PUBLIC NOTICE AND AGENDA

County of Shasta
Community Corrections Partnership (CCP) Executive Committee Meeting
Wednesday, May 22, 2019, 2:30 pm
City Hall, 2nd Floor – Caldwell Park Conference Room
777 Cypress Avenue, Redding CA

WELCOME & INTRODUCTIONS

1. PUBLIC COMMENT

   Members of the public will have the opportunity to address the Committee on any issue within the jurisdiction of the Committee. Speakers will be limited to three minutes.

2. APPROVAL OF MEETING MINUTES

   Committee members will review and approve minutes from the April 10, 2019 Executive Committee Meeting.

3. FINANCIAL REPORT

   Financial Report on the State allocation to Shasta County.

4. DISCUSSION ITEMS

   Committee members will revisit the discussions from April 18, 2018 and May 23, 2018 on how to improve services for veterans within the Criminal Justice System and Nikki Balboa from Veterans Justice Outreach will be present.

5. ACTION ITEMS

   A. Committee members will revisit and discuss the Sequential Intercept Mapping (SIM) workshop that took place on September 26-27, 2017 and SIM Report, and the Stepping Up Initiative Conference attended on January 18-19, 2017 and provide direction to staff for next steps.

   B. Committee members will discuss psychological first aid, post-traumatic stress management, secondary traumatic stress training for law enforcement, and consider using CCP planning dollars to fund a series of seminars and trainings for a total cost not to exceed $17,000 (5/7 vote required).

   C. Committee members will review and discuss the CCP Plan and provide direction to staff.

6. OPERATIONAL UPDATES

7. OTHER ITEMS FOR DISCUSSION/FUTURE AGENDA ITEMS

8. MEETING SCHEDULES

Advisory	June 5, 2019	Caldwell Park Conference Room	2:30 pm to 5:00 pm
Executive	July 17, 2019	Caldwell Park Conference Room	2:30 pm to 5:00 pm
Executive	August 28, 2019	Caldwell Park Conference Room	2:30 pm to 5:00 pm

9. ADJOURN

Executive Committee Members

Tracie Neal, Probation, Chair

Roger Moore, City of Redding Police Department

Tom Bosenko, Sheriff's Office

Stephanie Bridgett, District Attorney's Office

William Bateman, Public Defender's Office

Melissa Fowler-Bradley, Superior Court

Donnell Ewert, Health and Human Services Agency

In compliance with the Americans with Disabilities Act, Shasta County will make available to any member of the public who has a disability a needed modification or accommodation, including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance to attend this meeting should contact Teresa Skinner, Senior Staff Analyst at Probation at 530-245-6220 or in person or by mail at 2684 Radio Lane, Redding, CA 96001, or by email to tskinner@co.shasta.ca.us at least two working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda and meeting materials can be made available in an alternate format for persons with a disability who are covered by the Americans with Disabilities Act.

Public records that relate to any of the matters on this agenda (except Closed Session items), and that have been distributed to the members of the CCP, are available for public inspection at the Shasta County Probation Department, 2684 Radio Lane, Redding, CA 96001. This document and other Community Corrections Partnership documents are available online at www.co.shasta.ca.us. Questions regarding this agenda may be directed to Teresa Skinner, Senior Staff Analyst at Probation at 530-245-6220 or by e-mail at tskinner@co.shasta.ca.us.

Community Corrections Partnership (CCP)
Executive Committee Meeting
April 10, 2019
City Hall – Caldwell Park Conference Room
777 Cypress Avenue, Redding CA

MEMBERS	Title of Agency	Present	Absent
Tracie Neal	Chief Probation Officer – Chairman	X	
Roger Moore	City of Redding Chief of Police		X
Tom Bosenko	Shasta County Sheriff	X	
Stephanie Bridgett	Shasta County District Attorney	X	
William Bateman	Shasta County Public Defender	X	
Melissa Fowler-Bradley	Shasta County Superior Court – a presiding judge of the superior court or designee	X	
Donnell Ewert	HHSA – the head of the county department of mental health		X

Attendees:

Chelsey Chappelle, Erin Bertain, Eric Jones, Teresa Skinner – Shasta County Probation Department
Joe Chimenti – Shasta County Board of Supervisors
Elaine Grossman – County Administrative Office
Eric Wallace – City of Redding Police Department
Ben Hanna – District Attorney's Office
Brian Muir – Shasta County Auditor Controller's Office
Amanda Owens, Danielle Gehrung – GEO Reentry
Bridgett Chambers – Salvation Army
Robert Wharton – Member of the Public

Meeting Overview

The meeting was called to order at 2:34 p.m. A quorum was present. Introductions were made.

Public Comment

Robert Wharton stated that it had been a while since he read the legislation that creates and maintains the Committee. He stated that it spells with specificity who was to be a member, with one exception, a Chief of Police of a police department of the community. He stated that it didn't say which chief of police of which community. He stated that the Executive Committee meets about eight times a year and the person who has always been the representative for the Chief of Police is the Redding Police department, the county seat police department, which is good. He suggested that maybe the Chief of Police of Anderson, the de facto Chief of Police for the City of Shasta Lake, and the Chief of Police for the City of Redding could serve on a rotating basis at meetings throughout the year so the other chiefs have a voice in the justice system as well. He stated that they aren't technically part of the justice system, but they are what feeds the justice system. He stated that it might be a nice idea that they each have a vote one time and that he didn't know of any prohibition against them serving on occasion, as long as it's prearranged.

Approval of Meeting Minutes

Tracie Neal asked Erin Bertain to talk about what County Counsel has said in regards to voting on the minutes because they may have an abstention. Erin Bertain stated that they have had conversations with Counsel specifically about voting on the minutes and whether or not people need to abstain if they did not attend the meeting in question. She stated that the response that they got back is that the vote is about the faith that the minutes are correct and acknowledging that the minutes have been done correctly and don't require the member to have been there.

Stephanie Bridgett moved to approve the February 27, 2019 minutes. Tom Bosenko seconded the motion.
Motion passed: 5 Ayes, 0 Noes, 0 Abstentions

Financial Report

State Allocations to Shasta County

Elaine Grossman distributed a *FY 18/19 Revenue* handout and stated the March allotment from the State was significantly smaller than February, but they are still a little over their 100% target to receive estimated revenue from the State.

Discussion Items

Review and Discuss CCP Plan

Tracie Neal stated that they've had some great conversations about the CCP Plan and next steps. She stated that she wanted to talk to the Committee a little bit about how they wanted to move forward. She stated that she talked to County Counsel about a few different options to make sure that they don't violate any Brown Act rules, and to make sure it is a transparent process. She stated that the best way to move forward is to have open conversation discuss the suggested changes members of the committee may have. She said that they can start making updates based on those changes in order to have the redline document as they go forward for the next meeting.

Stephanie Bridgett clarified that they should bring in any changes that they want and that they would talk about them at the meeting before they can be put in as redline changes. Tracie Neal answered in the affirmative. She stated that they could talk about some of them today, and maybe spend 45 minutes to an hour going through to discuss some initial changes, and incorporate these changes in a redline document as a starting place for review in May.

Tom Bosenko stated that at one time they talked about trying to put one document out and the committee would submit changes that would be tracked. Tracie Neal stated that she had talked to Counsel about that, and it needs to be a transparent and community involved process.

Tracie Neal continued by stating that she knows that it will be a tedious process, and that she would like to get to a place where they have initial changes in a redline document and could project it on the screen and go through it together. She suggested spending some time in this meeting to go through the document

and discussing changes and she would update the document with those changes and schedule the plan for review of those changes and more discussion at the May meeting. She stated that it's going to take the executive members doing some review in the meantime and bringing those recommendations forward.

Tracie Neal stated that on the first page of the document, they've historically listed the names of the executive committee members and asked if the committee wanted to continue to list the specific names identifying the members or if they should just list the titles. Stephanie Bridgett stated that if they were to just use their titles, they would all know who the representative is except for the Chief of Police because there are multiple city police chiefs. Tom Bosenko stated that when the document was first made, and the Penal Code does say "Chief of Police", it started out with Chief Peter Hansen, then it moved to Robert Paoletti. He stated that Anderson Police Department ceded to have the Redding Police Chief represent on the CCP. Tracie Neal stated that she did not have a preference, but wanted to bring it up because if they list individual names and have changes in membership, it will call for an update of the plan. Tom Bosenko stated that they could do it that way, or they could have a separate sheet of the member names and then just revise the page with the member names on it when there were changes to make it simpler than going through the complete plan. Tracie Neal stated that within the plan they do identify the titles, so they could eliminate the names on the first page in its entirety. Tom Bosenko stated that the public might want the names on it so they know who contributed to the current plan if they are downloading it. He stated that it would also give them a point in time to know who the members were if they were looking at past plans. Tracie Neal stated that it sounds like they want to keep the names of the members. The committee members agreed.

Elaine Grossman stated that they could have a signature page that is signed and dated using the date that the CCP Executive Committee approved it. She stated that it would not be a part of the plan like the title page is but if the membership changes, they wouldn't have to worry about modifying the names. Tracie Neal asked the committee what they thought about the signature page. Stephanie Bridgett stated that she did not have a strong opinion either way. William Bateman stated that he did not either. He stated that he didn't have a problem with leaving the names on the front or signing at the end.

Tracie Neal stated that in the Executive Summary on the second page, they need to add definitions for the Post Release Community Supervision (PRCS) population and the Mandatory Supervision (MS) population. She stated that they have two different populations from realignment and that they could spell it out a little bit further in that first paragraph. Stephanie Bridgett asked what Tracie would want it to say. Tracie Neal stated something related to the fact that AB 109 and subsequent trailer bill AB 117 transferred responsibility for supervision of certain low-level offenders released from the California Department of Corrections and Rehabilitation and identified a population no longer eligible to be sentenced to state prison requiring that population to serve a local prison term and a term of supervision to encompass Mandatory Supervision, which wasn't included before. Stephanie Bridgett asked for clarification as to where the changed wording would go. Tracie Neal said it would go in the first paragraph of the Executive Summary. She stated that they could go also include the words "Mandatory Supervision population and the Post Release Community Supervision population." Tom Bosenko stated that he would recommend that it states "serve a local prison sentence in the county jail." Tracie Neal agreed and said that it is more specific in defining who we are getting and the impact. Stephanie Bridgett stated that it makes sense to put something in there. She continued by asking if this is something that would be put into the document as a redline change based on the conversation. Tracie Neal answered in

the affirmative. She stated that her thought was, if they could get through a couple of these pages, they would have a redline document to start reviewing at the May meeting.

Tracie Neal continued by stating that in the third paragraph of the Executive Summary that they need to add that they went back to the Board of Supervisors on June 17, 2014 with an updated plan. Tom Boskeno suggested having an updated dates page to track the updates rather than having to read through the narrative. Tracie Neal asked if this should be on the title page. Tom Bosenko stated that if they look at the bottom of the title page, there is a revised date on the cover, and then they could have a page in time with the updates in chronological order. He stated that they could continue to have the revised date at the bottom of the page so that they know which edition is being viewed. Stephanie Bridgett stated that the next sentence in the executive summary would have to be changed as well, "the current plan with its few modifications", because there are going to be a lot of modifications. Tracie Neal agreed. Stephanie Bridgett asked if they should just cross out the word "few". Tracie Neal answered in the affirmative. She stated that she wasn't sure if they needed the whole sentence. Stephanie Bridgett agreed. Tracie Neal stated that the purpose of the sentence is to document when it has been reviewed and updated. Stephanie Bridgett asked if they were removing both following sentences or just one. Tracie Neal stated that they could leave "It will be returned to the Board of Supervisors for approval when significant modifications are necessary." Stephanie Bridgett stated that "it" will have to be changed to "the plan". Tracie Neal agreed.

Tracie Neal stated that they had some discussion a couple of meetings back about potentially adding crime prevention into the executive summary, and she was not sure if the group wanted to consider adding that fourth strategy. Stephanie Bridgett stated that she thought that they had talked about defining them out as goals. Tracie Neal stated that Carol Ulloa, who will be at the meeting in May, has looked at different plans within the state and how they've listed strategies and what kind of outcomes and goals they've included. She stated that she has looked a little bit at Carol's research, and learned that a lot of plans have strategies with overarching goals, and then each year the committee establishes an outcome related to those goals. She gave an example that Santa Barbara had overarching goals and outcomes targeted to measure the performance.

William Bateman stated that there is value in having a general goal at the beginning of that paragraph, especially since it goes right into the three strategies. He stated that there should be an overarching goal there, and more specific goals within the strategies. Stephanie Bridgett exited the meeting at 2:59 pm.

William Bateman clarified that the overall goal is to cease recidivism. He stated that is the goal of the CCP and the funding. He stated that for people released on probation supervision, the goal is to have them successfully complete through programs or custody and sanctions. He stated that maybe they could have a general goal in that paragraph, and once they get into the strategies, that is where they start defining the goals that were outlined. Tracie Neal and Tom Boskeno agreed that it sounded good.

Tom Bosenko stated that there are too many "ands" in the second line of the fourth paragraph. Tracie Neal stated that they could reduce those. She asked if there was any wording or suggestions for the overarching goal. William Bateman stated "The Shasta County Public Safety Realignment Plan" and asked if the date of 2011 would be different. Tom Bosenko stated that it wouldn't necessarily be year specific because the overarching goal should remain the same, which is to reduce recidivism, change behavior, and still have incarceration for those who are non-compliant. William Batman stated they'd

take out the "2011". Tracie Neal asked William to read what he had written down. William Bateman stated "The Shasta County Public Safety Realignment Plan ensures public safety through effective supervision designed to prevent recidivism. To achieve this goal, the Shasta County Public Safety Realignment Plan utilizes three strategies focused on: Supervision; Assessments, Programs, Services; and Custody and Custody Alternatives." Stephanie Bridgett re-entered the meeting at 3:03 pm.

Tracie Neal asked how the group felt about the language. Tom Bosenko stated that he is more of a visual person. Stephanie Bridgett stated that she did not hear it. William Bateman passed the language over to Stephanie and Tom to read. Tracie Neal stated that they could get the language in and then play around with it in May. Tom Bosenko stated that the wording is a little clunky. He stated as you read through it, it sounds like a run-on sentence because there are so many things that they are trying to name in there, although there is a colon to break it up. William Bateman stated that the primary goal is public safety through preventing recidivism, and that was the start of it. Stephanie Bridgett stated that it reads as public safety through supervision and doesn't encompass accountability in the main sentence. She stated that she is not a huge fan of it. Tom Bosenko asked if it could be "ensure public safety through effective accountability through supervision." Tracie Neal stated that they could put "supervision and accountability." William Bateman stated that he didn't have any objection to that. Tom Bosenko stated that gives them a good start.

Tom Bosenko stated that they could weave in prosecution of those not compliant or not in compliance with the focus of the plan. William Bateman stated that he wasn't sure if that kind of detail would go into the overarching goal. Tracie Neal stated that it seemed like it would go into one of the strategies.

Tracie Neal stated that if they keep their goal a little bit broader, they could include what they want measure within the strategies. She suggested they look at their strategies and update those a little bit. She stated that there are three strategies: 1) Supervision; 2) Custody and Custody Alternatives; and 3) Assessment, Programs, and Services. She stated that it sounded like they may want to add Accountability as a strategy. Stephanie Bridgett stated that she thought that last time that they talked about it, they were going to change the three strategies into the goals: Public Safety, Accountability, Supervision, Rehabilitation, and Reintegration. Tracie Neal stated the Assessment, Programs and Services is the Rehabilitation piece. She stated that the piece that they can add is the accountability and they could add a strategy that is just Accountability if the group wanted to. She stated that when they are talking about Reentry/Reintegration, she didn't know if it would fall under Supervision or Custody and Custody Alternatives. Tom Bosenko stated he didn't think it would fall under Custody and Custody Alternatives. He stated that it could fall under Supervision or Assessments, Programs, and Services. Tracie Neal stated that with Custody Alternatives, the offenders are in the community. She stated that they are re-entering into the community and, in essence, living in the community making that transition. Chelsey Chappelle stated that they have built programs such as STEP-UP and Phase that are there to help them reintegrate. Tom Bosenko stated that they might break those out like strategies using parentheses. Tracie Neal stated that they do that later in the plan, where they break up the strategies, but this page is just the executive summary where we'd want to get in that overarching goal. She stated that if they wanted to add a different strategy, they would want to add that in the summary.

William Bateman asked if Assessments, Programs, and Services are a part of Supervision. Tracie Neal answered in the affirmative. She stated that they also have the compliance listed under Supervision. Tom Bosenko stated that there are a number of ways to look at it. He stated that the STEP-UP program is listed under Custody and Custody Alternatives because they are getting credits from the jail for attending

the college. He stated the vast majority now are on probation because as they get done serving their sentences, they can be in the program and transition onto probation, so it's a combination of Accountability, Custody and Custody Alternatives, and Supervision. Chelsey Chappelle stated that it is similar with Phase and the DRC. Tom Bosenko agreed. Tom Bosenko stated that as you drill down into them, there is a lot of overlap.

William Bateman stated that in terms of strategic thinking with an offender, they're using supervision to provide oversight. Included in that supervision are programs that fit that particular person's needs, according to the assessments, which are used to rehabilitate the person. They use the custody and custody alternatives as a strategic way of gaining compliance with supervision. Tom Bosenko stated that some accountability is not through custody or custody alternatives, but through Probation with sanctions. Stephanie Bridgett stated that the paragraph is an important one and suggested that they should all come up with some language to propose at the next meeting. She stated that she wrote down the one proposed by William so that she has a working model. Tracie Neal stated that the committee members should consider what the overarching goal should be and bring proposed language to the next meeting. William Bateman stated that he got the concept from that statutes that relate to CCP.

Tracie Neal stated that for the paragraph about Custody and Custody Alternatives, they should put language in about the jail operations and the funding over the years. Tom Bosenko agreed and stated that there is dated material in there. Tracie Neal stated that they want to keep the dated material because it talks about their history, but they could put information in there about the FY 2017/18 shortfalls and how the CCP stepped in and provided additional funding, as well as a sentence about out of county jail beds. She stated that they could come up with some language and talk about it. Tom Bosenko stated that the top part talked about expanding the jail beds, and they just had the expansion of the 103 beds. Tracie Neal agreed that should be included.

William Bateman stated that he would like to build on Stephanie's comment about the importance of the overarching goals. He stated that the strategies are equally important when considering what the goals are going to be. He stated that they may want to spend some time individually thinking about what the goals are for those particular strategies.
Tom Bosenko stated that when talking about compliance, they should talk about enforcement, since they don't have a team right now. He stated compliance enforcement is through daily patrol operations or when they put together an event, like a compliance day. He stated that at some point, later in the document they can talk about selective enforcement times. Tracie Neal clarified that Tom wanted to change the compliance team in the document. Tom Bosenko stated that he still wanted the team, but wanted to include the compliance alternatives, whether through specific operations or patrol operations. Melissa Fowler-Bradley asked if they could be referred to as "compliance efforts of local law enforcement partners will continue to make regular face-to-face contacts." Tom Bosenko stated that would work.

Tracie Neal asked if they were interested in doing crime prevention as a strategy. She stated that they are doing misdemeanor filing diversion and they've funded, using the innovation subaccount dollars, the HUB project for juveniles under the age of 18. She stated that she could work up some language on some crime prevention. Tom Bosenko stated that they could use reduction instead of prevention. Tracie Neal stated that the innovation subaccount program is defined as crime prevention. She stated that HOPE City is providing services to at-risk youth with the goal of not having them enter the criminal justice system.

William Bateman asked if they have any programs designed for at-risk young adults. Tracie Neal stated that the District Attorney's Office is doing the pre-filing misdemeanor diversion, which seems like it would hit some of those younger adults. Ben Hanna stated that their primary age group is the younger people, ages 18-25. William Bateman stated in that circumstance, Tom makes a good point. He stated that it would not be prevention, it would be prevention of a criminal case, but not prevention of committing a criminal act. Stephanie Bridgett stated that they're preventing future crimes by getting treatment through the diversion program.

Tracie Neal asked if there are any definitions that need to be modified or updated.

William Bateman stated before they move on to definitions, he wanted clarify that they are thinking of four strategies: Prevention; Supervision; Custody or Custody Alternatives; and Assessments, Programs, and Services. Tracie Neal asked if she heard Accountability as a strategy as well. Stephanie Bridget answered in the affirmative. She stated that they all dovetail to that paragraph that they are all going to propose. Tracie Neal stated that it sounds like it would tie in Supervision; Custody and Custody Alternatives; Rehabilitation through assessments, programs, and services; Accountability; and Crime Prevention. She stated that she's struggling with where the Re-entry/Reintegration fits. She stated that there are people being released from custody who are returning to the community but they don't come under the umbrella of Supervision. She stated it brings to question the process of support for those people. She stated that there are also people who are on custody alternative programs may need support for re-entry. She stated that there are also the people who come to Probation who have a different re-entry process. She stated that she's not sure where it fits in, but it is a piece. William Bateman stated that when he thinks about reintegration, the person has participated in programs and is reintegrating successfully into the community. He stated that it sounded like it should be a sub-category than an actual independent strategy. Tracie Neal stated that it could be, and that it is definitely a harder one to nail down.

Melissa Fowler-Bradley left the meeting at 3:23.

William Bateman stated that he likes Prevention, Supervision, Custody, and Assessments. He stated that he likes Accountability as well, but they will have to figure out how they define that, and whether it may be a subcategory of supervision and custody, because those are the methods that are being used to hold someone accountable. William Bateman clarified that at this point they are working with five potential strategies. Tracie Neal agreed and stated that they are increasing the total number of strategies. William Bateman stated that they will consider them and work on them at the next meeting. Tracie Neal answered in the affirmative and stated that they will all work on the language for the overarching goal as well.

Tracie Neal stated that the definitions are still valid but she thought they might need to add Pre-Trial Supervised Own Recognizance (PSOR). She stated they have the Supervised Own Recognizance currently but they did have, for about 18-months to 2-years, PSOR. She said she would want Melissa's opinion on that.

Melissa Fowler-Bradley reentered the meeting a 3:24.

Tom Bosenko stated that if they're adding it in the executive summary somewhere, they would add it somewhere else in the body. Tracie Neal stated that she was talking about the definitions.

Melissa Fowler-Bradley apologized for missing the conversation and asked if they are on definitions now. Tracie Neal answered in the affirmative. Melissa Fowler-Bradley asked if the definition for recidivism is correct. Tracie Neal stated that on page 7, they have a very brief definition of recidivism. Tom Bosenko stated that they can utilize that definition, or they could use the definition that was provided by the state which talked about a new crime after conviction. He stated that statewide that was a big debate, the definition of recidivism, because they could have a lot of recidivism before conviction and then that is not counted in statistical data. Tracie Neal stated that the Board of State and Community Corrections (BSCC) definition of recidivism is a new conviction either three years after being released from custody or from supervision. She stated that when they have done their CCP reports to the BSCC, they've included that they don't have that capability to measure three years once they've left the system. She stated that within the Probation department, they have the ability to measure if they have received a new conviction or a technical violation while under supervision, but once they leave supervision, we don't have the ability to measure. She stated it is the reason that they have struggled with the BSCC definition, because they want three years once they have exited the system. She stated that she is hopeful the new case management system is going to be able to get them where they need to be to measure for the state standard, but she is not sure. Melissa Fowler-Bradley stated that she did not understand why they cannot capture that now because they know when a new crime is committed and they know when supervision ends. Tracie Neal stated that they don't have a method within the JALAN system to run those types of reports. She stated that they have tried to identify person alerts and tried to pull the information but when they pull it they know that it isn't accurate due to cross checking. Melissa Fowler-Bradley stated that all they would have to do is compare the date that supervision ended and the date of the new conviction. Erin Bertain stated that they do have person alerts if they come back to Probation on supervision, but probation only has access to Probation's data. She stated if they commit a new misdemeanor, they don't come back to probation, or if they just go to jail or prison, they don't come back to probation. She stated that the portion of recidivism that talks about release from jail is a whole different population that is not under Probation's control. She stated that they have set up person alerts where if a person leave supervision and comes back to probation within 36 months, as long as the alert is entered, it can be tracked. She stated that it is highly dependent on someone doing the data entry and beyond that, there are so many other places within the criminal justice system that they can have committed a new crime and never come to Probation. She stated that recidivism for the people who get released from custody that never come to probation cannot be measured by Probation. Melissa Fowler-Bradley stated that where she is having trouble is that it is not just limited to Probation. She stated that if that person comes back, the District Attorney, the Public Defender, and the court are all involved. She stated that they ought to be capturing that information, not just when that person comes back to Probation. Tracie Neal stated that it is the hope with the new system, that they will be able to run reports. She stated that right now they can run if they were in Probation's system and reentered Probation's system, but it's only a small scope of population. She stated that there are other people that are getting new convictions that Probation is not aware of. Chelsey Chappelle stated that there are also other jurisdictions that they don't know about. She stated that someone could commit a crime in Tehama or Arkansas and Probation is not going to know the answers. She stated that the only way for Probation to know that is to run a rap sheet and there are rules around right to know/need to know as well as time constraints. She stated that is where recidivism becomes a slippery slope. Melissa Fowler-Bradley stated that maybe they need to quantify that they are only talking about recidivism in Shasta County. Chelsey Chappelle stated that they can certainly do that, especially if the other partners are going to report similar data. Tracie Neal stated she met with Donnell Ewert, Erin Bertain, and a couple of the epidemiologists at HHSA to talk about trying to establish and get data. She stated that they had some really good ideas about how they could pull and compare data which could potentially include the entry into another

system to correlate data from multiple sources. She stated that they are definitely going to be able to get there and, with the new case management system, they will be able to define it more as to what the state recommends. She stated that she didn't know if the court has the ability to run reports. Melissa Fowler-Bradley stated that they definitely can. She stated that they know when probation ends and all they have to do is look for a subsequent misdemeanor or felony after the date supervision ends. Tracie Neal stated that it would be worth discussing in the future to really look at recidivism and what they're wanting to pull and how they're going to do it. She stated that it may be premature until we get our new case management system, but it is a topic worth covering.

Melissa Fowler-Bradley stated that as far as their definitions are concerned, she isn't sure how they would want to state the definition of recidivism, but she doesn't think what they have is very clear. She stated that there has been an increase in Formal Probation since 2014 and thinks there should be some information added about that. Tracie Neal stated that she would work on some language to include.

Tracie Neal told Melissa about the conversation that the group had when she stepped out of the room and asked Melissa if it would be worth it to add a PSOR definition. Melissa Fowler-Bradley stated that it was a great idea. She stated that PSOR, or something similar to it, is going to come into play when case bail goes away. Tracie Neal stated that she would work on some language to add for May.

Tracie Neal stated that see didn't see any changes for the Overview of the Public Safety Realignment Act (AB 109). She asked the committee if they saw anything that needed to be edited in that section. Tom Bosenko stated that the rest of the definitions look alright. Melissa Fowler-Bradley asked when they talk about the Community Corrections Center (CCC) and the Day Reporting Center (DRC). Tracie Neal stated that they talk about it later on when they talk about strategies. Melissa Fowler-Bradley stated that they are a key element. Tracie Neal stated that they can include them. Melissa Fowler-Bradley stated that she remembered that back in 2014 they were really struggling because they had just opened the DRC in April. Tracie Neal stated that they are celebrating their sixth year of the DRC and the CCC. She stated that it will be talked about more under updates, but the DRC is getting ready to host a big open house and Probation is going to do some media coverage. Melissa Fowler-Bradley stated that if the rest of the group thinks it's appropriate, under the Key Elements of AB 109, they could include mention of the CCC and DRC. Tracie Neal asked if the group was okay with adding that. The committee agreed non-verbally. Tracie Neal stated that she can come up with some language for the next meeting.

Stephanie Bridgett stated that she was looking at the paragraphs before the Key Elements. She stated that it seems like a lot of the language in there is what they were looking to add into the first paragraph of the executive summary. She stated that it seems like it is fleshed out well, and they could draw from that for some ideas. Tracie Neal agreed.

Tom Bosenko brought up Mandatory Supervision violations, but saw that they were already there. Tracie Neal agreed and stated that the revocations and the parole violations is a big piece and is impactful for the courts and the sheriff's department. Tom Bosenko asked they wanted to include Probation with "Parole Violations and Revocations". Tracie Neal stated that realignment changed the parole violation process and the probation violation process was not impacted.

William Bateman stated that he didn't have any objection to Melissa's recommended language, but asked if it was part of the legislation. He stated that when you say "Overview of the Public Safety Realignment Act", it sounds like a summary of the actual legislation and the key elements of it. He stated he was

wondering if that is the proper place for specific programs. He stated that he didn't think there is a problem with including it in there, he just wanted to make sure that they considered that. Tracie Neal stated that it was a big part of Shasta County's development and their local process. She stated they were dependent on needing these resources to manage the population. Melissa Fowler-Bradley stated that maybe they have it covered under Enhanced Local Custody Alternatives and maybe that includes it without actually stating it. Tracie Neal stated that a key element is Rehabilitation and they could identify that key element as Rehabilitation and Treatment and then list those as a part of it. William Bateman said that was a good idea. Melissa Fowler-Bradley agreed.

Tracie Neal stated that she has changes for page 11 for Shasta County Funding. She stated that she has some new language that she can include for the new funding formula. She stated that she can also include information about how the growth allocation is included as well as Proposition 30. Melissa Fowler-Bradley asked if they needed to talk about SB 678. Tracie Neal stated that they should put SB 678 in there and she will work on that language as well.

Tracie Neal continued by stating that the section starting with "Public Safety Realignment funding is designed to cover…" includes language in there about flexibility and the next page talks about the Public Defender and District Attorney, and she thinks that language looks good. William Bateman agreed. Stephanie Bridgett clarified that language refers to the direct allocation. Tracie Neal answered in the affirmative. She asked if they should put "Additional Public Safety Realignment Funding – Direct Allocation." Stephanie Bridgett stated that it makes it more clear.

Tracie Neal stated that she didn't know of Stephanie or William had any more changes to that paragraph. Stephanie Bridgett stated that she didn't right now, but she could take a closer look before May. Tracie Neal stated that because they are meeting a little bit later in May, they have an extra week to work on it.

Tracie Neal asked if the committee was okay with her defining the Community Corrections Partnership in the Local Planning and Oversight section including the codes that establish the membership for this group as well as the Executive Committee. She stated that they don't currently identify the larger group. She stated that if they are okay with it, she can go in and put that language in. Tom Bosenko stated that he is comfortable with it and that she might also consider including, where it says "Chief of Police", the method of selection. Tracie Neal stated that she will work on that section to make sure that both groups are defined and represented. Tom Bosenko stated that during public comment, Mr. Wharton talked about alternating them but then they would lose the continuity if different people were floating in and out.

Tracie Neal thanked the group for their input and stated that she would work on making redline changes for the meeting in May. She asked that they work on the overarching goals and bring the proposed language to the May meeting. She stated that they are also welcome to look at the remainder of the document and make comments to bring to the May meeting.

Action Items

None.

Operational Updates

William Bateman gave an update on the work that the Social Workers have done since January 2019. He stated that they have placed 25 people in long-term programs, which they define as between six and 18 month residential programs. He stated that 23 are still in program and doing well. He stated that since January, they've had plans of action for outpatient treatment for eight people, six of them remain in their plan and are doing well. He stated that currently they have 37 people in residential treatment that are all doing well. He stated that they entered at different times throughout last year, and clarified that the initial statistics are from January. He stated that he just wanted to let the committee know that they are having some successes, and hopefully those people will continue with their programming and not recidivate as a result of receiving these services.

Tom Bosenko gave an update from the jail. He stated that they have completed the jail bed project, and it actually came out to 103 beds, not 102. BSCC has given the preliminary okay through email to use the beds and the visual inspection is coming up in May. He stated that there has been a delay in completing the rec yard project due to the rain. He stated that he didn't have his usual hierarchy report, but that he knows that they currently have 27 in the jail for homicide. He stated that they have incorporated Chronic Offender Accountability Program which is a partnership of the District Attorney, Sheriff, and the City Police Departments. He stated that it is going along well. He stated that when they are getting those people in custody, they are trying to hang on to them. He said these individuals have a number of cases that are being bundled and tend to stay in custody a little longer until the case is adjudicated through jury trials or pleas. Typically, the bundled cases result in lengthy sentences of either state prison or local prison depending on what the offenses are. He stated that all of the beds are being utilized.

Danielle Gehrung stated that the Day Reporting Center is celebrating their 6-year anniversary. She distributed a newsletter and an invitation to the Open House that they will be holding on May 23rd to celebrate. Amanda Owens stated that they are excited about having 6 years, and thanked the committee for their partnership and support.

Future Agenda Items

Tracie Neal stated that they would be discussing the CCP Plan Revisions.

Next Meeting

Tracie Neal stated that the next CCP meeting would be on May 22nd.

Adjourn

Tom Bosenko motioned to adjourn. Melissa Fowler-Bradley seconded the motion.
Motion passed: 5 Ayes, 0 Noes.

Meeting adjourned at 3:53 p.m.

2011 Realignment Revenue Report

Fiscal Year 2018-19 (Twelve Months 7/1/18 - 6/30/19)

Revenue Time Period (8/16/18 - 8/15/19)

FY 18-19
New Revenue
As of May 16, 2019

CCPEC Agenda Item 3
May 22, 2019

	% per CCP Revenue Appropriations	CSAC 10/9/18 State Revenue Estimate (no growth)	Budgeted Revenue w/growth	County Total Receipts	% Total Receipts	Balance Remaining In Projections	% Remaining Projections
	100.00%	8,044,009.78	8,277,055.00	5,373,347.95	66.80%	2,670,661.83	33.20%
Sheriff (235)	5.16%	415,070.90	419,681.00	277,264.75	66.80%	137,806.15	33.20%
Jail (260)	30.77%	2,475,141.81	2,501,772.00	1,653,379.16	66.80%	821,762.65	33.20%
Work Release (246)	5.10%	410,244.50	414,283.00	274,040.75	66.80%	136,203.75	33.20%
Subtotal/Sheriff	*41.03%*	*3,300,457.21*	*3,335,736.00*	*2,204,684.66*	*66.80%*	*1,095,772.55*	*33.20%*
General Asst (542)	0.52%	41,828.85	42,045.00	27,941.41	66.80%	13,887.44	33.20%
Mental Health (410)	1.74%	139,965.77	141,329.00	93,496.25	66.80%	46,469.52	33.20%
Social Svcs (501)	0.38%	30,567.24	30,812.00	20,418.72	66.80%	10,148.51	33.20%
Subtotal/HHSA	*2.64%*	*212,361.86*	*214,186.00*	*141,856.39*	*66.80%*	*70,505.47*	*33.20%*
Probation (263)	*46.54%*	3,743,682.15	*4,128,568.00*	*2,500,756.14*	*66.80%*	*1,242,926.02*	*33.20%*
District Attorney (227)	*2.62%*	*210,753.06*	*236,271.00*	*140,781.72*	*66.80%*	*69,971.34*	*33.20%*
Victim Witness (256)	*2.32%*	*186,621.03*	*188,629.00*	*124,661.67*	*66.80%*	*61,959.35*	*33.20%*
Public Defender (207)	*1.85%*	*148,814.18*	*173,665.00*	*99,406.94*	*66.80%*	*49,407.24*	*33.20%*
Probation (Reserves)	*3.00%*	*241,320.29*	*Included w/Prob*	*161,200.44*	*66.80%*	*80,119.85*	*33.20%*
Grand Total	**100.00%**	**8,044,009.78**	**8,277,055.00**	**5,373,347.95**	**66.80%**	**2,670,661.83**	**33.20%**

Payment Monthly	History & Target Info
09/25/18	640,441.25
10/26/18	625,644.89
11/27/18	842,296.03
12/26/18	612,437.47
01/28/19	632,251.23
02/28/19	1,001,261.43
03/26/19	481,781.90
04/25/19	537,233.75
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
	$5,373,347.95

Target To Date (8 Months)	Target Monthly
5,362,673.19	670,334.15

% Target To Date (8 Months)
100.20%

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%	157,354.00	161,513.00	105,166.32	66.83%	52,187.69	33.17%
Public Defender (207)	50.00%	157,354.00	161,513.00	105,166.32	66.83%	52,187.69	33.17%
Grand Total	**100.00%**	***314,708.00***	**323,026.00**	**210,332.63**	**66.83%**	**104,375.37**	**33.17%**

Payment Monthly	History & Target Info
09/25/18	25,069.23
10/26/18	24,490.04
11/27/18	32,970.57
12/26/18	23,973.06
01/28/19	24,748.64
02/28/19	39,193.06
03/26/19	18,858.72
04/25/19	21,029.31
Pending	0.00
Pending	0.00
Pending	0.00
Pending	0.00
	$210,332.63

Target Monthly	Target To Date (8 Months)	% Target To Date (8 Months)
26,225.67	209,805.33	100.25%

[State figures subject to change.]

[CSAC is California State Association of Counties]

2011 Realignment Estimates and Receipt Dates
Direct from State to County of Shasta
CCPEC May 22, 2019

Community Corrections Subaccount	Actual (If Historical)	Governor's 2019-20 Budget (1/10/19)*	Governor's 2019-20 May Revise (5/9/19)**	Difference Between 1/10/19 and 5/9/19 Figures	Comment
2016-17	$7,126,367				Completed: last payment received 8/28/17
2016-17 Growth	$256,950				Completed: $256,949.94 received 11/16/17; 10% or $25,694.99 deposited into Probation Local Innovation Subaccount
2017-18	$7,613,768				Completed: last payment received 8/28/18
2017-18 Growth	$1,093,649				Completed: $1,093,649.61 received 10/11/18; 10% or $109,364.86 deposited into CCP Local Innovation Subaccount
2018-19		*$8,044,010*	*$8,044,010*	$0	In process: 8/16/18 - 8/15/19
2018-19 Growth		Subject to Growth Formula	Subject to Growth Formula	Statewide estimate is $35.6 million lower in May Revise than January Budget	Anticipate October 2019
2019-20		*$8,671,651*	*$8,453,248*	*($218,403)*	Anticipate 8/16/19- 8/15/20
2019-20 Growth		Subject to Growth Formula	Subject to Growth Formula	Statewide estimate is $7.9 million lower in May Revise than January Budget	Anticipate October 2020

DA/PD Subaccount	Actual (If Historical)	Governor's 2019-20 Budget (1/10/19)*	Governor's 2019-20 May Revise (5/9/19)**	Difference Between 1/10/19 and 5/9/19 Figures	Comment
2016-17	$232,068				Completed: last payment received 8/28/17
2016-17 Growth	$43,980				Completed: $43,980 received 11/16/17; 10% or $4,398.04 deposited into Probation Local Innovation Subaccount
2017-18	$276,047				Completed: last payment received 8/28/18
2017-18 Growth	$38,823				Completed: $38,822.59 received 10/11/18; 10% or $3,882.25 deposited into CCP Local Innovation Subaccount
2018-19		*$314,708*	*$314,708*	$0	In process: 8/16/18 - 8/15/19
2018-19 Growth		*$56,465*	*$36,536*	*($19,929)*	Anticipate October 2019
2019-20		*$371,173*	*$352,075*	*($19,098)*	Anticipate 8/16/19- 8/15/20
2019-20 Growth		*$51,483*	*$47,331*	*($4,152)*	Anticipate October 2020

**State Figures on page 81 of Governor's Budget Summary for FY 2019-20 times applicable multipliers:*
Community Corrections Suboccount (other than growth): multiplier is .006134879
DA/PD 50%/50% (and growth): multiplier is .008303036507
***From California State Association of Counties (CSAC) times applicable multipliers listed above.*
All figures subject to change; State Department of Finance finalizes the figures each fall.

International Trauma Center (ITC)

4 days onsite

1 day onsite- CCP meeting

1 day onsite: delivery 2- 4-hour Trauma Informed Care Seminars

1 day onsite: delivery 2- 4-hour Toxic Stress Reduction-Compassion Care Seminars

1 days onsite: workshops for check in and supervisions on TIC toolkits

8 hours consulting

Sequential Intercept Model Mapping Report for Shasta Co. California

Prepared by: Policy Research Associates, Inc.

Connie P. Milligan, MSW, LCSW

Arnold A. Remington, MA, LIMHP, CPC

September 26 - 27, 2017

Delmar, NY

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Report for Shasta County, California

Final Report
September 26-27, 2017

Connie P. Milligan, LCSW
Arnold A. Remington, MA, LIMHP, CPC

Policy Research Associates, Inc.

PRA
POLICY RESEARCH ASSOCIATES

ACKNOWLEDGEMENTS

This report was prepared by Connie Milligan and Arnold Remington of Policy Research Associates, Inc. Policy Research Associates wishes to thank Tracie Neal, Chief Probation Officer, Shasta County Probation Department, for organizing and hosting the workshop and to Donnell Ewert, Director, Health and Human Services Agency, for his opening welcome and comments. Support for the workshop was provided to Shasta County by the Shasta County Probation Department.

RECOMMENDED CITATION

Policy Research Associates. (2017). *Sequential intercept mode mapping report for Shasta County, California,* Delmar, NY: Policy Research Associates, Inc.

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Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

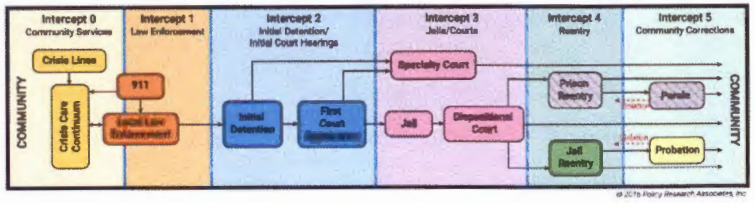
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

AGENDA

PRA

Sequential Intercept Mapping

AGENDA

Shasta County, CA

September 26, 2017

8:30 Registration

9:00 Opening
- Welcome and Introductions
  - Donnell Ewert, Health and Human Services Agency Director
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basis of Cross-Systems Mapping
- Five Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:30 Adjourn

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

PRA

Sequential Intercept Mapping

AGENDA

Shasta County, CA

September 27, 2017

8:30 Registration and Networking

9:00 Opening
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

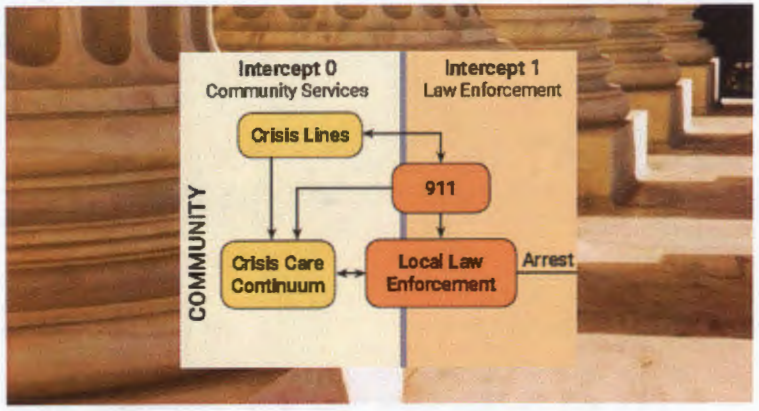
11:30 Adjourn

There will be a 15 minute break mid-morning.

Sequential Intercept Model Map for Shasta County, CA

Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

INTERCEPT 0

RESOURCES

- **Crisis Lines**
  - Health and Human Services provides crisis line response 24/7
  - Child Welfare, Social Services has 12-hour crisis line, with face to face response
  - Health In. has a volunteer help line that rolls over to a phone service and texting
  - 211 – 24/7 for health and human services
  - Veterans National Hot Line
  - One Safe Place offers a domestic violence hot line
  - Caring For Shasta - Facebook group primarily for care managers to share information
- **Crisis Care Continuum**
  - Shasta Co HHSA has a care center 11am-11pm Sun – Fri that has walk in services and NAMI peer support. NAMI has an office on site.
  - Mobile Crisis services has a grant – Whole Person Care – to be implemented with clinicians, case managers and law enforcement to operate 7 days/week for 12-16 hours/day.
  - Crisis Residential services – 16 beds/30 days max inpatient – uses social rehab model

  - Peer Support offers guidance to services
  - STAR Team provides a clinician, case manager and peer support – serves 60
  - Woodlands - support living situation with 19 units and 42 beds
  - Detox is offered as non-medical social service - 6-9 beds with 3-7-day stays
- **Hospitals**
  - Mayor Memorial – in Falls River CA, small mental health unit, ER and nursing home
  - Shasta Regional Hospital – 20-bed mental health inpatient Voluntary – may take involuntary pt.
  - Mercy Hospital – ER
  - 5120 involuntary evaluations done in the hospital with a nurse and clinician in the ER. Mental health partners with the hospital 16 hours/day for this service
  - Rest Pad – involuntary hold for 72 hours – 16 beds – police go frequently
  - State Psychiatric Hospital – Napa County – 3 hours away, has a forensic unit which often has a 60-day wait. Patients wait in jail.
- **Substance Abuse services**
  - Local residential, outpatient and IOP services
  - Empire and Vision of the Cross – 17 prescribers and MAT network, 100 beds and housing
  - Faith-based services – Good News rescue, Teen Challenge, residential services in Happy Valley
- **Other Providers**
  - County specialty providers through Medi-Cal
  - Partnership Health Plan – managed care – medium and mild mental health issues
  - Beacon – mental health clinic
  - Private providers – Marriage and Family, LCSW
  - 2 Indian clinics
  - VA Hospital – outpatient clinic for mental health, substance abuse, and medical

GAPS

- If a crisis call is not directly linked with the crisis line, it is turned over to law enforcement
- No 24-hour walk-in services, with a serious gap between 11pm and 5am
- A Mobile Crisis Grant is developed but not implemented yet. Plans for clinician and case manager are in place, but they're not 24 hours
- Care Center has sustainability issues
- No crisis stabilization – lost the legislative ballet initiative to fund it
- Limited inpatient hospitalization options – long wait times for 5150 beds
- Crisis residential is not fully utilized due to regulation limitations on needed crisis medical services

- Funding for a Sobering Center was sought through the City Council and didn't pass (at the time of SIM training it was going to be brought before the City Council again)
- Very limited access to the State Hospital – especially related to the percentage of people in need in Shasta County
- Housing barriers related to landlord regulations
- Transportation issues
- Access to services in a timely manner is problematic. There is a six week waiting list for Beacon outpatient and psychiatric services
- Mental health and substance abuse services are siloed service delivery systems. There are not enough dual diagnosis-trained therapists. Active substance use is considered a barrier to outpatient services
- Individuals that do not meet the criteria for involuntary commitment, but refuse services, often stay in crisis with repeated contact with law enforcement
- Limited access to Peer Support services

INTERCEPT 1

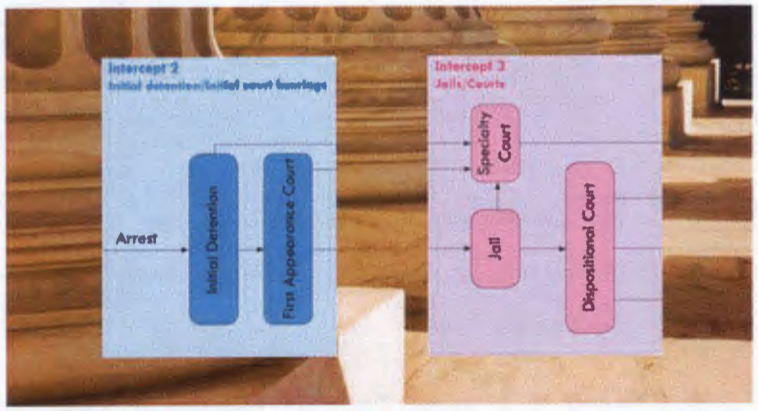
RESOURCES

- Shasta County Sheriff's Office runs 911 – 25 employees for 24/7 – trained in CIT and Mental Health First Aid. Includes Redding and Redding Fire Dept., Anderson, and Shasta Lake City Ambulance Co. Used the CATS system or Voice Dispatch
- Redding Police Department has 105 officers who receive 40 hours basic mental health training at hire and an eight-hour refresher training and 8 to 16 hour training every two years.
- Redding PD includes hostage negotiators, SWAT, Doctor on the SWAT team who is trained in trauma, a mental health liaison to the department, and Community Care Officers
- Track calls on record management system – 1,000 calls a year – 75% are disturbance-related
- Anderson Police Department has 20 officers for 4,000 people with limited resources. Transportation to Redding for hospitalization and services is a drain on resources
- Shasta Lake City Police Department has 15 officers and contracts with the County of Shasta for services
- Sheriff Department has three deputies and a Sargent

GAPS

- Liability – civil litigation directs or limits police response

- Dated Record Management System – from 1977 – a new system is coming
- "Lots of carrots but not enough sticks to get people into services"
  - No follow up on people in need who are identified by law enforcement
  - No immediate facility to take people to for help – i.e., need a "sobering facility"
- Shasta County covers 3,000 square miles with 180,000 total population; 10,000 are in rural areas with limited access to quick response. There is a large Native American population.
  - Sometimes only three deputies are on for the entire country



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2

RESOURCES

- Initial detention includes a medical screen with a few mental Health and suicide risk questions
- If individuals answer "yes" to the screen, nursing does a secondary level of assessment
- CA Forensics Medical Services Group (CFMSG) is the statewide provider which includes telepsychiatry, clinicians, and nursing care
- The Arresting Officer is required to stay until the booking is cleared
- Utilizes the Virginia Pretrial Risk Assessment Evaluation instrument (VPRAE) as a court assessment to keep people with low risk in the community during the court process
- Can have 1799 (incompetency) or 5150 (involuntary commitment) papers filed while in initial detention
- Identify medication – ROI to pharmacy and can start on medication with a call to the doctor
- Pre-filing drug diversion is done through the District Attorney's office. It was started a few months ago as a one-year pilot

GAPS

- Mental health services are not available 24/7 at the Jail – only Monday through Friday

- Lower likelihood of private facility receiving someone out of jail
- Delayed access to services if mental health issues are not self-identified at booking
- When someone in need is released before arraignment, his/her screening is not complete
- Because of limited jail space, inmates are released prior to probation screening for risk for recidivism. This increases the likelihood of recidivism

INTERCEPT 3

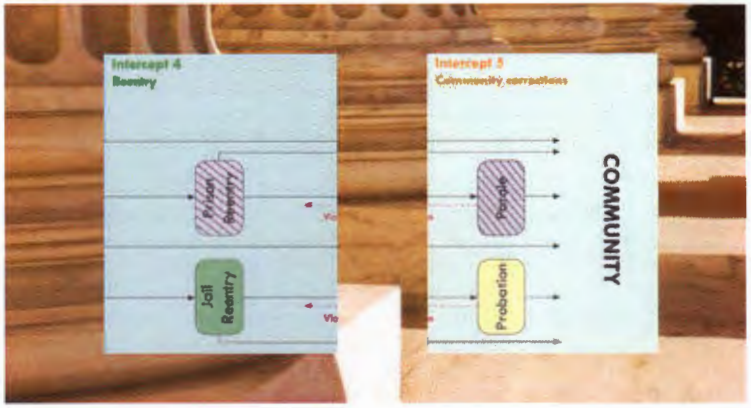
RESOURCES

- Jail – 381 capacity – 90% full – 30-60 bookings a day
  - Has a classification system
  - Housing unit for mental health has 20 beds
  - Programming includes AA, NA, and parenting skills
  - Shasta DRC has 30 slots, offers evidence-based Cognitive Behavioral Therapy
  - Work release for 9-18 months referred by probation
  - Mental health offers socialization group Monday - Friday
- Courts
  - Behavioral Health Court – 15 slots with four phases, three months each, and after care for six months. On probation for five years, with a dedicated Probation Officer. They use the PATH screen for housing referral to mental health. Team includes Judge, Probation, mental health, DA, and Probation Department. Must be referred by attorney, enter voluntarily with buy in to treatment plan. Accept felony charges only -at completion, felony reduced to misdemeanor and case is dismissed
  - Drug Court – serves 15-30-year olds individuals; capacity is 40-50 people
  - Reentry Court – folding down
  - Incompetent to Stand Trial – misdemeanors

GAPS

- Jail is overcrowded
  - The 90% capacity rule results in many people being ROI which adds to recidivism
  - Need to add 300 beds to meet demand
  - Have to send inmates to other counties which adds $500,000 to the county budget for other beds
  - No mental health services 24/7 – services are 7-4pm Monday - Friday
  - State hospital is full with six-month wait for evaluation – while the person sits in jail

- Courts
  - Behavioral Health Court does not service misdemeanors, which is a high percentage of ROI who need treatment
  - There is no Veterans Court
  - Drug Court –regulations lack foundation to hold people accountable for their behavior



INTERCEPT 4 AND INTERCEPT 5

INTERCEPT 4

RESOURCES

- Probation
  - Hybris Transition Probation Officers – average 30 per month
  - Evidence-based assessments – Housing First model – high priority are focus
  - 50 cases per month
  - Crisis-oriented case plans include referrals and warm hand-off
  - Felony offenders are the main focus
  - Work with high-risk offenders
- STOP
  - Successful Transition Probation Officer
  - Meets monthly for two-hour event
  - Makes community connections quickly
  - Prison and probation supervision
  - List top criminogenic needs
  - Has a veteran's specialist
- SMART
  - Employment
  - Work Force Investment Act

- Must identify employer
- Jail Reentry
  - Part-time Social Worker with pretrial services works with Public Defenders Office
  - Focus is on felony offenders
  - Focus is on connecting to substance abuse treatment

GAPS

- Must be under Probation supervision to receive any of the above services
- Focus is on high-risk offenders
- The high rate of ROI means that those with lower offenses are not being reached, assessed, or funneled into treatment – this escalates the recidivism
- There is little ("zero") accountability for misdemeanor offenders
- There is a crisis in public opinion on social services' ability to address people's problems because of the visibility of the low crime, problematic behavior disordered, and drug dependent people on the street and in the community
  - This negative public perception is affecting funding for basic services

INTERCEPT 5

RESOURCES

- Community Corrections Center
  - Housing program – PATH housing
  - Day Reporting Center – 120 - 130 under supervision
  - Employment and job readiness – 100% employed
  - Shasta County & Sheriff operate Step Up Program, includes Good News and Shasta College – offers certified welding and AA degree which can transfer to a four-year college. Housing Equity Program does random drug testing
  - 50 graduates are employed
- Shasta & Probation – one person
  - Does mental health and substance abuse assessments for needs and refer to community resources
  - Community Health helps get services like child support benefits.

GAPS

- Probation services have extensive reach and excellent services due to the changes in sentencing laws which has put a huge number of new cases under their supervision, but most of the focus is on high-risk felony offenders. There are limited resources for misdemeanor offenders who create a high volume of arrest, initial booking and release, with limited to no leverage for intervention.

PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on September 26, 2017. The top priorities are highlighted in bold text.

1. **Expand Mobile Crisis Teams to enhance response, intervention and make connections to TX – 11 votes**
2. **Fund a Sobering Center – 10 votes**
3. **Expand dual-diagnosis treatment providers and treatment options – 10 votes**
4. **Expand Transitional Housing - 9 votes**
5. **Add additional jail beds and increase in-custody services and treatment options – 9 votes**
6. **Add Behavioral Health Court for misdemeanants – 8 votes**
7. **Increase effective engagement in substance abuse treatment – explore payment reform – 7 votes**
8. **Increase Intercept 2 diversion options – 5 votes**
9. Sheriffs and Probation Collaborate on release – 4 votes
10. Leverage assets of community and explore public and private partnerships – 3 votes
11. Raise revenue for services and increase the PR around current services and needs – 3 votes
12. Increase more formal mental health assessment at jail screening – 3 votes
13. Increase data collection and track outcomes – 3 votes
14. Improve relationships between community and police – 3 votes
15. Use Peer Supports Specialists in recovery to provide peer to peer education to students and others (utilize NAMI Consumers and NAMI Families to help tell the story) – 3 votes
16. Develop a round table group to foster collaboration – 2 votes
17. Create In-custody recovery pods – 2 votes
18. Look at prevention options (ACES) and understand current prevention options – 2 votes
19. Decrease stigma around MAT services and increase access – 2 votes
20. Increase CIT training for all officers – 2 votes
21. Enhance Motivation for change for others – 1 vote
22. Utilize alternative for custody - such as expanding GPS option - 0 votes

ACTION PLANS

Priority Area #: 1 Develop a Sobering Center			
Objective	**Action Step**	**Who**	**When**
1.0 Pitch creating a Sobering Center as a pilot project ($199,999.) Speak support proposed Lobby council members	Counter proposal at council meeting Attend meeting with speakers Make calls	Kristen Donnell, Eric Mc. Jen, Donnell, Mary K.	10-3-17 10-3-17 Before 10-3-17
2.0 If no funding from COR, support sales tax for jail space to use as sobering center	Get on Nov. 2018 or sooner Organize community group to collect signature for ballot measure	Everyone	ASAP
3.0 If no funding from COR, as CCPEC for one time funding	Put on CCPEC agenda	Donnell	October meeting
4.0 If funded, RFP for Contractor for AOD counselor	Release RFP Select Contractor	Dean True	By December 2017

Priority Area #: 2 Synthesis of Priorities 2B, 3B and 5			
Objective	**Action Step**	**Who**	**When**
1. Identify in-custody eligibility and Treatment options	• Have a true assessment of all person entering custody • Explore funding options to fund a dual diagnosis clinician to complete assessment (CCP)	Probation – Tracie Sheriff HHSA - Dean	All objectives to be completed sometime over the next year – by the end of 2018
2. Identify treatment options for probationers on the Mental Health caseload	• Partnership • Probation and HHSA to meet and identify barriers and solutions	Jason and Carla , Probation Stacy/Amy – Hill Country Margaret – Partnership Allison - HHSA	
3. Expand dual diagnosis treatment	• Engage Hill Country to pilot mental health staff being trained in substance abuse	Hill Country	
4. Increase effective engagement through information sharing	• Develop a contact information protocol for jail, probation, courts and mental health	NAMI	

Priority Area #: 3 To Provide Interim Housing and Integration Resources to those released from custody			
Objective	**Action Step**	**Who**	**When**
1. Define the target population of justice involved people	Develop a mechanism to determine eligibility and or need	Probation	NOW...on all objectives
2. Identify funding sources	Determine whether to pursue grant and other funding options existing streams	Shasta County office of Ed. Etc.	
3. Identify partners who would be willing to participate	Identify public/private partnerships	Bud and committee members	
4. Establish a continuum of care 5. Develop data and outcome measures	Evidence Based Assessment and individualized development plan Identify points of data measure	Shasta County office of Ed. Etc. Probation	

PARKING LOT

- Issues related to the restructure of sentencing laws have left local law enforcement, courts with limited options to enforce consequences or engage people who have drug related offenses or misdemeanor offenses in services.

RECOMMENDATIONS

1. **Address the community misperceptions of the services currently being provided and the gaps in services that underlay community concerns.**

Consider an ongoing media campaign that highlights local provider information and their data. Shasta County has a robust service delivery system given its size and economy, yet the local community is not fully aware or appreciative of the excellent work being done nor willing to support its ongoing needs.

Given the impact negative comments on crime are having on economic development, several thoughts come to mind. One, the launch of your new Crisis Response Team offers a positive media opportunity to highlight how you are addressing a problem that is a source of community concern. In addition, consider partnering with private sector entities to discuss potential collaboration to address needs and concerns. Publicize these dialogs and any new positive partnerships would generate new momentum that could help sway public opinion.

2. **Explore using the newly-formed crisis teams to address current gaps in the system.**

As the newly formed Crisis Response Team is activated, consider formalizing specific referral resources so the hand-off from crisis to service connection is streamlined and predictable. Gaps in services can potentially be addressed in this manner.

For example, consider having crisis response staff go to the jail mental health pod to provide crisis assessments, recommendations and linkages to services. In addition, they

could have a role in addressing the needs of the "cite and release" individuals who are disconnected from treatment and are often frequent utilizers of law enforcement and jail services. Over time, these crisis services and connection to service providers would help reduce the recidivism that creates a log jam in the jail and court services.

3. **Add Certified Peer Support Specialists to existing service options at every Intercept.**

Peer Support Specialists have been shown to be effective in helping clients engage in treatment and help maximize resources that keep people out of the justice system. As you explore expansion of existing services, with the Mental Health Court for instance, peer support services can help reduce the need for additional high cost staffing by expanding the role of supportive services, which are particularly needed at the early stages of treatment. As was mentioned in the workshop, NAMI is very willing and interested in being involved in this discussion.

In addition, LaVerne Miller, JD, is an expert resource on peer services at Policy Research Associates and is happy to assist you with exploring new ways to utilize peers. She may be reached at lmiller@prainc.com.

RESOURCES

Competency Evaluation and Restoration

- SAMHSA's GAINS Center. *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.*
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*
- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.*
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.*
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model.*
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- International Association of Chiefs of Police. One Mind Campaign.

- Optum. In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.
- National Association of Counties. Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- CIT International.

Data Analysis and Matching

- Data-Driven Justice Initiative. Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide.*
- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.*
- New Orleans Health Department. *New Orleans Mental Health Dashboard.*
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards.*
- Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois* (See Appendix 3)
- Vera Institute of Justice. *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*

Housing

- Alliance for Health Reform. *The Connection Between Health and Housing: The Evidence and Policy Landscape.*

- Economic Roundtable. *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*
- 100,000 Homes. *Housing First Self-Assessment.*
- Urban Institute. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*
- Corporation for Supportive Housing. *NYC FUSE – Evaluation Findings.*
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.

Information Sharing

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*
- Legal Action Center. *Sample Consent Forms for Release of Substance Use Disorder Patient Records.*

Jail Inmate Information

- NAMI California. *Arrested Guides and Inmate Medication Forms.*

Medication Assisted Treatment (MAT)

- American Society of Addiction Medicine. *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*
- American Society of Addiction Medicine. *Advancing Access to Addiction Medications.*
- Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs.*
- Substance Abuse and Mental Health Services Administration. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*
- Substance Abuse and Mental Health Services Administration. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40).*
- Substance Abuse and Mental Health Services Administration. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.*

Mental Health First Aid

- Mental Health First Aid.
- Illinois General Assembly. *Public Act 098-0195: Illinois Mental Health First Aid Training Act.*
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative.*

Peers

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives.*
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists.*
- NAMI California. *Inmate Medication Information Forms*
- Keya House.
- Lincoln Police Department Referral Program.

Pretrial Diversion

- CSG Justice Center. Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.
- National Resource Center on Justice Involved Women. Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Legal Aid Society. *Manhattan Arraignment Diversion Program.*
- Center for Alternative Sentencing and Employment Services. *Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.*
- Hawaii Opportunity Probation with Enforcement (HOPE). *Overview.*

- American Bar Association. Criminal Justice Standards on Mental Health.

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.*
- The Council of State Governments. National Reentry Resource Center.
- Bureau of Justice Assistance. Center for Program Evaluation and Performance Management.
- Washington State Institute of Public Policy. *What Works and What Does Not?*
- Washington State Institute of Public Policy. *Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.*

Screening and Assessment

- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. Psychiatric Services, 56, 816-822.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services, 57*, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press.

- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding SOAR for justice-involved persons.
- The online SOAR training portal.

Transition-Aged Youth

- National Institute of Justice. Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21 Executive Summary and Recommendations.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions RTC for Youth and Young Adults.

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice*.
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice-Involved Individuals*.
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.
- National Resource Center on Justice-Involved Women. *Jail Tip Sheets on Justice-Involved Women*.

Veterans

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.*
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts.*

APPENDICES

Appendix 1	Sequential Intercept Mapping Workshop Participant List
Appendix 2	Texas Department of State Health Services. *Mental Health Substance Abuse Crisis Services Redesign Brief.*
Appendix 3	Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois.*
Appendix 4	Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services, 65,* 1081-1083.
Appendix 5	100,000 Homes/Center for Urban Community Services. *Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach.*
Appendix 6	Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*
Appendix 7	SAMHSA. *Reentry Resources for Individuals, Providers, Communities, and States.*

Appendix 1: Participant List

9/26-27 FFS SIM in Shasta County (Redding), CA		
Name	**Title**	**Email**
Amanda Owens	DRC Northern Manager	amowens@geogroup.com
Amy McCune	Hill Country Center	amccune@hillcountryclinic.org
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Angie Mellis	Crime Victim's Assistance (DA's office)	amellis@co.shasta.ca.us
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Cathy Wyatt	NVCSS, CBO	cwyatt@nvcss.org
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Dave Jones	Health Alliance of Northern California	waverunnersue@sbcglobal.net
Dave Kent	Jail Commander	dkent@co.shasta.ca.us
David Kehoe	County Board of Supervisor	dkehoe@co.shasta.ca.us
Dean Germano	Shasta Community Health	dgermano@shastahealth.org
Dean True	HHSA Adult Services Director	DTrue@co.shasta.ca.us
Donnell Ewert	Health and Human Services Agency Director	dewert@co.shasta.ca.us
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Fatemeh Louie	ER Hospital	flouie@primehealthcare.com
Jackie Durant	Hope City, CBO	jackied@hopecityredding.com
Jason Schwerdt	Probation Officer	jschwerdt@co.shasta.ca.us
Jeff Gorder	Public Defender	jgorder@co.shasta.ca.us
Jennifer Cross	Parole Officer III	jennifer.cross@CDCR.gov
Judge Flynn	Judge	DFlynn@shasta.courts.ca.gov
Judge Gibson	Judge	GGibson@shasta.courts.ca.gov
Judge Kennedy	Judge	DKennedy@shasta.courts.ca.gov
Judy Flores	Shasta County School Superintendent	jflores@shastacoe.org
Julie Winter	Redding City Council	jwinter@cityofredding.org
Karen Day	Parole Staff, CDCR	Karen.Day@cdcr.ca.gov
Liz Leslie	Adult Services- Program Manager	lmleslie@co.shasta.ca.us

Lynn Dora	Hill Country Center	ldora@hillcountryclinic.org
Margaret Kisluik	Partnership Health Care	mkisliuk@partnershiphp.org
Margeanne Stone	Empire Recovery	mstone.erc@gmail.com
Mary Rickert	County Board of Supervisor	mrickert@co.shasta.ca.us
Melissa Fowler-Bradley	Court CEO	MFowler-Bradley@shasta.courts.ca.gov
Melissa Janulewicz	Regional Services Director	mjanulewicz@co.shasta.ca.us
Pete Hansen	Interim Police Chief	phansen@reddingpolice.org; MDotson@reddingpolice.org
Richard Kuhns	County Housing Authority/Community Action Programs	rkuhns@co.shasta.ca.us
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Appendix 2

TEXAS
Department of State Health Services

Crisis Services

The Department of State Health Services (DSHS) funds 37 LMHAs and NorthSTAR to provide an array of ongoing and crisis services to individuals with mental illness. Laws and rules governing DSHS and the delivery of mental health services require LMHAs and NorthSTAR to provide crisis screening and assessment. Newly appropriated funds enhanced the response to individuals in crisis.

The 80th Legislature
$82 million was appropriated for the FY 08-09 biennium for improving the response to mental health and substance abuse crises. A majority of the funds were divided among the state's Local Mental Health Authorities (LMHAs) and added to existing contracts. The first priority for this portion of the funds was to support a rapid community response to offset utilization of emergency rooms or more restrictive settings.

Crisis Funds

- **Crisis Hotline Services**
  - Continuously available 24 hours per day, seven days per week
  - All 37 LMHAs and NorthSTAR have or contract with crisis hotlines that are accredited by the American Association of Suicidology (AAS)
- **Mobile Crisis Outreach Teams (MCOT)**
  - Operate in conjunction with crisis hotlines
  - Respond at the crisis site or a safe location in the community
  - All 37 LMHAs and NorthSTAR have MCOT teams
  - More limited coverage in some rural communities

$17.6 million dollars of the initial appropriation was designated as community investment funds. The funds allowed communities to develop or expand local alternatives to incarceration or State hospitalization. Funds were awarded on a competitive basis to communities able to contribute at least 25% in matching resources. Sufficient funds were not available to provide expansion in all communities served by the LMHAs and NorthSTAR.

Competitive Funds Projects

- **Crisis Stabilization Units (CSU)**
  - Provide immediate access to emergency psychiatric care and short-term residential treatment for acute symptoms
  - Two CSUs were funded
- **Extended Observation Units**
  - Provide 23-48 hours of observation and treatment for psychiatric stabilization
  - Three extended observation units were funded
- **Crisis Residential Services**
  - Provide from 1-14 days crisis services in a clinically staffed, safe residential setting for individuals with some risk of harm to self or others
  - Four crisis residential units were funded
- **Crisis Respite Services**
  - Provide from 8 hours up to 30 days of short-term, crisis care for individuals with low risk of harm to self or others
  - Seven crisis respite units were funded
- **Crisis Step-Down Stabilization in Hospital Setting**
  - Provides from 3-10 days of psychiatric stabilization in a psychiatrically staffed local hospital setting
  - Six local step-down stabilization beds were funded
- **Outpatient Competency Restoration Services**
  - Provide community treatment to individuals with mental illness involved in the legal system
  - Reduces unnecessary burdens on jails and state psychiatric hospitals
  - Provides psychiatric stabilization and participant training in courtroom skills and behavior
  - Four Outpatient Competency Restoration projects were funded

The 81st Legislature
$53 million was appropriated for the FY 2010-2011 biennium for transitional and intensive ongoing services.

- **Transitional Services**
  - Provides linkage between existing services and individuals with serious mental illness not linked with ongoing care
  - Provides temporary assistance and stability for up to 90 days
  - Adults may be homeless, in need of substance abuse treatment and primary health care, involved in the criminal justice system, or experiencing multiple psychiatric hospitalizations
- **Intensive Ongoing Services for Children and Adults**
  - Provides team-based Psychosocial Rehabilitation services and Assertive Community Treatment (ACT) services (Service Package 3 and Service Package 4) to engage high need adults in recovery-oriented services
  - Provides intensive, wraparound services that are recovery-oriented to address the child's mental health needs
  - Expands availability of ongoing services for persons entering mental health services as a result of a crisis encounter, hospitalization, or incarceration

Appendix 3

CSH

Jail Data Link Frequent Users
A Data Matching Initiative in Illinois

Overview of the Initiative

The Corporation for Supportive Housing (CSH) has funded the expansion of a data matching initiative at Cook County Jail designed to identify users of both Cook County Jail and the State of Illinois Division of Mental Health (DMH).

This is a secure internet based database that assists communities in identifying frequent users of multiple systems to assist them in coordinating and leveraging scarce resources more effectively. Jail Data Link helps staff at a county jail to identify jail detainees who have had past contact with the state mental health system for purposes of discharge planning. This system allows both the jail staff and partnering case managers at community agencies to know when their current clients are in the jail. Jail Data Link, which began in Cook County in 1999, has expanded to four other counties as a result of funding provided by the Illinois Criminal Justice Information Authority and will expand to three additional counties in 2009. In 2008 the Proviso Mental Health Commission funded a dedicated case manager to work exclusively with the project and serve the residents of Proviso Township.

Target Population for Data Link Initiatives

This project targets people currently in a county jail who have had contact with the Illinois Division of Mental Heath.

- **Jail Data Link – Cook County:** Identifies on a daily basis detainees who have had documented inpatient/outpatient services with the Illinois Division of Mental Health. Participating agencies sign a data sharing agreement for this project.
- **Jail Data Link – Cook County Frequent Users:** Identifies those current detainees from the Cook County Jail census who have at least two previous State of Illinois psychiatric inpatient hospitalizations and at least two jail stays. This will assist the jail staff in targeting new housing resources as a part of a federally funded research project beginning in 2008.
- **Jail Data Link – Expansion:** The Illinois Criminal Justice Information Authority provided funding to expand the project to Will, Peoria, Jefferson and Marion Counties, and the Proviso Mental Health Commission for Proviso Township residents.

Legal Basis for the Data Matching Initiative

Effective January 1, 2000, the Illinois General Assembly adopted **Public Act 91-0536** which modified the Mental Health and Developmental Disabilities Administrative Act. This act allows the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient's record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge. No records may be disclosed to a county jail unless the Department has entered into a written agreement with the specific county jail. Effective July 12, 2005, the Illinois General Assembly also adopted **Public Act 094-0182,** which further modifies the Mental Health and Developmental Disabilities Administrative Act to allow sharing between the Illinois Department of Corrections and DMH.

Using this exception, individual prisons or jails are able to send their entire roster electronically to DMH. Prison and jail information is publically available. DMH matches this information against their own roster and notifies the Department of Corrections Discharge Planning Unit of matches between the two systems along with information about past history and/or involvement with community agencies for purposes of locating appropriate aftercare services.

Sample Data at a Demo Web Site

DMH has designed a password protected web site to post the results of the match and make those results accessible to the Illinois Department of Corrections facility. Community agencies are also able to view the names of their own clients if they have entered into a departmental agreement to use the site.

In addition, DMH set up a demo web site using encrypted data to show how the data match web site works. Use the web site link below and enter the User ID, Password, and PIN number to see sample data for the Returning Home Initiative.

- https://sisonline.dhs.state.il.us/JailLink/demo.html
  - UserID: cshdemo
  - Password: cshdemo
  - PIN: 1234

Program Partners and Funding Sources

- **CSH's Returning Home Initiative:** Utilizing funding from the Robert Wood Johnson Foundation, provided $25,000 towards programming and support for the creation of the Jail Data Link Frequent Users application.
- **Illinois Department of Mental Health:** Administering and financing on-going mental health services and providing secure internet database resource and maintenance.
- **Cermak Health Services:** Providing mental health services and supervision inside the jail facility.
- **Cook County Sheriff's Office:** Assisting with data integration and coordination.
- **Community Mental Health Agencies:** Fourteen (14) agencies statewide are entering and receiving data.
- **Illinois Criminal Justice Authority:** Provided funding for the Jail Data Link Expansion of data technology to three additional counties, as well as initial funding for three additional case managers and the project's evaluation and research through the University of Illinois.
- **Proviso Township Mental Health Commission (708 Board):** Supported Cook County Jail Data Link Expansion into Proviso Township by funding a full-time case manager.
- **University of Illinois:** Performing ongoing evaluation and research

Partnership Between Criminal Justice and Other Public Systems

Cook County Jail and Cermak Health Service have a long history of partnerships with the Illinois Department of Mental Health Services. Pilot projects, including the Thresholds Justice Project and the Felony Mental Health Court of Cook County, have received recognition for developing alternatives to the criminal justice system. Examining the systematic and targeted use of housing as an intervention is a logical extension of this previous work.

Managing the Partnership

CSH is the primary coordinator of a large federal research project studying the effects of permanent supportive housing on reducing recidivism and emergency costs of frequent users of Cook County Jail and the Illinois Department of Mental Health System. In order to facilitate this project, CSH funded the development of a new version of Jail Data Link to find the most frequent users of the jail and mental health inpatient system to augment an earlier version of Data Link in targeting subsidized housing and supportive mental health services.

About CSH and the Returning Home Initiative

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.

CSH's national *Returning Home Initiative* aims to end the cycle of incarceration and homelessness that thousands of people face by engaging the criminal justice systems and integrating the efforts of housing, human service, corrections, and other agencies. *Returning Home* focuses on better serving people with histories of homelessness and incarceration by placing them to supportive housing.

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Appendix 4

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SOAR
SSI/SSDI Outreach, Access and Recovery
for people who are homeless

January 2013

Best Practices for Increasing Access to SSI/SSDI upon Exiting Criminal Justice Settings

Dazara Ware, M.P.C. and Deborah Dennis, M.A.

Introduction

Seventeen percent of people currently incarcerated in local jails and in state and federal prisons are estimated to have a serious mental illness.[1] The twin stigmas of justice involvement and mental illness present significant challenges for social service staff charged with helping people who are incarcerated plan for reentry to community life. Upon release, the lack of treatment and resources, inability to work, and few options for housing mean that many quickly become homeless and recidivism is likely.

The Social Security Administration (SSA), through its Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, can provide income and other benefits to persons with mental illness who are reentering the community from jails and prisons. The SSI/SSDI Outreach, Access and Recovery program (SOAR), a project funded by the Substance Abuse and Mental Health Services Administration, is a national technical assistance program that helps people who are homeless or at risk for homelessness to access SSA disability benefits.[2]

SOAR training can help local corrections and community transition staff negotiate and integrate benefit options with community reentry strategies for people with mental illness and co-occurring disorders to assure successful outcomes. This best practices summary desctibes:

- The connections between mental illness, homelessness, and incarceration;
- The ramifications of incarceration on receipt of SSI and SSDI benefits
- The role of SOAR in transition planning
- Examples of jail or prison SOAR initiatives to increase access to SSI/SSDI
- Best practices for increasing access to SSI/SSDI benefits for people with mental illness who are reentering the community from jails and prisons.

Mental Illness, Homelessness, and Incarceration

In 2010, there were more than 7 million persons under correctional supervision in the United States at any given time.[3] Each year an estimated 725,000 persons are released from federal and state prisons, 125,000 with serious mental illness.[4] More than 20 percent of people with mental illness were homeless in the months before their incarceration compared with 10 percent of the general prison population.[5] For those exiting the criminal justice system, homelessness may be even more prevalent. A California study, for example, found that 30 to 50 percent of people on parole in San Francisco and Los Angeles were homeless.[6]

Mental Health America reports that half of people with mental illness are incarcerated for committing nonviolent crimes, such as trespassing, disorderly conduct, and other minor offences resulting from symptoms of untreated mental illness. In general, people with mental illnesses remain in jail eight times longer than other offenders at a cost that is seven times higher.[7] At least three-quarters of incarcerated individuals with mental illness have a co-occurring substance use disorder.[8]

Homelessness, mental illness, and criminal justice involvement create a perfect storm, requiring concerted effort across multiple systems to prevent people with mental illness from cycling between homelessness and incarceration by providing them the opportunity to reintegrate successfully into their communities and pursue recovery.

To understand the interplay among mental illness, homelessness, and incarceration, consider these examples:

- In 2011 Sandra received SSI based on her mental illness. She was on probation, with three years remaining, when she violated the terms of probation by failing to report to her probation officer. As a result, Sandra was incarcerated in a state prison. Because she was incarcerated for more than 12 months, her benefits were terminated. Sandra received a tentative parole month of September 2012 contingent on her ability to establish a verifiable residential address. The parole board did not approve the family address she submitted because the location is considered a high crime area. Unfortunately, Sandra was unable to establish residency on her own as she had no income. Thus, she missed her opportunity for parole and must complete her maximum sentence. Sandra is scheduled for release in 2013.
- Sam was released from prison after serving four years. While incarcerated, he was diagnosed with a traumatic brain injury and depression. Sam had served his full sentence and was not required to report to probation or parole upon release. He was released with $25 and the phone number for a community mental health provider. Sam is 27 years old with a ninth grade education and no prior work history. He has no family support. Within two weeks of release, Sam was arrested for sleeping in an abandoned building. He was intoxicated and told the arresting officer that drinking helped the headaches he has suffered from since he was 14 years old. Sam was sent to jail.
- Manuel was arrested for stealing from a local grocery store. He was homeless at the time of arrest and had a diagnosis of schizophrenia. He was not receiving any community mental health services at the time. Manuel has no family. He was sent to a large county jail where he spent two years before being arraigned before a judge. His periodic acute symptoms resulted in his being taken to the state hospital until he was deemed stable enough to stand trial. However, the medications that helped Manuel's symptoms in the hospital weren't approved for use in the jail, and more acute episodes followed. Manuel cycled between the county jail and the state hospital four times over a two-year period before being able to stand before a judge.

Based on real life situations, these examples illustrate the complex needs of people with serious mental illnesses who become involved with the justice system. In Sandra's and Sam's cases, the opportunity to apply for SSI/SSDI benefits on a pre-release basis would have substantially reduced the period of incarceration, and in Manuel's case, access to SSI immediately upon release would have decreased the likelihood he would return to jail. But how do we ensure that this happens?

[1] Bureau of Justice Statistics. (2006). *Mental health problems of prison and jail inmates.* Washington, DC: U.S. Department of Justice, Office of Justice Programs

[2] Dennis, D., Lassiter, M., Connelly, W., & Lupfer, K. (2011) Helping adults who are homeless gain disability benefits: The SSI/SSDI Outreach, Access and Recovery (SOAR) program. *Psychiatric Services,* 62(11)1373-1376

[3] Guerino, P.M. Harrison & W. Sabel. *Prisoners in 2010.* NCJ 236096. Washington DC: U.S. Department of Justice, Bureau of Justice Statistics, 2011.

[4] Glaze, L. *Correctional populations in the U.S. 2010,* NCJ 236319. Washington D.C.: U.S. Department of Justice, Bureau of Justice Statistics 2011

[5] *Reentry Facts.* The National Reentry Resource Center. Council of State Governments Justice Center. Retrieved December 6, 2012, from http://www.nationalreentryresourcecenter.org/facts

[6] California Department of Corrections. (1997). *Preventing Parolee Failure Program: An evaluation.* Sacramento: Author.

[7] Mental Health America. (2008). *Position Statement 52: In support of maximum diversion of persons with serious mental illness from the criminal justice system.* Retrieved from http://www.mentalhealthamerica.net.

[8] Council of State Governments. (2002). *Criminal Justice/Mental Health Consensus Project.* Lexington, Kentucky: author.

Incarceration and SSA Disability Benefits

Correctional facilities, whether jails or prisons, are required to report to SSA newly incarcerated people who prior to incarceration received benefits. For each person reported, SSA sends a letter to the facility verifying the person's benefits have been suspended and specifying the payment to which the facility is entitled for providing this information. SSA pays $400 for each person reported by the correctional facility within 60 days. If a report is made between 60 and 90 days of incarceration, SSA pays $200. After 90 days, no payment is made.

The rules for SSI and SSDI beneficiaries who are incarcerated differ. Benefits for SSI recipients incarcerated for a full calendar month are suspended, but if the person is released within 12 months, SSI is reinstated upon release if proof of incarceration and a release are submitted to the local SSA office. SSA reviews the individual's new living arrangements, and if deemed appropriate, SSI is reinstated. However, if an SSI recipient is incarcerated for 12 or more months, SSI benefits are terminated and the individual must reapply. Reapplication can be made 30 days prior to the expected release date, but benefits cannot begin until release.

Unfortunately, people who are newly released often wait months before their benefits are reinstituted or initiated. Few states or communities have developed legislation or policy to insure prompt availability of benefits upon release. Consequently, the approximately 125,000 people with mental illness who are released each year are at increased risk for experiencing symptoms of mental illness, substance abuse, homelessness, and recidivism.

SSDI recipients are eligible to continue receiving benefits until convicted of a criminal offense and confined to a penal institution for more than 30 continuous days. At that time, SSDI benefits are suspended but will be reinstated the month following release.

Role of Transition Services in Reentry for People with Mental Illness

Since the 1990s, the courts have increasingly acknowledged that helping people improve their mental health and their ability to demonstrate safe and orderly behaviors while they are incarcerated enhances their reintegration and the well-being of the communities that receive them. Courts specializing in the needs of people with mental illness and or substance use disorders, people experiencing homelessness, and veterans are designed to target the most appropriate procedures and service referrals to these individuals, who may belong to more than one subgroup. The specialized courts and other jail diversion programs prompt staff of various systems to consider reintegration strategies for people with mental illness from the outset of their criminal justice system involvement. Transition and reintegration services for people with mental illness reflect the shared responsibilities of multiple systems to insure continuity of care.

Providing transition services to people with mental illness within a jail or prison setting is difficult for several reasons: the quick population turnover in jails, the distance between facilities and home communities for people in prisons, the comprehensive array of services needed to address multiple needs, and the perception that people with mental illness are not responsive to services. Nevertheless, without seriously addressing transition and reintegration issues while offenders remain incarcerated, positive outcomes are far less likely upon release and recidivism is more likely.

Access to Benefits as an Essential Strategy for Reentry

The criminal justice and behavioral health communities consistently identify lack of timely access to income and other benefits, including health insurance, as among the most significant and persistent barriers to successful community reintegration and recovery for people with serious mental illnesses and co-occurring substance use disorders.

Many states and communities that have worked to ensure immediate access to benefits upon release have focused almost exclusively on Medicaid. Although access to Medicaid is critically important, focusing on this alone often means that needs for basic sustenance and housing are ignored. Only a few states (Oregon, Illinois, New York, Florida) provide for Medicaid to be suspended upon incarceration rather than terminated, and few states or communities have developed procedures to process new Medicaid applications prior to release.

The SOAR approach to improving access to SSI/SSDI. The SSI/SSDI application process is complicated and difficult to navigate, sometimes even for professional social service staff. The SOAR approach in correctional settings is a collaborative effort by corrections, behavioral health, and SSA to address the need for assistance to apply for these benefits. On average, providers who receive SOAR training achieve a first-time approval rate of 71 percent, while providers who are not SOAR trained or individuals who apply unassisted achieve a rate of 10 to 15 percent.[9] SOAR-trained staff learn how to prepare comprehensive, accurate SSI/SSDI applications that are more likely to be approved, and approved quickly.

SOAR training is available in every state. The SOAR Technical Assistance Center, funded by SAMHSA, facilitates partnerships with community service providers to share information, acquire pre-incarceration medical records, and translate prison functioning into post-release work potential. With SOAR training, social service staff learn new observation techniques to uncover information critical to developing appropriate reentry strategies. The more accurate the assessment of factors indicating an individual's ability to function upon release, the easier it is to help that person transition successfully from incarceration to community living.

The positive outcomes produced by SOAR pilot projects within jail and prison settings around the country that link people with mental illness to benefits upon their release should provide impetus for more correctional facilities to consider using this approach as a foundation for building successful transition or reentry programs.[10] Below are examples of SOAR collaborations in jails (Florida, Georgia, and New Jersey) and prison systems (New York, Oklahoma, and Michigan). In addition to those described below, new SOAR initiatives are underway in the jail system of Reno, Nevada and in the prison systems of Tennessee, Colorado, Connecticut, and the Federal Bureau of Prisons.

SOAR Collaborations with Jails

Eleventh Judicial Circuit Criminal Mental Health Project (CMHP). Miami-Dade County, Florida, is home to the highest percentage of people with serious mental illnesses of any urban area in the United States – approximately nine percent of the population, or 210,000 people. CMHP was established in 2000 to divert individuals with serious mental illnesses or co-occurring substance use disorders from the criminal justice system into comprehensive community-based treatment and support services. CMHP staff, trained in the SOAR approach to assist with SSI/SSDI applications, developed a strong collaborative relationship with SSA to expedite and ensure approvals for entitlement benefits in the shortest time possible. All CMHP participants are screened for eligibility for SSI/SSDI.

From July 2008 through November 2012, 91 percent of 181 individuals were approved for SSI/SSDI benefits on initial application in an average of 45 days. All participants of CMHP are linked to psychiatric treatment and medication with community providers upon release from jail. Community providers are made aware that participants who are approved for SSI benefits will have access to Medicaid and retroactive reimbursement for expenses incurred for up to 90 days prior to approval. This serves to reduce the stigma of mental illness and involvement with the criminal justice system, making participants more attractive "paying customers."

In addition, based on an agreement established between Miami-Dade County and SSA, interim housing assistance is provided for individuals applying for SSI/SSDI during the period between application and

[9] Dennis et al., (2011). *op cit.*

[10] Dennis, D. & Abreu, D. (2010) SOAR: Access to benefits enables successful reentry, *Corrections Today, 72*(2), 82–85.

approval. This assistance is reimbursed to the County once participants are approved for Social Security benefits and receive retroactive payment. The number of arrests two years after receipt of benefits and housing compared to two years earlier was reduced by 70 percent (57 versus 17 arrests).

Mercer and Bergen County Correctional Centers, New Jersey. In 2011, with SOAR training and technical assistance funded by The Nicholson Foundation, two counties in New Jersey piloted the use of SOAR to increase access to SSI/SSDI for persons with disabilities soon to be released from jail. In each county, a collaborative working group comprising representatives from the correctional center, community behavioral health, SSA, the state Disability Determination Service (DDS), and (in Mercer County only) the United Way met monthly to develop, implement, and monitor a process for screening individuals in jail or recently released and assisting those found potentially eligible in applying for SSI/SSDI. The community behavioral health agency staff, who were provided access to inmates while incarcerated and to jail medical records, assisted with applications.

During the one year evaluation period for Mercer County, 89 individuals from Mercer County Correction Center were screened and 35 (39 percent) of these were deemed potentially eligible for SSI/SSDI. For Bergen County, 69 individuals were screened, and 39 (57 percent) were deemed potentially eligible. The reasons given for not helping some potentially eligible individuals file applications included not enough staff available to assist with application, potential applicant discharged from jail and disappeared/couldn't locate, potential applicant returned to prison/jail, and potential applicant moved out of the county or state. In Mercer County, 12 out of 16 (75 percent) SSI/SSDI applications were approved on initial application; two of those initially denied were reversed at the reconsideration level without appeal before a judge. In Bergen County which had a late start, two out of three former inmates assisted were approved for SSI/SSDI.

Prior to this pilot project, neither behavioral health care provider involved had assisted with SSI/SSDI applications for persons re-entering the community from the county jail. After participating in the pilot project, both agencies remain committed to continuing such assistance despite the difficulty of budgeting staff time for these activities.

Fulton County Jail, Georgia. In June 2009, the Georgia Department of Behavioral Health and Developmental Disabilities initiated a SOAR pilot project at the Fulton County Jail. With the support of the facility's chief jailer, SOAR staff were issued official jail identification cards that allowed full and unaccompanied access to potential applicants. SOAR staff worked with the Office of the Public Defender and received referrals from social workers in this office. They interviewed eligible applicants at the jail, completed SSI/SSDI applications, and hand-delivered them to the local SSA field office. Of 23 applications submitted, 16 (70 percent) were approved within an average of 114 days.

SOAR benefits specialists approached the Georgia Department of Corrections with outcome data produced in the Fulton County Jail pilot project to encourage them to use SOAR in the state prison system for persons with mental illness who were coming up for release. Thirty-three correctional officers around the state received SOAR training and were subsequently assigned by the Department to work on SSI/SSDI applications.

SOAR Collaborations with State and Federal Prisons

New York's Sing Sing Correctional Facility. The Center for Urban and Community Services was funded by the New York State Office of Mental Health, using a Projects for Assistance in Transition from Homelessness (PATH) grant, to assist with applications for SSI/SSDI and other benefits for participants in a 90-day reentry program for persons with mental illness released from New York State prisons. After receiving SOAR training and within five years of operation, the Center's Community Orientation and Reentry Program at the state's Sing Sing Correctional Facility achieved an approval rate of 87 percent on 183 initial applications, two thirds of which were approved prior to or within one month of release.

Oklahoma Department of Corrections. The Oklahoma Department of Corrections and the Oklahoma Department of Mental Health collaborated

to initiate submission of SSI/SSDI applications using SOAR-trained staff. Approval rates for initial submission applications are about 90 percent. The Oklahoma SOAR program also uses peer specialists to assist with SSI/SSDI applications for persons exiting the prison system. Returns to prison within 3 years were 41 percent lower for those approved for SSI/SSDI than a comparison group.

Michigan Department of Corrections. In 2007 the Michigan Department of Corrections (DOC) began to discuss implementing SOAR as a pilot in a region where the majority of prisoners with mental illnesses are housed. A subcommittee of the SOAR State Planning Group was formed and continues to meet monthly to address challenges specific to this population. In January 2009, 25 DOC staff from eight facilities, facility administration, and prisoner reentry staff attended a two-day SOAR training. The subcommittee has worked diligently to develop a process to address issues such as release into the community before a decision is made by SSA, the optimal time to initiate the application process, and collaboration with local SSA and DDS offices.

Since 2007, DOC has received 72 decisions on SSI/SSDI applications with a 60 percent approval rate in an average of 105 days. Thirty-nine percent of applications were submitted after the prisoner was released, and 76 percent of the decisions were received after the applicant's release. Seventeen percent of those who were denied were re-incarcerated within the year following release while only two percent of those who were approved were re-incarcerated.

Park Center's Facility In-Reach Program. Park Center is a community mental health center in Nashville, Tennessee. In July 2010, staff began assisting with SSI/SSDI applications for people with mental illness in the Jefferson County Jail and several facilities administered by the Tennessee Department of Corrections, including the Lois M. DeBerry Special Needs Prison and the Tennessee Prison for Woman. From July 2010 through November 2012, 100 percent of 44 applications have been were approved in a average of 41 days. In most cases, Park Center's staff assisted with SSI/SSDI applications on location in these facilities prior to release. Upon release, the individual is accompanied by Park Center staff to the local SSA office where their release status is verified and their SSI/SSDI benefits are initiated.

Best Practices for Accessing SSI/SSDI as an Essential Reentry Strategy

The terms jail and prison are sometimes used interchangeably, but it is important to understand the distinctions between the two. Generally, a jail is a local facility in a county or city that confines adults for a year or less. Prisons are administered by the state or federal government and house persons convicted and sentenced to serve time for a year or longer.

Discharge from both jails and prisons can be unpredictable, depending on a myriad of factors that may be difficult to know in advance. Working with jails is further complicated by that fact that they generally house four populations: (1) people on a 24-48 hour hold, (2) those awaiting trial, (3) those sentenced and serving time in jail, and (4) those sentenced and awaiting transfer to another facility, such as a state prison.

Over the past several years, the following best practices have emerged with respect to implementing SOAR in correctional settings. These best practices are in addition to the critical components required by the SOAR model for assisting with SSI/SSDI applications.[11] These best practices fall under five general themes:

- Collaboration
- Leadership
- Resources
- Commitment
- Training

Collaboration. The SOAR approach emphasizes collaborative efforts to help staff and their clients navigate SSA and other supports available to people with mental illness upon their release. Multiple collaborations are necessary to make the SSI/SSDI application process work. Fortunately, these are the same collaborations necessary to make the overall transition work. Thus, access to SSI/SSDI can become

[11] See http://www.prainc.com/soar/criticalcomponents.

a concrete foundation upon which to build the facility's overall discharge planning or reentry process.

- **Identify stakeholders.** Potential stakeholders associated with jail/prisons include
  - ✓ Judges assigned to specialized courts and diversion programs
  - ✓ Social workers assigned to the public defenders' office
  - ✓ Chief jailers or chiefs of security
  - ✓ Jail mental health officer, psychologist, or psychiatrist
  - ✓ County or city commissioners
  - ✓ Local reentry advocacy project leaders
  - ✓ Commissioner of state department of corrections
  - ✓ State director of reintegration/reentry services
  - ✓ Director of medical or mental health services for state department of corrections
  - ✓ State mental health agency administrator
  - ✓ Community reentry project directors
  - ✓ Parole/probation managers
- **Collaborate with SSA to establish prerelease agreements.** SSA can establish prerelease agreements with correctional facilities to permit special procedures when people apply for benefits prior to their release and will often assign a contact person. For example, prerelease agreements can be negotiated to allow for applications to be submitted from 60 to 120 days before the applicant's expected release date. In addition, SSA can make arrangements to accept paper applications and schedule phone interviews when necessary.
- **Collaborate with local SOAR providers to establish continuity of care.** Given the unpredictability of release dates from jails and prisons, it is important to engage a community-based behavioral health provider to either begin the SSI/SSDI application process while the person is incarcerated or to assist with the individual's reentry and assume responsibility for completing his or her SSI/SSDI application following release. SOAR training can help local corrections and community transition staff assure continuity of care by determining and coordinating benefit options and reintegration strategies for people with mental illness. Collaboration among service providers, including supported housing programs that offer a variety of services, is key to assuring both continuity of care and best overall outcomes post-release.
- **Collaborate with jail or prison system for referrals, access to inmates, and medical records.** Referrals for a jail or prison SOAR project can issue from many sources – intake staff, discharge planners, medical or psychiatric unit staff, judges, public defenders, parole or probation, and community providers. Identifying persons within the jail or prison who may be eligible for SSI/SSDI requires time, effort, and collaboration on the part of the jail or prison corrections and medical staff.

Once individuals are identified as needing assistance with an SSI/SSDI application, they can be assisted by staff in the jail or prison, with a handoff occurring upon release, or they can be assisted by community providers who come into the facility for this purpose. Often, correctional staff, medical or psychiatric staff, and medical records are administered separately and collaborations must be established within the facility as well as with systems outside it.

Leadership. Starting an SSI/SSDI initiative as part of transition planning requires leadership in the form of a steering committee, with a strong and effective coordinator, that meets regularly. The Mercer County, New Jersey SOAR Coordinator, for example, resolves issues around SSI/SSDI applications that are brought up at case manager meetings, oversees the quality of applications submitted, organizes trainings, and responds to concerns raised by SSA and DDS.

The case manager meetings are attended by the steering committee coordinator who serves as a liaison between the case managers and steering committee. Issues identified by case managers typically require additional collaborations that must be approved at the steering committee level. Leadership involves frequent, regular, and ad hoc communication among all parties to identify and resolve challenges that arise.

It is essential that the steering committee include someone who has authority within the jail or prison system as well as someone with a clinical background who can assure that the clinical aspects of implementation are accomplished (e.g., mental status

exams with 90 days of application, access to records, physician or psychologist sign off on medical summary reports).

Resources. Successful initiatives have committed resources for staffing at two levels. First, staff time is needed to coordinate the overall effort. In the Mercer County example above, the steering committee coordinator is a paid, part-time position. If there is someone charged with overall transition planning for the facility, the activities associated with implementing assistance with SSI/SSDI may be assumed by this individual.

Second, the staff who are assisting with SSI/SSDI applications need to be trained (typically 1-2 days) and have time to interview and assess the applicant, gather and organize the applicant's medical records, complete the SSA forms, and write a supporting letter that documents how the individual's disability or disabilities affect his or her ability to work. Full-time staff working only on SSI/SSDI applications can be expected to complete about 50-60 applications per year using the SOAR approach. Assisting with SSI/SSDI applications cannot be done efficiently without dedicated staffing.

Finally, our experience has shown that it is difficult for jail staff to assist with applications in the jail due to competing demands, staffing levels, skill levels of the staff involved, and staff turnover. Without community providers, there would be few or no applications completed for persons coming out of jails in the programs with which we have worked. Jail staff time may be best reserved for: (1) identifying and referring individuals who may need assistance to community providers; (2) facilitating community provider access to inmates prior to release from jail; and (3) assistance with access to jail medical records.

Commitment. Developing and implementing an initiative to access SSI/SSDI as part of transition planning requires a commitment by the jail or prison's administration for a period of at least a year to see results and at least two years to see a fully functioning program. During the start up and early implementation period, competing priorities can often derail the best intentions. We have seen commitment wane as new administrations took office and the department of corrections commissioner changed. We have seen staff struggle without success to find time to assist with applications as part of the job they are already doing. We have seen many facilities, particularly state departments of corrections, willing to conduct training for staff, but unwilling or unable to follow through on the rest of what it takes to assist with SSI/SSDI applications.

Training. Training for staff in jails and prisons should include staff who identify and refer people for assistance with SSI/SSDI applications, staff who assist with completing the applications, medical records staff, and physicians/psychologists. The depth and length of training for each of these groups will vary. However, without the other elements discussed above in place, training is of very limited value.

Training in the SOAR approach for jail and prison staff has been modified to address the assessment and documentation of functioning in correctional settings. Training must cover the specific referral and application submission process established by the steering group in collaboration with SSA and DDS to ensure that applications submitted are consistent with expectations, procedures are subject to quality review, and outcomes of applications are tracked and reported. It is important that training take place after plans to incorporate each of these elements have been determined by the steering committee.

Conclusion

People with mental illness face extraordinary barriers to successful reentry. Without access to benefits, they lack the funds to pay for essential mental health and related services as well as housing. The SOAR approach has been implemented in 50 states, and programmatic evidence demonstrates the approach is transferable to correctional settings. Acquiring SSA disability benefits and the accompanying Medicaid/Medicare benefit provides the foundation for reentry plans to succeed.

For More Information

To find out more about SOAR in your state or to start SOAR in your community, contact the national SOAR technical assistance team at soar@prainc.com or check out the SOAR website at http://www.prainc.com/soar.

Appendix 5

Housing First Self-Assessment

Assess and Align Your Program and Community with a Housing First Approach

100,000 HOMES

CUCS center for urban community services

HIGH PERFORMANCE SERIES

The 100,000 Homes Campaign team identified a cohort of factors that are correlated with higher housing placement rates across campaign communities. The purpose of this High Performance Series of tools is to spotlight best practices and expand the movement's peer support network by sharing this knowledge with every community.

This tool addresses Factor #4: *Evidence that the community has embraced a Housing First/Rapid Rehousing approach system-wide.*

The full series is available at: http://100khomes.org/resources/high-performance-series

Housing First Self-Assessment

Assess and Align Your Program with a Housing First Approach

A community can only end homelessness by housing every person who is homeless, including those with substance use and mental health issues. Housing First is a proven approach for housing chronic and vulnerable homeless people. Is your program a Housing First program? Does your community embrace a Housing First model system-wide? To find out, use the Housing First self-assessments in this tool. We've included separate assessments for:

- Outreach programs
- Emergency shelter programs
- Permanent housing programs
- System and community level stakeholder groups

What is Housing First?

According to the National Alliance to End Homelessness, Housing First is an approach to ending homelessness that centers on providing homeless people with housing as quickly as possible – and then providing services as needed. Pioneered by **Pathways to Housing** (www.pathwaystohousing.org) and adopted by hundreds of programs throughout the U.S., Housing First practitioners have demonstrated that virtually all homeless people are "housing ready" and that they can be quickly moved into permanent housing before accessing other common services such as substance abuse and mental health counseling.

Why is this Toolkit Needed?

In spite of the fact that this approach is now almost universally touted as a solution to homelessness and Housing First programs exist in dozens of U.S. cities, few communities have adopted a Housing First approach on a systems-level. This toolkit serves as a starting point for communities who want to embrace a Housing First approach and allows individual programs and the community as a whole to identify where its practices are aligned with Housing First and what areas of its work to target for improvement to more fully embrace a Housing First approach. The toolkit consists of four self-assessments each of which can be completed in under 10 minutes:

- **Housing First in Outreach Programs Self-Assessment** (to be completed by outreach programs)
- **Housing First in Emergency Shelters Self-Assessment** (to be completed by emergency shelters)
- **Housing First in Permanent Supportive Housing Self-Assessment** (to be completed by supportive housing providers
- **Housing First System Self-Assessment** (to be completed by community-level stakeholders such as Continuums of Care and/or government agencies charged with ending homelessness)

How Should My Community Use This Tool?

- **Choose the appropriate Housing First assessment(s)** – Individual programs should choose the assessment that most closely matches their program type while community-level stakeholders should complete the systems assessment
- **Complete the assessment and score your results** – Each assessment includes a simple scoring guide that will tell you the extent to which your program or community is implementing Housing First
- **Share your results with others in your program or community** – To build the political will needed to embrace a Housing First approach, share with other stakeholders in your community
- **Build a workgroup charged with making your program or community more aligned with Housing First** - Put together a work plan with concrete tasks, person(s) responsible and due dates for the steps your program and/or community needs to take to align itself with Housing First and then get started!
- **Send your results and progress to the 100,000 Homes Campaign** – We'd love to hear how you score and the steps you are taking to adopt a Housing First approach!

Who Does This Well?

The following programs in 100,000 Campaign communities currently incorporate Housing First principles into their everyday work:

- **Pathways to Housing** – www.pathwaystohousing.org
- **DESC** – www.desc.org
- **Center for Urban Community Services** – www.cucs.org

Many other campaign communities have also begun to prioritize the transition to a Housing First philosophy system-wide. Campaign contact information for each community is available at http://100khomes.org/see-the-impact

Related Tools and Resources

This toolkit was inspired the work done by several colleagues, including the National Alliance to End Homelessness, Pathways to Housing and the Department of Veterans Affairs. For more information on the Housing First efforts of these groups, please visit the following websites:

- **National Alliance to End Homelessness** – www.endhomelessness.org/pages/housingfirst
- **Pathways to Housing** – www.pathwaystohousing.org
- **Veterans Affairs (HUD VASH and Housing First, pages 170-182)** - http://www.va.gov/HOMELESS/docs/Center/144_HUD-VASH_Book_WEB_High_Res_final.pdf

For more information and support, please contact Erin Healy, Improvement Advisor - 100,000 Homes Campaign, at ehealy@cmtysolutions.org

Housing First Self-Assessment for Outreach Programs

1. **Does your program receive real-time information about vacancies in Permanent Supportive Housing?**
   - **Yes** = 1 point
   - **No** = 0 points

   Number of Points Scored:

2. **The entire process from street outreach (with an engaged client) to move-in to permanent housing typically takes:**
   - More than 180 days = 0 points
   - Between 91 and 179 days = 1 point
   - Between 61 and 90 days = 2 points
   - Between 31 and 60 days = 3 points
   - 30 days or less = 4 points
   - Unknown = 0 points

   Number of Points Scored:

3. **Approximately what percentage of chronic and vulnerable homeless people served by your outreach program goes straight into permanent housing (without going through emergency shelter and transitional housing)?**
   - More than 75% = 5 points
   - Between 51% and 75% = 4 points
   - Between 26% and 50% = 3 points
   - Between 11% and 25% = 2 points
   - 10% or less = 1 point
   - Unknown = 0 points

   Number of Points Scored:

4. **Indicate whether priority consideration for your program's services is given to potential program participants with following characteristics.** *Check all that apply*:
   - ☐ Participants who demonstrate a high level of housing instability/chronic homelessness
   - ☐ Participants who have criminal justice records, including currently on probation/parole/court mandate
   - ☐ Participants who are actively using substances, including alcohol and illicit drugs Participants who do not engage in any mental health or substance treatment services
   - ☐ Participants who demonstrate instability of mental health symptoms (NOT including those who present danger to self or others)

   Checked Five = 5 points

   Checked Four = 4 points

   Checked Three = 3 points

   Checked Two = Z points

   Checked One = 1 point

   Checked Zero = 0 points

   Total Points Scored:

To calculate your Housing First Score, add the total points scored for each question above, then refer to the key below:

Total Housing First Score:

If you scored: 13 points or more
- ✓ Housing First principles are likely being implemented ideally

If you scored between: 10 – 12 points
- ✓ Housing First principles are likely being well-implemented

If you scored between: 7 – 9 points
- ✓ Housing First principles are likely being fairly well-implemented

If you scored between: 4 - 6 points
- ✓ Housing First principles are likely being poorly implemented

If you scored between: 0 – 3 points
- ✓ Housing First principles are likely not being implemented

Housing First Self-Assessment
For Emergency Shelter Programs

1. **Does your program receive real-time information about vacancies in Permanent Supportive Housing?**
   - **Yes** = 1 point
   - **No** = 0 points

   Number of Points Scored:

2. **Approximately what percentage of chronic and vulnerable homeless people staying in your emergency shelter go straight into permanent housing without first going through transitional housing?**
   - More than 75% = 5 points
   - Between 51% and 75% = 4 points
   - Between 26% and 50% = **3** points
   - Between 11% and 25% = 2 points
   - 10% or less = 1 point
   - Unknown = 0 points

   Number of Points Scored:

3. **Indicate whether priority consideration for shelter at your program is given to potential program participants with following characteristics.** *Check all that apply*:
   - ☐ Participants who demonstrate a high level of housing instability/chronic homelessness
   - ☐ Participants who have criminal justice records, including currently on probation/parole/court mandate
   - ☐ Participants who are actively using substances, including alcohol and illicit drugs Participants who do not engage in any mental health or substance treatment services
   - ☐ Participants who demonstrate instability of mental health symptoms (NOT including those who present danger to self or others)

   Checked Five = 5 points

   Checked Four = 4 points

Checked Three = 3 points

Checked Two = 2 points

Checked One = 1 point

Checked Zero = 0 points

Total Points Scored:

To calculate your Housing First Score, add the total points scored for each question above, then refer to the key below:

Total Housing First Score:

If you scored: 10 points or more
- ✓ Housing First principles are likely being implemented ideally

If you scored between: 6 – 9 points
- ✓ Housing First principles are likely being fairly well-implemented

If you scored between: 3 - 5 points
- ✓ Housing First principles are likely being poorly implemented

If you scored between: 0 – 2 points
- ✓ Housing First principles are likely not being implemented

Housing First Self-Assessment for Permanent Housing Programs

1. **Does your program accept applicants with the following characteristics:**

   a) Active Substance Use
   - Yes = 1 point
   - No = 0 points

   b) Chronic Substance Use Issues
   - Yes = 1 point
   - No = 0 points

   c) Untreated Mental Illness
   - Yes = 1 point
   - No = 0 points

   d) Young Adults (18-24)
   - Yes = 1 point
   - No = 0 points

   e) Criminal Background (any)
   - Yes = 1 point
   - No = 0 points

   f) Felony Conviction
   - Yes = 1 point
   - No = 0 points

   g) Sex Offender or Arson Conviction
   - Yes = 1 point
   - No = 0 points

   h) Poor Credit
   - Yes = 1 point
   - No = 0 points

   i) No Current Source of Income (pending SSI/DI)
   - Yes = 1 point
   - No = 0 points

Question Section	# Points Scored
Active Substance Use	
Chronic Substance Use Issues	
Untreated Mental Illness	
Young Adults (18-24)	
Criminal Background (any)	
Felony Conviction	
Sex Offender or Arson Conviction	
Poor Credit	
No Current Source of Income (pending SSI/DI)	
Total Points Scored in Question #1:	

2. **Program participants are required to demonstrate housing readiness to gain access to units?**
   - No – Program participants have access to housing with no requirements to demonstrate readiness (other than provisions in a standard lease) = **3 points**
   - Minimal – Program participants have access to housing with minimal readiness requirements, such as engagement with case management = **2 points**
   - Yes – Program participant access to housing is determined by successfully completing a period of time in a program (e.g. transitional housing) = **1 point**
   - Yes – To qualify for housing, program participants must meet requirements such as sobriety, medication compliance, or willingness to comply with program rules = **0 points**

Total Points Scored:

3. **Indicate whether priority consideration for housing access is given to potential program participants with following characteristics.** *Check all that apply*:
   - ☐ Participants who demonstrate a high level of housing instability/chronic homelessness
   - ☐ Participants who have criminal justice records, including currently on probation/parole/court mandate
   - ☐ Participants who are actively using substances, including alcohol and illicit drugs (NOT including dependency or active addiction that compromises safety)
   - ☐ Participants who do not engage in any mental health or substance treatment services
   - ☐ Participants who demonstrate instability of mental health symptoms (NOT including those who present danger to self or others)

   Checked Five = 5 points

Checked Four = 4 points

Checked Three = 3 points

Checked Two = 2 points

Checked One = 1 point

Checked Zero = 0 points

Total Points Scored:

4. **Indicate whether program participants must meet the following requirements to ACCESS permanent housing.** *Check all that apply*:

   - ☐ Complete a period of time in transitional housing, outpatient, inpatient, or other institutional setting / treatment facility
   - ☐ Maintain sobriety or abstinence from alcohol and/or drugs
   - ☐ Comply with medication
   - ☐ Achieve psychiatric symptom stability
   - ☐ Show willingness to comply with a treatment plan that addresses sobriety, abstinence, and/or medication compliance
   - ☐ Agree to face-to-face visits with staff

   Checked Six = 0 points

   Checked Five = 1 points

   Checked Four = 2 points

   Checked Three = 3 points

   Checked Two = 4 points

   Checked One = 5 point

   Checked Zero = 6 points

Total Points Scored:

To calculate your Housing First Score, add the total points scored for each question above, then refer to the key below:

Total Housing First Score:

If you scored: 21 points or more

- ✓ Housing First principles are likely being implemented ideally

If you scored between: 15-20 points

- ✓ Housing First principles are likely being well-implemented

If you scored between: 10 – 14 points

- ✓ Housing First principles are likely being fairly well-implemented

If you scored between: 5 - 9 points

- ✓ Housing First principles are likely being poorly implemented

If you scored between: 0 – 4 points

- ✓ Housing First principles are likely not being implemented

Housing First Self-Assessment
For Systems & Community-Level Stakeholders

1. **Does your community set outcome targets around permanent housing placement for your outreach programs?**
   - Yes = 1 point
   - No = 0 points

   Number of Points Scored:

2. **For what percentage of your emergency shelters does your community set specific performance targets related to permanent housing placement?**
   - 90% or more = 4 points
   - Between 51% and 89% = 3 points
   - Between 26% and 50% = 2 points
   - 25% or less = 1 point
   - Unknown = 0 points

   Number of Points Scored:

3. **Considering all of the funding sources for supportive housing, what percentage of your vacancies in existing permanent supportive housing units are dedicated for people who meet the definition of chronic and/or vulnerable homeless?**
   - 90% or more = 4 points
   - Between 51% and 89% = 3 points
   - Between 26% and 50% = 2 points
   - 25% or less = 1 point
   - Unknown = 0 points

   Number of Points Scored:

4. **Considering all of the funding sources for supportive housing, what percentage of new supportive housing units are dedicated for people who meet the definition of chronic and/or vulnerable homeless?**
   - 90% or more = 4 points
   - Between 51% and 89% = 3 points
   - Between 26% and 50% = 2 points
   - Between 1% and 25% = 1 point
   - 0% (we do not dedicate any units to this population) = 0 points
   - Unknown = 0 points

   Number of Points Scored:

5. **Does your community have a formal commitment from your local Public Housing Authority to provide a preference (total vouchers or turn-over vouchers) for homeless individuals and/or families?**
   - Yes, a preference equal to 25% or more of total or turn-over vouchers = 4 points
   - Yes, a preference equal to 10% - 24% or more of total or turn-over = 3 points
   - Yes, a preference equal to 5% - 9% or more of total or turn-over = 2 points
   - Yes, a preference equal to less than 5% or more of total or turn-over = 1 point
   - No, we do not have an annual set-aside = 0 points
   - Unknown = 0 points

   Number of Points Scored:

6. **Has your community mapped out its housing placement process from outreach to move-in (e.g. each step in the process as well as the average time needed for each step has been determined)?**
   - Yes = 1 point
   - No = 0 points

   Number of Points Scored:

7. **Does your community have a Coordinated Housing Placement System or Single Point of Access into permanent supportive housing?**
   - Yes = 1 point
   - Partial = ½ point
   - No = 0 points

   Number of Points Scored:

8. **Does your community have a Coordinated Housing Placement System or Single Point of Access into permanent subsidized housing (e.g. Section 8 and other voucher programs)?**
   - Yes = 1 point
   - Partial = ½ point
   - No = 0 points

   Number of Points Scored:

9. **Does your community have different application/housing placement processes for different populations and/or different funding sources? If so, how many separate processes does your community have?**
   - 5 or more processes = 0 points
   - 3-4 processes = 1 point
   - 2 processes = 2 points
   - 1 process for all populations = 3 points

   Number of Points Scored:

10. **The entire process from street outreach (with an engaged client) to move-in to permanent housing typically takes:**
    - More than 180 days = 0 points
    - Between 91 and 179 days = 1 point
    - Between 61 and 90 days = 2 points
    - Between 31 and 60 days = 3 points
    - 30 days or less = 4 points
    - Unknown = 0 points

Number of Points Scored:

11. **Approximately what percentage of homeless people living on the streets go straight into permanent housing (without going through emergency shelter and transitional housing)?**
    - More than 75% = 5 points
    - Between 51% and 75% = 4 points
    - Between 26% and 50% = 3 points
    - Between 11% and 25% = 2 points
    - 10% or less = 1 point
    - Unknown = 0 points

    Number of Points Scored:

12. **Approximately what percentage of homeless people who stay in emergency shelters go straight into permanent housing without first going through transitional housing?**
    - More than 75% = 5 points
    - Between 51% and 75% = 4 points
    - Between 26% and 50% = 3 points
    - Between 11% and 25% = 2 points
    - 10% or less = 1 point
    - Unknown = 0 points

    Number of Points Scored:

13. **Within a given year, approximately what percentage of your community's chronic and/or vulnerable homeless population who exit homelessness, exits into permanent supportive housing?**
    - More than 85% = 5 points
    - Between 51% and 85% = 4 points
    - Between 26% and 50% = 3 points
    - Between 10% and 24% = 2 points
    - Less than 10% = 1 point
    - Unknown = 0 points

Number of Points Scored:

14. **In a given year, approximately what percentage of your community's chronic and/or vulnerable homeless population exiting homelessness, exits to Section 8 or other long-term subsidy (with limited or no follow-up services)?**
    - More than 50% = 4 points
    - Between 26% and 50% = 3 points
    - Between 10% and 25% = 2 points
    - Less than 10% = 1 point
    - Unknown = 0 points

    Number of Points Scored:

15. **Approximately what percentage of your permanent supportive housing providers will accept applicants with the following characteristics:**

    a) Active Substance Use
    - Over 75% = 5 points
    - 75%-51% = 4 points
    - 50%-26% = 3 points
    - 25%-10% = 2 points
    - Less than 10% = 1 points
    - Unknown = 0 points

    b) Chronic Substance Use Issues
    - Over 75% = 5 points
    - 75%-51% = 4 points
    - 50%-26% = 3 points
    - 25%-10% = 2 points
    - Less than 10% = 1 points
    - Unknown = 0 points

    c) Untreated Mental Illness
    - Over 75% = 5 points
    - 75%-51% = 4 points
    - 50%-26% = 3 points
    - 25%-10% = 2 points
    - Less than 10% = 1 points
    - Unknown = 0 points

d) Young Adults (18-24)
- Over 75% = 5 points
- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

e) Criminal Background (any)
- Over 75% = 5 points
- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

f) Felony Conviction
- Over 75% = 5 points
- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

g) Sex Offender or Arson Conviction
- Over 75% = 5 points
- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

h) Poor Credit
- Over 75% = 5 points
- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

i) No Current Source of Income (pending SSI/DI)
- Over 75% = 5 points

- 75%-51% = 4 points
- 50%-26% = 3 points
- 25%-10% = 2 points
- Less than 10% = 1 points
- Unknown = 0 points

Question Section	# Points Scored
Active Substance Use	
Chronic Substance Use Issues	
Untreated Mental Illness	
Young Adults (18-24)	
Criminal Background (any)	
Felony Conviction	
Sex Offender or Arson Conviction	
Poor Credit	
No Current Source of Income (pending SSI/DI)	
Total Points Scored in Question #17:	

To calculate your Housing First Score, add the total points scored for each question above, then refer to the key below:

Total Housing First Score:

If you scored: 77 points or more
- ✓ Housing First principles are likely being implemented ideally

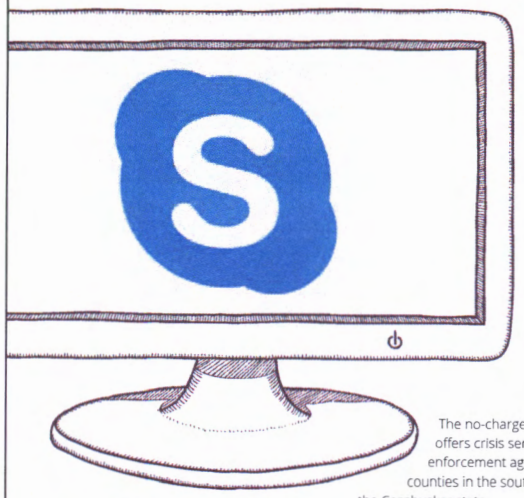
If you scored between: 57 – 76 points
- ✓ Housing First principles are likely being well-implemented

If you scored between: 37 – 56 points
- ✓ Housing First principles are likely being fairly well-implemented

If you scored between: 10 – 36 points
- ✓ Housing First principles are likely being poorly implemented

If you scored under 10 points
- ✓ Housing First principles are likely not being implemented

Appendix 6:
Virtual Crisis Response



SKYPING DURING A CRISIS?

Telehealth is a 24/7 Crisis Connection

Arnold A. Remington
Program Director, Targeted Adult Service Coordination Program

When Nebraska law enforcement officials encounter people exhibiting signs of mental illness, a state statue allows them to place individuals into emergency protective custody. While emergency protective custody may be necessary if the person appears to be dangerous to themselves or to others, involuntary custody is not always the best option if the crisis stems from something like a routine medication issue.

Officers may request that counselors evaluate at-risk individuals to help them determine the most appropriate course of action. While in-person evaluations are ideal when counselors are readily available, officers often face crises in the middle of the night and in remote areas where mental health professionals are not easily accessible.

The Targeted Adult Service Coordination program began in 2005 to provide crisis response assistance to law enforcement and local hospitals dealing with people struggling with behavioral health problems. The employees respond to law enforcement calls to provide consultation, assistance in recognizing a client's needs and help with identifying resources to meet those needs.

The no-charge service program offers crisis services to 31 law enforcement agencies in 15 rural counties in the southeast section of the Cornhusker state.

Six months ago, the program offered select law enforcement officials a new crisis service tool: telehealth. The Skype-like technology makes counselors available 24/7, even in remote rural parts of the state. Officers can connect with on call counselors for face to face consultations through secure telehealth via laptops, iPads or Toughbooks in their vehicles.

The technology, which is in use in select jails and police and sheriff departments, is proving to be a win-win for both law enforcement officers and clients. Officers no longer have to wait for counselors to arrive for consultations. In rural communities, it is too common for officers to wait for up to two hours for counselors traveling from long distances.

Telehealth also supports the Targeted Adult Service Coordination program's primary goal of preventing individuals from being placed under emergency protective custody. The program maintains an 82 percent success rate of keeping clients in a home environment with proper supports. The technology promotes faster response times that mean more expedient and more appropriate interventions for at-risk individuals, particularly those in rural counties.

So far, the biggest hurdle has been getting law enforcement officers to break out of their routines and adopt the technology. Some officers still want in-person consultations, a method that is preferable when counselors are available and nearby. But when reaching a counselor is not expedient and sometimes not even possible, telehealth can play an invaluable role.

Police officers' feedback on telehealth has been mainly positive. Officers often begin using the new tool after hearing about positive experiences from colleagues. As more officers learn that they can contact counselors with a few keystrokes from their cruisers, telehealth will continue to grow. The Targeted Adult Service Coordination program plans to expand the technology next year by making it available to additional police and sheriff departments.

Telehealth has furthered the Targeted Adult Service Coordination program's goal of diverting people from emergency protective custody and helping them become successful, contributing members of the community. This creative approach to crisis response provides clients with better care and supports reintegration and individual autonomy.

Appendix 7:

Reentry Resources

KEY ISSUE: REENTRY

REENTRY RESOURCES FOR INDIVIDUALS, PROVIDERS, COMMUNITIES, AND STATES

LEARN ABOUT SAMHSA REENTRY RESOURCES FOR:

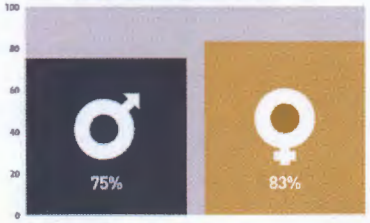
- Behavioral Health Providers & Criminal Justice Practitioners
- Individuals Returning From Jails & Prisons
- Communities & Local Jurisdictions
- State Policymakers

AT A GLANCE

Individuals with mental and substance use disorders involved with the criminal justice system can face many obstacles accessing quality behavioral health service. For individuals with behavioral health issues reentering the community after incarceration, those obstacles include a lack of health care, job skills, education, and stable housing, and poor connection with community behavioral health providers. This may jeopardize their recovery and increase their probability of relapse and/or re-arrest. Additionally, individuals leaving correctional facilities often have lengthy waiting periods before attaining benefits and receiving services in the community. Too often, many return to drug use, criminal behavior, or homelessness when these obstacles prevent access to needed services.
The Office of National Drug Control Policy reports:

- More than 40% of offenders return to state prison within 3 years of their release.
- 75% of men and 83% of women returning to state prison report using illegal drugs.

More women returning to state prison report using illegal drugs compared to men.



ISSUE DATE 6.1.16

Behavioral health is essential to health.
Prevention works.
Treatment is effective.
PEOPLE RECOVER.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

SAMHSA efforts to help meet the needs of individuals with mental and substance use disorders returning to the community, and the needs of the community include:

- Grant programs such as the Offender Reentry Program (ORP) that expand and enhance substance use treatment services for individuals reintegrating into communities after being released from correctional facilities.
- Actively partnering with other federal agencies to address the myriad of issues related to offender reentry through policy changes, recommendations to U.S. states and local governments, and elimination of myths surrounding offender reentry.
- Providing resources to individuals returning from jails and prisons, behavioral health providers and criminal justice practitioners, communities and local jurisdictions, and state policymakers.

At federal, state and local levels, criminal justice reforms are changing the landscape of criminal justice policies and practices. In 2015, federal efforts focused on reentry services and supports for justice-involved individuals with mental and substance use disorders have driven an expansion of programs and services.

Reentry is a key issue in SAMHSA's Trauma and Justice Strategic Initiative. This strategic initiative addresses the behavioral health needs of people involved in - or at risk of involvement in - the criminal and juvenile justice systems. Additionally, it provides a comprehensive public health approach to addressing trauma and establishing a trauma-informed approach in health, behavioral health, criminal justice, human services, and related systems.

SAMSHA RESOURCES

This key issue guide provides an inventory of SAMHSA resources for individuals returning from jails and prisons, behavioral health providers and criminal justice practitioners, communities and local jurisdictions, and states.

RESOURCES FOR BEHAVIORAL HEALTH PROVIDERS AND CRIMINAL JUSTICE PRACTITIONERS

GAINS Reentry Checklist for Inmates Identified with Mental Health Needs (2005)

This publication provides a checklist and template for identifying and implementing a successful reentry plan for individuals with mental and substance use disorders. http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence/pdfs/sequential-intercept-mapping/GAINSReentry_Checklist.pdf

Quick Guide for Clinicians: Continuity of Offender Treatment for Substance Use Disorder from Institution to Community

Helps substance abuse treatment clinicians and case workers to assist offenders in the transition from the criminal justice system to life after release. Discusses assessment, transition plans, important services, special populations, and confidentiality. http://store.samhsa.gov/product/Continuity-of-Offender-Treatment-for-Substance-Use-Disorder-from-Institution-to-Community/SMA15-3594

Trauma Informed Response Training

The GAINS Center has developed training for criminal justice professionals to raise awareness about trauma and its effects. "How Being Trauma-Informed Improves Criminal Justice System Responses" is a one-day training for criminal justice professionals to:

- Increase understanding and awareness of the impact of trauma
- Develop trauma-informed responses
- Provide strategies for developing and implementing trauma-informed policies

This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel. http://www.samhsa.gov/gains-center/criminal-justice-professionals-locator/trauma-trainers

SOAR TA Center

Provides technical assistance on SAMHSA's SSI/SSDI Outreach, Access and Recovery (SOAR), a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or are at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. http://soarworks.prainc.com/

RESOURCES FOR INDIVIDUALS RETURNING FROM JAILS AND PRISONS

SAMHSA's Behavioral Health Treatment Locator

Search online for treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems. https://findtreatment.samhsa.gov/

Self-Advocacy and Empowerment Toolkit

Find resources and strategies for achieving personal recovery goals. http://www.consumerstar.org/resources/pdf/JusticeMaterialsComplete.pdf

Obodo

Find resources and information and make connections in your community. Users set up profiles, add photos, bookmark resources and interests, and can email other members. https://obodo.is/

SecondChanceResources Library

Find reentry resources and information. http://secondchanceresources.org/

Right Path

Resources and information for persons formerly incarcerated, and the people who help them (parole officers, community service staff, family and friends). http://rightpath.meteor.com/

RESOURCES FOR COMMUNITIES AND LOCAL JURISDICTIONS

Establishing and Maintaining Medicaid Eligibility upon Release from Public Institutions

This publication describes a model program in Oklahoma designed to ensure that eligible adults leaving correctional facilities and mental health institutions have Medicaid at discharge or soon thereafter. Discusses program findings, barriers, and lessons learned. http://store.samhsa.gov/product/Establishing-and-Maintaining-Medicaid-Eligibility-upon-Release-from-Public-Institutions/SMA10-4545

Providing a Continuum of Care and Improving Collaboration among Services

This publication examines how systems of care for alcohol and drug addiction can collaborate to provide a continuum of care and comprehensive substance abuse treatment services. Discusses service coordination, case management, and treatment for co-occurring disorders. http://store.samhsa.gov/product/Providing-a-Continuum-of-Care-Improving-Collaboration-Among-Services/SMA09-4388

A Best Practice Approach to Community Reentry from Jails for Inmates with Co-occurring Disorders: The APIC Model (2002)

This publication provides an overview of the APIC Model, a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail. http://homeless.samhsa.gov/resource/a-best-practice-approach-to-community-re-entry-from-jails-for-inmates-with-co-occurring-disorders-the-apic-model-24756.aspx

Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison (2013)

This publication presents guidelines that are intended to promote the behavioral health and criminal justice partnerships necessary to successfully identify which people need services, what services they need, and how to match these needs upon transition to community-based treatment and supervision. https://csgjusticecenter.org/wp-content uploads/2013/12/Guidelines-for-Successful-Transition.pdf

SAMHSA's Offender Reentry Program

Using grant funding, the program encourages stakeholders to work together to give adult offenders with co-occurring substance use and mental health disorders the opportunity to improve their lives through recovery. http://www.samhsa.gov/grants/grant-announcements/ti-15-012

Bridging the Gap: Improving the Health of Justice-Involved People through Information Technology

This publication is a review of the proceedings from a two-day conference convened by SAMHSA in 2014. The meeting aimed to address the problems of disconnected justice and health systems and to develop solutions by describing barriers, benefits, and best practices for connecting community providers and correctional facilities using health information technology (HIT). http://www.vera.org/samhsa-justice-health-information-technology

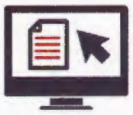
RESOURCES FOR STATE POLICYMAKERS

Behavioral Health Treatment Needs Assessment for States Toolkit

Provide states and other payers with information on the prevalence and use of behavioral health services; step-by-step instructions to generate projections of utilization under insurance expansions; and factors to consider when deciding the appropriate mix of behavioral health benefits, services, and providers to meet the needs of newly eligible populations. http://store.samhsa.gov/shin/content//SMA13-4757/SMA13-4757.pdf

Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders

This publication presents information about Medicaid coverage of medication-assisted treatment for opioid and alcohol dependence. Covers treatment effectiveness and cost effectiveness as well as examples of innovative approaches in Vermont, Massachusetts, and Maryland. http://store.samhsa.gov/product/Medicaid-Coverage-and-Financing-of-Medications-to-Treat-Alcohol-and-Opioid-Use-Disorders/SMA14-4854

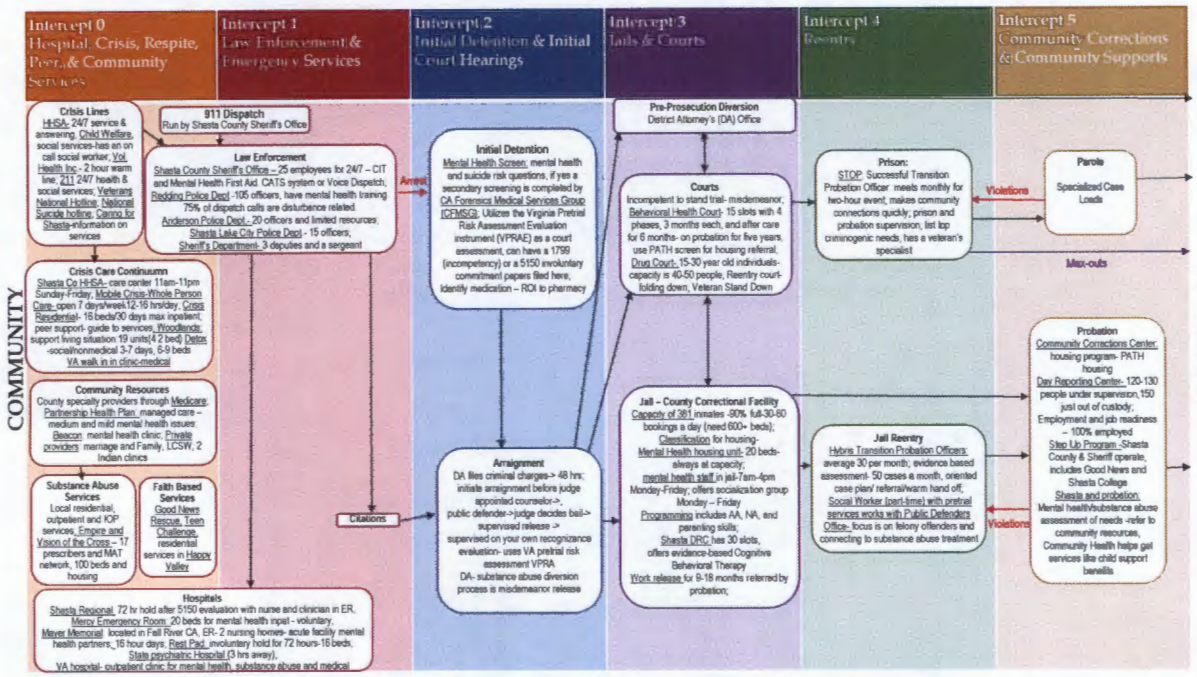


All publications are available free through SAMHSA's store

http://store.samhsa.gov/

SAMHSA TOPICS

Alcohol, Tobacco, and Other Drugs ■ Behavioral Health Treatments and Services ■ Criminal and Juvenile Justice ■ Data, Outcomes, and Quality
Disaster Preparedness, Response, and Recovery ■ Health Care and Health Systems Integration ■ Health Disparities ■ Health Financing
Health Information Technology ■ HIV, AIDS, and Viral Hepatitis ■ Homelessness and Housing ■ Laws, Regulations, and Guidelines
Mental and Substance Use Disorders ■ Prescription Drug Misuse and Abuse ■ Prevention of Substance Abuse and Mental Illness
Recovery and Recovery Support ■ School and Campus Health ■ Specific Populations ■ State and Local Government Partnerships
Suicide Prevention ■ Trauma and Violence ■ Tribal Affairs ■ Underage Drinking ■ Veterans and Military Families ■ Wellness ■ Workforce


Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services
Intercept 1
Law Enforcement & Emergency Services
Intercept 2
Initial Detention & Initial Court Hearings
Intercept 3
Jails & Courts
Intercept 4
Reentry
Intercept 5
Community Corrections & Community Supports
COMMUNITY
Crisis Lines
HHSA- 24/7 service & answering, Child Welfare, social services-has an on call social worker; Vol. Health Inc.- 2 hour warm line; 211 24/7 health & social services; Veterans National Hotline, National Suicide hotline, Caring for Shasta-information on services
911 Dispatch
Run by Shasta County Sheriff's Office
Law Enforcement
Shasta County Sheriff's Office – 25 employees for 24/7 – CIT and Mental Health First Aid. CATS system or Voice Dispatch; Redding Police Dept -105 officers, have mental health training 75% of dispatch calls are disturbance related. Anderson Police Dept.- 20 officers and limited resources; Shasta Lake City Police Dept - 15 officers; Sheriff's Department- 3 deputies and a sergeant
Crisis Care Continuumn
Shasta Co HHSA- care center 11am-11pm Sunday-Friday, Mobile Crisis-Whole Person Care- open 7 days/week 12-16 hrs/day; Crisis Residential- 16 beds/30 days max inpatient, peer support- guide to services, Woodlands: support living situation 19 units(4 2 bed) Detox -social/nonmedical 3-7 days, 6-9 beds VA walk in in clinic-medical
Community Resources
County specialty providers through Medicare, Partnership Health Plan, managed care – medium and mild mental health issues; Beacon: mental health clinic; Private providers: marriage and Family, LCSW, 2 Indian clinics
Substance Abuse Services
Local residential, outpatient and IOP services, Empire and Vision of the Cross – 17 prescribers and MAT network, 100 beds and housing
Faith Based Services
Good News Rescue, Teen Challenge, residential services in Happy Valley
Hospitals
Shasta Regional, 72 hr hold after 5150 evaluation with nurse and clinician in ER, Mercy Emergency Room, 20 beds for mental health inpat - voluntary, Mayer Memorial located in Fall River CA, ER- 2 nursing homes- acute facility mental health partners, 16 hour days, Rest Pad, involuntary hold for 72 hours-18 beds, State psychiatric Hospital (3 hrs away), VA hospital- outpatient clinic for mental health, substance abuse and medical
Arrest
Citations
Initial Detention
Mental Health Screen; mental health and suicide risk questions, if yes a secondary screening is completed by CA Forensics Medical Services Group (CFMSG). Utilizes the Virginia Pretrial Risk Assessment Evaluation instrument (VPRAE) as a court assessment, can have a 1799 (incompetency) or a 5150 involuntary commitment papers filed here, identify medication – ROI to pharmacy
Arraignment
DA files criminal charges-> 48 hrs; initiate arraignment before judge appointed counselor->, public defender->judge decides bail-> supervised release -> supervised on your own recognizance evaluation- uses VA pretrial risk assessment VPRA
DA- substance abuse diversion process is misdemeanor release
Pre-Prosecution Diversion
District Attorney's (DA) Office
Courts
Incompetent to stand trial- misdemeanor; Behavioral Health Court- 15 slots with 4 phases, 3 months each, and after care for 6 months- on probation for five years, use PATH screen for housing referral; Drug Court- 15-30 year old individuals- capacity is 40-50 people; Reentry court- folding down, Veteran Stand Down
Jail – County Correctional Facility
Capacity of 381 inmates -90% full-30-60 bookings a day (need 600+ beds); Classification for housing- Mental Health housing unit- 20 beds- always at capacity; mental health staff in jail-7am-4pm Monday-Friday; offers socialization group Monday – Friday Programming includes AA, NA, and parenting skills; Shasta DRC has 30 slots, offers evidence-based Cognitive Behavioral Therapy Work release for 9-18 months referred by probation;
Prison:
STOP Successful Transition Probation Officer meets monthly for two-hour event; makes community connections quickly, prison and probation supervision; list top criminogenic needs, has a veteran's specialist
Violations
Parole
Specialized Case Loads
Max-outs
Jail Reentry
Hybris Transition Probation Officers: average 30 per month; evidence based assessment- 50 cases a month, oriented case plan/ referral/warm hand off; Social Worker (part-time) with pretrial services works with Public Defenders Office- focus is on felony offenders and connecting to substance abuse treatment
Violations
Probation
Community Corrections Center; housing program- PATH housing Day Reporting Center- 120-130 people under supervision,150 just out of custody; Employment and job readiness – 100% employed Step Up Program -Shasta County & Sheriff operate, includes Good News and Shasta College Shasta and probation: Mental health/substance abuse assessment of needs -refer to community resources, Community Health helps get services like child support benefits
COMMUNITY

SHASTA COUNTY

PUBLIC SAFETY REALIGNMENT

PLAN

Executive Committee of the
Community Corrections Partnership
Tracie Neal, ~~Interim~~ Chief Probation Officer (Chair)
Tom Bosenko, Sheriff-Coroner
Stephanie Bridgett, ~~Stephen S. Carlton,~~ District Attorney
William Bateman, ~~Jeffrey E. Gorder,~~ Public Defender
Donnell Ewert, Director of Health & Human Services Agency
Melissa Fowler-Bradley, Court Executive Officer, Superior Court of California - County of Shasta
Roger Moore, ~~Robert F. Paoletti,~~ Chief of Police, City of Redding

Revised ~~March 5, 2014~~

Commented [TN1]: New date to be added

EXECUTIVE SUMMARY

On June 28, 2011, the California Legislature passed a budget that implemented the Public Safety Realignment Act. Assembly Bill (AB) 109 and its subsequent trailer bill AB 117 transferred responsibility for supervising certain low-level offenders released from the California Department of Corrections and Rehabilitation (CDCR) to counties~~.~~ and identified a population no longer eligible to be sentencesd to state prison requiring the population to serve a local prison term and a term of supervision. It created the post release community supervision (PRCS) population and the mandatory supervision (MS) population. Implementation of the Public Safety Realignment Act began October 1, 2011.

AB 109 and AB 117 designated the local Community Corrections Partnership (CCP) as the oversight entity. The CCP was tasked with the responsibility of developing a Plan to address the supervision, incarceration, revocation hearing, and service needs of this population for recommendation to the County Board of Supervisors.

On September 27, 2011, Shasta County's Public Safety Realignment Implementation Plan 2011 was approved by the Shasta County Board of Supervisors by unanimous vote. A year later the Plan was updated and approved by the Board on October 2, 2012. The plan was updated and approved by the Shasta County Board of Supervisors on June 17, 2014. ~~The current Plan, with its few modifications, will represent the ongoing Plan. It~~ The plan will only be returned to the Board of Supervisors for approval when significant modifications are necessary.

The Shasta County Public Safety Realignment Plan ensures public safety through effective accountability through supervision designed to prevent recidivism. To achieve this goal, the Shasta County Public Safety Realignment Plan utilizes three strategies focused on: Supervision; Assessments; Programs; Custody and Custody Alternatives~~The Shasta County Public Safety Realignment Plan 2011 focused on three distinct strategies: Supervision; Custody and Custody Alternatives; and Assessments, Programs, and Services~~. This Public Safety Realignment Plan continues with the same three strategies and adds a fourth strategy to include crime prevention. The current Plan supports the need to continue with a balanced approach, validated by research and experience.

Commented [TN2]: Bateman and Bosenko wording.

Supervision of the offenders will continue to be provided by Probation Department staff. In addition, ~~a~~ cCompliance ~~Team~~ efforts of local law-enforcement partners will continue to make regular face-to-face contacts with non-compliant offenders. Starting in 2017 an emphasis has been placed on evidenced based trainings utilizing planning and implementation dollars. Successful Transition of Probation and Parole (STOPP) was added in January 2016 to increase reentry services, early offender engagement, and access to community services and treatment.

Custody and Custody Alternatives will continue to be addressed in the Plan with the goal to expand custody capacity. Opening the third floor of the jail was accomplished in July of 2012, and additional funds were provided for jail operations in fiscal year 2017/18, due to concerns of having to close a level of the jail due to budget shortfalls. Beginning in fiscal year 2012/13 funds

have been utilized to fund out of county jail beds allowing for an increased custody capacity. In the Fall of 2018, the jail added an additional 103 beds increasing their capacity to ???. The Home Electronic Confinement (HEC)/Global Positioning Surveillance (GPS) and Work Release Programs were expanded in 2012/2013. A Supervised Own Recognizance (SOR) Program was added in March of 2013 for greater accountability prior to sentencing. The Step-Up Program and the Phase Program were added in 2013 as a custody alternative for those offenders eligible for a community based sentence. Shasta's Most Wanted was added in 2013 to address the increasing court failure to appear issue.

Assessment, Programs and Services will continue its focus on the Community Corrections Center that provides assessment, treatment and rehabilitative services and day reporting functions. The Assessment CorrectionsCommunity Corrections Center provides a safe and secure environment where a thorough assessment of offender needs, enhanced supervision and some identified services are provided for offenders. Co-locating theoffenders. The Day Reporting Center located next door towith the Assessment Community Corrections Center activities allows the offender population to access a variety of resources at one location. Contracting with service providers in the community has continued and in 2014 the emphasis will bewas placed on program fidelity. Two collaborative courts, the Behavioral Health Court and the Re-Entry Court, were implemented in January 2014, allowing specialized treatment and intensive supervision of identified offenders. The Re-Entry Court ended in 2017.

Crime Prevention is an important competent to public safety and over the years has been an increasing topic at CCP and CCP Executive Committee meetings. Crime prevention practices focus on both youths and adults in the community and provides a foundation to reduce and deter crime and criminals, embracing the principles of restorative justice and evidenced based practices. Crime prevention additionally focuses on reducing victim impact and preventing victimization. On March 15, 2017, the CCP Executive Committee, with input from the CCP and Juvenile Justice Coordinating Council voted to recommend to the Board of Supervisors that funds from the Local Innovation Subaccount be spent on crime prevention specifically for one evidenced-based program or best practice crime prevention project per fiscal year for youth 18 years and under. In Fiscal Year 2017/18 a Crime Victim Advocate and a Misdemeanor Pre-Filing Diversion Program was added to the plan.

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The CCP Executive Committee continues to be committed to the strategies outlined in the Shasta County Public Safety Realignment Plan to ensure services provided to the offender population will maximize the safety of our communities and are consistent with the intent of legislation.

On behalf of all involved in the development of this Plan, we request your continued support.

Executive Committee

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TERMS AND DEFINITIONS

- Average daily population (ADP) means average daily population of offenders meeting AB 109 eligibility criteria.

- Assembly Bill (AB) 109 means the legislation that implemented the Criminal Justice Realignment Act of 2011 that transfers the supervision, incarceration, the revocation hearing process and jurisdiction of certain offenders to counties.

- Assembly Bill (AB) 117 means the legislation that implemented revisions to the (CCP) Executive Committee that was originally established in AB 109. AB 117 requires the CCP to prepare a county implementation plan to meet the goals of the Public Safety Realignment. The seven-member CCP Executive Committee, as provided in AB 117, is comprised of the following: Chief Probation Officer (Chair), Presiding Judge (or designee), District Attorney, Public Defender, Sheriff, a Chief of Police, and the head of either the County Department of Social Services, Mental Health, or Alcohol and Drug Services (as designated by the Board of Supervisors). Under AB 117, the CCP develops an Implementation Plan and the Executive Committee votes to approve the Plan and submits it to the Board of Supervisors. The Plan is deemed accepted unless the Board of Supervisors votes by a 4/5 vote to reject the Plan and send it back to the CCP.

- Collaborative Courts are problem solving courts that combine judicial supervision with rehabilitation services that are rigorously monitored and focused on recovery to reduce recidivism and improve offender outcomes.

- Community Corrections Center (CCC) means a location for offenders to report in order support re-entry through assessment for~~to be assessed for~~ risk of recidivism and criminogenic needs, referrals for treatment and services, to attend on-site treatment/rehabilitation programs and to be monitored while on supervision. ~~(See Day Reporting Center below)~~.

  This co-located center is a cornerstone of the Public Safety Realignment Plan ~~where~~ reentry services such as assessments, community services, intensive programming, and supervision ~~can~~ occur in a coordinated fashion. The CCC includes, at a minimum, assessments of criminogenic and other needs, and provides cognitive-behavioral therapy (individual and group), eligibility ~~and employment~~ services, housing assistance, and referrals to other community resources or service providers. The CCC combines supervision with evidence-based programming and treatment to facilitate successful reentry into the community after incarceration and reduce offender recidivism. The CCC was developed with a combination of county workers, contracted service providers, and co-located community staff. In addition to Probation Employees, a Mental Health Clinician, a Substance Abuse Counselor, ~~an Eligibility Worker, a Job Developer, an Employment and Training Worker,~~ and ~~a~~ Housing Coordinators

are assigned to the CCC. Other contracted service providers and community agencies that can assist in meeting other criminogenic needs of this offender population ~~will be co-located on a prioritized basis when possible within the CCC.~~ are available several times a week during new offender orientation or at the monthly Successful Transition on Probation and Parole (STOPP) event.

- Community Corrections Partnership (CCP) means the committee established by Senate Bill (SB) 678 and revised in AB 117, also referred to as the CCP ~~Advisory~~ Committee. The CCP ~~Advisory~~ Committee consists of the CCP Executive Committee and community members, and meets periodically to receive reports and input on the implementation of AB 109. These legislative actions were codified in the California Penal Code Section 1230.1. **The CCP membership is outlined in Penal Code Section 1230(b)(2)(A-M) and the CCP Executive Committee membership is outlined in Penal Code Section 1230.1 (b).**

- Community Supervision means both post release community supervision (defined below) and mandatory supervision (defined below).

- Criminogenic Needs means the risk factors and attributes of offenders that are directly linked to criminal behavior. Effective correctional treatment should target criminogenic needs.

- Day Reporting Center (DRC) means a location ~~within~~ next-door to the CCC where select offenders report while under supervision to receive intensive services that target identified criminogenic needs and aid in the offender's success. The DRC may include employment and educational services, treatment programs and other services.

- Evidence-based practice (EBP) means treatment interventions for which there is empirical evidence of statistically significant effectiveness for specific problems.

- Fiscal Year (FY) means fiscal year beginning July 1 and ending June 30.

- Mandatory Supervision (MS) means those offenders who are no longer eligible to be sentenced to state prison and are sentenced to serve time in local custody per 1170(h)(5)(B) PC and are given a term of supervision. These offenders will be supervised by the Probation Department for the period of time ordered by the court subsequent to their term in custody.

- Offender Needs ~~Guide~~ Assessment (~~ONG~~ONA) means the needs assessment portion of the Static Risk and Offender Needs ~~Guide~~ Assessment (~~STRONG~~SRNA). The ~~STRONG~~ SRNA is an evidence-based assessment tool that was developed by ~~Assessments.com~~Noble Software Group ~~in collaboration with the Washington Department of Corrections~~, as a needs and risk assessment/supervision planning system for offenders. It is used by Probation Staff to assess the needs of offenders.

- Parole means the conditional release of a person from state prison after serving a term where the most recent commitment offense was for a serious or violent crime (as defined by the Penal Code) or the offender is deemed a high-risk sex offender.

- Parolee means a person who is released from state prison on parole.

- Phase Program is a program created for inmates with twelve months or more remaining in custody, who assess as moderate or high risk to re-offend using the Static Risk Assessment and whose Offender Needs Guide reveals criminogenic needs that are supported by attendance at the DRC. Offenders are assessed and, if eligible, are released from the jail, placed on GPS monitoring and directed to attend the DRC. Development of this program created additional bed space at the jail and allowed offenders to seek treatment earlier.

- Post-Release Community Supervision (PRCS) means a specific population of offenders identified by the Post-Release Community Supervision Act of 2011 enacted by AB 109. AB 109 provides that certain offenders released from prison on or after October 1, 2011, after serving a term in prison for the most recent commitment offense that is non-violent, non-serious, or a person who qualifies as a non-high risk sex offender, shall be subject to supervision by the Probation Department for a period not exceeding three years.

- **Pre-Arraignment Supervised Own Recognizance (PRSOR) means the supervision by Probation Department of offenders released from custody on their own recognizance by order of the court prior to arraignment.**

- Realignment 2011 means the Criminal Justice Realignment Act of 2011 or AB 109. (See AB 109 above.)

- Recidivism means a relapse into criminal behavior.

- Revocation means the recall of a grant of probation or parole.

- Senate Bill 678 (SB 678) means the California Community Corrections Performance Incentives Act of 2009, which provides a funding stream for Probation through a performance-based system. The statute gives Probation Department broad discretion on how to best implement evidence-based practices to meet the needs of the offender community and ultimately reduce the State prison population.

- Shasta's Most Wanted is a collaborative law enforcement approach in response to the increasing court failure-to-appear rates. Offenders are identified on a weekly basis if they have failed to appear in court for sentencing after being convicted of a crime. Each week five offenders are identified and their picture, name, and description are released to media sources.

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- A split sentence means a sentence that includes time in a local jail and a period of mandatory supervision by Probation Department.

- Static Risk **and Needs** Assessment (SRNA) means the static risk portion of the Static Risk and Offender Needs Assessment (SRNA). ~~Offender Needs Guide (STRONG).~~ The SRNA is an evidence-based assessment tool that was developed by Noble Software Group, as a needs and risk assessment/supervision planning system for offenders. ~~The STRONG probation assessment is an evidence-based assessment tool that was developed by Assessments.com, in collaboration with the Washington Department of Corrections, as a needs and risk assessment/supervision planning system for offenders.~~ It is used by Probation Staff to assess the level of risk to reoffend. Based on the risk scores, offenders are assigned to the appropriate Probation caseload.
- A straight sentence means a sentence served entirely in jail with no mandatory supervision.

- STEP-UP means the Shasta Technical Education Program- Unified Partnership. The STEP-UP Program is a collaborative effort between the Probation Department and the Sheriff's Office in conjunction with Shasta College. This program involves choosing offenders ~~in custody at the jail~~ who ~~fit the~~are high to moderate risk to re-offend ~~criteria~~, as well as having education, financial stability and employment as top criminogenic needs. These offenders are then given the opportunity to participate in the STEP-UP Program by enrolling at Shasta College in ~~one year~~ certification programs involving heavy equipment operation, automotive ~~repair~~ technology, welding, firefighting, business, and office administration with the emphasis on reducing the recidivism rate in Shasta County through the educational process.

- Supervised Own Recognizance (SOR) means the supervision by Probation Department of offenders released from custody on their own recognizance by order of the court prior to sentencing.

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OVERVIEW OF THE PUBLIC SAFETY REALIGNMENT ACT (AB 109)

To comply with the United States Supreme Court decision to reduce prison populations, address overcrowding in California's prisons and assist in alleviating the State's financial crisis, the Public Safety Realignment Act (AB 109) was signed into law on April 4, 2011. AB 109 transferred responsibility to counties for supervising certain parolees from the California Department of Corrections and Rehabilitation (CDCR) to Post-Release Community Supervision (PRCS). It also changed the sentencing options for new offenders to include housing in local jails (straight or split sentences) instead of prison. AB 109 authorized PRCS and parole revocation hearings, housing of parolees awaiting revocation hearings in local jails, and custody up to 180 days in local jails for all parolee and PRCS revocation sentences. Implementation of the Public Safety Realignment Act began October 1, 2011.

At the same time, Section 1230.1 of the California Penal Code designated a local Community Corrections Partnership to oversee a county's Public Safety Realignment Plan. Consistent with local needs and resources, recommendations should maximize the effective investment of criminal justice resources in evidence-based correctional programs and sanctions.

Key Elements of AB 109

Post-Release Community Supervision (PRCS): Offenders released from state prison on or after October 1, 2011 after serving a sentence for a current non-violent or non-serious offense, and/or as a non-registerable sex offense, irrespective of prior convictions, are subject to post-release community supervision for a period not to exceed three years. The Shasta County Board of Supervisors designated the Probation Department as the agency responsible for community supervision on July 26, 2011.

Custody and Mandatory Supervision (MS): Offenders sentenced for a non-violent, non-serious or non-high risk sex offense after October 1, 2011 will serve sentences in a county jail by means of either a straight commitment or a split sentence (a combination of time in custody and time on mandatory supervision).

PRCS and MS Revocations Heard and Served Locally: Effective October 1, 2011, petitions to revoke post-release community supervision and mandatory supervision were filed in the Shasta County Superior Court by the Probation Department. Any jail time imposed as a result of the revocation is served in the local jail and cannot exceed 180 days.

Parole Violations and Revocations: Effective October 1, 2011, individuals violating the conditions of their parole serve up to six months in jail instead of being returned to state prison. Effective July 1, 2013, all parole revocations will be filed and heard in the Shasta County Superior Court.

Enhanced Local Custody Alternatives: The legislation encourages and supports alternatives to local jail custody with programs including work release and home electronic monitoring and pretrial services.

Community-Based Sanctions: The legislation authorizes counties to use a range of intermediate sanctions to hold offenders accountable and mitigate the need for revocation hearings. Intermediate sanctions are normally progressive in nature and may include more frequent reporting requirements, increased drug testing, increased field/home visits and flash incarceration in the county jail for no more than ten days, as well as other options contained on page 24 of this plan. A revocation petition is filed once intermediate sanctions have been exhausted or deemed to be unsuccessful.

Contract Beds: The legislation provides an option for counties to contract back with the State to send local offenders to state prison and/or fire camps. Counties are also permitted to contract with public community correctional facilities. Contracting for state beds does not extend to parole revocations.

Rehabilitation and Treatment Services: The legislation recommends the implementation of evidenced based programs to include, but not limited to, day reporting centers, drug courts, residential multiservice centers, mental health treatment programs, electronic monitoring, victim restitution programs, counseling programs, community service programs, educational programs, and work training programs.

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SHASTA COUNTY FUNDING

Public Safety Realignment Funding

The formula establishing statewide funding for Public Safety Realignment (AB 109) implementation in FY 2011-12 was developed by the California Department of Finance and agreed to by the County Administrative Officers Association of California (CAOAC) and the California State Association of Counties (CSAC). The initial funding available through AB 109 was based on a weighted formula containing three elements:

- 60% based on the estimated average daily population (ADP) of offenders meeting AB 109 eligibility criteria;
- 30% based on U.S. Census Data pertaining to the total population of adults (18-64 years) in the County as a percentage of the statewide population; and
- 10% based on the SB 678 distribution formula.

On November 6, 2012, Proposition 30 was passed by the voters, securing funding for Public Safety Realignment via a constitutional amendment.

The state established the Realignment Allocation Committee (RAC) which recommended a long-term allocation of AB 109 growth and programmatic funds, effective beginning in fiscal year 2014/15.

The new base allocation contains factors in three categories, weighted as follows:

- **Caseload: 45% (-)**
  Caseload recognizes the quantifiable effects of 2011 realignment on local public safety services. It includes 1170(h) jail inmates, the post-release community supervision population, and felony probation caseloads.
- **Crime and population: 45% (-)**
  Crime and population factors recognize general county costs and the costs of diversion programs not otherwise capture in caseload data. This category includes adult population (ages 18-64) and the number of serious crimes.
- **Special factors: 10% (+)**
  The special factors category recognizes socioeconomic and other unique factors that affect counties' ability to implement realignment. This category includes poverty, small county minimums, and impacts of state prisons on host counties.

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The new growth formula is weighted on the following factors:

- **SB 678 success- 80% (-)**
  - SB 678 success rate (60%)- *all counties*

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- SB 678 year-over-year improvement (20%)- *only those counties showing improvement*
- Incarceration rates- 20% (+)
  - County's reduction year-over year in second strike admissions (fixed dollar amount per number reduced)
  - County's reduction year-over-year in overall new prison admissions (10%)
  - County's success measured by per-capita rate of prison admissions (10%)

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~~Based on this formula, Shasta County received $2,988,875 of Public Safety Realignment funding for the period October 2011 through June 2012.~~

~~Shasta County's allocation was $6,253,582 for FY 2012-13 and was $7,410,839 for FY 2013-14. In FY 2013-14 the county received $424,895.60 in growth funding. The funding allocation for FY 2014-15 is expected to be $6.8 million.~~

~~On November 6, 2012, Proposition 30 was passed by the voters, securing funding for Public Safety Realignment via a constitutional amendment. However, future funding formulas are likely to change.~~

Public Safety Realignment funding is designed to cover significant aspects of shifting the offender population from state prison to county supervision including:

- Incarceration of low-level offenders in county jails rather than State prisons;
- Management of parolees in revocation status that are incarcerated in the jail;
- Supervision responsibilities for state prison inmates released to post-release community supervision and those placed on mandatory supervision;
- Sanctions for those on post-release community supervision prior to revocation;
- Exploring alternatives to revocation for mandatory supervision; and
- Providing programmatic and detention options to meet the identified rehabilitative needs of the offender population.

The CCP Executive Committee recommends it retain the flexibility to allocate unspent funds during any fiscal year to any program and/or component of the Plan as approved by the Executive Committee and the Board of Supervisors through a budget amendment.

Additional Public Safety Realignment Funding- Direct Allocation

The District Attorney and Public Defender will continue to receive funding to cover the costs of revocation hearings for those on post-release community supervision. Beginning July 1, 2013, parole revocations were also filed and heard in local courts. Additional resources have been allocated to the District Attorney and the Public Defender from the Public Safety Realignment Fund, and may be needed in future years.

LOCAL PLANNING AND OVERSIGHT

There has been a statewide effort to expand the use of evidence-based practices in sentencing and probation to reduce the State prison population. The California Community Correction Incentive Act of 2009 (SB 678) ~~SB 678 (2009)~~ established a Community Corrections Partnership (CCP) in each county that is charged with advising on the implementation of SB 678 funded initiatives. AB 109 (2011) extended the authority of the CCP to include the development of a Public Safety Realignment Implementation Plan and established a CCP Executive Committee to create and oversee a Board of Supervisors' approved local Public Safety Realignment Plan.

Community Corrections Partnership

By law, the Executive Committee of the CCP is responsible for developing the Plan for implementation of AB 109, overseeing the Realignment process and implementing the local plan. The CCP Executive Committee recommends the Plan to the Board of Supervisors and is responsible for advising the Board of Supervisors regarding funding, implementation and outcomes of the Plan.

~~The Shasta County CCP Executive Committee developed the Implementation Plan for Public Safety Realignment 2011 for the period October 2011 through June 2012 with the assistance of the CCP Advisory Committee and other key partners and recommended the Plan to the Shasta County Board of Supervisors on September 27, 2011. The Board approved the Plan as recommended. An updated Plan was approved by the Board of Supervisors on October 2, 2012. Very little has changed in regard to the basic strategies of the original Plan. As such the current Plan will represent an ongoing Plan, no longer requiring the Board's approval unless the CCP recommends significant changes.~~

The CCP Executive Committee meets regularly and recognizes the need for county, city and community partners to work together to effectively provide services for this population. The Committee will continue to meet regularly to coordinate services and address the needs of this population in our community. The committee is governed by the Brown Act and has established bylaws.

Voting members of the Executive Committee are:

- Shasta County Chief Probation Officer (Chair)
- Shasta County Sheriff-Coroner
- Shasta County District Attorney
- Shasta County Public Defender
- Shasta County Director of Health & Human Services Agency (designated by the Board of Supervisors as the representative of County Mental Health, Social Services and/or Alcohol and Drug services)

- Court Executive Officer, Superior Court of California, County of Shasta (designated by the Presiding Judge)
- Chief of Police, City of Redding

The CCP serves as an advisory group to the CCP Executive Committee and meets regularly to discuss the realignment plan, review funded programs and services, receive presentations, and discuss trends in the community related to public safety.

The CCP membership is outlined in Penal Code Section 1230(b)(2)(A-M). The membership is comprised of the following membership:

- Shasta County Chief Probation Officer (Chair)
- Shasta County Sheriff-Coroner
- Shasta County District Attorney
- Shasta County Public Defender
- Court Executive Officer, Superior Court of California,
- A county supervisor or the chief administrative officer for the county or designee of the board of supervisors
- A chief of police
- The head of the county department of social services
- The head of the county department of mental health
- The head of the count department of employment
- The head of the county alcohol and substance abuse programs
- The head of the county office of education
- A representative from a community-based organization with experience win successfully providing rehabilitative services to persons who have been convicted of a criminal offense
- An individual who represents the interest of victims

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Guiding Principles

The CCP's intent is to provide a Plan that addresses the problem of criminal offending by using research and evidence-based practices. Successful approaches to supervising this population of offenders require an accurate assessment of the risk and needs of the individual offender and the development of a Plan to provide services and supports that addresses the offender's risk and needs in order to prevent recidivism.

Current practice in the criminal justice field suggests that serving time in custody or community supervision alone is insufficient to reduce criminal activity. Successful reduction of criminal behavior must include targeting the risk factors that contribute to criminal activity or

"criminogenic needs." Criminogenic needs are attributes of offenders that are directly linked to criminal behavior. Effective correctional treatment should target criminogenic needs in the development of a comprehensive case plan. Current practice indicates that treatment not targeting criminogenic needs can be counter-productive to effectiveness. The major factors associated with criminal conduct include:

- Criminal thinking (thoughts and beliefs);
- Criminal associates (friends);
- Antisocial personality (coping/self-control skills);
- Antisocial behavior;
- Lack of employment/financial stability;
- Lack of family or significant relationships;
- Leisure (free time);
- Inadequate educational attainment; and
- Substance abuse.

Guiding principles include:

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- Enhancing community safety by reducing offender recidivism.
- Identifying offenders with the highest risk to reoffend using evidence-based risk assessment tools and providing intensive supervision within the community.
- Using research and evidence-based needs assessment tools to identify criminogenic needs and find, create or contract for targeted interventions to address those needs. Services include, but are not limited to, programs and services oriented to anti-social and pro-criminal attitudes and behaviors and other therapeutic interventions, employment supports, education, housing, physical and mental health care, and drug and alcohol treatment.
- Increasing offender accountability through effective use of intermediate sanctions, custody and custody alternatives.
- Focusing resources on providing alternatives to criminal behavior.
- Regularly measuring and assessing offender outcomes and modifying programs, services, supervision, and other elements of AB109 with the goal to reduce recidivism.

Data Collection

Effectively administering the Public Safety Realignment Plan requires data collection and analysis. The CCP Executive Committee will regularly review data collected by each responsible department for its specific activities and report the results periodically to the Shasta County Board of Supervisors.

The following data and outcome measures are being collected and reported on periodically to the CCP Executive Committee, Advisory Committee and the Board of Supervisors:

Community Supervision:

- Recidivism as defined by a subsequent criminal conviction while under supervision
- Recidivism as defined by subsequent arrests and bookings into the jail
- The number of PRCS, MS, and felony offenders under supervision
- The number of PRCS, MS, and felony offenders under supervision according to risk to reoffend level (low, moderate, high risk)
- The number of PRCS, MS, and felony offenders projected by the State to be under supervision vs. actual
- The number of PRCS offenders on warrant status for not reporting to the probation officer after being released from state prison
- The number of local prison commitments receiving straight sentence time, split sentence time and straight supervision only time
- The number of revocation hearings initiated for technical violations and/or new crime violations
- The number of technical violations not resulting in revocations
- The number of offenders considered homeless
- The number of probation terminations after 6 months, 12 month or 18 months of supervision.
- The number of successful completions of supervision

Compliance Team:

- The number of offenders contacted during compliance team activities
- The number and types of contacts
- The number of offender searches
- The number of arrests

Court:

- All data collected pursuant to Section 13155PC

Shasta County Jail:

- The number of offenders sentenced to jail per PC 1170(h)
- The number of offenders sentenced to jail for parole revocations
- The number of offenders sentenced to jail for PRCS or MS revocations
- The number of offenders sentenced to jail for flash incarcerations
- The number of offenders sent to contract beds and lengths of stay
- The number of offenders released to alternative custody options (HEC and Work Release)

- The number of jail bookings as a result of parole violations vs. PRCS violations
- The number of failure-to-appear (FTA) warrants reported by Court
- The number of jail bookings as a result of new local charges for offenders who are on PRCS vs. parole

Work Release:
- The number of offenders participating in work release
- The number of offenders who violate work release
- The number of offenders successfully completing work release

Home Electronic Confinement (HEC):
- The number of offenders participating in HEC
- The number of offenders who violate HEC
- The number of offenders successfully completing HEC

Supervised Own Recognizance (SOR):
- Number of offenders participating in SOR
- Number of offenders who violate SOR (FTA)
- Number of offenders successfully completing SOR
- Number of offenders on GPS
- Number of offenders sentenced while on SOR
- Number of offenders released pre-arraignment

Community Corrections Center:
- The number of offenders participating in the DRC
- Number of offenders enrolled in Phase I, II, III, and in Aftercare
- Number of offenders terminated from the DRC and the reason
- Treatment outcomes for participants of the DRC

Intensive Treatment Programs and Services (within limits of current data systems):
- The number of referrals to programs
- The number of program completions
- The number of program failures
- The number of offenders attending treatment by treatment type

Collaborative Courts:
- The number of referrals to programs
- The number of program completions
- The number of program failures
- The number of offenders attending treatment by treatment type

The Phase Program:
- The number of referrals to program
- The number of program completions
- The number of program failures
- The number of offenders on GPS

The Step-Up Program:
- The number of referrals to program
- The number of offenders who receive a vocational certificate
- The number of program failures
- The number of offenders on GPS

Shasta's Most Wanted:
- The number of offenders placed on the program
- The number of offenders arrested
- The number of offenders sentenced
- The number of arrested offenders placed on SOR or an Alternative Custody Program
- The number of offenders who surrender

SYSTEM IMPACTS

The release of offenders under AB 109 has had significant impacts on the community and the criminal justice system. In particular, local law enforcement, the county jail and the courts were already strained, and much of the system was overwhelmed. It is difficult to completely measure the impact of AB 109. Ongoing analysis is necessary and will change over time.

One of the most significant concerns is offender accountability. The lack of adequate jail space to serve as a deterrent to criminal behavior has not been resolved. The jail has been challenged with capacity releases since 1993, and that situation was exacerbated by the closures of minimum security facilities in the late 1990s and the early 2000s due to county budgetary constraints. The closure of one floor of the jail in 2009 resulted in the loss of 128 beds. The third floor of the jail was reopened in July 2012 with Realignment funding. The positive effects were short lived and capacity releases remain a significant challenge. Additional contract jail bed space was secured in FY 2012-13 and it too has provided only temporary relief.

The lack of jail capacity results in releases soon after citation/booking, which makes it difficult to maintain accountability for those offenders choosing to break the law. The Shasta County Superior Court continues to struggle with the numbers of defendants who fail to appear in court. Due to years of inadequate jail space and rehabilitative services, criminal offenders have come to understand that they will not stay in custody in the county jail to await their court appearances. Failures to appear in court following these capacity releases also suggest continued defiance of the criminal justice system. This results in an underutilization of the rehabilitative services and programs outlined in this Plan.

Similarly, law enforcement is frustrated by the quick release of offenders from county jail after citation/booking resulting in an increase in failure to appear in court. Again, offenders are aware of the issue of limited space at the jail and take advantage of the problem.

Effective rehabilitative services have been shown to reduce offender recidivism. A Day Reporting Center (DRC) combines many rehabilitative services into one location, and because it occupies many days and hours of the week for the offender, reduces the risk of repeat criminal behavior. The Community Corrections Center/Day Reporting Center opened April 8, 2013. The CCC/DRC primarily serves offenders identified as moderate to high risk to re-offend.

Additional services continue to be developed for this population that particularly target the offender's top three criminogenic needs, including cognitive behavioral interventions, housing, education/vocational training and employment, and mental health treatment. There are few providers available locally to meet these specific needs. Additional efforts will have to be made to continue developing resources to support these needs.

IMPLEMENTATION STRATEGIES

Research has shown that targeting interventions to address specific criminogenic needs reduces recidivism. Shasta County's Public Safety Realignment Plan is built upon a framework that includes an assessment of each offender's risk and targets the offenders identified as high risk to reoffend. Those offenders are further evaluated to determine their individual criminogenic needs and a case plan is created with the offender to promote both short-term and long-term goals.

The CCP Executive Committee plans to continue using the strategies outlined in previous plans.

I. **Supervision**

A. **Community Supervision:** Probation Staff investigates, assesses and supervises offenders. Staff establishes conditions of community supervision in order to assist the offender to be successful in the community, thus minimizing the risk to reoffend.

1. Probation Staff uses the Static Risk Assessment (SRA) to assess the CDCR pre-release packet for each offender before the offender is released to community supervision. Based on risk scores, offenders are assigned to the appropriate caseload. Caseloads with offenders who are designated as high-risk to reoffend are restricted to 50 offenders per Probation Officer. Offenders placed on high-risk supervision caseloads are assessed using the Offender Needs Guide (ONG), an evidence-based assessment tool, and referred to services targeting their top criminogenic needs.

   Together SRA and the ONG utilized by the Probation Staff are referred to as the STRONG. The STRONG accomplishes four basic objectives:

   a. Determines an offender's level of risk for re-offending as a way to target resources to those offenders with the highest risk.
   b. Identifies the offender's risk and protective factors so that the rehabilitative effort can be tailored to address the offender's unique assessment profile.
   c. Develops a case plan focused on reducing risk factors and increasing protective factors.
   d. Collects data that will assist Probation Officers in determining if risk factors decrease as a result of the targeted interventions. This data also indicates whether protective factors for the offender increased as a result of targeted interventions.

2. A comprehensive Plan includes a variety of treatment options and graduated sanctions, including incarceration. This list of treatment referrals and sanctions may

be used in lieu of or in addition to revocation of the offender's term of community supervision:

a. Increased office visits
b. Increased drug testing
c. Further assessment of individual needs
d. Treatment/programming options aimed at anti-social, pro-criminal activities
e. Drug and alcohol treatment
f. Job search/training
g. Adult Work Program (community service)
h. Outpatient counseling programs
i. Educational training/programming
j. Parenting classes
k. Cognitive behavioral therapeutic interventions
l. Increased field/home visits
m. Intensive office and field supervision
n. Flash incarceration (not to exceed ten days)
o. Long-term treatment/counseling
p. Sober living arrangement
q. Residential treatment
r. Drug Court
s. House arrest
t. Work Release Program
u. Home Electronic Confinement
v. Revocation/custody (not to exceed 180 days)

3. Incentives are used by Probation Staff and/or the Compliance Team for offenders on community supervision. These incentives can be as simple as earning a "fast pass," which allows the offender to be the first person drug tested or to check in with Probation staff. Those offenders who continue to be compliant with their terms of community supervision will be released from community supervision according to established regulations.

The Probation Department has the ability to release PRCS offenders who are not in revocation status after six months of compliant behavior. Prior to release from community supervision the PRCS offender is reassessed and the results of the assessment are compared with prior assessment information to determine if the offender is in need of continued supervision or if termination of community supervision is appropriate.

Those PRCS offenders who are not in revocation status after one year of compliant behavior must be released from supervision. Non-compliant offenders receive

sanctions designed to promote compliance, with revocation of community supervision reserved for the most non-compliant offenders. The level of sanction imposed is a direct result of the violation that occurred. Probation Staff is responsible for initiating the revocation process and writing revocation reports. Cases are reviewed on an individual basis to determine the best course of action for each offender.

All sanctions and revocations are tracked by Probation staff. Changes in supervision or programming will be made as needed based on the outcome measures.

B. **Compliance Team**: The purpose of the Compliance Team is to maintain consistent and regular personal contact with those who are on adult supervision: PRCS; MS; and felony probation, including offenders serving time in Alternative Custody Programs. The goal is to reinforce accountability by focusing on those who disregard their supervision requirements and to reward good behavior for those who are in compliance.

The Compliance Team includes personnel from the Shasta County Sheriff's Office, the Redding Police Department and the Probation Department. The Compliance Team attempts to locate and contact participants who are out of compliance with the conditions of their community supervision or designated programs. The Compliance Team determines what course of action needs to be taken to bring the participants back into compliance. The need for this team will continue to grow as the population of offenders increases. The Compliance Team addresses noncompliant behavior and takes a proactive role in supervising offenders in the community to reduce the number of violations and sanctions administered by the Compliance Team.

The Compliance Team helps achieve the goal of community safety through highly visible enforcement operations and enhances the supervision program. The team also enhances the success of alternative custody programs which is a vital part of the success of the plan.

C. **Shasta's Most Wanted**: This program was developed and implemented in 2013. The program is a collaborative law enforcement response to the increasing court failure-to-appear rates. Offenders are identified on a weekly basis if they have failed to appear in court for sentencing after being convicted of a crime. Each week five offenders are identified and their picture, name, and description are released to media sources.

II. Custody & Custody Alternatives

The CCP Executive Committee has considered many approaches to maximizing jail space including increasing the number of available beds at the jail, providing and expanding work

release, increased use of home electronic confinement/GPS and the implementation of a SOR Program to provide more accountability and supervision prior to sentencing.

A. **Jail/Contract Beds:** Opening the vacant floor of the jail provided up to 128 additional jail beds for offenders who do not qualify for early release to community supervision or alternatives to custody, or need a "flash incarceration" sanction. The number of additional beds may never meet the anticipated impact of this new inmate population. Currently the county jail has 381 inmate beds. Shasta County has existing contracts with other counties for additional jail bed space. Fire camp beds may be another option pending a contract with the State.

B. **Work Release:** The Sheriff's Office currently has an active Work Release Program that is effective at placing eligible offenders into the community for various work functions. This program accommodates up to 500 offenders.

C. **Home Electronic Confinement (HEC)/GPS:** This program is designed to provide an alternative to jail incarceration, post sentence, and to allow offenders to maintain employment and obtain services. The HEC Program adds accountability and enhances the efforts of probation supervision and the Compliance Team.

D. **Supervised Own Recognizance (SOR):** This program was added in 2013 and is designed to provide additional accountability and supervision to offenders prior to sentencing. The SOR Program provides supervision authority to the Probation Department when ordered by the court.

E. **Phase Program:** The program started in May 2013 and was created in an effort to maximize bed space at the jail. The Phase Program was created for inmates with twelve months or more remaining in custody who are assessed as moderate or high risk to re-offend using the Static Risk Assessment utilized by the Probation Department and whose Offender Needs Guide reveals criminogenic needs that are supported by attendance at the DRC. Offenders are assessed and, if eligible, are released from the jail, placed on GPS monitoring and directed to attend the DRC. Implementation of this program created additional bed space at the jail and allowed offenders to seek treatment earlier.

F. **STEP-UP Program:** The program started in May 2013. Three of the major factors associated with criminal conduct are: lack of employment, financial stability and inadequate education. In order to attain financial stability and employment, offenders must obtain adequate education. In order to assist offenders with obtaining adequate education, the Probation Department and the Sheriff's Office, in conjunction with Shasta College, developed and implemented the Shasta Technical Education Program – Unified Partnership (STEP-UP) Program. –This program involves choosing offenders in custody at

the jail who fit the high to moderate risk to reoffend criteria, as well as having education, financial stability and employment as top criminogenic needs. Those offenders will be given the opportunity to participate in the STEP-UP Program by enrolling at Shasta College in one year certificated programs involving heavy equipment, automotive repair and office administration with the emphasis on reducing the recidivism rate in Shasta County through the educational process.

III. Assessments, Programs and Services

One of the legislative intents of AB 109 is to maximize the role of evidence-based intervention strategies to effectively reduce criminal recidivism. Correctly assessing the needs of offenders and then providing appropriate services are key to addressing public safety and recidivism in Shasta County. Criminal justice research and public safety experience suggests that case plans that effectively address criminogenic needs of the population are crucial components to reducing recidivism. Developing contracts for identified services is ongoing.

A. **Community Corrections Center (CCC):** The (CCC) includes both assessment activities and the DRC. The CCC provides assessment, community services, intensive programming, and supervision to offenders in a coordinated fashion. The CCC also provides a site for services such as mental health assessment, drug and alcohol assessment, cognitive-behavioral therapy (individual and group), eligibility and employment services, housing assistance, and referral to other community resources or service providers.

   In addition to Probation Employees, a Mental Health Clinician, an Eligibility Worker, and an Employment and Training Worker are assigned to the CCC in order to assess the population and meet some of the basic housing, financial, health, and other needs of this offender population. Some of the costs for services will be absorbed by existing programs in Shasta County as offender eligibility and funding streams allow. Funding from this Plan is used to augment those funds and to develop contracts with local community agencies that can assist in meeting the service needs of this offender population.

   Offenders returning from State prison are eligible for General Assistance under certain circumstances. General Assistance applications are made consistent with the eligibility standards.

B. **Intensive Treatment Programs & Services:** Many services are needed to meet the criminogenic needs and risks of this population. The CCP will continue to identify resources to meet those needs. Therefore, decision making flexibility, initial sole source contractual arrangements with both existing local and/or other providers, and claims/vendor payment options are necessary to enhance the CCP's ability to provide

services and implement programs quickly. This flexibility is imperative to provide for this population's needs and optimally protect the citizens of Shasta County. Services so far identified as needed include:

1. Alcohol & Drug Treatment – Including but not limited to:
   a. Residential
   b. Outpatient
   c. Medication Assisted Treatment (does not include methadone)
   d. Sober Living
   e. Addicted Offender Program

2. Domestic Violence Treatment

3. Housing
   a. Transitional
   b. Supportive

4. Anger Management/Aggression Therapy

5. Vocational or Other Educational and GED Preparation

6. Therapeutic/Behavioral Interventions – Including but not limited to:
   a. Trauma Focused Therapy
   b. Family/Group/Individual Therapy
   c. Thinking-4-A-Change
   d. Moral Reconation Therapy
   e. Cognitive Behavioral Treatment
   f. Parenting Services
   g. Women's Reintegration Services
   h. Mentoring

Other potential service needs are expected and may include:

1. Transportation
2. Payee Services (Receiver/Conservatorship)
3. Psychiatric Care
4. Immediate Medical Care
5. Health Professional to assess and prescribe medications
6. Employment Services
7. GED Prep and Testing
8. MRT and AOD Treatment within the jail
9. Educational books and vocational supplies

C. **Collaborative Courts:** Two Shasta County Collaborative Courts were implemented in January 2014.

Behavioral Health Court (BHC)-

The Shasta County Behavioral Health Court (BHC), one of the Shasta County Collaborative Court Programs, is part of the problem-solving court movement. It is seen as a promising approach in bringing stability, sobriety, and safety to offenders with behavioral illnesses while helping to ensure the security and well-being of the entire community. BHC is an intensive program designed to evaluate, monitor and provide offenders access to comprehensive and coordinated behavioral health services, integrated treatment for behavioral health and substance use disorders, and ancillary services. The goal of the Court is to increase public safety, while reducing recidivism, the abuse of alcohol and illegal drugs, and the burden on law enforcement and other county resources. This Court is a collaborative effort with representatives from the Shasta County Superior Court, the Shasta County Offices of the District Attorney and Public Defender, the Shasta County Probation Department, the Shasta County Health and Human Services Agency/Adult Services Mental Health (HHSA/ASMH), the Shasta County Sheriff's Office and other local law enforcement agencies, local advocacy and support agencies, and private providers of behavioral health, substance abuse and ancillary services. The core BHC Team consists of representatives from the Shasta County Superior Court, the District Attorney, the Public Defender, the Probation Department and the HHSA/ASMH. BHC is a voluntary program, which lasts a minimum of one year and is designed for offenders who have a persistent serious mental health illness (SMI) and who may also have a co-occurring substance abuse disorder. Offenders will progress through the multiple phases of the program attending court and treatment programs on a regular basis as determined by the offender's treatment plan and the BHC Team.

Re-Entry Court (REC)-The Shasta County Re-Entry Court (REC), is an intensive program designed to evaluate, monitor and provide offenders with comprehensive and coordinated services and integrated treatment. The goal of this Court is to increase public safety, while reducing recidivism, the abuse of alcohol and illegal drugs, and the burden on law enforcement and other county resources. The REC Program draws on the expertise and cooperation of the Shasta County Superior Court, the Shasta County Offices of the District Attorney and Public Defender, the Shasta County Probation Department, the Shasta County Sheriff's Office and other local law enforcement agencies, local advocacy and support agencies, and private providers of behavioral health, substance abuse and ancillary services. The core REC Team consists of representatives from the Shasta County Superior Court, the District Attorney, the Public Defender, and the Probation Department. REC is a mandatory program, which lasts a minimum of one year and is designed for high-risk offenders who have a history of noncompliance with conditions of supervision and/or the law. Offenders will progress

through the multiple phases of the program, attending court and treatment programs on a regular basis as determined by the offender's case/treatment plan and the REC Team.

CONFLICT INDIGENT DEFENSE SERVICES

Effective October 1, 2011, post-release community supervision revocations were filed in the Shasta County Superior Court by the Probation Department and beginning July 1, 2013, parole revocations were filed in the Shasta County Superior Court by the State Parole Agency. If the Shasta County Public Defender's Office is unable to represent a defendant in a PRCS or parole revocation proceeding due to a conflict of interest, it is necessary for the Court to appoint counsel to represent that defendant. It is unknown how many PRCS and/or parole revocation proceedings will go to private attorneys, but it is not expected to be a significant number.

CONCLUSION

The Shasta County Public Safety Realignment Plan is intended to provide a comprehensive approach to addressing public safety by maximizing strategies to effectively address criminal recidivism. The Plan targets the post-release community and the mandatory supervision population by focusing on three distinct and necessary areas of intervention: Supervision; Custody and Custody Alternatives; and Assessment, Programs, and Services.

It will always be difficult to anticipate the number of individuals who will be released by the California Department of Corrections and Rehabilitation and, even more so, those who will be subject to mandatory supervision. AB 109 is a State-Mandated Program and its full impact is not expected until the end of FY 2014-15. Funding for AB 109 is now protected via the state constitution.

The CCP Executive Committee thanks the numerous county, city and community partners for their commitment in the development of the Plan. Their continued support and involvement will be required to ensure the safety of our community and a successful Plan outcome.

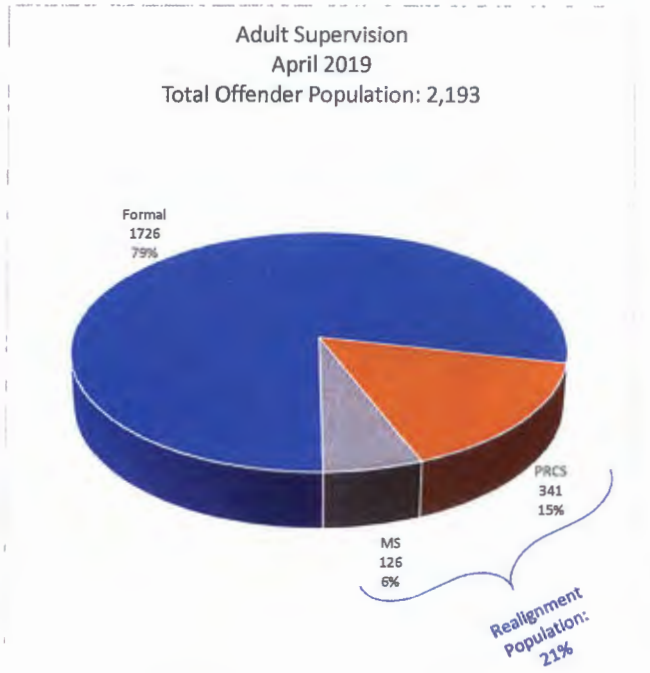
Community Corrections Partnership
Executive Committee

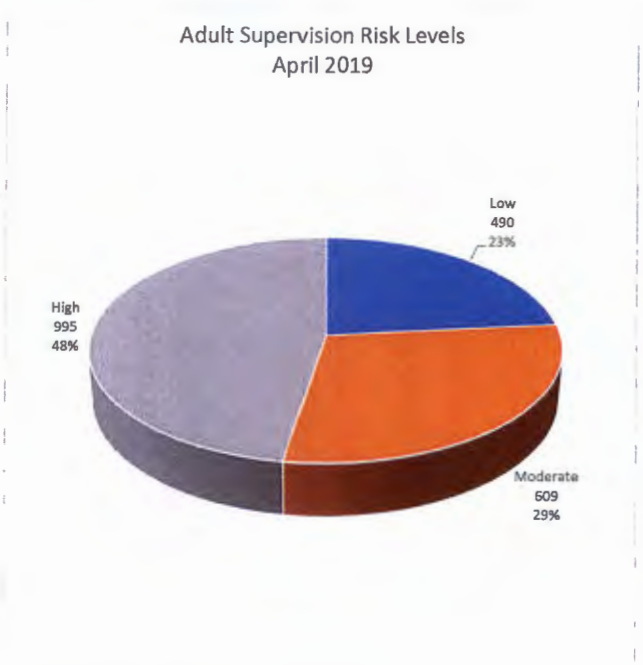
I. GOAL

The goal of the Shasta County Community Corrections Partnership Public Safety Realignment Plan is to ensure public safety by holding offenders accountable and providing opportunities that support victims and community members while also supporting offender rehabilitation and integration into the community. This public safety goal is realized through effective supervision, programs, and approaches designed to prevent recidivism. To achieve our goal, the CCP Public Safety Realignment Plan utilizes four strategies. These strategies are promotion of public safety through crime prevention and reduction, holding offenders accountable through custody and custody alternatives, supervision and rehabilitation of offenders, and the use of assessments, programs, and services to promote rehabilitation.

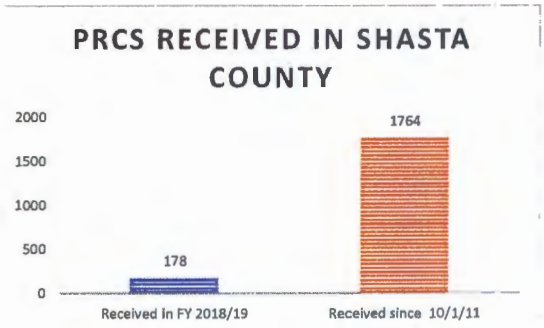
Probation Data Sheet - April 2019

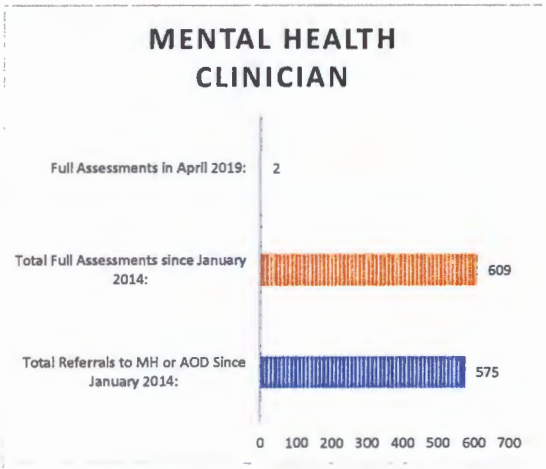
Probation Population

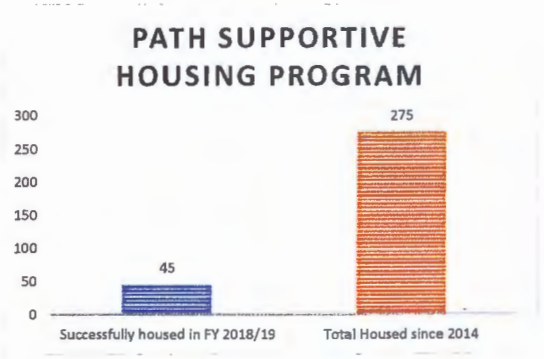


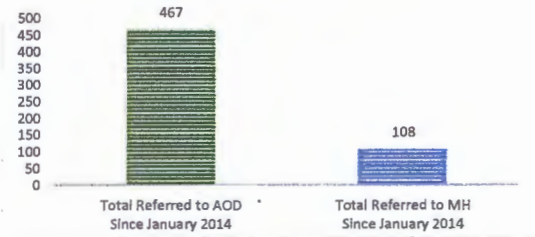


Community Corrections Center Services





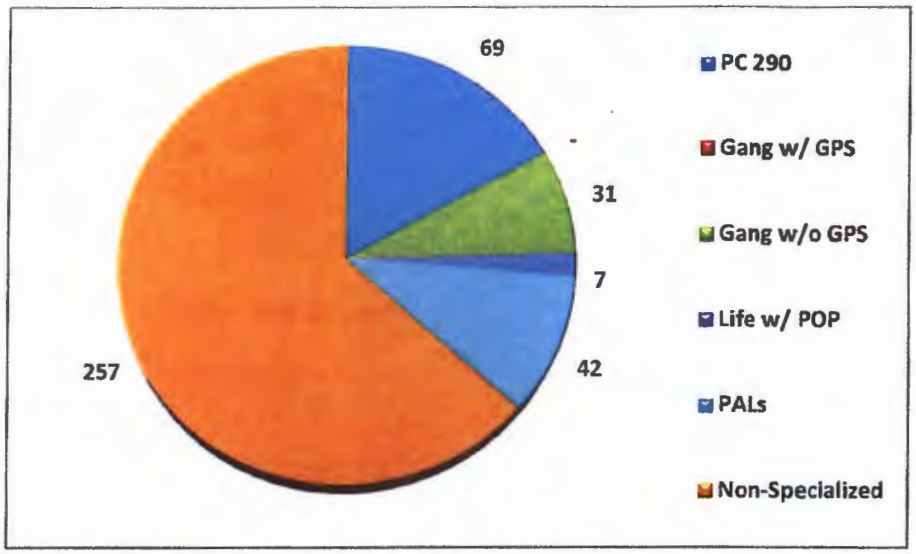




Shasta County

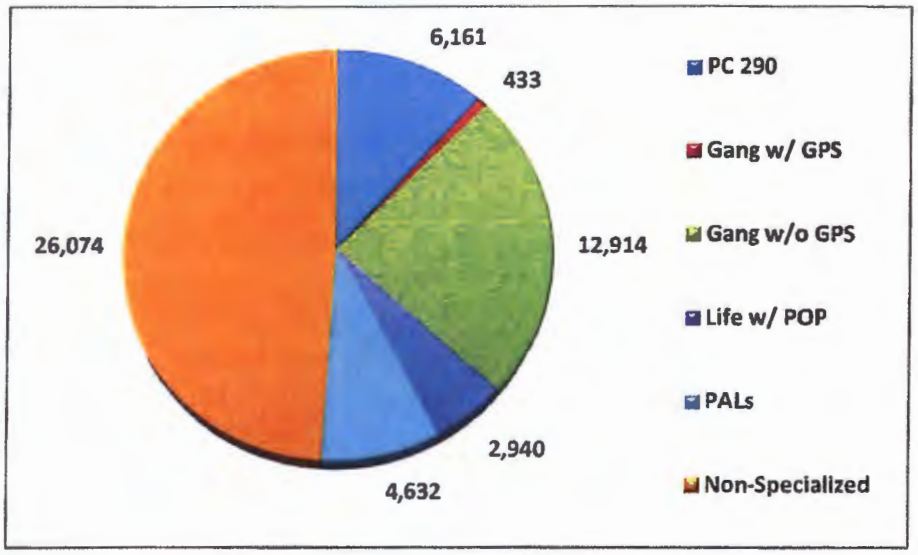
(As of 03/31/2019)

Total Population:	406
PC 290:	69
Gang w/ GPS:	0
Gang w/o GPS:	31
Life w/ Possibility of Parole:	7
Parolees-At-Large:	42
Non-Specialized:	257



Statewide

Total Population:	53,154
PC 290:	6,161
Gang w/ GPS:	433
Gang w/o GPS:	12,914
Life w/ Possibility of Parole:	2,940
Parolees-At-Large:	4,632
Non-Specialized:	26,074



Please contact the Division of Adult Parole Operations at (916) 324-1015, if you have any questions.

JERRY E. POWERS
Director
Division of Adult Parole Operations

/hjl