Community Corrections Partnership (CCP)
Executive Committee Meeting
July 17, 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, Carol Ulloa, Jennifer Abernathy, Teresa Skinner – Shasta County Probation Department
Joe Chimenti – Shasta County Board of Supervisors
Elaine Grossman, Terri Howat – County Administrative Office
Eric Magrini – Shasta County Sheriff's Office
Angie Mellis – District Attorney's Office
Shawn Watts, Joel Northrup – Shasta County Superior Court
Dean True, Melissa Field, Kim McKinney, Colby Brousseau – Shasta County Health and Human Services Agency
Brian Muir – Shasta County Auditor Controller's Office
Randy Abney – Department of Adult Parole Operations (DAPO)
Danielle Gehrung – GEO Reentry
Robert Bowman – Shasta College
Wendy Zayotelli, Chris Ortiz – Smart Center
Robert Wharton, Steve Kohn – Member of the Public

Meeting Overview

The meeting was called to order at 2:32 p.m. A quorum was present. Introductions were made.

Tracie Neal noted that Roger Moore needed to leave early and asked the committee if they would agree to the Behavioral Health Court Presentation being moved to the top of the discussion items. The committee agreed that would be acceptable.

Public Comment

There was no Public Comment.

Approval of Meeting Minutes

Donnell Ewert moved to approve the May 22, 2019 minutes. Roger Moore seconded the motion. Motion passed: 4 Ayes, 0 Noes, 0 Abstentions

Financial Report

State Allocations to Shasta County

Elaine Grossman distributed a *FY 18/19 Revenue* handout and stated that even though the county fiscal year goes from July 1 to June 30, the 12-month period for receipt of 2011 Realignment funding is August 16 through August 15. She stated that the revenues received to date are at nearly 100% of the allocated amount for the year. She stated that it is difficult to say if the state will issue the final amount due in one month payment, or split it over the last two payments. She stated that she anticipates receiving all of the projected funding for the year.

Eric Magrini asked if they were still looking at running out of money soon. Erin Bertain answered in the affirmative. Eric Magrini verified that it would be in the next two years. Donnell Ewert stated that he wasn't sure that they should say that they are running out of money. He stated that their fund balance will be depleted. Elaine Grossman confirmed that they are spending more than they are receiving.

Discussion Items

Behavioral Health Court

Jennifer Abernathy introduced herself and stated that she is the probation officer assigned to the Behavioral Health Court (BHC). She stated that she has been working in this assignment for approximately three years. She stated that Kim McKinney who is the clinical coordinator for both BHC and Addicted Offender Program (AOP), is here to assist and answer any questions the committee might have in regards to the mental health perspective. She stated that also in attendance is Colby Brousseau, who is a current BHC participant who is getting ready to graduate on Friday, and he will be giving a brief description of what it was like to be on the program, where he was at, and where he is at now.

Jennifer Abernathy continued by stating the purpose of BHC. She stated that the program is designed to treat those suffering from a severe and persistent mental illness linked to criminal activities. She clarified by stating that they are committing crimes because of their mental illness which is one of the criteria they screen for when reviewing participants for admission into the program. She stated that they can identify and treat co-occurring substance abuse disorders, and that 99% of the participants do have a co-occurring substance abuse disorder. She said that they want to be able to educate the offenders about their mental illness to create insight into their symptomology because if don't think that they are sick then there is nowhere for them to improve. She stated that they identify and teach positive/pro-social coping tools to replace the negative/anti-social techniques the participants previously learned. She stated that many of the participants have learned these negative/anti-social behaviors and have had nobody to model the positive ones so they don't know any different. She stated that the program provides oversight and accountability regarding compliance, not only with terms of probation, but with doctor's medication/treatment recommendations.

Jennifer Abernathy continued by stating that BHC is a phase program and includes four phases, graduation, and an aftercare phase. She stated that phase I (six months) and II (five months) are focused on maintaining sobriety. She stated that offenders need 90-days sobriety in each phase before they can move onto the next phase. She stated that staff in the program have started going to the doctor's appointments to make sure the offenders are following through with what the doctor is recommending (medication requirements, referrals, etc.). She stated that a lot of the clients don't have a stable funding source, so they end up homeless/on the streets and using. She stated that establishing a funding source and a stable living environment is conducive to recovery. She stated that they want the clients to be open about the symptoms they are having so that the staff know better how to treat them and which coping tools to teach them to help deal with the symptoms that they are having. She stated that for phases III and IV they reduce the level of supervision. She stated that in phase III, they only meet with probation once per week, go to one group during the week at Shasta County Mental Health, and develop a wellness action and recovery plan that they share with a trusted person. With this plan, if they experience symptoms the person that they have entrusted with this plan can encourage them to seek help elsewhere because sometimes the client doesn't recognize the symptoms when they're experiencing them. She stated that in phase IV they no longer attend any BHC groups, maintain their sobriety and medication compliance, and work on relapse prevention and mental health plan implementation. Following completion of this phase, they graduate and move into the aftercare phase which is three months long and is intended solely for monitoring continued compliance while they are moving on to the next phase of their lives.

Jennifer Abernathy stated that they just decreased from 15 to 14 participants on July 16th because they had one transition to AOP. She stated that one of the benefits of BHC working so closely with AOP is that they can recognize situations where mental health symptoms aren't the primary and the primary issue is substance abuse and easily transition the participant between the two programs. She stated that they have previously received someone to BHC from AOP because mental health symptoms appeared to be more predominant than the substance abuse. She stated that their max is fifteen participants and they get between three and five referrals per month. She stated that they have had 12 participants graduate and will be graduating an additional two participants, for a total of 14, on July 19th. She stated that they have participants decline to participate when they find out what the program entails. She stated that they have had nine participants terminate and go to state prison, two transition to AOP, two reduced for 1170.18, one deceased, and one conserved. She stated that there is an additional need for the program and they have had a caseload of 15, which is the max allowed with the current staffing, for the last several months. She stated that the maximum caseload of 15 is set because of the intense case management that is required with BHC. She stated that they have created a waiting list for the program but by the time they got space in the program, the people on the waiting list were already involved in the justice system again. She stated that it is truly amazing to watch the participants develop insight into their mental illness and make the decision to remain compliant with medication and sobriety.

Jennifer Abernathy continued by introducing their guest speaker, Colby Brousseau. Colby Brousseau introduced himself as a 39-year old Marine Corps Veteran from Redding who's lived all over the country. He stated that he has a mental health diagnosis of schizo-affecto, PTSD, and ADHD. He stated that he has been facing mental health challenges for a number of years with different diagnoses since he was twelve years old. He stated that his mental health challenges include audio and visual hallucinations, severe bouts with depression and mania, and sometimes losing grasp with reality. He stated that he also has severe anxiety brought upon by PTSD. He stated that he struggles with severe psychosis and paranoia. He stated that what led him to the program is that he was arrested for 2nd degree robbery in

2016 for jumping the counter and stealing cigarettes for the homeless. He stated that he learned to improve skills using cognitive behavioral therapy. He stated that he learned the STORC cycle in order to improve how to react to situations to improve the outcome. He clarified that STORC is situation, thought, organic thought patterns, reaction, and consequences. He stated that he learned to improve self-talk, reminding himself that if he wouldn't say it to a friend, then he shouldn't say it to himself. He stated that he was introduced to dual diagnosis treatment. He stated that he received therapy and counseling at a personal level to discuss issues and has begun to study psyche, the connection of self vs ego. He stated that he also was offered other programs including PATH housing program, Visions of the Cross and STEP-UP. He stated that the program led him to working for Shasta County Mental Health Office of the Director as a peer support specialist, where he can use his experience to help other people. He stated that the BHC saved his life.

Joe Chimenti asked what was the criteria around the 33 people who were able to decline. Jennifer Abernathy stated that the people that decline, for one reason or another, did not want to participate in the program, most likely due to the requirements. She stated that generally the only way out of the program, unless they don't have a qualifying mental health diagnosis anymore, is to return to State Prison. She stated that if they feel they are not going to be successful in the program, they do not want to enter the program knowing that the only way out is going to be prison. She stated that the rejected are those that did not meet requirements for Shasta County Mental Health Services. She stated that Shasta County Mental Health only treats those with severe and persistent mental health issues and if an individual doesn't meet that bar of severe and persistent, they should be able to treat their mental health symptoms at a normal mental health provider such as Northern American Community Health and Shasta Community Health Center. Joe Chimenti asked what typically happens to the people that decline the program, specifically if they stay incarcerated or go to another treatment program. Jennifer Abernathy stated that it can vary. She stated that it depends on the severity of the case that they are in custody for. She stated that if they are not accepted into BHC, and the crime is severe, they will go to prison. She stated that if it is a first offense and that it is apparent that substance abuse is involved and they haven't had any type of supervision before, they would probably be put on probation with mental health conditions and substance abuse treatment. She stated that she works closely with the mental health caseload, so she can check up on them and see if they are staying sober, taking medication, and/or experiencing symptoms. She stated that there are several that have been put on a normal grant of probation that are doing just fine on probation, with no violations. She stated that it just depends on the offense and where they are at in the stage of their criminality.

Steve Kohn asked what time period the statistics cover. Jennifer Abernathy stated that the program started in 2014, and the statistics reflect since that date. Steve Kohn asked if they had the cost per individual. Jennifer Abernathy stated that they did not. Chelsey Chappelle confirmed that they did not. Steve Kohn asked if there is any kind of tracking after completion of the program. Jennifer Abernathy stated that they check recidivism for people that are on probation, but after they complete the program they do not follow them. She stated that there have been 12 graduates, and that she knows of one that has returned to the criminal justice system, and none of the others have. Tracie Neal said that she would check to see if she had that information with her.

Tracie Neal asked if they wanted to talk about medication and the support that the program provides. Kim McKinney stated that most folks who come onto the program need medication. She stated that psychotropic medication is decided upon typically by the client and a doctor. She stated that there have been some that are not on a regimen of medication, but they have recently decided that it is really

important for folks early in the program to get a clinician or a case manager to attend appointments with them. She stated that typically the mentally ill are not good historians, and have a hard time describing what is going on with them. She stated that as the staff get to know them, they are able to report what they see to the doctor and be a treatment team. She stated that it has been helpful in getting people stable on medication. She stated that the folks that they target are high need, and they have a harder time than the moderate to low need individuals that are receiving services in the private sector.

Robert Wharton stated to Colby Brousseau that there is not a person in this room that is not more than pleased with his presentation, not only in regards to the quality of it, but how it was presented. He stated that Colby is proudly a graduate of the program and now he is going to help other people. He stated that it led him down a different path and a different career, and what he has done is amazing and is pleasing to everyone. Colby Brousseau thanked Robert Wharton.

Tracie Neal stated that she did not have the recidivism data with her, but she knows that they have it. She stated that she can also bring the cost per offender to a later meeting. Steve Kohn stated that he is confident in Jennifer Abernathy's one recidivator.

Jennifer Abernathy returned the conversation back to medication and stated that some of the participants aren't enthusiastic about following through with taking their medications. She stated that is why she, the mental health worker, and sometimes even the clinician, have attended the doctor's appointments just to see what the conversation between the offender and the doctor is. She stated that it gives them an idea of what the doctor is recommending and everyone in the program has a term and condition to take all medications as recommended by the doctor. She stated that if the doctor is recommending it, she will step in if they do not want to take it and remind them that it is a requirement of the program that they take the medication. She stated that they address any concerns, including past reactions to other medications. She stated that the program has so much oversight, that if there is a reaction, they can get them in to see a doctor right away. Kim McKinney said that they can talk to the clients about the feelings that come from stigma associated with taking medication, which is almost like an ultimate admission that they do have mental illness. She stated that they can also work with them regarding how to deal with some of the unpleasant side-effects of medication. She stated that the program includes high intensity case management, which is a benefit to the clients.

Robert Bowman asked how similar the structure is between AOP and BHC. Kim McKinney stated that BHC is structured pretty closely to AOP. She stated that they made a few changes to tighten up the co-occurring piece since she joined the BHC team a few years ago. She stated that her previous 10 years of experience with the AOP model has been very helpful. She stated that they are very different populations in many ways, but very alike in others. Robert Bowman stated that he can definitely see the similarities because he has students that are from both programs. He stated that the structure is really helpful for them.

Donnell Ewert stated to Colby Brousseau that he knows that job he has now is not the first one that he's had while in BHC. He asked if he could talk a little bit about his other employment and why he wanted to work for the Health and Human Services Agency. Colby Brousseau stated that the first job that he got was at American Directions Group as a research assistant which involved calling people on the phone and getting them to take surveys. He stated that within four months, he moved up to an Operation Tech Manager, got a pay raise, started doing a lot more hours, using a lot more technology, and working on the computers. He stated that the opportunity arose and was presented to him to help other people, in

situations similar to those that he had been through. He stated that as soon as he read it, he knew it was a fit, and other people through so too. He said that they really went to bat for him to get the position as well as within the BHC so it is his turn to repay that to these people as well.

Tracie Neal asked if there are any trends that they have noticed in regards to the rejected offenders. Jennifer Abernathy stated that she has seen several people that were initially referred and rejected then referred back at a later date. She stated that often times those people were rejected again due to substance be the primary issue. She stated that there have been referrals for individuals that need a higher level of care or are too much of a risk to have out in the community. She stated that if they go to State Prison, there are mental health services available in the California Department of Corrections and Rehabilitation (CDCR) system. She stated that for some, BHC is not equipped to give them the level of care that they need. She stated that they have rejected people specifically to have further diagnostic testing done because they were unclear as to what their diagnosis is.

Donnell Ewert asked if there is a need for another caseload of fifteen. Jennifer Abernathy stated that they could fill another fifteen slots. She stated that they put individuals who are willing to come into the program but there is not enough space on a formal grant of probation and just watch them closely. Unfortunately, they don't receive the same intensive oversight and may not be successful without it.

Donnell Ewert asked if they expanded, would they need another case manager and probation officer. Jennifer Abernathy stated that she believes that she could manage the 30 offenders, but it could increase the number of clinician hours needed because of the increase to the number of groups and other activities that are limited to a maximum of 15 clients. Kim McKinney stated that the population could benefit from a clinician doing therapy groups. She stated that at this point they are borrowing the clinician from the AOP program. She stated that one clinician is doing AOP and BHC. Donnell Ewert clarified that they would need a fulltime clinician and a fulltime case manager to expand. Kim McKinney stated that clinically they could do 30-50. Donnell Ewert asked with one clinician. Kim McKinney answered in the affirmative. Donnell Ewert stated that they would then need three case managers if they are going to do 45.

Roger Moore left the meeting at 3:05 pm.

Quorum lost. Meeting ended 3:05 pm.