

Operational Updates

Danielle Caito stated that there will be a DRC graduation at the Holiday Inn, January 31, at 6:00 pm. They are estimating that there will be 20 graduates.

Shawn Watts gave an update on the pre-arraignment conference. He stated that Contra Costa County and Antioch Police Department have a program to try to get people to go the Public Defender as soon as they are cited and released. He stated that it has been reducing failure to appear (FTA) rates significantly. The Shasta County Court submitted an FTA Reduction Grant Application that will include a similar program.

DRAFT

Donnell Ewert stated that HHSA is going to the Board of Supervisors in December to request the Drug and Alcohol counselor that was discussed last month. Tracie Neal stated that there will be an executive meeting with the collaborative courts on December 1 to discuss expectations of that position.

Tracie Neal stated that the Prop 47 meetings have been productive. Probation will be meeting with the District Attorney's office to work out specifics in regards to eligibility.

Other items for discussion/future agenda items

Tracie Neal stated that there will be a collaborative court presentation at the Advisory meeting in December.

Tom Bosenko entered and gave operational updates from the Sheriff's Office. He stated that there were 133 on alternative custody, none on home confinement, 60 on GPS. Within other various programs, there were 4 on Phase and 2 on HELP. For the STEP-UP program, there were 3 from the Sheriff's office, 20 from Probation, and 11 from Good News Rescue Mission. There were 18 in out of county beds. For the jail, the Average Daily Population was 333, 19 inmates with 1 year or more. 3 housed at Sugar Pine Fire Camp.

Tom Bosenko stated that Measure D failed, so the funds will not be available for the public safety improvements.

Adjourn

Meeting adjourned at 3:42 p.m.

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Community Corrections Partnership (CCP)
Executive Committee Meeting
December 14, 2016
City Hall – Civic Center Community Room
777 Cypress Street, Redding, CA

Attendees:

Tracie Neal, Erin Ceccarelli, Chelsey Chappelle, Ruby Fierro, Jeremy Kenyon, Teresa Rushing – Shasta County Probation Department
Tom Bosenko – Shasta County Sheriff's Office
Rob Paoletti – City of Redding Police Department
Donnell Ewert, Jon VanFossan, Jeremiah Nigh, Rhona Crowfoot – Shasta County Health and Human Services Agency
Jeff Gorder – Shasta County Public Defender's Office
Melissa Fowler-Bradley, Shawn Watts – Shasta County Superior Court
Elaine Grossman, Terri Howat – Shasta County Administrative Office
Brian Muir – Shasta County Auditor-Controller
Karen Day, Randy Abney – Department of Adult Parole Operations
Jackie Durant – HOPE City
Danielle Caito – Shasta Day Reporting Center
Bill Master – Grand Jury
Tom Wright – Wright Education Services
Linda Ram – Shasta Child Abuse Prevention Coordinating Council
Bruce Ross – Assembly Member Dahle
Robert Wharton – Member of the Public

CCP Executive Committee Members are in bold.

Meeting Overview

The meeting was called to order at 3:02 p.m. A quorum was present. Introductions were made.

Public Comment

Jackie Durant gave an update on restorative justice programming. She stated that HOPE City had two trainings in the last year with 25 participants. One of those participants returned and gave a report that by taking restorative justice into their campus, they reduced their suspension rate.

Approval of Meeting Minutes

Jeff Gorder made a motion to approve the minutes as written. Melissa Fowler Bradley seconded the motion. Motion passed: 4 Ayes, 0 Noes, 2 Abstentions (Tom Bosenko and Rob Paoletti due to absence)

Action Items

Community Correction Partnership Planning Survey Report for FY 2016/17

Tracie Neal gave an overview of the CCP Planning Survey Report for FY 2016/17. She continued by stating that one of the suggestions given at the November meeting was not included and that #21 was going to read "Not at this time." Melissa Fowler-Bradley asked if #12 should indicate goal progress and goal funding. Erin Ceccarelli stated that #12 was for setting goals for FY 16/17 and that we would report on that progress next year. Jeff Gorder clarified that according to question #16, less than 20% of funding is used for Evidence Based Programming (EBP). Tracie Neal stated that is the case according to the budget. Jeff Gorder asked if PO's engaging in Motivational Interviewing could be considered EBP. Tracie Neal stated that those techniques are not considered and that only programs that are evidence based are considered for that question. Donnell Ewert asked if Behavioral Health Court (BHC) is considered for that question. Erin Ceccarelli stated that BHC is not included in that question. Rob Paoletti asked if there is a lack of mental health or treatment options available for offenders who require placement. Tracie Neal stated that Probation has struggled with sober living placements and that there are not a lot of those options in the community. Rob Paoletti stated that, in #18, when talking about the challenges that the county faces, most of the individuals that RPD deals with are drug users or have mental health issues, and lack of capacity for those services is an issue that should be included. Donnell Ewert stated that it isn't just a capacity issue and that the individuals are not compelled to go to these services. Jeff Gorder stated that there is a lack of substance abuse treatment EBP overall and that the inpatient/outpatient services available are not EBP. Donnell Ewert stated that they are working on building up the medically assisted treatment options. Jeff Gorder stated that the lack of substance abuse treatment could be included in 18B. Rob Paoletti agreed. Tracie Neal stated that we can add the crisis stabilization piece and when talking about EBP we can talk about how many of the programming available in the county are not EBP. Tom Wright stated that as of January 1st, all Domestic Violence programming that are certified by the county need to be EBP.

Rob Paoletti made a motion to approve survey with suggested changes. Jeff Gorder seconded the motion. Motion passed: 6 Ayes, 0 Noes

CCP Executive and Advisory Committee meeting dates for 2017

Rob Paoletti moved to approve the calendar with all meetings starting at 2:30 pm instead of 3:00 pm. Tom Bosenko seconded the motion. Motion passed: 6 Ayes, 0 Noes

Adjourn

Rob Paoletti made the motion to adjourn. Tom Bosenko seconded the motion. Motion passed: 6 Ayes, 0 Noes.

Meeting adjourned at 3:23 p.m.

DRAFT

2011 Realignment Estimates and Receipt Dates
CCPEC January 25, 2017

Community Corrections Subaccount	Estimate Gov. 17-18 Budget Document (1/10/17)	Received by Shasta County
Shasta Total		
2015-16	$6,794,556	8/26/16: Final Payment for total of $6,794,556
2015-16 Growth	$342,732	10/20/16: $196,372.64 to DA 10/20/16: $146,359.52 to Probation
2016-17	$7,126,367	In Process Each Month
2016-17 Growth	*$283,600*	Anticipate October 2017
2017-18	*$7,488,847*	Anticipate 8/16/17 - 8/15/18
2017-18 Growth	*$361,920*	Anticipate October 2018

DA/PD ONLY	Estimate Gov. 17-18 Budget Document (1/10/17)	Received by Shasta County
Shasta Total		
2015-16	$201,787	8/26/16: Final Payment for Total of $202,127
2015-16 Growth	$29,941	10/20/2016: $14,970.35 to DA 10/20/16: $14,970.35 to PD
2016-17	*$231,672*	In Process Each Month
2016-17 Growth	*$32,384*	Anticipate October 2017
2017-18	*$264,886*	Anticipate 8/16/17 - 8/15/18
2017-18 Growth	*$41,518*	Anticipate October 2018

Local Innovation Subaccount	Estimate 10/3/16 CSAC (DOF)	Received by Shasta County
Shasta Total: Local Board of Supervisors Approves Expenditure	$39,642	2015-16 Growth Received 10/20/16: Auditor set aside 10% of the 2015-16 Growth which is $39,642.38

CSAC: California State Association of Counties
DOF: State Department of Finance

Note: Italicized figures are only mathematical estimates based on previous percentages.

2011 Realignment Revenue Report to CCPEC
Fiscal Year 2016-17 (Twelve Months 7/1/16 - 6/30/17)
Revenue Time Period (8/16/16 - 8/15/17)

FY 16/17 Revenue
As of 1/23/17

CCPEC Agenda Item 3
January 25, 2017

	% per CCP Revenue Appropriations	State Revenue Projections (no growth)	County Revenue Budgeted (incl. growth)	County Total Receipts	% Total Receipts	Balance Remaining In Projections	% Remaining Projections
	100.00%	7,126,366.69	7,479,403.00	2,381,869.01	33.42%	4,744,497.68	66.58%
Sheriff (235)	8.27%	589,186.62	610,851.00	196,925.78	33.42%	392,260.83	66.58%
Jail (260)	21.82%	1,555,144.24	1,612,319.00	519,780.98	33.42%	1,035,363.26	66.58%
Work Release (246)	7.91%	563,823.88	584,554.00	188,448.71	33.42%	375,375.17	66.58%
Subtotal/Sheriff	*38.00%*	*2,708,154.74*	*2,807,724.00*	*905,155.48*	*33.42%*	*1,802,999.26*	*66.58%*
General Asst (542)	1.69%	120,442.72	124,874.00	40,255.97	33.42%	80,186.76	66.58%
Mental Health (410)	1.87%	132,956.62	132,956.00	44,438.53	33.42%	88,518.09	66.58%
Social Svcs (501)	0.75%	53,305.22	53,305.00	17,816.38	33.42%	35,488.84	66.58%
Subtotal/HHSA	*4.30%*	*306,704.57*	*311,135.00*	*102,510.88*	*33.42%*	*204,193.69*	*66.58%*
Probation (263)	*53.13%*	*3,786,181.61*	*4,033,244.00*	*1,265,467.95*	*33.42%*	*2,520,713.66*	*66.58%*
District Attorney (227)	*0.75%*	*53,661.54*	*55,636.00*	*17,935.47*	*33.42%*	*35,726.07*	*66.58%*
Public Defender (207)	*0.81%*	*57,873.22*	*57,873.00*	*19,343.16*	*33.42%*	*38,530.07*	*66.58%*
Probation (Reserves)	*3.00%*	*213,791.00*	*213,791.00*	*71,456.07*	*0.00%*	*142,334.93*	*66.58%*
Grand Total	**100.00%**	**7,126,366.69**	**7,479,403.00**	**2,381,869.01**	**33.42%**	**4,744,497.68**	**66.58%**

Payment Monthly	History & Target Info
09/27/16	566,459.87
10/26/16	546,171.72
11/30/16	724,448.54
12/29/16	544,788.88
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
	$2,381,869.01

Target To Date (4 Months)	Target Monthly
2,375,455.56	593,863.89

% Target To Date (4 Months)
100.27%

DA/PD: To fund cost associated with revocation proceeding involving persons subject to state parole, pursuant to 30025 of the California Government Code.

District Attorney (227)	50.00%	115,836.00	154,865.00	38,782.79	33.48%	77,053.21	66.52%
Public Defender (207)	50.00%	115,836.00	156,990.00	38,782.79	33.48%	77,053.21	66.52%
Grand Total	**100.00%**	**231,672.00**	**311,855.00**	**77,565.58**	**33.48%**	**154,106.42**	**66.52%**

Target Monthly	Target To Date (4 Months)	% Target To Date (4 Months)
9,653.00	38,612.00	200.88%

09/27/16	18,446.77
10/26/16	17,786.09
11/30/16	23,591.67
12/29/16	17,741.05
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
	$77,565.58

AB109: 2011 Public Safety Realignment Revenue (FY 13/14 through FY 17/18) - Updated by Governor's 16-17 Proposed State Budget (1/7/16); Governor's 16-17 May Revise (5/13/16); CSAC (4/5/16 and 9/28/16); Governor's 17-18 Proposed Budget (1/10/17)

(Note: Final amounts are determined in August, based on actual state sales tax receipts through June; Growth funds are received the following FY.)

Statewide Revenue Estimates AB109	Actual Growth FY 13/14	Actual FY 14/15	Actual Growth FY 14/15	Actual FY 15/16	Actual Growth FY 15/16	Estimated FY 16/17	Estimated Growth FY 16/17	Estimated FY 17/18	Estimated Growth FY 17/18
	73,200,000	934,100,000	173,428,945	1,107,528,945	54,085,919	1,161,614,864	59,100,000	1,220,700,000	75,400,000
Shasta AB109									
% Share	0.4685	0.7217504	1.4333	0.6135	0.63368093	0.6134879	0.48	0.6134879	0.48
$ Amount	342,894	6,741,870	2,487,750 [2]	6,794,556	342,732	7,126,367	283,680 Reduced by $207,381	7,488,847	361,920
	16,523 [1]								
Total Growth									
Total Shasta AB109 per FY		**7,101,287**		**9,282,306**		**7,469,099**		**7,772,527**	
			Rec'd March 2016		Rec'd 10/20/16				

[1] One-time BOE sales tax error correction.

[2] Includes One-Time Transition Payment of $929,523 for base restoration + $1,558,227 Growth

DA/PD: 2011 Public Safety Realignment Revenue (FY 13/14 through FY 17/18) - Updated by Governor's 16-17 Proposed State Budget (1/7/16); Governor's 16/17 May Revise (5/13/16); CSAC (4/5/16); CSAC (10/3/16); Governor's 17-18 Proposed State Budget (1/10/17)

Statewide Revenue Estimates DA/PD	Actual Growth FY 13/14	Actual FY 14/15	Actual Growth FY 14/15	Actual FY 15/16	Actual Growth FY 15/16	Estimated FY 16/17	Estimated Growth FY 16/17	Estimated FY 17/18	Estimated Growth FY 17/18
	4,900,000	15,800,000	8,500,000	24,300,000	3,605,728	27,900,000	3,900,000	31,900,000	5,000,000
Shasta DA/PD									
% Share	0.8303	0.8303	0.8303	0.8304	0.8304	0.8304	0.8304	0.8304	0.8304
$ Amount	40,515	131,198	70,929	202,127	29,941	231,672 Reduced by $24,081	32,384 Reduced by $24,081	264,886	41,518
	1,228		0						
Total Shasta DA/PD per FY		**172,941**		**273,056**		**261,613**		**297,271**	
			Rec'd 12/28/15		Rec'd 10/20/16				

County Administrative Office
CCPEC: January 25, 2017
E. Grossman

CCP PLANNING GRANT

DATE	DESCRIPTION	CR	DR	REMAINING BALANCE
07/29/11	FY 11/12 grant funds received	100,000.00		100,000.00
08/02/11	Forman San Diego 7/5/11		653.08	99,346.92
09/30/11	Forman CPOC Realign mtgs 9/12/11 & 9/21/11		600.26	98,746.66
10/18/11	McKenzie Sacramento 9/21/11		15.00	98,731.66
11/01/11	Meeting room rental 8/31/11		25.00	98,706.66
11/01/11	Meeting room rental 8/10/11		25.00	98,681.66
11/01/11	Meeting room rental 9/14/11		25.00	98,656.66
11/08/11	Prob Chief & Directors Sacramento 10/11/11		1,017.10	97,639.56
11/15/11	Forman Sacramento 11/2/11		191.82	97,447.74
11/29/11	CCP Training Registration		50.00	97,397.74
12/27/11	Forman Monterey 12/6/11		169.19	97,228.55
03/13/12	Meeting room rental 1/14/12		25.00	97,203.55
04/30/12	County Counsel services		2,249.02	94,954.53
06/27/12	Forman CCP meetings 6/11-6/12		6,174.30	88,780.23
06/27/12	Tocmakidis CCP meetings 6/11-6/12		2,931.81	85,848.42
06/30/12	Bosenko CCP meetings 6/11-6/12		9,340.36	76,508.06
06/30/12	Gorder CCP meetings 6/11-6/12		11,630.00	64,878.06
06/30/12	HHSA CCP meetings 6/11-6/12		29,989.00	34,889.06
06/30/12	Fowler-Bradley CCP meetings 6/11-6/12		3,806.15	31,082.91
07/23/12	FY 12/13 grant funds received	100,000.00		131,082.91
07/13/12	Forman - Realignment Exec. 6/27		342.48	130,740.43
07/31/12	Hermann, Gayle - Water for Meetings		55.00	130,685.43
08/07/12	Mossman 7/19/12 Santa Cruz		165.65	130,519.78
08/07/12	Wilson 7/19/12 Santa Cruz		159.65	130,360.13
09/04/12	CCP Plan consultant (Wilson)		5,000.00	125,360.13
09/05/12	Supportive Housing consultant (Delaney)		4,995.00	120,365.13
09/07/12	Meeting room rental 7/11/12		25.00	120,340.13
10/26/12	CSAC Realignment conference registrations 11/1/12		300.00	120,040.13
10/26/12	Ewert - Realignment Conference registration 11/1/12		100.00	119,940.13
11/28/12	Forman - CSAC Realignment 11/1/12		481.18	119,458.95
12/31/12	Mossman - CSAC Realignment 11/1/12		166.85	119,292.10
06/18/13	Meeting room rental 10/3/12		75.00	119,217.10
06/18/13	Meeting room rental 1/09/13		75.00	119,142.10
06/26/13	Probation CCP Meetings		9,053.24	110,088.86
06/28/13	Bosenko CCP meetings 7/12-4/13		2,381.30	107,707.56
06/28/13	Fowler-Bradley CCP meetings 7/12-6/13		2,179.55	105,528.01
06/28/13	Gorder CCP meetings 7/12-6/13		9,345.00	96,183.01
06/28/13	HHSA CCP Meetings 7/12-4/13		27,580.00	68,603.01
06/28/13	District Attorney CCP Meetings 7/12-6/13		1,198.00	67,405.01
07/16/13	Forman - Realignment Conf. 6/27-6/28/13		173.85	67,231.16
07/16/13	Neal - Realignment Conf. 6/27-6/28/13		254.18	66,976.98
07/17/13	City of Redding CCP Meetings 7/12-6/13		3,558.50	63,418.48
08/30/13	HHSA CCP Meetings 5/13-6/13		1,186.00	62,232.48
10/17/13	Meeting room rental 10/2/13		50.00	62,182.48
11/04/13	Forman - Realignment Conf. 10/24-25		358.46	61,824.02
11/04/13	Neal - Realignment Conf. 10/24-25		157.40	61,666.62
01/31/14	Meeting room rental 1/31/2014		50.00	61,616.62
08/23/13	Registrations for Realignment Conf. 10/24-10/25		525.00	61,091.62
02/03/14	FY 13/14 grant funds received	100,000.00		161,091.62
05/01/14	Meeting Room Rental 4/16/14		50.00	161,041.62
08/31/14	HHSA CCP Costs FY 2013/2014		16,082.00	144,959.62
09/03/14	Meeting Room Rental 7/16/14		50.00	144,909.62
02/11/15	Neal - Realignment Conference 1/22-23/15		224.34	144,685.28
02/19/15	FY 14/15 funds received	100,000.00		244,685.28

CCP PLANNING GRANT

DATE	DESCRIPTION	CR	DR	REMAINING BALANCE
02/28/15	Hope - Realignment Conference 1/22-1/23/15		601.62	244,083.66
02/28/15	Neal - Realignment Conference 1/22-23/15		154.45	243,929.21
03/04/15	Public Defender CCP Meetings FY 13/14		5,720.00	238,209.21
03/12/15	Miller - Realignment Conference 1/22-1/23/15		176.45	238,032.76
04/21/15	HHSA CCP July 2014 - Jan 2015		4,868.00	233,164.76
05/31/15	HHSA CCP Feb 2015		466.00	232,698.76
06/12/15	Miller - Realignment Conference Registration		100.00	232,598.76
06/12/15	Neal - Realignment Conference Registration		100.00	232,498.76
07/23/15	Public Defender CCP Meetings FY 14/15		6,095.00	226,403.76
07/24/15	HHSA CCP March 2015		693.00	225,710.76
07/31/15	HHSA CCP June 2015		1,020.00	224,690.76
07/23/15	Latessa		3,497.64	221,193.12
02/03/16	FY 15/16 funds received	100,000.00		321,193.12
02/11/16	HHSA CCP - July - October		2,303.00	318,890.12
04/30/16	HHSA CCP - Dec - Feb		2,284.00	316,606.12
05/23/16	HHSA CCP Mar		474.00	316,132.12
06/30/16	HHSA CCP May		171.00	315,961.12
06/30/16	HHSA CCP Apr		1,588.00	314,373.12
08/09/16	HHSA CCP June		405.00	313,968.12
08/31/16	SCPD CCP FY 15/16		5,700.00	308,268.12
	FY 16/17 Funds Received	100,000.00		408,268.12
				408,268.12
	16/17 Budget Obligations			
	Probation - EBP Program Checklist and Eval Training		16,000.00	392,268.12
	Sheriff - LiveScan machine relocation		1,500.00	390,768.12
	Sheriff - Rifle resistant vests for Compliance		1,500.00	389,268.12
	Available Balance			**389,268.12**

AB 109 TRAINING & IMPLEMENTATION

DATE	DESCRIPTION	CR	DR	REMAINING BALANCE
08/26/11	FY 11/12 grant funds received	210,900.00		210,900.00
03/06/12	Probation Recruitments		2,608.40	208,291.60
03/13/12	Probation Recruitments		5,761.16	202,530.44
03/13/12	Probation Recruitments		524.56	202,005.88
05/10/12	Probation Recruitments		926.75	201,079.13
11/29/11-6/30/12	Probation Backgrounds		16,759.63	184,319.50
01/30/12	Probation Backgrounds		23.00	184,296.50
01/31/12	Probation Backgrounds		258.00	184,038.50
04/23/12	Probation Backgrounds		53.55	183,984.95
05/04/12	Probation Backgrounds		32.00	183,952.95
05/25/12	Probation Backgrounds		17.85	183,935.10
06/27/12	Probation Backgrounds		1.67	183,933.43
06/27/12	Probation Backgrounds		53.55	183,879.88
06/30/12	Probation Backgrounds		3.33	183,876.55
06/30/12	Probation Backgrounds		5.95	183,870.60
03/27/12	Probation Backgrounds		162.00	183,708.60
02/28/12	Probation Backgrounds		362.00	183,346.60
02/28/12	Probation Backgrounds		30.00	183,316.60
02/10/12	Probation Backgrounds		23.00	183,293.60
02/14/12	Probation Backgrounds		155.09	183,138.51
03/13/12	Probation Backgrounds		20.00	183,118.51
03/13/12	Probation Backgrounds		39.19	183,079.32
03/13/12	Probation Backgrounds		176.00	182,903.32
03/13/12	Probation Backgrounds		76.40	182,826.92
03/15/12	Probation Backgrounds		65.45	182,761.47
01/10/12	Probation Backgrounds		16.52	182,744.95
03/13/12	Probation Backgrounds		39.19	182,705.76
11/18/11	Probation Backgrounds		88.00	182,617.76
02/28/12	Probation Training		122.10	182,495.66
10/04/11	Probation equipment for new officers		133.07	182,362.59
10/11/11	Probation equipment for new officers		27.27	182,335.32
10/11/11	Probation equipment for new officers		892.95	181,442.37
10/18/11	Probation equipment for new officers		39.44	181,402.93
11/01/11	Probation equipment for new officers		309.95	181,092.98
11/01/11	Probation equipment for new officers		101.93	180,991.05
11/01/11	Probation equipment for new officers		25.48	180,965.57
11/01/11	Probation equipment for new officers		95.56	180,870.01
11/16/11	Probation equipment for new officers		43.11	180,826.90
11/16/11	Probation IT for new officers		300.29	180,526.61
12/06/11	Probation equipment for new officers		18.22	180,508.39
12/20/11	Probation IT for new officers		25.74	180,482.65
12/28/11	Sheriff Backgrounds		40.25	180,442.40
12/31/11	Probation Psych Eval contract		1,050.00	179,392.40
01/05/12	Probation IT for new officers		305.65	179,086.75
01/25/12	Probation IT for new officers		2,452.70	176,634.05
01/25/12	Probation IT for new officers		5,679.33	170,954.72
01/25/12	Probation IT for new officers		203.30	170,751.42
01/25/12	Probation IT for new officers		160.00	170,591.42
01/25/12	Probation IT for new officers		13,830.62	156,760.80

AB 109 TRAINING & IMPLEMENTATION

DATE	DESCRIPTION	CR	DR	REMAINING BALANCE
01/31/12	Probation equipment for new officers		5.36	156,755.44
01/31/12	Probation equipment for new officers		309.95	156,445.49
01/31/12	Probation equipment for new officers		159.39	156,286.10
01/31/12	Probation equipment for new officers		40.31	156,245.79
01/31/12	Probation IT for new officers		60.99	156,184.80
01/31/12	Probation IT for new officers		53.61	156,131.19
01/31/12	Probation IT for new officers		299.01	155,832.18
01/31/12	Probation IT for new officers		1,196.05	154,636.13
02/14/12	Probation equipment for new officers		3.71	154,632.42
02/14/12	Probation equipment for new officers		1.67	154,630.75
02/14/12	Probation equipment for new officers		20.56	154,610.19
02/14/12	Probation equipment for new officers		5.36	154,604.83
02/15/12	Sheriff Backgrounds		222.11	154,382.72
02/15/12	Sheriff Backgrounds		4.12	154,378.60
02/15/12	Sheriff Backgrounds		97.15	154,281.45
02/15/12	Sheriff Backgrounds		15,306.79	138,974.66
02/15/12	Sheriff Backgrounds		163.02	138,811.64
02/15/12	Sheriff Backgrounds		284.65	138,526.99
02/15/12	Sheriff Backgrounds		1.81	138,525.18
02/15/12	Sheriff Backgrounds		11.06	138,514.12
02/15/12	Sheriff Backgrounds		3.03	138,511.09
02/15/12	Sheriff Backgrounds		1,744.27	136,766.82
02/15/12	Sheriff Backgrounds		23.85	136,742.97
02/15/12	Sheriff Backgrounds		605.14	136,137.83
02/15/12	Sheriff Backgrounds		183.53	135,954.30
02/15/12	Sheriff Backgrounds		18.59	135,935.71
02/15/12	Sheriff Training		14.47	135,921.24
02/15/12	Sheriff Training		0.27	135,920.97
02/15/12	Sheriff Training		10.00	135,910.97
02/15/12	Sheriff Training		1.65	135,909.32
02/15/12	Sheriff Training		1,482.25	134,427.07
02/15/12	Sheriff Training		968.00	133,459.07
02/15/12	Sheriff Training		61.05	133,398.02
02/21/12	Probation IT for new officers		295.19	133,102.83
02/28/12	Probation equipment for new officers		1,239.81	131,863.02
02/28/12	Probation equipment for new officers		125.48	131,737.54
02/28/12	Probation equipment for new officers		309.95	131,427.59
02/28/12	Probation IT for new officers		299.01	131,128.58
02/28/12	Probation IT for new officers		123.32	131,005.26
03/06/12	Probation equipment for new officers		10.73	130,994.53
03/13/12	Probation equipment for new officers		619.90	130,374.63
03/26/12	Probation equipment for new officers		1,239.81	129,134.82
03/27/12	Probation IT for new officers		2,774.56	126,360.26
06/30/12	Sheriff Backgrounds		3,530.52	122,829.74
06/30/12	Sheriff Backgrounds		4,006.08	118,823.66
06/30/12	Sheriff Backgrounds		8,419.77	110,403.89
07/10/12	Probation equipment for new officers		1,239.81	109,164.08
07/31/12	Probation equipment for new officers		8,824.36	100,339.72
08/07/12	Sheriff Backgrounds		16,000.00	84,339.72

AB 109 TRAINING & IMPLEMENTATION

DATE	DESCRIPTION	CR	DR	REMAINING BALANCE
09/05/12	Probation Backgrounds		8.81	84,330.91
09/18/12	Probation Backgrounds		236.71	84,094.20
09/21/12	Probation Backgrounds - Training Registration		1,185.00	82,909.20
09/25/12	Probation equipment for new officers		947.34	81,961.86
09/25/12	Probation Backgrounds		1,106.00	80,855.86
09/25/12	Probation equipment for new officers		951.89	79,903.97
09/28/12	Probation equipment for new officers		1,522.95	78,381.02
09/28/12	Probation Psych Eval contract		1,325.00	77,056.02
10/09/12	Probation equipment for new officers		160.91	76,895.11
10/09/12	Probation equipment for new officers		37.55	76,857.56
10/16/12	Probation Backgrounds		80.69	76,776.87
10/16/12	Probation Backgrounds		116.39	76,660.48
11/06/12	Probation Backgrounds		193.16	76,467.32
11/13/12	Probation equipment for new officers		83.00	76,384.32
11/13/12	Probation equipment for new officers		2,000.00	74,384.32
11/27/12	Probation equipment for new officers		30.01	74,354.31
11/27/12	Probation equipment for new officers		10.73	74,343.58
11/27/12	Probation equipment for new officers		10.72	74,332.86
11/30/12	Probation Backgrounds		37.70	74,295.16
01/29/13	Probation Backgrounds		2.50	74,292.66
02/05/13	Probation equipment for new officers		24.71	74,267.95
02/15/13	Probation equipment for new officers		95.00	74,172.95
03/05/13	Probation Backgrounds		37,335.55	36,837.40
06/21/13	Probation Backgrounds		1,322.00	35,515.40
08/20/13	Realignment Training 8/6-8/8/13		326.12	35,189.28
10/04/13	Realignment Training 8/6-8/8/13		10.00	35,179.28
02/28/14	Probation Backgrounds		1,182.50	33,996.78
03/19/15	Supplies for MH Groups		3,292.94	30,703.84
06/16/15	Supplies for MH Groups		2,514.05	28,189.79

16/17 Budget Obligations

Available Balance **28,189.79**

AB109 BUDGET TO ACTUALS

2016/2017 SUMMARY

DEPARTMENT	Fund Balance FY 15/16	FY 16/17 Budget	Spent 7/1/16-12/31/16	Total Spent	FY 16/17 Remaining	% Spent
Sheriff (235)	507,522	689,931	171,330	171,330	518,601	24.83%
Jail (260)	406,260	1,821,048	651,807	651,807	1,169,241	35.79%
Work Release (246)	572,374	660,229	230,467	230,467	429,762	34.91%
General Asst (540)	89,044	141,040	36,965	36,965	104,075	26.21%
Mental Health (410)	86,798	186,938	51,483	51,483	135,455	27.54%
Social Services (501)	47,036	64,493	8,250	8,250	56,243	12.79%
Public Defender - Direct	85,244	154,865	76,810	76,810	78,055	35.75%
Public Defender - Additional CCP		60,000		-	60,000	
District Attorney - Direct	11	154,865	151,453	151,453	199,785	37.22%
District Attorney - Additional CCP		252,009		-	55,636	
Probation	6,043,003	5,275,457	1,760,457	1,760,457	3,515,001	33.37%
Reserve Account	780,197	221,651	-	-	221,651	0.00%
TOTAL	8,617,489	9,682,526	3,139,021	3,139,021	6,543,505	32.42%

Budget Includes DA 196,372.64 and HHSA 31,250

AB109 - FY 17/18 Budget Requests

DEPARTMENT	Fund Balance FY 15/16	FY 16/17 Estimated Revenue	Estimated Fund Balance FY 16/17	FY 16/17 Budget	FY 16/17 Estimated Expenditures	**FY 17/18 Budget Requests**	Increase/ (Decrease) from 16/17 Budget
Sheriff (235)	507,522	589,187	420,698	689,931	676,011	**732,114**	42,183
Jail (260)	406,260	1,555,144	140,356	1,821,048	1,821,048	**1,873,648**	52,600
Work Release (246)	572,374	563,824	624,519	660,229	511,679	**709,882**	49,653
General Asst (540)	89,044	120,443	121,377	141,040	88,110	**75,000**	(66,040)
Mental Health (410)	86,798	132,957	83,705	186,938	136,050	**175,119**	(11,819)
Social Services (501)	47,036	53,305	46,341	64,493	54,000	**64,493**	-
Public Defender - Direct	85,244	130,806	107,113	154,865	166,810	**148,635**	(6,230)
Public Defender - Additional CCP		57,873		60,000		**60,000**	-
District Attorney - Direct	11	130,806	0	154,865	380,851	**148,635**	(6,230)
District Attorney - Additional CCP		250,034		252,009		**496,685**	244,676
Probation	6,043,003	3,932,541	5,369,276	5,275,457	4,606,268	**5,676,053**	400,596
Reserve Account	780,197	213,791	993,988	221,651	213,791	**224,665**	3,014
TOTAL	8,617,489	7,730,712	7,907,373	9,682,526	8,654,618	**10,384,929**	702,403

AB109 Budget

2017/2018 Requests

Department	Explanation	FY 17/18	FY 16/17	Change
HHSA				
	AOD Counselor - Full Year	75,000	31,250	43,750
	Reduction in funding for MH staff (Medi-Cal Offset)	100,119	155,688	(55,569)
	General Assistance Reduction	75,000	141,040	(66,040)
				(77,859)
District Attorney				
	Change to direct allocation	148,635	154,865	(6,230)
	Continue to fund Vertical DUI	210,501	196,373	14,128
	Fund additional staff (see handout)	230,548		230,548
				238,446
Public Defender				
	Change to direct allocation	148,635	154,865	(6,230)
	No change - Continue funding Social Worker	60,000	60,000	-
				(6,230)
Probation				
	Purchase a vehicle for the Compliance Officer (Planning $)	30,000		30,000
	Deputy Probation Officer III - Second Striker Caseload	90,000	-	90,000
	Deputy Probation Officer I/II - Warm Handoff	80,000	-	80,000
	Increase DRC from 120 to 150	1,300,596	1,100,000	200,596
	Adjust staff cost for salary and benefits	TBD		TBD
	Continued funding of 8 staff for SB678	741,900	741,900	-
		2,242,496	1,100,000	**400,596**
Sheriff				
	Compliance - Increases to Salaries & Benefits and Operating	732,114	689,931	42,183
	Jail - Increases to Salaries & Benefits and Operating	1,873,648	1,821,048	52,600
	Work Release - Delete PSSO and add CO, increases to Salaries & Benefits and Operating	709,882	660,229	49,653
				144,436
Reserve Account				
	Increase from prior year based on allocation	224,665	221,651	**3,014**
Total				**$ 702,403**

INTEROFFICE MEMORANDUM

TO: Community Corrections Partnership Executive Committee

FROM: Stephanie Bridgett, Chief Deputy District Attorney

DATE: January 18, 2017

SUBJECT: **FUNDING REQUEST FY 17/18**

The District Attorney's (DA) office is respectfully requesting funding in the amount of $496,685, for Fiscal Year 2017-2018, which is an increase of $286,184 from funding in Fiscal Year 2016-2017.

During 2016, the DA's office filed 9,477 criminal cases, of which 1,241 (13.09%) were AB109 defendants. Total expenses for the DA's Office that are not covered under other grant programs are as follows:

Salaries and Benefits:	$4,656,579.30
Operating Costs:	$1,100,659.91
Total Expenses:	**$5,757,239.21**

Total expenses for the DA's office directly attributed to AB109 defendants:

13.09% Salaries and Benefits:	$609,546.23
13.09% Operating Costs:	$144,076.38
13.09% Total Expenses:	**$753,622.61**

Based on the workload and demonstrated impact outlined above, the District Attorney's office is requesting an increase to funding for Fiscal Year 2017-2018:

Current Funding FY 16/17		Funding Request for FY 17/18		
Description	Amount	Description	Amount	Change
1.00 FTE DDA	$163,675.23	2.00 FTE DDA	$311,675.23	$148,000.00
0.30 FTE Legal Secretary	$15,000.00	1.00 FTE Legal Secretary	$67,694.00	$52,694.00
0.00 FTE Investigator	$0.00	0.50 FTE Investigator	$57,316.00	$57,316.00
Operating Costs	$31,825.77	Operating Costs	$60,000.00	$28,174.23
TOTAL FUNDING FOR FY 16/17	$210,501.00	**TOTAL REQUEST**	**$496,685.23**	$286,184.23

AB109 BUDGET DETAIL

CARRYOVER PROJECTIONS

Version 1

Assumes ongoing expenses and revenue are budgeted at the same level as FY 17/18 requests and expenditures are budgeted less $771,899 (SB678 positions & Compliance Vehicle) for Probation and $210,501 (Vertical DUI) for the District Attorney beginning in FY 18/19. Assumes no growth in years past 17/18.

FTE	DEPARTMENT	FY 16/17	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 22/23
	Sheriff/RPD	3,008,738	3,315,644	3,315,644	3,315,644	3,315,644	3,315,644	3,315,644	3,315,644
	HHSA	278,160	314,612	314,612	314,612	314,612	314,612	314,612	314,612
	Public Defender	166,810	208,635	208,635	208,635	208,635	208,635	208,635	208,635
	District Attorney	380,851	645,320	434,819	434,819	434,819	434,819	434,819	434,819
	Probation	4,606,268	5,676,053	4,904,154	4,904,154	4,904,154	4,904,154	4,904,154	4,904,154
0		8,440,827	10,160,264	9,177,864	9,177,864	9,177,864	9,177,864	9,177,864	9,177,864
	Beginning Fund Balance	8,617,489	7,907,375	5,816,828	4,392,696	2,968,565	1,544,434	120,303	(1,303,829)
	Estimated Revenue	7,358,039	7,753,733	7,753,733	7,753,733	7,753,733	7,753,733	7,753,733	7,753,733
	Estimated Growth	372,673	315,984						
	Ending Fund Balance	7,907,375	5,816,828	4,392,696	2,968,565	1,544,434	120,303	(1,303,829)	(2,727,960)

County Administrative Officers Association of California

Detailed Description of Growth Allocation

For the growth formula to function as an incentive system, as it is designed to be, the incentives must be clear enough that counties know which outcomes are rewarded.

The formula is broken down into three categories in which there are sub-categories. The three are:

1. 2nd Striker Reduction= $27,309 per reduction
2. Probation= 80%
3. Incarceration= 20%

In each of these categories, the formula rewards both ongoing success and year-over-year success.

2nd Striker Reduction

The first step in calculating growth allocations is to determine which counties sent fewer felons to prison with second-strike designations than in the previous year. Counties get a direct allocation of $27,309 for each one fewer second striker than the previous year. This allocation is taken off the top, so it is not part of the portions allocated based on incarceration or probation.

Probation – 80%

Felony Probation Success – 60%: Sixty percent of growth funds are allocated by taking a county's annual felony probation population and subtracting the number of those revoked to prison or jail. The number of each county's non-revoked probationers is then calculated as a share of the number statewide and the county receives that share of these funds.

Felony Probation Improvement – 20%: Twenty percent of growth funds are allocated to counties that improve their felony probation failure rate from one year to the next. A county's failure rate is determined by dividing its annual felony probation population by the number of probationers revoked to prison or jail. If that rate decreases from one year to the next, then the difference is multiplied by the county's total felony probation population. This gives the number that would have been revoked under the previous year's higher revocation rate. That number is then calculated as a share of the total number among all counties that qualify and the county receives that share of these funds.

Incarceration – 20%

Incarceration Reduction – 10%: Ten percent of the growth funds are allocated to counties that send fewer felons to prison on new convictions from one year to the next. The difference is then calculated as a share of the total difference among all counties that qualify and the county receives that share of these funds.

Low Incarceration Rate – 10%: Ten percent of the growth funds are allocated to counties that have a lower rate of incarceration per capita than the statewide rate. The rate is calculated by taking a county's number of felon admissions for new convictions and dividing it by the county's adult population (those aged 18 to 64). That rate is then compared to the statewide rate to determine how many more people would be imprisoned if the county's rate were not lower than the statewide rate. That number is then calculated as a share of the total number for all counties that qualify and the county receives that share of these funds.

Shasta County DRC Update

JANUARY 2017

WELCOME

Happy 2017! We had a great holiday season filled with smiles, celebration, and laughter with our participants.

Our December Family Night, "Night of Joy," was held on Dec. 22. We had a great turnout filling up the entire facility lobby with staff, participants and their families. We served a holiday dinner which concluded with dessert and all attendees singing "Jingle Bells." After dinner, we continued the fun with a healthy competition playing Holiday Bingo that everyone enjoyed. It was a great way to end the holiday season!

With the holidays in mind, in December, we challenged participants with the opportunity to win a "big ticket prize" if they could complete 25 Days of Perfect Attendance, in addition to our weekly perfect attendance recognitions. In order to win, participants couldn't miss a single check-in, group, or one-on-one meeting with their Behavioral Change Manager. We had several participants meet this challenge, with several others coming very close! Ultimately, Christopher R. was our lucky winner! Great job to all the participants who took on the challenge.

What better way to kick off the New Year than with an exciting Transition Celebration! Our upcoming event will be held on Tuesday, Jan. 31! We look forward to celebrating the accomplishments of our participants with them and with our community partners who help to make this all possible.

Regards, Danielle Caito, Program Manager, dcaito@geogroup.com

SPOTLIGHT ON... DAVID D.

David D. began the program in the fall of 2016. "When I first started the program, I hated it," he explained. "But I am learning a lot about myself and how I react to things. **The Shasta Center is a great community to be a part of.**" Although participation in the program was court ordered, he says that it has been a great resource as it has helped his attitude as well as his issues with sobriety. David has made real progress in the program. He is excited for his future and hopeful to graduate this summer.

DID YOU KNOW?

In order to help participants develop behavioral skills necessary for making positive and healthy decisions in their daily lives, GEO Reentry staff assist participants in structured skill-building. This type of skill-building is accomplished in steps to help ensure the skill is retained and that the participant learns valuable tools for handling high-risk situations. Skill-building steps include teaching the skill by explaining why it's important, having staff model or demonstrate the skill for the participant, guiding the participant through role-playing exercises and having the participant practice the skill outside of their group sessions. At GEO Reentry, we recognize that participants must be motivated to learn a new skill, which is why motivation is always the first step in structured skill-building. We work to motivate participants by teaching them behavioral skills in comfortable group settings, encouraging participants when they feel like they can't learn the skill, and offering positive reinforcement.

By Kasia Kijanczuk, M.S., Research Analyst for Continuum of Care, GEO Care

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.[1] Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of rearrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

The initiative is small in scale. Due to scarce resources, diversion programs or improvements to reentry planning are frequently launched as pilots, rarely taken to scale, and as a result unable to serve many of the people who would be eligible for them. And community-based treatment and other supports are frequently stretched so thin that they are only able to reach a small fraction of the people who need them.

The impact of the initiative is not tracked. County leaders making a significant investment in community-based services and supervision for people with mental illnesses should know what impact that investment has had on these four key measures: **reducing the number of people with mental illnesses booked into jail**, **reducing the length of time people with mental illnesses remain in jail**, **increasing connections to treatment**, and **reducing recidivism**. But few counties have benchmarked these numbers, and capacity to collect and analyze data is so limited that many county leaders are unable to get data on how many people received treatment and other services or how many people completed a program. Without outcome data, however, it is hard for the people who administer programs and services to focus on clear targets. Similarly, it is hard for county leaders to hold program administrators accountable for desired results.

What Does "Mental Illness" Mean?

The term "mental illness" is defined by *The Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition, as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning."[2]

For the purposes of the *Stepping Up* initiative, "people with mental illnesses" should be understood also to encompass people with co-occurring substance use disorders, as well as "serious mental illness" (SMI) or "serious and persistent mental illness" (SPMI), which are defined as a mental, behavioral, or emotional disorder that is diagnosable within the past year, is chronic or long lasting, and results in a significant impairment in social, occupational, or other important areas of functioning.[3] Some states use SMI and SPMI interchangeably, while others differentiate between SMI and SPMI based on the severity of the associated functional impairment.

Some states specify the diagnoses that they accept as qualifying for an SMI, including schizophrenia, schizoaffective disorder, bipolar disorder, and severe forms of major depression and anxiety.

The Six Questions Counties Need to Ask

Despite these challenges, many counties have made significant strides toward reducing the number of people with mental illnesses in their jails. Other counties are just starting their efforts or may be unsure of efforts already underway in various parts of their systems. To assess their community's existing efforts to reduce the number of people with mental illnesses in jail, county leaders should ask themselves the following questions:

1. **Is our leadership committed?**
2. **Do we conduct timely screening and assessments?**
3. **Do we have baseline data?**
4. **Have we conducted a comprehensive process analysis and inventory of services?**
5. **Have we prioritized policy, practice, and funding improvements?**
6. **Do we track progress?**

Leaders in counties across the U.S. who scan these questions will readily respond affirmatively. Indeed, there are many counties that can provide excellent examples of what successfully addressing one or more of these questions looks like. But few counties have taken the steps necessary to satisfy all the above questions. Doing so is hard—extraordinarily hard. These issues are complex. Resources are limited. And a host of independently elected officials and a tangled web of private and not-for-profit service providers must set aside their own agendas and collaborate extensively.

To be clear, this brief does not assume that the number of people with mental illnesses in jail can be reduced *only* when counties have addressed all of these questions. But county leaders will find that thoughtful consideration of each of these six questions will help them determine to what extent their efforts will have a system-level impact, not only resulting in fewer people with mental illnesses in jail, but doing so in a way that increases public safety, applies resources most effectively, and puts more people on a path to recovery.

1. Is Our Leadership Committed?

Are county policymakers—such as commissioners, supervisors, or managers—and key leaders from the criminal justice and behavioral health fields fully invested in the goal of reducing the number of people with mental illnesses in jail?

Why it matters

Reducing the number of adults with mental illnesses in jails requires a cross-systems, collaborative approach involving a county-wide committee or planning team. Strong leadership, including the active involvement of people responsible for the county budget, is essential to rally agencies reporting to a variety of independently elected officials. The designation of a person to coordinate the planning team's meetings and activities and to manage behind-the-scenes details pushes the project forward and ensures that the work gets done.

What it looks like

- ✓ **Mandate from leaders responsible for the county budget:** The elected body representing the county (e.g., county commissioners) has established a clear mandate in the form of a resolution or other formal commitment for behavioral health and criminal justice system administrators to implement systems-level reforms necessary to reduce the number of people with mental illnesses in jail.[4]

- ✓ **Representative planning team:** The planning team comprises key leaders from the justice system, such as the sheriff or jail administrator, judges, prosecutors, defense bar, law enforcement executives, and community supervision officials; key leaders from the behavioral health system, such as the director of mental health services, other community-based behavioral health care providers, such as substance use treatment providers, and health care financing experts; representatives from the community, including organizations representing people with mental illnesses and their families (e.g., National Alliance on Mental Illness [NAMI]); and representatives from county government, such as commissioners or a county manager, and representatives of municipal government, such as the mayor or police chief. The planning team might be part of an existing criminal justice coordinating council or task force.

- ✓ **Commitment to vision, mission, and guiding principles:** The planning team is clear on the mandate, and is committed to making the necessary agency-level changes. Formal agreements, such as memorandums of understanding (MOUs), are in place to effectuate team function and document the initiative's vision, mission, and guiding principles, as well as to formalize the expectation that top decision makers will be in attendance for planning meetings.

- ✓ **Designated planning team chairperson:** The chairperson is a county elected official or other senior-level policymaker who is in routine contact with leaders responsible for developing the county budget and administering the law enforcement and behavioral health systems, and who can engage the stakeholders necessary to the success of the initiative. County leaders have charged the chairperson with holding agency administrators accountable for the implementation of the plan. These agency administrators are aware that the chairperson must provide routine updates to county leaders, often in an open forum, such as a commission meeting.

- ✓ **Designated project coordinator:** The planning team has assigned a project coordinator to work across system agencies to manage the planning process. The project coordinator—who might also be the county's criminal justice coordinator—facilitates meetings, builds agendas, provides meeting minutes, and organizes subcommittee work as needed. The project coordinator also assists with research and data analysis, and is in constant communication with planning team members.

2. Do We Conduct Timely Screening and Assessments?

Is screening for mental illness and substance use conducted for everyone booked into jail, along with full, follow-up assessments, as time allows, for people who screen positive for these conditions? Are assessments measuring a person's risk of flight and risk of reoffending while awaiting trial also conducted and combined with screening information to guide decision making from the pretrial phase through final case discharge?

Why it matters

To reduce the number of people with mental illnesses in jail, counties first need to have a clear and accurate understanding of the prevalence of mental illnesses in their jail populations. This requires the universal screening of every person booked into jail for mental illness, as well as for other behavioral health needs, such as substance use. Additionally, assessing for criminogenic risk (or the likelihood that someone will commit additional offenses) further informs release decisions, such as whether to require supervision or services to reduce the risk of reoffending. Without this foundational information, counties are ill equipped to track whether the number of people with mental illnesses in jail is actually being reduced, and if those identified with behavioral health needs are getting connected to the right types of interventions. [See Figure 1]

What it looks like

- ✓ **System-wide definition of mental illness:** The county has established a definition of mental illness that is consistently applied throughout the local criminal justice and behavioral health systems. At the state level, a definition of mental illness and/or serious mental illness (SMI) exists to determine eligibility for treatment and services funded by the state. In many counties, health officials use the state's definition to guide service-delivery decisions, but that is not the case in every county. Health care providers working in the jail often use a definition of mental illness that is distinct from what local or state health officials use. For example, a jail may screen only for suicide risk rather than screening for mental illness based on a system-wide definition of mental illness. Judges may receive pretrial release and sentencing recommendations concerning behavioral health needs that are not based on formal screening. Or mental health clinicians working inside the jail may describe a person's mental health needs in terms that do not align with the state's definition of who qualifies for publicly funded mental health services. Adopting a single definition of mental illness that is consistently used by local behavioral health systems, as well as the jail, courts, and community corrections, ensures that all systems are using the same measure to consistently identify the population that is the focus of the initiative's efforts.

Adopting a Definition of Mental Illness

When establishing its definition of mental illness, a county may decide to focus on the population with SMI, which is defined by the state and denotes the population with the most severe impairments who are often eligible for publicly funded services. The planning team may adopt the state's definition, or may choose another definition based more on local considerations. In any case, the definition is one that both criminal justice and mental health professionals can understand and use with confidence.

Although this may at first seem a simple task, many planning teams struggle with this exercise. The focus needs to remain on the practical use of the definition to determine the target population of the initiative. For example, a county may agree to use the state's definition of SMI but describe it in more detail to include a diagnosis established through an assessment process that, without treatment, impairs the day-to-day functioning of the individual.

Because many people are released from jail within 24 hours, screening immediately at booking for mental illness based on the county's established definition casts the widest net to include people with mental illnesses of varying degrees of severity, thus capturing the true prevalence of mental illness in the jail.

- ✓ **System-wide definition of substance use disorders:** The planning team agrees on a consistent definition of substance use disorders, a definition that may include substance use disorders that co-occur with mental illnesses. It is critical to be aware of the presence and severity of a substance use disorder both to identify a clinical need and to address the condition as a risk factor for reoffending.

- ✓ **Validated screening and assessment tools for mental illness and substance use:** To ensure the accurate identification of the behavioral health needs of everyone booked into jail, the county has implemented validated screening tools and assessment processes.[5] The Brief Jail Mental Health Screen and the Texas Christian University Drug Screen V (TCUDS V) are validated mental health and substance use screening tools that are available in the public domain, are easy and efficient to administer, and do not require specialized staff such as a sworn officer or a mental health professional to conduct.[6]

- ✓ **Efficient screening and assessment process:** The development of a screening and assessment process requires the planning team to determine the best party to conduct the screening. In some jurisdictions, jail personnel do the screening; in others, it is a contracted or embedded medical or behavioral health care provider. The logical time and place for screening for mental illnesses and substance use disorders is at booking into the jail, and within this churning environment, quick and efficient processing is necessary. If a person screens positive for a mental illness, a full clinical assessment by a mental health professional is necessary to confirm the screening result. Because an individual may be released from jail before the assessment can be completed, a process is in place to connect him or her to a mental health care provider to complete the assessment process.

- ✓ **Validated assessment for pretrial risk:** Many jurisdictions do not screen for criminogenic risk until after a defendant's case is adjudicated. It is also essential, however, to conduct a pretrial risk assessment to inform decisions about a defendant's pretrial release, eligibility for pretrial diversion, and conditions of pretrial supervision. Such screenings are conducted prior to a person's first appearance/arraignment in order to inform the court of pretrial risk of failure to appear and risk for new criminal activity.[7] Mental illness in and of itself is not considered to be a risk factor, but is considered in relation to release and case-planning decisions.[8]

- ✓ **Mechanisms for information sharing:** The planning team has developed information-sharing agreements for agencies that protect the individual's privacy and support the need to share behavioral health information. The results of screening and assessments are used to inform key decisions related to pretrial release, diversion, discharge planning, and specialized pretrial and post-conviction community supervision. Jurisdictions often create a flag process that serves as an indicator of the need to connect a person to services and to gather the necessary releases to enable discussing the case. A data match of all people booked into jail and the behavioral health system's database identifies people who have previously received behavioral health care services and may require reestablishment of services.

Key Considerations for Information Sharing

Good communication is at the heart of effective collaborations between criminal justice and behavioral health systems, but often concerns about confidentiality and privacy laws, as well as incompatible information systems, often hamper best efforts to share information effectively. Counties need to develop the information-sharing policies and protocols necessary to facilitate system analysis and case management, while adhering to professional codes of ethics and privacy law. Some key considerations are:

- Identifying information: A discussion with interagency stakeholders about what information is needed to inform decision making and case planning and how this information will be used can help address concerns about confidentiality and build trust across agencies. Identifying the minimum necessary information to share helps keep the flow of information manageable and also adheres to the principles underlying privacy law.
- Agreements: It's critical to understand relevant federal and state law relating to privacy and information sharing, and to develop appropriate interagency agreements (such as MOUs) and local protocols (such as release-of-information forms) when protected information is involved.
- Training: Ongoing staff training must be a priority when collecting, sharing, and analyzing information.
- Regular reviews: Regular reviews are necessary to identify opportunities to improve information-sharing processes and data analyses and to ensure confidentiality and privacy requirements are being met.

In Practice: The Screening and Assessment Process in Salt Lake County, Utah

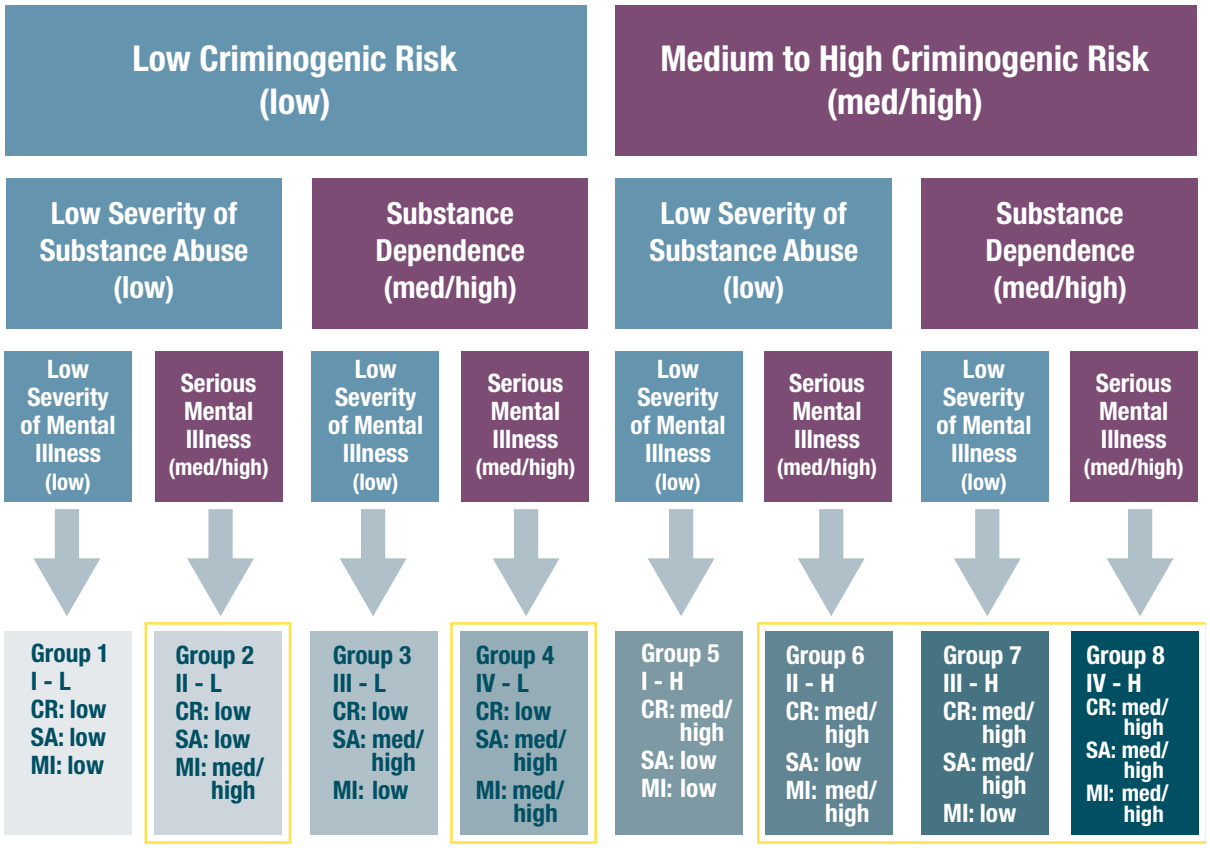
Salt Lake County, Utah, screens for mental health, substance use, and criminogenic risk at booking for everyone charged with a class B misdemeanor or above. This process was implemented in December 2015, and county officials are tackling challenges such as information sharing and staffing needs, as well as coordinating with a statewide data bank. Moving forward, an accurate assessment of prevalence will better inform Salt Lake County of the service and supervision needs of people booked into jail, as well as provide a baseline to measure progress in reducing the number of people with mental illnesses in their jail.

The Criminogenic Risk and Behavioral Health Needs Framework

With mounting research that demonstrates the value of science-based tools to predict a person's likelihood of reoffending, criminal justice practitioners are increasingly using these tools to focus limited resources on the people who are most likely to reoffend. At the same time, mental health and substance use practitioners are trying to prioritize their scarce treatment resources for people with the most serious behavioral health needs. A person who screens positive for mental illness and/or substance use should be connected to appropriate treatment at the soonest opportunity; however, when that person is also assessed as being at a moderate to high risk of reoffending, connection to treatment is an even higher priority, along with interventions such as supervision and cognitive behavioral therapy to reduce the risk of recidivism.

The framework depicted in Figure 1 outlines a structure for state and local agencies to consider how information about risk of reoffending, and substance use and mental health treatment needs can be considered in combination to prioritize interventions to have the greatest impact on recidivism.

FIGURE 1. THE CRIMINOGENIC RISK AND BEHAVIORAL HEALTH NEEDS FRAMEWORK



3. Do We Have Baseline Data?

Has the county established baseline measures of:

- The number of people with mental illnesses booked into jail
- Their average length of stay
- The percentage of people connected to treatment
- Their recidivism rates

Why it matters

Baseline data highlight where some of the best opportunities exist to reduce the number of people with mental illnesses in the jail, and provide benchmarks against which progress can be measured. Knowing **the current number of people with mental illnesses admitted** into the jail helps county leaders determine whether new prevention and diversion strategies are resulting in fewer jail bookings of people with mental illnesses. **Calculating the average length of stay** for people who screen positive for mental illness helps the county recognize whether people with mental illnesses are especially likely to languish in the jail. Tracking **connections to treatment** illuminates to what extent there is continuity in care, post release. Without a baseline **recidivism rate**, the county cannot assess whether investments in community-based supervision and treatment are reducing the rearrest and reincarceration rates among people with mental illnesses released from jail.

What it looks like

✓ **System-wide definition of recidivism:** The planning team agrees on how it is measuring recidivism, recognizing that rearrest, convictions for a new crime, or the return to custody for violating conditions of release (i.e., technical violations) are each important, but distinct, ways of measuring whether a person engages in criminal activity and/or how law enforcement, the courts, and corrections respond to the behavior of someone released from jail and/or under community supervision. Agreeing on a definition of recidivism also requires using a consistent time period for reporting recidivism data (e.g., one, two, and/or more years).

In Practice: Adopting a Definition of Recidivism in Bexar, Dallas, El Paso, Harris, and Tarrant Counties, Texas

The five most populous counties in Texas follow the state's standard measure of recidivism as rearrest within one, two, and three years of release from jail. These counties use the same recidivism definition to measure recidivism for people diverted to community-based supervision or other alternatives to incarceration. These counties also frequently measure recidivism in additional ways, such as reincarceration for a violation of a condition of release, but agreeing on a common measurement of recidivism allows for consistency, which is critical for the purposes of this work.

✓ **Electronically collected data:** Data that draw on results of screening and assessments that are conducted for each person admitted to jail are collected electronically to support ongoing analysis. In many cases, this analysis requires access to multiple databases. Some counties have navigated this situation by creating an integrated data management system. Others use a more "home-grown" data warehouse system, and still others may rely on a master spreadsheet approach. The end goal is to have the capacity to capture and analyze key data effectively.

✓ **Baseline data on the general population in the jail:** Data must be collected for people with and without mental illnesses, to provide a point of comparison that can be used to determine whether disparities between these populations exist in bookings, length of stay, or recidivism rates. These comparisons can be especially useful when data on both populations are disaggregated further by risk level, race, or gender.

✓ **Routine reports generated by a county agency, state agency, or outside contractor:** Reports containing information about the number of people with mental illnesses in jail, length of stay in jail, connections to treatment, and recidivism should not be a one-time deliverable. The baseline data should be generated with the understanding that this will be a report that is updated at least annually, using consistent definitions to track changes year to year.

Key Considerations for Developing an Integrated Data System

County officials must know the number of people booked into jail. For most counties, collecting and analyzing data, and doing so on a regular basis, is challenging, to say the least. It is not unusual for jail admission and release data to be in one information system maintained by the county, while arrest data may be found in a statewide database, and gathering information about people who have received community-based health services requires the cooperation of behavioral health care agencies. The gold standard for a system that enables a county to establish baseline data, share information, and track progress is an integrated system that allows multiple agencies to enter as well as access the data. A single, integrated information system also enables rich reporting that includes connections to treatment or other data related to a person's experience after he or she returns to the community. Some jurisdictions in the country have implemented a fully integrated system, while others have developed progressive systems that store and share date across agencies.[9]

It is essential for information technology (IT) staff to be involved in the planning discussion about developing an integrated data system. For some counties the IT staff may be a stand-alone department, for others it is a single person in the Sheriff's Office, and for others it might be a private contractor or local university research partner. The IT staff can assist the planning team to develop a programming solution to the challenge of tracking the flow of people with mental illnesses as they move through the criminal justice and behavioral health systems and receive treatment in the community. The system should also provide the ability to track recidivism for this population and to identify high utilizers of justice, behavioral health, and other social services.

In Practice: How Baseline Data Inform Planning

When a county analyzes the number of people with mental illnesses in the jail, the average length of stay in jail for this population, rates at which they are connected to treatment, and their rearrest rates—or determines whether this information can even be assembled—the findings help illuminate strategies that will deliver the greatest return on investments.

Jurisdiction	Metric	Finding	Action Taken
Bexar County, Texas	The number of people with mental illnesses in jail	County does not know how many people with mental illnesses are in the jail.	Bexar County established universal screening for mental illnesses.
New York City, New York	Length of stay	People with mental illnesses stayed in jail 112 days on average as compared to 61 days for those without mental illnesses.	New York City implemented early pretrial diversion options to move people with mental illnesses out of jail in a timely way.
Franklin County, Ohio	Connection to care post-release	More than one in three of people who had contact with the behavioral health care system in the year prior to their incarceration did not have contact with the behavioral health care system in the year following their release from jail.	The local Alcohol Drug And Mental Health (ADAMH) board established a jail liaison team to provide in-reach service to get follow-up appointments within two weeks of release.
Salt Lake County, Utah	Recidivism rate	One out of three people on pretrial supervision and one out of two people on county probation did not fulfill the requirements of their supervision.	Salt Lake County recommendations included establishing intensive supervision caseloads for people who are assessed as being moderate to high risk of reoffending and who are also assessed as having an SMI.

4. Have We Conducted a Comprehensive Process Analysis and Inventory of Services?

Has the planning team completed an exhaustive, end-to-end analysis of the system's processes from the point of law enforcement's contact with a person with a mental illness through final case discharge? Does the analysis go beyond the sequential intercept mapping exercise familiar to many counties that have reviewed what programs and services exist at arrest, booking, pretrial detention, release, and community supervision? Are decisions and actions—as well as failures to act—that contribute to the high prevalence of people with mental illnesses in jail flagged? Are existing services and supports in the community identified, along with those that are missing?

Why it matters

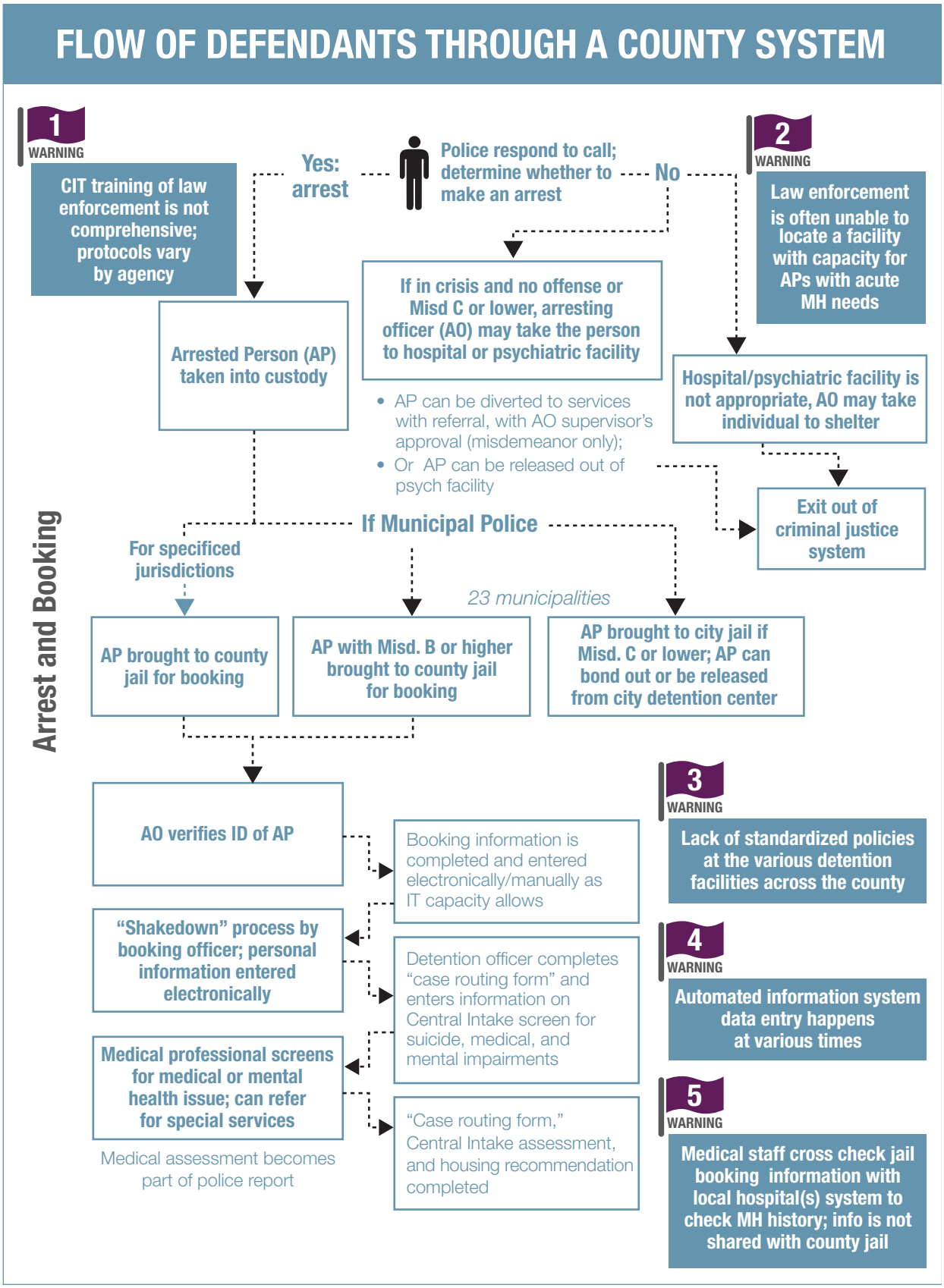
In every county, there is a timeline that includes the moment when a 911 call center receives a mental health call for service, or when a person identified with having a mental illness is booked into jail, or when defense counsel receives the results of that person's mental health screening–each an opportunity to improve the response to the person's mental health needs. Counties must create policies and processes that ensure that a person's mental health needs are accurately identified and the right type of information is shared appropriately and efficiently to inform key decisions related to diversion, pretrial release, specialized probation supervision, and connection to community-based services.

Without completing a comprehensive process analysis, these opportunities are often not identified and thus are missed. Timely information is not generated or shared appropriately, or perhaps a defense counsel, judge, or probation officer receives this information but does not use it to inform their decisions. The detailed, point-by-point system review helps county leaders determine where these breakdowns in process occur and where improvements can be made. Recognizing that successful implementation of a plan hinges on the accessibility of community-based treatment, which typically is in limited supply (if it exists at all) in most counties, it is important that an inventory of services and supports also be conducted.

What it looks like

- ✓ **Detailed process analysis:** The county planning team, perhaps organized into subcommittees, traces each step of a person's involvement in the justice system, from the moment when police receive a mental health (MH) call for service to the person's admission to jail to the person's release from jail and connection to community-based treatment, services, and supervision. At each decision point, the team asks questions such as:
    - What is the process associated with the decision?
    - Is the process timely and efficient?
    - What information is collected at that point in the process?
    - How is that information shared and with whom?
    - How is that information acted upon?
    - Are the people involved in each decision point trained in their role?
- ✓ **Service capacity and gaps identified:** The planning team identifies what options exist at each decision point, including crisis services, diversion opportunities, and community-based treatment, services, and supervision. The team also identifies what services are not available, or exist but do not meet capacity needs.
- ✓ **Evidence-based programs and practices identified:** County leaders are provided with a detailed description of existing services and gaps in services that apply the latest research about what works to meet the needs of people with mental illnesses and reduce the likelihood that they will commit a new offense. This scan of service capacity also reflects historical data or best estimates related to demand for these services.

FIGURE 2. A COUNTY'S PROCESS ANALYSIS FOR THE ARREST/BOOKING STAGE



5. Have We Prioritized Policy, Practice, and Funding Improvements?

Do key findings from the system analysis inform the development of action items? Are these action items realistically prioritized by county leaders to maximize the impact of existing resources and to identify new resources to reduce the number of people with mental illnesses in their jail?

Why it matters

County leaders should provide guidance to the planning team on how to make policy recommendations and budget requests that are practical, concrete, and aligned with the fiscal realities and budget process of the county. Routine communication with the people responsible for the county budget (e.g., county commissioners and other officials) engages these leaders in the planning team's ongoing efforts and increases the likelihood that the recommendations will be received favorably.

Recognizing the limitations (and opportunities) that distinct funding streams present is critically important. The planning team's budget proposal should identify external funding streams, including federal programs such as Medicaid, federal grant opportunities, and state block grant dollars as the first source for funding. Opportunities for local philanthropic support should also be considered. The final gaps in funding will represent new county investments.

What it looks like

- ✓ **Prioritized strategies:** For a county to reduce the prevalence of mental illness in jail, it must accomplish one or more of the following: **reduce the number of people with mental illnesses admitted to jail**, **reduce their length of stay**, **increase their connections to treatment**, and **reduce recidivism**. Drawing on the system analysis described earlier, the planning team determines the most achievable ways of accomplishing one or more of these goals, with an emphasis on strategies that impact people with the most serious behavioral health needs who are also at the highest risk of reoffending. [See Figure 1]
- ✓ **Detailed description of needs:** Per county leaders' guidance, the planning team submits a proposal to the county board related to its identified priorities. If necessary, the planning team's proposal identifies the need for additional personnel, increased capacity for mental health and substance use treatment services and support services, such as housing and employment, and infrastructure improvements, such as information systems updates and training. All programming requests include evidence-based approaches that are carefully matched to the particular needs of the population. The proposal addresses implementation considerations regarding staffing requests such as staff placement and supervision, whether personnel are sworn or unsworn, whether mental health clinicians are behavioral health agency employees who are embedded in the jail or community supervision agencies, or if outsourcing to private providers is an appropriate option.
- ✓ **Estimates/projections of the impact of new strategies:** At a minimum, the plan projects the number of people to be served and explains to what extent new investments made will affect one or more of the following key measures:
    - Reduce the number of people with mental illnesses booked into jail
    - Reduce the length of time people with mental illnesses remain in jail
    - Increase connections to treatment
    - Reduce recidivism

  The county commission does not endorse a plan that does not set out to meet these requirements. If policies or programs are adopted that that do not address the key measures, the county cannot expect to reduce prevalence rates. The proposed strategies include an impact analysis that describes the number of people to be served and the estimated improvement in services.

Key Considerations for Training

Training is an ongoing process that is critical to implementing and sustaining new policies and programs. The implementation of evidence-based practices, such as risk assessment or curriculum-based interventions, necessitate adherence to training requirements to ensure fidelity. If a program or practice is implemented without a plan for quality assurance that includes training, the anticipated outcomes of the intervention will be jeopardized. A county's training plan should include a regular check for current certifications, refresher training, and internal coaching to maintain quality and consistency. Many "off-the-shelf" curricula include web-based training that can help a county provide necessary training on a meaningful scale.

✓ **Estimates/projections account for external funding streams:** The plan describes to what extent external funding streams can be leveraged to fund new staff, treatment and services, and one-time and ongoing costs. These external funding sources may include:

- Federal program funding, including Medicaid, veterans' benefits, and housing assistance
- State grants for mental health and substance use treatment services
- Federal and state discretionary grants
- Local philanthropic resources

✓ **Description of gaps in funding best met through county investment:** Per budget process guidelines, the planning team's proposal should include specific suggestions for how county funds can meet a particular need, or fill a gap that no other funding source can.

In Practice: How Process Analysis Informs Planning

Jurisdictions that have completed an analysis of their jail population have identified key findings and related system-wide responses that can potentially help to reduce the number of people with mental illnesses in their jails.

Identified Gap	Data Illustrating Gap	Objective	Measure Addressed	Projected Cost and Identified Sources of Funding	Data to be Tracked
Crisis Intervention Team (CIT)-trained officers are not available to provide 24/7 coverage	Number of mental health calls for service that did not have CIT-trained officers	Increase level of trained CIT officers to achieve 24/7 coverage	Measure #1: the number of people with mental illnesses booked into jail	Cost: Specialized one-week training of 25 officers at a time; overtime (OT) costs for the officers; training materials Funding: Local law enforcement assumes the cost for OT, all other costs shared by participating agencies on pro-rated formula	Number of mental health calls; percent of calls responded to by CIT-trained officers; number of calls disposed of without jail booking Compare against baseline data of the number of people booked into jail who are screened for mental illness
Specialized probation supervision alternatives are not available for people identified with SMI and moderate-to-high-criminogenic risk	Number of probation revocations for this population, including for technical violations and new crimes	Develop specialized caseload that is co-supervised by probation staff and a mental health professional	Measure #4: recidivism	Cost: Full-time probation officer and mental health professional staff; other staff-related needs, such as space and equipment Funding: Determine whether low-risk caseloads can be consolidated to create capacity for specialized caseloads; identify potential grant opportunities; determine whether Medicaid funding can be utilized for case management	Track the number of probation revocations; track successful probation completion rates; track recidivism rates for people assigned to special caseloads

6. Do We Track Progress?

Is there an established process for tracking the impact of the plan on the four key outcomes (the number of people with mental illnesses booked into jail, their length of stay in jail, connections to treatment, and recidivism)?

Why it matters

Once planning is completed and the prioritized strategies are implemented, tracking progress and ongoing evaluation begin.[10] The planning team must remain intact and the project coordinator must continue to manage the implementation of the new strategies. Monitoring the completion of short-term, intermediate, and long-term goals is important, as it may take years to demonstrate measurable changes in prevalence rates. Showing evidence of more immediate accomplishments, such as the implementation of new procedures, policies, and evidence-based practices, contributes to the momentum and commitment necessary to ensure this is a permanent initiative. Tracking outcome data also gives the planning team the justification necessary to secure continuation funding and/or additional implementation funding. Outcome data should be included in any budget requests to provide justification for continued or additional funding.

What it looks like

- ✓ **Reporting timeline on four key measures:** County leaders receive regular reports that include the data that is tracked, as well as progress updates on process improvement and program implementation.
- ✓ **Process for progress reporting:** The planning team continues to meet regularly to monitor progress on implementing the plan. The project coordinator remains the designated facilitator for this process and continues to coordinate subcommittees involved in the implementation of the policy, practice, and program changes, as well as to manage unforeseen challenges. As it may take several years to demonstrate significant change in prevalence rates, it is important to capture incremental progress, including policy and system improvements, such as implementing screening and assessments, establishing connections to treatment, and developing data tracking capacity. In addition, the planning team remains abreast of developing research in the field and the introduction of new and/or improved evidence-based strategies for consideration.
- ✓ **Ongoing evaluation of programming implementation:** The evidenced-based programs adopted by the county are implemented with fidelity to the program model to ensure the highest likelihood that these interventions will achieve the anticipated outcomes. A fidelity checklist process ensures that all program certifications and requirements are maintained, and that ongoing training and skills coaching for staff are provided.
- ✓ **Ongoing evaluation of programming impact:** Particularly for curriculum-based programming and screening and risk assessment, it is important to assess whether the activity is achieving what was intended. Many counties establish a relationship with a local university to assist with research and evaluation, as well as with the validation of screening and risk tools.

In Practice: Using Data to Sustain Your Program in Johnson County, Kansas

In 2008, Johnson County, Kansas, began an effort to reduce the number of people with mental illnesses in its jail with the establishment of a Criminal Justice Advisory Council (CJAC) that, as a first project, studied how people with mental illnesses moved through the county's justice system. After process mapping and data analysis was completed, the county decided to pilot a "Co-Responder Program" to deploy a mental health professional to respond to law enforcement calls for service involving people with mental illnesses. The program was funded through a 2010 federal Justice and Mental Health Collaboration Program (JMHCP) grant that supported a collaborative effort among the City of Olathe (Kansas) Police Department, the Johnson County Mental Health Center, and the Johnson County Sheriff's Office. Upon completion of the grant in 2013, a comparison of 2010/2011 data (the year prior to the implementation of program) to 2011/2012 data showed:

- 808 contacts were made by the co-responder; 10 resulted in a jail admission
- Hospitalizations decreased from 54 percent to 17 percent
- Referrals to services increased from 1 percent to 39 percent

Over the period of the grant, repeat calls for service to the same address are estimated to have decreased 20 percent. Through a survey, Olathe Police Department officers reported marked improvement in their ability to respond to the needs of people with mental illnesses. It was the top priority of the Olathe Police Chief, Steven Menke, to fully fund the co-responder position, which was approved by the Olathe City Council.

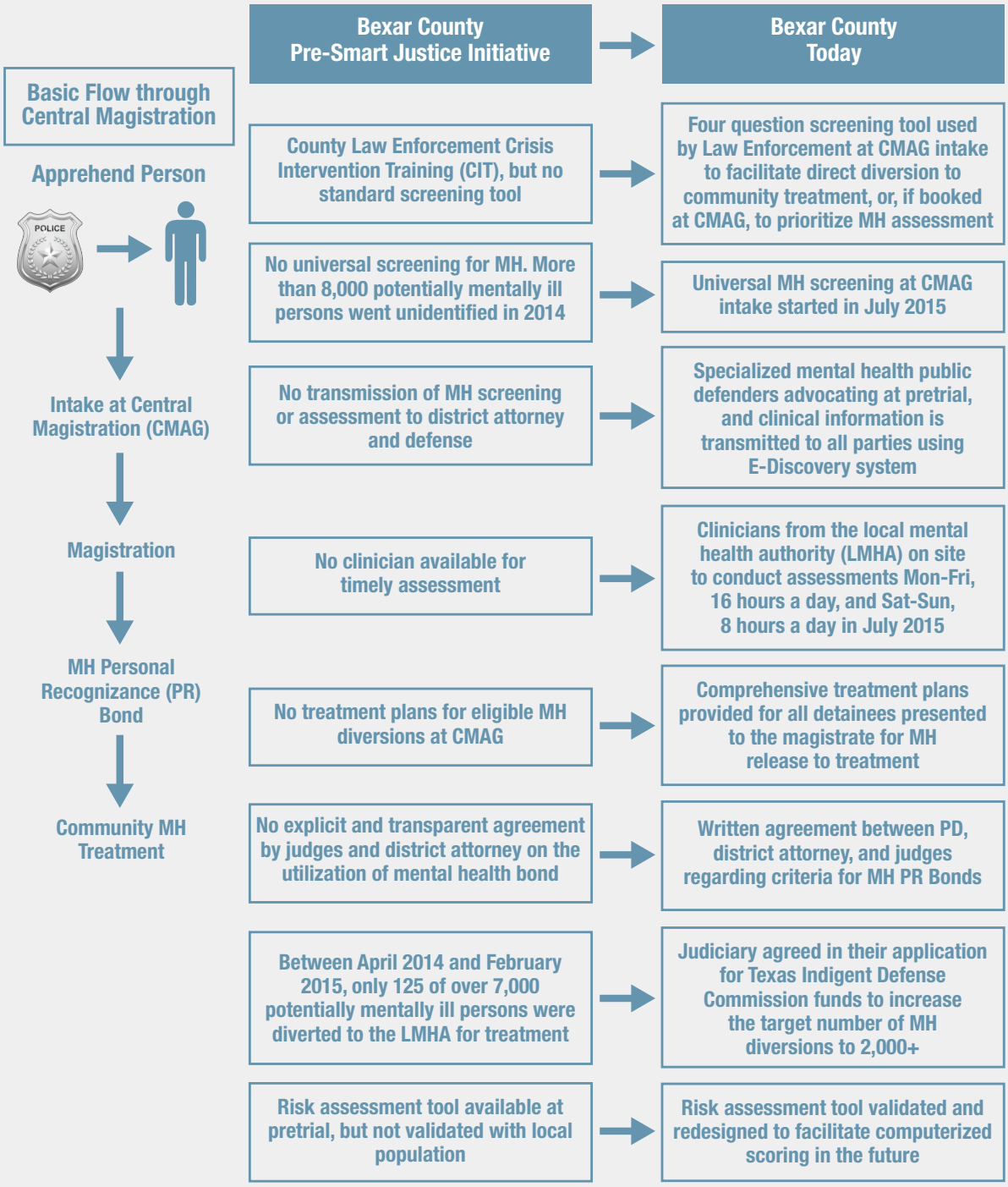
In 2013, a JMHCP Expansion Grant was awarded to expand the program to the City of Overland Park, Kansas. On completion of the grant, a comparison of 2013/2014 data (the year prior to the implementation of the program) to 2014/2015 data showed significant improvements:

- 1,281 contacts were made by the co-responder; 25 resulted in a jail admission
- Hospitalizations decreased from 35.1 percent to 3.1 percent
- Officer surveys showed a 59-percent increase in officers feeling prepared to respond to calls involving people with mental illnesses

The Overland Park City Commission approved fully funding the co-responder position upon completion of the grant. The use of data to demonstrate the effectiveness of the Co-Responder Program proved essential to establishing continuation funding, as well as to efforts to grow the program county wide.

In Practice: A County Demonstrates Progress

Below is an example of findings and the resulting responses that have taken place in Bexar County, TX.



Endnotes

[1] https://www.hrw.org/news/2006/09/05/us-number-mentally-ill-prisons-quadrupled.

[2] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, D.C.: American Psychiatric Association, 2013.

[3] http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml.

[4] Resolutions may need to follow the county's prescribed template; alternatively, see the Stepping Up template.

[5] Validation of a screening tool requires completing a study based on data analysis to confirm if a tool is accurately screening for the need to conduct an additional assessment. Validation of a risk and needs assessment tool requires completing a study based on data analysis to confirm if a tool is predicting for the intended result (i.e., risk of reoffending), based on the characteristics of the population being assessed in the jurisdiction. As populations may change over time, it is important to validate this tool periodically. A properly validated tool should be predictively accurate across race and gender.

[6] For information about the Brief Jail Mental Health Screen, see http://www.prainc.com/?product=brief-jail-mental-health-screen. For information about the Texas University Drug Screen V, see http://ibr.tcu.edu/wp-content/uploads/2014/11/TCUDS-V-sg-v.Sept14.pdf. Stepping Up does not endorse the use of any specific tools; the Brief Jail Mental Health Screen and the Texas Christian University Drug Screen are examples of tools that are available for use without proprietary requirements.

[7] Fader-Towe, H. and Osher, Fred C. *Improving Responses to People with Mental Illnesses at the Pretrial State: Essential Elements.* (New York: The Council of State Governments Justice Center, 2015)

[8] The Council of State Governments Justice Center and the American Psychiatric Association Foundation, "On the Over-Valuation of Risk for People with Mental Illnesses." (New York, The Council of State Governments Justice Center, 2015).

[9] Jurisdictions considered to have fully integrated data systems include Johnson County, Kansas, Multnomah County, Oregon, and Hennepin County, Minnesota. Jurisdictions with progressive systems include Maricopa County, Arizona, Salt Lake County, Utah, and Camden County, Utah. See Borakove, Elaine M., Robin Wosje, Franklin Cruz, Aimee Wickman, Tim Dibble, and Carolyn Harbus. "From Silo to System: What Makes a Criminal Justice System Operate Like a System?" MacArthur Foundation, 2015.

[10] For information on implementation strategies and examples, go to www.stepuptogether.org/toolkit.

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails—which is sponsored by the National Association of Counties, the American Psychiatric Association Foundation, and The Council of State Governments Justice Center, in partnership with the U.S. Department of Justice's Bureau of Justice Assistance—calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails.

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