

REENTRY COURT ROUNDTABLE

Wednesday, March 30, 2016

10:00 a.m. to 4:30 p.m.

Milton Marks Conference Center
455 Golden Gate Avenue, Lower Level
San Francisco, California

Agenda

WEDNESDAY, MARCH 30

9:00 a.m. - 10:00 a.m. **Registration**

10:00 a.m. - 10:10 a.m. **Welcome, Introductions, Review of the Agenda, Goals for the Day**

- Hon. J. Richard Couzens (Ret), Judge, Superior Court of Placer County

10:10 a.m. - 11:10 p.m. **Research and Data Collection**

This presentation highlights findings from the evaluation of the Parolee Reentry Court project, including a review of the current data collection process and the importance of data collection.

- Ms. Francine Byrne, Manager, Criminal Justice Services, Judicial Council
- Mr. Robert Lower, Research Analyst, Criminal Justice Services, Judicial Council

11:10 a.m. - 12:10 p.m. **Nuts and Bolts of Establishing a Reentry Court**

This session introduces interested and new courts to key components of establishing a reentry court: eligibility, working with new partners and populations, identifying and overcoming implementation challenges.

Facilitated by: Hon. J. Richard Couzens (Ret), Judge, Superior Court of Placer County

- Hon. Lawrence Brown, Judge, Superior Court of Sacramento County
- Hon. Stephen Manley, Judge, Superior Court of Santa Clara County

12:10 p.m. - 1:10 p.m. **Court to Court Conversations (*and Working Lunch*)**

Courts frequently learn from each other. This lunchtime conversation is an informal opportunity for experienced reentry court judges and staff to share their knowledge with interested and new courts about getting justice partner buy-in on the creation of reentry court program and other lessons learned.

Breakout Topics

- Regionalizing Reentry Courts, Hon. Dylan Sullivan, Judge, Superior Court of El Dorado County
- Establishing Successful Justice Partnerships, Hon Richard Vlavianos, Judge, Superior Court of San Joaquin County
- Court Team Meetings

- 1:10 p.m. - 2:10 p.m. **Parole 101: An Overview of Parole and Parole Services**
 This session provides an overview of parole population trends, supervision and dual supervision, similarities and differences between parole and probation populations, and available pre and post-release services.
- Moderator: Kevin Wortell, CDCR, Division of Rehabilitative Programs
 - Cynthia Florez-DeLyon, Deputy Director, CDCR, Division of Rehabilitative Programs
 - Denise Milano, Deputy Director, CDCR, Division of Adult Parole Operations
 - Bob Underwood, Regional Administrator, CDCR, Division of Adult Parole Operations
-
- 2:10 p.m. - 3:10 p.m. **Accessing and Leveraging Services for Your Reentry Court**
 The Affordable Health Care Act expands eligibility to, and coverage for, health care services to reentry populations and justice system involved individuals. This workshop will provide an overview of opportunities and resources available to programs serving reentry population to access services and reimburse costs through MediCal for mental health and substance abuse treatment services.
- Steven Rosenberg, President, Community Oriented Correctional Health Services
 - Hon. Richard Vlavianos, Judge, Superior Court of San Joaquin County
- 3:10 p.m. - 3:25 p.m. **Break**
- 3:25 p.m. - 4:25 p.m. **Considering Grant Funding for Your Projects**
 This session will provide an overview of federal, state and other types of grants to help fund local reentry court projects, and will highlight important considerations when seeking outside funding. The presenters will also provide specific examples of courts and their criminal justice partners that have successfully applied for and administered grant funding.
- Elizabeth Varney, Drug Court Coordinator, Superior Court of Modoc County
 - Ms. Martha Wright, Supervising Analyst, Criminal Justice Services, Judicial Council
- 4:25 p.m. - 4:30 p.m. **Wrap-Up**
- Hon. J. Richard Couzens (Ret), Judge, Superior Court of Placer County
- Adjourn**

2016 Reentry Court Roundtable

March 30, 2016

San Francisco, CA

PARTICIPANT LIST

Ms. Yesenia Barocio

Parole Unit Supervisor
Superior Court of Alameda County

Ms. Niki Gunter

Staff Services Manager II
CDCR

Ms. Caryn Brock Drug Case

Manager
Superior Court of Solano County

Mr. Ruchi Gupta

Deputy Public Defender
Superior Court of Los Angeles County

Mr. Kendrick Brown

Parole Agent
CDCR – Parole Division/ San Joaquin

Mr. Bobby Haase

Adult Parole Operations
CDCR

Ms. Kathy Bush

Case Manager/Compliance Officer
Superior Court of San Joaquin County

Hon. Dan Healy

Supervising Judge
Superior Court of Solano County

Cameron Butcher

Court Program Coordinator
Superior Court of Santa Cruz County

Mr. Louie Holguin

Parole Agent
CDCR- Parole Division/San Joaquin

Mr. Chris Carlson

Principal Criminal Attorney
Sacramento DA's office

Mr. Steven Jackson

Director of Criminal Justice Programs
Center Point, Inc.

Mr. Diego De Alba

Case Manager /Compliance Officer
Superior Court of San Joaquin County

Ms. Rebekah Jorgenson

Judicial Administration Fellow
Superior Court of Sacramento County

Ms. Elvira Diaz

CDCR

Ms. Carisa Keller

Sr. Management Analyst
Superior Court of Santa Clara County

Ms. Ann Diem

District Attorney
Superior Court of Alameda County

Mr. Jonathan Laba

Assistant Public Defender
Contra Costa Public Defenders Office

Ms. Helen Ellis

Collaborative Courts Manager
Superior Court of San Joaquin County

Ms. Donna Lochard

Parole Agent 1
CDCR – Parole Division/ San Francisco

2016 Reentry Court Roundtable

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PARTICIPANT LIST

Hon. Robert Foiles

Judge
Superior Court of San Mateo County

Mr. Kenston Mah

Parole Agent II
CDCR – Parole Division

Ms. Cynthia Garcia

Collaborative Courts Manager
Superior Court of Solano County

Ms. Kiesha Malone

Senior Program Analyst
Superior Court of Contra Costa County

Mr. Vincent Go

Parole Agent
CDCR – Parole Division/ San Francisco

Ms. Veronica Marchello

Management Analyst
Superior Court of Santa Clara

Ms. Janae Grant

Program Analyst
CDCR

Ms. Jessica Mazlum

Chief, Community Reentry Services
California Department of Corrections &
Rehabilitation

Ms. Alina Mendez

Public Defender
Superior Court of Sacramento County

Hon. Dean Stout

Presiding Judge
Superior Court of Inyo County

Mr. Jake Morgan

Deputy Chief Probation Officer
Superior Court of Inyo County

Hon. Greg Syren

Judge
Superior Court of Alameda County

Mr. Tim Newman

Director of Criminal/Traffic Operations
Superior Court of Santa Cruz County

Mr. Neal Taniguchi

Superior Court of San Mateo County

Mr. Gavin O'Neill

Coordinator
Superior Court of Alameda County

Mr. Jeff Thomson

Chief Probation Officer
Superior Court of Inyo County

Ms. Mary Pastor

Parole Agent
Superior Court of Santa Clara County

Ms. Katherine Webster

Senior Program Analyst
Superior Court of Contra Costa County

Ms. Kelly Placeres

Parole Unit Supervisor
CDCR-Parole Division/San Joaquin

Ms. Allyson West

Coordinator
Superior Court San Francisco County

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PARTICIPANT LIST

Mr. Ryan Raftery

Supervising Public Defender
Superior Court of Sacramento County

Hon. Stephen Siegel

Judge
Superior Court of Santa Cruz County

Ms. Rose Reglos

Head Deputy Defender
Los Angeles County Public defender

Ms. Anita Alexander

Parole Agent
Division of Adult Parole Operations

Mr. Eduardo Rodriguez

Parole Agent
Superior Court of Santa Clara County

Ms. Yvette Smith

DV Coordinator
Men and Women of Purpose

Ms. Jennie Rodriguez-Moore

Analyst
Superior Court of San Joaquin County

Ms. Sharon Owsley

Deputy Attorney General
California Department of Justice

Ms. Karen Sheehy

Drug Case Manager
Superior Court of Solano County

The background features a large, faint, circular seal of the Judicial Council of California. The seal contains the text "JUDICIAL COUNCIL OF CALIFORNIA" around the perimeter, "EUREKA" at the top, and "1926" at the bottom. The central image depicts a figure holding a scale of justice, with a mountain range in the background.

California Reentry Court Research and Data Collection

Francine Byrne, Manager, Criminal Justice Services

Rob Lower, Research Analyst, Criminal Justice Services

Today's Presentation

- Project Background
- Evaluation Findings
- Current data collection
- On-going program need and evaluation



Why Reentry Courts in California?

- High incarceration rates & prison overcrowding
- 65% of parolees returned to prison within 3 years
- 62% of prison admissions were parole revocations
- Average annual cost per inmate was \$45,006 in 2010-11



Project Background

- 2009 legislation dedicated funds for 6 parole reentry courts.
- Adhere to the collaborative justice model.
- Designed for parole violators with substance abuse and/or mental health issues.
- Evaluation to legislature in Dec. 2014 – three years post program.

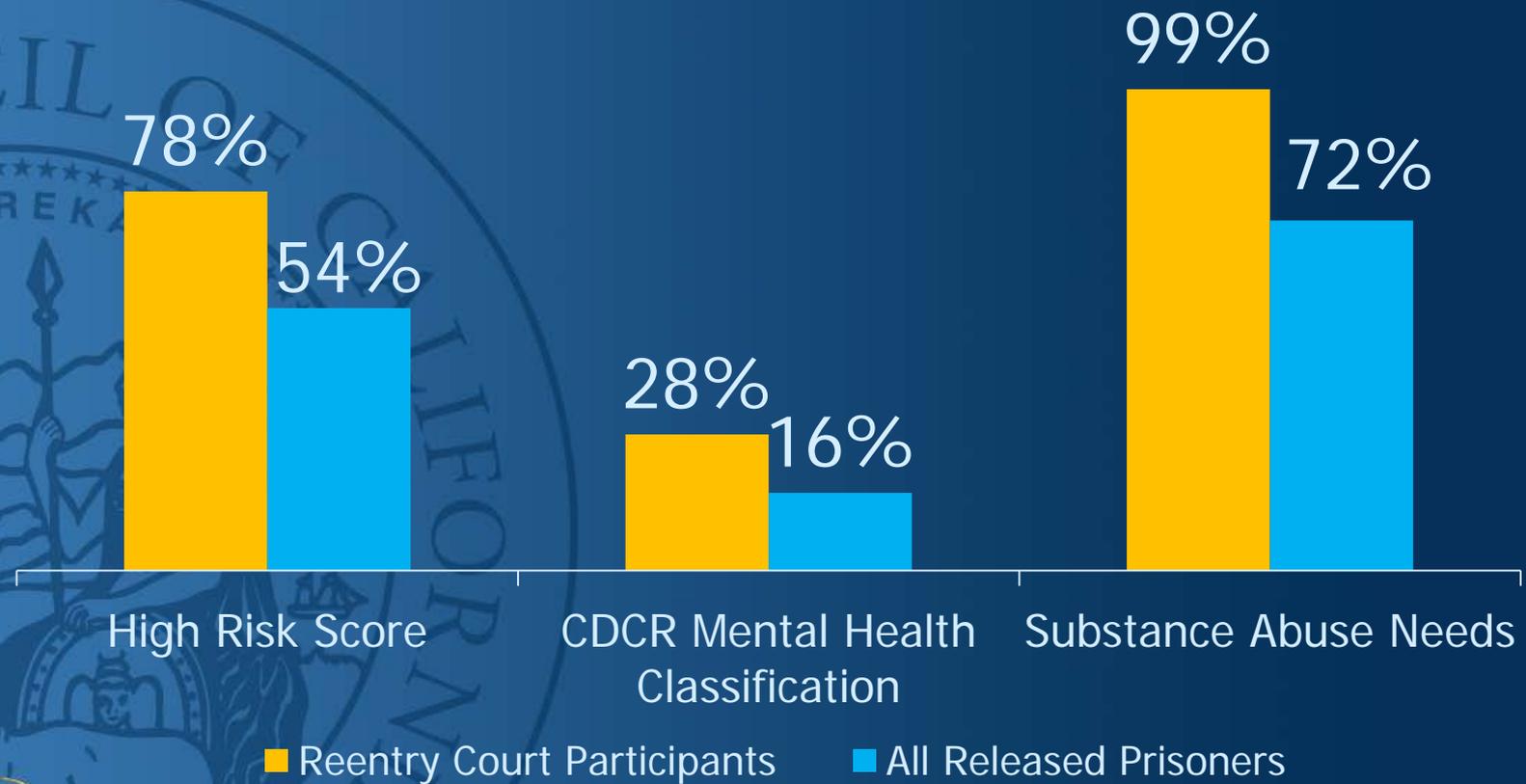


Reentry Court Description

- 6 Courts funded: Alameda, Los Angeles, San Diego, San Francisco, San Joaquin, Santa Clara
- At the time, courts didn't have jurisdiction over revocation hearings
- Last stop before re-incarceration



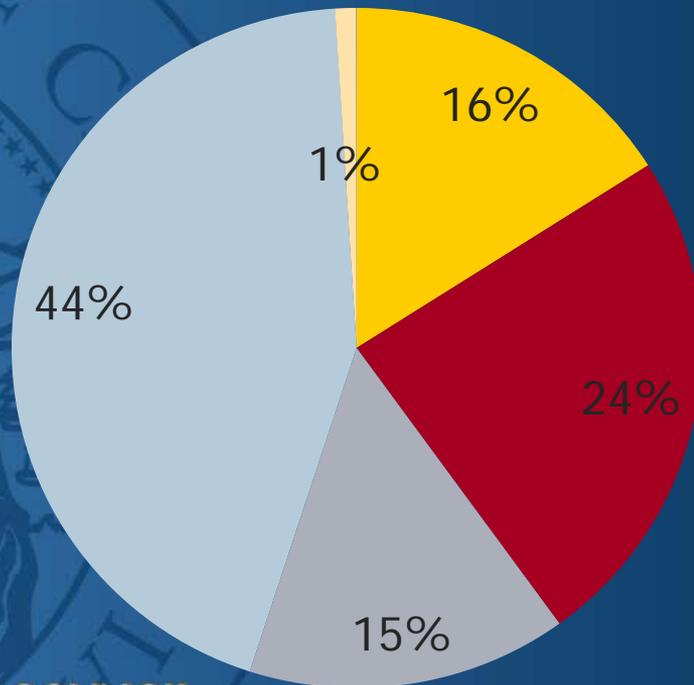
Population Description



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High Need Population

- 100% have substance abuse issues
- 49% of participants have used for more than 20 years



Primary Drug

- Alcohol or Marijuana
- Cocaine/Crack
- Heroin
- Methamphetamines
- Other



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High Need Population

- 85% unemployed
- 43% rely on public aid as their primary income source
- 55% have monthly income of \$500 or less
- Only 20% have stable permanent housing



Evaluation Description

- Contracted with NPC Research
- Samples from each county matched on demographics and practices
 - Comparison group n=2,099
 - Study group n=1,097
- Recidivism measures: revocations, days in prison, re-arrests, re-conviction (sample)

Focus groups and interviews

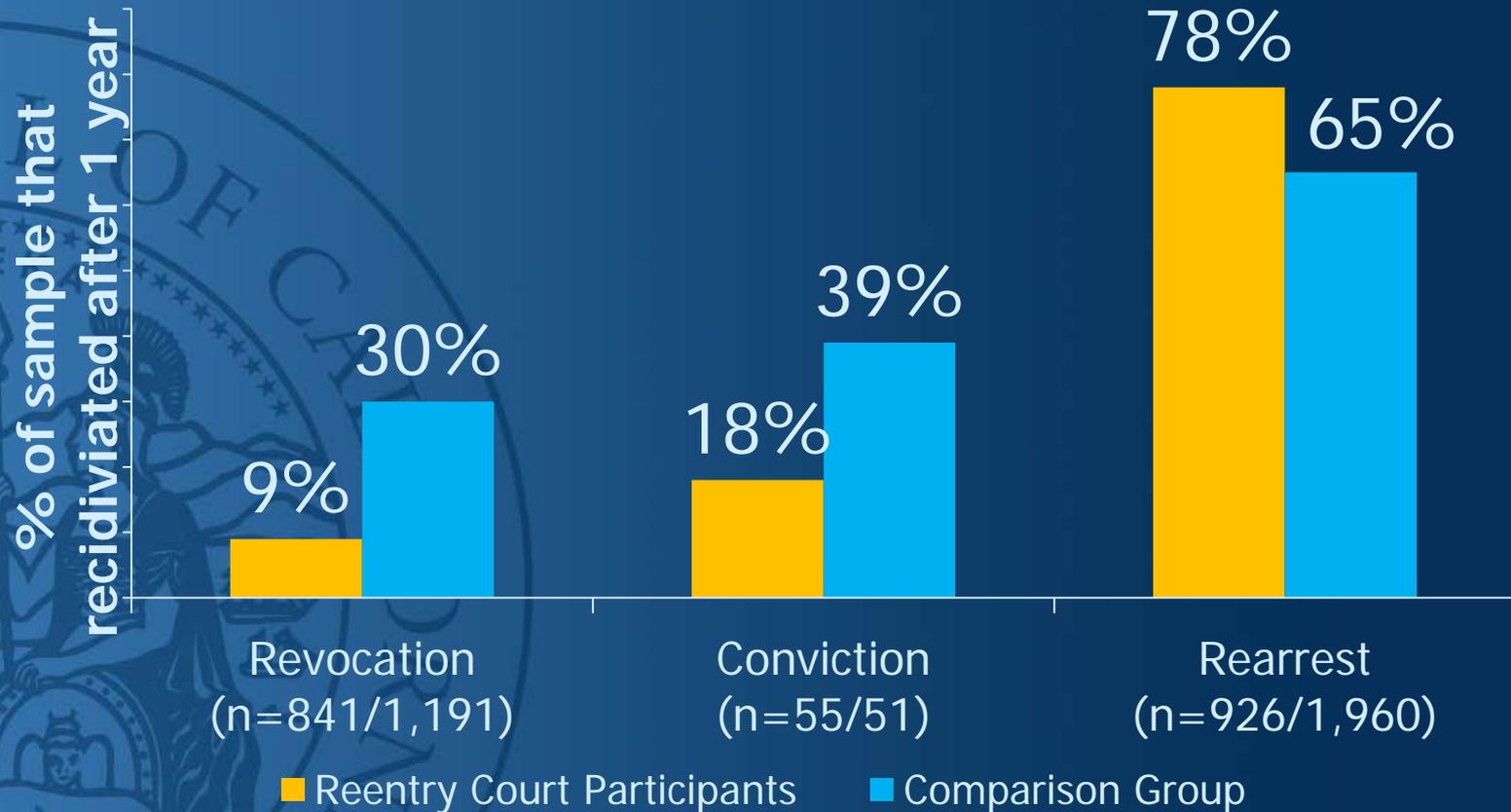


Findings: Recidivism

- Recidivism = revocation (return to prison or jail), re-arrest, and re-conviction.
- Although more likely to be rearrested, reentry court participants were less likely to be revoked and convicted-possible supervision effect.



Recidivism cont.



Revocation cont.

- Because reentry court participants had fewer revocations they spent less time in prison.

	Reentry court participant	Parolee in comparison group
Average days in prison per person in one year	17 days	59 days



Findings: Qualitative Data

- Interviews with reentry court team members
- Focus groups with participants
- Topics highlighted:
 - Difference between drug and reentry court
 - Relationship with the judge and reentry court team
 - Mental health support
 - Access to services

Aftercare

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Drug v. Reentry Court

- Many of the same principles apply, but some important differences:
 - Less fear of incarceration
 - More criminogenic thinking
 - Fewer stable relationships
- Reentry Courts adapted to different populations
 - Aftercare/alumni groups
 - Different procedures for parole and probation



Relationships

- Perception of difference of relationship with judge in reentry court

- Increased communication within team leading to swifter sanctions

“It’s the whole group; they know us individually. They don’t want to see us fail. They tell me they have faith in me and that stuck so I have faith in me.”



Mental health support

- Assessments conducted through reentry court resulted in mental health diagnoses that had been undetected in the past.
- Although only 28% of participants had a prison mental health classification – 36% were assessed to have mental health disorders.



Mental health cont.

- Historically parolees with mental health issues have poor outcomes.
- In reentry courts participants with mental health conditions have positive outcomes:
 - Just as likely to graduate
 - Don't spend more time in prison



Access to services

- Reentry court staff, including parole agents, noted increased access to services compared to parolees on traditional parole – particularly housing and psychiatric services.
- Participants noticed a difference in services related to funding silos



Aftercare

- Some participants returned after program outreach and encouragement.
- Alumni groups, open door policy for case managers.

“I know that no matter what happens I can come back here for whatever support I need.”



Data Collection Changes

- New Microsoft Excel Data Collection Template in use beginning 7/1/2015
- Collected items are based on the NADCP National Advisory Committee's Best Practice Standards
- Qualitative Data continue to be collected by way of Quarterly Program Reports and other means



Data Collection Outline

- Population Served: Referrals, Program Entries and Exits, Caseload
- Assessments: Risk to Recidivate, Mental Health Needs, Substance Use Needs
- Outcomes
 - Internal: Program Exit type, Drug Tests, Jail Sanctions (Optional: Service Utilization)
 - External: New Felony or Misdemeanor Charges, Convictions on New Charges



Initial Data

7/1/2015-12/31/2015

- **151 Referrals**

- 127 (84%) of through Parole, 19 (13%) through Other Court

- **122 Program Entries** (81% of total Referred)

- 25 (20%) of these individuals are also on Probation, PRCS, or Mandatory Supervision

- **100 Program Exits:** 34 Successful, 56 Unsuccessful, and 10 Other

- 29 (52%) of Unsuccessful Exits for Absconding, 13 (23%) for New Felony Charge



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Conclusion

- Now 12 Reentry Courts plus 2 in planning
- Reentry Court needed – only 3% of California prison population is serving life without parole

- Contact:

- Francine Byrne

Francine.Byrne@jud.ca.gov

- Rob Lower

Robert.Lower@jud.ca.gov



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REENTRY COURT
PROGRAM MANUAL

SANTA CLARA COUNTY, CALIFORNIA



MISSION STATEMENT

The mission of the Santa Clara County Reentry Court (RC) is to reduce recidivism and protect public safety by leveraging integrated community resources and services to a target offender population through the implementation of key components of collaborative justice.

Vision: The vision of the Reentry Court is to promote offender accountability, integrity, independence and personal development through close supervision and treatment using a multi-disciplinary approach that is responsive to the needs of the participant and community.

Strategic Goals: Consistent with the goals of the Legislature the goals of the Reentry Court are to: (1) reduce offender recidivism, (2) reduce revocation of parole and/or probation, (3) and secure evidence-based treatment services for offenders.

THROUGH THE COLLABORATIVE EFFORTS OF:

California Department of Corrections and Rehabilitation

Division of Adult Parole Operations

Board of Parole Hearings

County of Santa Clara

Department of Behavioral Health Services (DBHS)

Office of the District Attorney

Office of the Public Defender

Office of the Sheriff

Probation Department

Superior Court of California, County of Santa Clara

SANTA CLARA – REENTRY COURT
PROGRAM MANUAL

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Penal Code § 301537

SECTION 1

**REENTRY COURT:
BACKGROUND**

Program Origin

In 2008, Santa Clara County Superior Court implemented the first Reentry Court in California in partnership with Parole and the Board of Parole Hearings.

Senate Bill 18 (3x)

On October 11, 2009, Governor Arnold Schwarzenegger signed “The Parole Reentry Accountability Program” into law (SB 18 3X, Penal Code § 3015, Chapter 28, Statutes of 2009) establishing that the state of California address the growing problem of parolee recidivism. SB 18 (3X) provides for the creation of a parolee reentry program of accountability, operated in part through the Department of Corrections and Rehabilitation, to reduce recidivism, thereby reducing the budget costs associated with parolees who are reentering the prison system on offenses that might otherwise be curbed through treatment programs. SB 18 (3X) also provided for state reimbursement of local costs incurred in formulating and operating programs within these parameters.

California Emergency Management Agency Grant (CalEMA)

In early 2010, CalEMA began solicitation of proposals from county courts to award \$9.5 million to seven pilot Reentry Courts pursuant to Penal Code § 3015. Santa Clara County Superior Court applied for funding to expand and enhance its already existing program. Awards were given to Alameda, Los Angeles, Orange, San Francisco, San Diego, San Joaquin, and Santa Clara. Within the next year, 6 Reentry Courts were in operation.

Santa Clara County Reentry Court

The Santa Clara County Reentry Court is a collaborative program comprised of parole, post release community supervision, and mandatory supervision offenders that is based upon the 10 Key Components of collaborative courts which were established by the National Association of Drug Court Professionals. Over the course of the program, the goal is to serve offenders in the Reentry Court and to continually evaluate the program’s effectiveness in: (1) reducing offender recidivism; (2) reducing revocations of parole and/or probation; and (3) securing evidence-based treatment services for offenders.

General Information

Location/Time	Reentry Court commenced in 2008. It is held every Monday at 1:30 P.M. with Honorable Stephen V. Manley presiding.
Benefits for the Participant	Improved physical and mental health, including recovery from addiction The opportunity for education and employment Improved social functioning The opportunity to become a productive member of society The opportunity to have the case expunged pursuant to PC 1203.4 The opportunity, if applicable, to have early termination of parole
Benefits for the Justice System	Caseload pressures eased Reduction of recidivism More time for non-drug cases Reduction in criminal behavior
Community/Societal Benefit	Improved work force Reduction in the spread of substance abuse-related diseases Reduction in incarceration costs
RC Team	Judge District Attorney Public Defender Alternate Defender Parole Agents Probation Sheriff's Office Dept. of Behavioral Health Services Veterans Administration RC Coordinator RC Treatment Providers

SECTION 2

**REENTRY COURT:
PROGRAM SCOPE & PROCESS**

Goals and Objectives

The Santa Clara County Reentry Court Program will strive to achieve the following strategic goals: (1) reduce offender recidivism, (2) reduce revocation of parole and/or probation, (3) and secure evidence-based treatment services for offenders. Based upon Santa Clara's experience and success with other similar court programs, the Reentry Court program aims to be effectively implemented in a manner that promotes public safety and supports offender accountability. These goals will be accomplished through the following objectives and activities:

- Continue with set procedures for Parole to refer parole violators to Reentry Court
- Continue with set procedures for Parole and AB 109 revocation court to refer supervision violators to Reentry Court
- Securing of additional county treatment services
- Utilizing the collaborative court problem solving model in Reentry Court
- Implement cognitive behavioral and motivational interviewing practices
- Increase coordination of services between county, court and parole

Eligibility Criteria & Referral Process

ELIGIBILITY CRITERIA & REFERRAL PROCESS FOR PAROLE

Participants for the Reentry Court Program will consist of: (1) parolees whose pending criminal charges or formal probation status bring them under the dual jurisdiction of both CDCR and the local court (dual commitments), (2) parolees whose parole violation is being considered at a probable cause hearing, or (3) parolees who request to participate in Reentry Court may be referred by a parole agent prior to their probable cause hearing.

Parole, as well as Judges who are sentencing offenders on violations of Parole, will refer Parolees to the RC as an alternative to incarceration. Offenders must be on active Parole to be referred. Parolees who are referred must have been diagnosed as mentally ill and/or suffering from co-occurring mental health and/or substance abuse disorders and may suffer from other co-occurring disorders. They must have committed a violation of the conditions of Parole or be pending sentence on a new felony charge in the Superior Court that also serves as a violation of parole.

More than one risk assessment tool will be utilized. Parole will rely on their existing risk tools, including COMPAS, developed by Northpointe Institute for Public Management, Inc. COMPAS is a web-based instrument assessment system and risk and needs decision support guide for criminal justice practitioners who must make decisions regarding community placement, supervision, treatment and case-management. The COMPAS tool identifies high risk/high need Parolees.

The Parole Agent will refer Parolees directly to the RC Coordinator. All referred Parolees must have PVDMI and “opt-in” paperwork in order to be placed on calendar by the RC Coordinator. A team meeting is held the morning of the RC calendar to discuss cases.

ELIGIBILITY CRITERIA & REFERRAL PROCESS FOR PRCS & MS

Participants for the Post Release Community and Mandatory Supervision Reentry Court Program will consist of: (1) offenders who have committed new non-violent, non-serious, and non-sex offenses and are sentenced after October 2011; (2) offenders that were sentenced prior to October 2011 that have completed their state prison sentences for non-violent, non-serious, non-sex offenses that will be assigned to County supervision rather than parole.

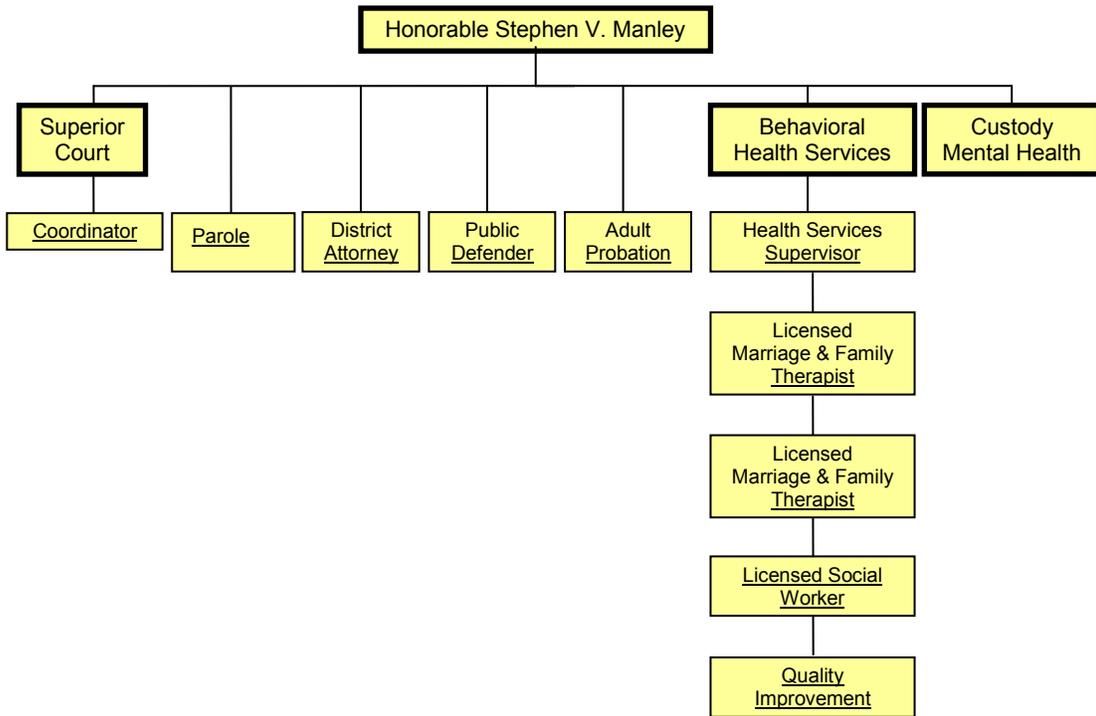
Upon sentencing a case, pursuant to 1170(H), a Judge may order the offender to participate in Reentry Court as part of their terms of supervision.

If an offender violates their terms of Community Supervision then a petition for revocation can be filed by the Supervising Agency and a probable cause review is heard within 5 days. If a probable cause exists, and the offender is found in violation the Revocation Hearing Officer can refer the offender to the Reentry Court.

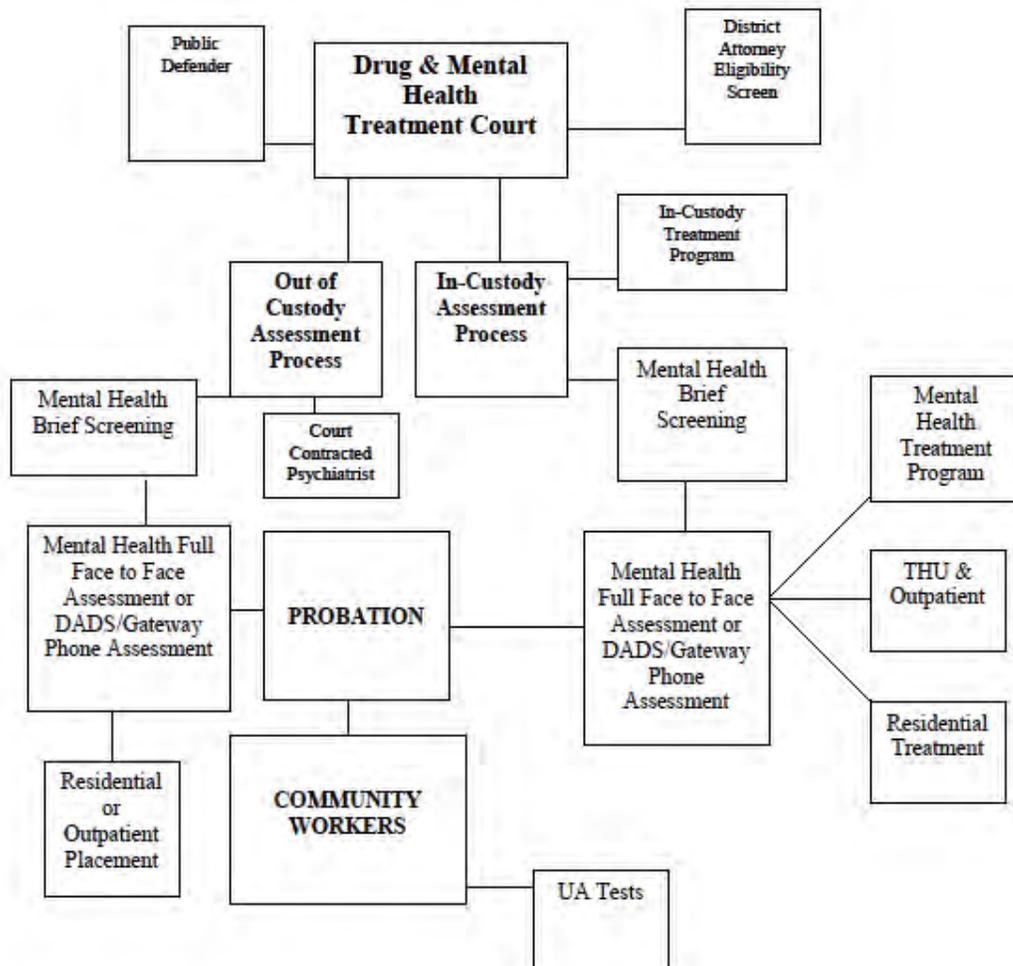
If an offender violates their terms of Community Supervision then probation can directly refer the offender to Reentry Court utilizing the Referral to Reentry Court form.

Reentry Court Process Flowcharts

Drug and Mental Health Court Team Members



Assessment Process Flow Chart



SECTION 3

**REENTRY COURT:
TEAM ROLES & RESPONSIBILITIES**

Reentry Court Team

ROLES AND RESPONSIBILITIES

In order to promote the Mission, Vision, and Goals of the Reentry Court, each agency will provide project staff to coordinate, plan, and collaborate services within dedicated expertise; and, attend regularly scheduled meetings to discuss the Reentry Court program. The individual team members' responsibilities will involve, but may not be limited to the following:

CDCR/Board of Parole Hearings

The California Department of Corrections and Rehabilitation, Board of Parole Hearings will refer participants to the Reentry Court and maintain jurisdiction once a participant is referred back from the reentry court. The following information provides additional consistency:

- BPH will ensure jurisdiction is preserved during any action taken to retain and or modify parole revocation assessments when determining if a revocation will occur.
- When parolee has a new felony conviction, BPH will ensure continuing jurisdiction for one year on the prior prison term by retaining the participant on parole as warranted, provided the request is timely and supported by factors set out in Title 15 § 2535.
- When parolee is referred to Reentry Court and a referral to BPH has been made, BPH will modify the parole revocation assessment to approve credit for time served and retain the parolee on parole if in compliance with mandates of Title 15 § 2535.
- BPH will collaborate and ensure a synergistic relationship with the Santa Clara County Reentry Court team is fostered while CDCR's interest is maintained within the scope of its legal authority.
- Where the parolee has completed the revocation process (Optional Waiver or Return to Custody) which also resulted in a new prison term, BPH will take action via "miscellaneous decision" to amend the revocation action to Credit for Time Served (CTS), to allow parolee to become a Reentry Court participant.
- A Probable Cause Hearing (PCH) where the parolee has a new violation and is no longer in county jail, if the parolee meets the criteria for Penal Code § 3015 Reentry Court, the Deputy Commissioner will give the parolee the option to participate. The Deputy Commissioner will recheck and confirm the parolee meets all criteria set forth under the eligibility and exclusionary criteria. If the Deputy Commissioner finds additional factors indicating that the parolee would not be a suitable candidate, the Deputy Commissioner may at their discretion deny the referral to Parolee Reentry Court.

CDCR/Parole

The California Department of Corrections and Rehabilitation, Division of Parole Operations will play an important role in referring parole violators to the Reentry Court and monitoring compliance while in the program. Parole agents will be a part of the law enforcement team in Reentry Court and will carry out their law enforcement powers in conjunction with local police departments, Santa Clara County Sheriff's Department, and the Santa Clara County Probation Department. In accordance with the statewide MOU, a separate agreement dated February 25, 2008 has been created between Superior Court and local Parole Office (See Appendix). Parole agents will provide feedback, input, and guidance on parolees' participation in treatment, housing, and services and accountability to treatment and reintegration plan.

Department of Behavioral Health Services (DBHS)

Alcohol and Drug Services: will provide residential beds, transitional housing, and outpatient services. Treatment staff will ensure that all treatment services meet the participant's needs identified in the initial assessment and will coordinate participants with county treatment, case management, and substance abuse services and participate in assessment for level of care.

A treatment staff will also:

- Participate on the Reentry Court team;
- Provide treatment and recovery services;
- Provide individual and group counseling
- Conduct drug testing;
- Provide referrals to community based organizations that provide specialized mental health counseling for eligible clients, employment, education, vocation, veterans' services and housing programs;
- Provide Reentry Court team with reports on participant's progress in treatment;
- Oversee and ensure quality assurance for all participant data; and
- Compile and provide reports to Superior Court as requested or mandated.

Mental Health Services: will provide assessment, treatment, casework support and triage to Reentry Court participants. Mental health specialists participate as team members, consulting on clinical issues and providing expertise regarding co-occurring disorders.

District Attorney (DA)

The County of Santa Clara, Office of the District Attorney serves as the public safety representative of the community. The DA protects the rights of any victims and the community at large by ensuring that RC clients are held appropriately accountable for their behavior while in the program, and, of equal importance, are encouraged and receive positive reinforcement for reaching goals. During status hearings, the prosecutor's role is non-adversarial, supportive and constructive. The DA will:

- Participate on the Reentry Court team;
- Screen eligible participants, based on established criteria;
- Provide recidivism information to DADS and the Superior Court, based on mutually agreed upon formats and reporting frequency;
- Assist with the management of the Reentry Court to facilitate goals and objectives.

Public Defender (PD)/Alternate Defender (AD)

The PD/AD will assist the participant in understanding the process and procedures of RC as well as the RC Sentencing Agreement. An important role of the PD/AD is to assure that the rights of participants are protected and consistent with the collaborative court principles. The PD/AD will:

- Participate on the Reentry Court team;
- Represent and advise participant to facilitate resolution of legal issues;
- Review Reentry Court Sentencing agreement with defendant prior to placement into the program.

Probation

The County of Santa Clara, Probation Department, as part of the monitoring and supervision team, will coordinate supervision of offenders to ensure compliance. Probation will:

- Participate on the Reentry Court team;
- Conduct home checks and drug tests to ensure participant compliance;
- Conduct or facilitate criminogenic assessments for purposes of formulating individuals case plans (nonrevocable with new felony); and
- Work with law enforcement team to supervise participants' compliance with court-ordered conditions.

Sheriff's Office

The County of Santa Clara, Office of the Sheriff is part of the law enforcement team that will be responsible for coordinating all mental health treatment in custody, including treatment on return to custody if an offender decompensates, assures that offenders receive psychiatric and medical treatment while in custody, and coordinates all treatment programs in custody as well as reports of offender's progress in those programs to the Court Team and Judge. In addition, the Sheriff's Office:

- Participates on the Reentry Court team;
- Provides courtroom security;
- Administers jails and transports participants to/from jail/prison.

Santa Clara County Superior Court

The Superior Court of California, County of Santa Clara, as organizer of the Reentry Court, will execute its constitutional and statutory powers and obligations in a fair and impartial manner. The Judge is the ultimate decision-making authority and motivator and is responsible for holding clients accountable for their behavior in monitoring treatment, compliance, and successful reentry. The Court will:

- Designate a Reentry Court Judge, Bailiff, and Courtroom Clerks for all Reentry Court team meetings and court proceedings;

SECTION 4

**REENTRY COURT:
SANCTIONS, INCENTIVES & REWARDS**

Sanctions and Incentives

The Reentry Court, having adopted the 10 Key Components of Drug Courts and adhering to the philosophy of the drug court model, will utilize sanctions and incentives as a means to modify and change participant behavior, not as a means of punishment. The goal is to promote participant responsibility and accountability while preserving the therapeutic and supportive nature of court responses.

Sanctions

Sanctions are consequences for unacceptable behaviors and are swift, fair and consistently applied. Prior knowledge of the consequences is important because parolees tend to make better decisions when they are aware of the penalties for poor decision-making. Non-compliance (for example, ongoing dirty tests or failure to participate in treatment) does not necessarily result in a sanction or termination; every effort is made to re-engage defendants in treatment and reintegrate them into the community with no further drug use.

The Reentry Court team has learned over time that incentives are far more effective in motivating offenders. In addition, Parole has advised Reentry Court that traditional sanctions of jail time may not be as effective in the offender population. Therefore, it is anticipated that sanctions in Reentry Court will focus on increasing volunteer work, court appearances, classes or other sanctions described below.

Sanctions include the following:

- Increased reporting;
- Increased frequency of court appearances;
- Increased frequency of drug tests;
- More stringent curfews;
- Increased restrictions;
- Requirement to perform volunteer work;
- Brief County Jail custody sanctions;
- More frequent attendance at support groups, i.e., AA, NA, Family of Friends, etc;
- Requirement to attend classes, i.e., anger management, domestic violence, and others, that require the offender to face the negative behavior; and
- Requirement to enter and complete a custody treatment program.

Incentives

Incentives are an important part of the Reentry Court plan. Because Reentry Court participants have mental illness, substance abuse disorders or both, they are often very powerfully impacted by negative peer influences. Therefore, it is critical that they be given immediate reinforcement for every incremental change they make in a positive direction. An incentive is provided for every positive step made toward recovery or progress on probation or parole. Incentives are provided to motivate defendants to continue their positive progress, and the rewards specifically relate to issues that are meaningful to each offender.

Incentives include the following:

- Praise from the Judge and Reentry Court Team;
- Decreased reporting;
- Decreased frequency of court appearances;
- Decreased frequency of drug tests;
- More liberal curfews;

- Decreased restrictions;
- Reduced fines, fees, and reduced requirements for public service work;
- Clients given help with traffic fines;
- Clients allowed to leave the county to visit family;
- Clients allowed to work outside of county;
- Move to non-revocable parole if applicable;
- Move to termination of parole/probation if applicable;
- Records cleared whenever possible; and
- Other incentives as available/appropriate.

SECTION 5

**REENTRY COURT:
TREATMENT**

Treatment Services

Assessment and Treatment Plan

Reentry Court participants receive a mental health and a substance abuse community release assessment immediately after acceptance into the program. The first assessment is brief and is performed at the courthouse on the day of the participant's first appearance. Its purpose is to identify current stability, mental health, substance abuse and other co-occurring disorders, housing, family and income or benefits status. The next assessment is a Drug and Mental Health Integrated Services Level of Care assessment, performed in the jail or, if the participant is out of custody, at the courthouse in the assessor's office.

Assessors/clinicians from the Department of Behavioral Health Services work as a team. The team is culturally sensitive and bilingual in Spanish, Vietnamese, and other languages as the need arises. The assessment begins the ongoing process of sensitivity and understanding of cultural and diversity issues for each offender that carries through the entire program that includes a Team that is and has been trained in diversity and treatment, case management and service providers who can meet cultural and diversity needs. Alcohol and Drug Services utilize the ASAM instrument. Mental Health Services rely on the Integrated Assessment tool as well as personal interviews, mental health history, review of current treatment and medications, etc. If there are additional problems, such as traumatic brain injury or cognitive disorders, they also are identified. If the client has been in treatment (e.g. seeing a doctor while in prison or at the Parole Outreach Clinic), input is received as to the recommended course of treatment. The assessments also include a determination of critical needs outside of mental health and substance abuse, such as housing, transportation, medical, and, most importantly, whether or not there is an immediate need for case management, as well as meeting the important goal of employment for offenders. If the offender has been in substance abuse treatment or mental health treatment through the Parole Outpatient Clinic (POC), the MOU will assure that this additional information is available and considered in the assessment. The assessment team prepares an initial treatment and community re-entry plan (treatment plan) and makes the recommendation to the Judge and full Reentry Court team prior to the participant's next court appearance. The cumulative information from the assessments, Parole, Probation, and other team members guides the Judge in structuring the order for the treatment plan (specific treatment and re-entry requirements) and supervision.

Equally important, the original treatment plan determination includes a determination of how often the offender must appear in Court for reviews of progress. Those clients with the highest risk and greatest needs, as well as those clients who have a history of decompensating or relapsing quickly or failure to follow through in treatment placements are seen very frequently as they begin their participation.

Court Proceedings and Case Management

The Reentry Court includes frequent judicial supervision as well as community supervision to ensure compliance and success. The Reentry Court requires regular court appearances to review progress, and clients directly and regularly participate in reviews with the Judge. The Judge interacts directly with each offender and works closely with the Parole Agents or Probation Officers who have responsibility for ongoing client supervision; and input received from community treatment providers is shared. Reentry Court is non-adversarial and the entire team, including the Judge, Parole, Probation, Prosecutor, Defense, Treatment and all other team members work together to motivate successful community reentry and to hold each parolee accountable to complete his or her treatment plan during each review hearing. An important aspect of the program is the utilization of Case Management outside of "traditional" supervision.

Drug Testing Frequency and Protocols

Drug testing is provided by Parole and/or Probation. Testing is random on a weekly basis if the offender is a narcotics offender and once a month if the offender simply has a testing condition of supervision. Testing is utilized as a treatment and motivational tool and is a critical aspect of the Reentry Court. Based on test results, testing frequency may be increased (repeated positive test results) and decreased (repeated negative tests). Treatment levels also are changed based on positive test results or long periods of sobriety. The frequency of court reviews is tied to test results as well. Offenders who do not stop drug use through community treatment, as demonstrated by ongoing positive test results while in treatment, must enter residential treatment or a custody treatment program.

Nature of Services

The range of services and resources available for participants in the Reentry Court include screening and assessment, frequent drug testing conducted by Parole or Global Testing, case management, residential and out-patient substance abuse treatment, mental health treatment including therapy and medications, non-treatment recovery supportive services such as transitional housing, psychiatrists, psychiatric medications, health care and dental services, counseling, bus tokens, education, employment counselors and educational and occupational training, job referral services, assistance with applying for SSI/SSD, help in obtaining reductions in current criminal charges or expungement upon graduation, and help in obtaining clothing, food, and their driver's license. The Reentry Court has strong linkages with existing job training and placement programs, such as Goodwill, and offenders are and will be required to participate in these programs and obtain employment as they progress in treatment and as a part of their successful return to the community.

One of 3 levels of substance abuse treatment are provided, all of which are integrated with mental health treatment. The 3 levels are (1) outpatient, (2) structured outpatient with transitional housing in a sober living environment, and (3) residential treatment. If mental illness is the primary factor, then housing and level of treatment starts, at the high end, with (1) hospitalization, next (2) crisis residential, (3) residential, (4) board and care and treatment team, and (5) independent living and treatment team. Again all services are integrated for co-occurring disorders.

The Reentry Court recognizes that some services are best provided by Parole (e.g. the Parolee has a longstanding relationship with the POC doctor and is medication compliant) or the identical services may be more effectively addressed in County community treatment (e.g. the parolee client repeatedly decompensates, will not go to POC and needs close case management and a highly structured residential setting that Parole does not provide. The Reentry Court assures that services are never duplicated; rather they are augmented to reach the goal of parolee community reentry.

Treatment/Completion Criteria

Termination

Terminations are determined by the Reentry Court team with careful consideration to each individual case. The following are the factors that result in termination:

1. Commission of a new serious or violent felony or multiple offenses;
2. Sent to prison for a new term by another Judge;
3. Engaging in conduct that injures or endangers other participants or treatment staff;
4. Refusal to participate in treatment and community services; and
5. Repeated failure to remain in treatment and services and follow treatment/reintegration plan, including meeting with case manager, reporting to Parole Agent, appearing in court, etc. after repeated opportunities are provided over time and repeated interventions including utilization of the complete regimen of sanctions and incentives have been applied.

Completion

The following is required to successfully complete the program: (a) the parolee must complete all phases of treatment; (b) have established clean and sober housing; (c) fulfilled basic conditions of Parole; (d) if capable, have at least a part-time job or be participating in an education/training program that will directly lead to employment; (e) demonstrate positive reintegration into the community; and (f) be clean and sober for at least 180 days.

Since the goal of the program is successful reentry and not returning to prison, the Reentry Court is patient with violations and failures to follow through in an effort to avoid the parole revocation process. It utilizes rewards, sanctions and every possible motivational tool to keep the parolee in the program.

Upon successful completion of the program, the parolee may qualify for a record clearance.

SECTION 6

**REENTRY COURT:
FORMS**

Parole PVDMI Form

State of California
PAROLE VIOLATION
DECISION MAKING INSTRUMENT
 CDCR 1500 (08/08)

Department of Corrections and Rehabilitation
 Division of Adult Parole Operations
 Distribution: Original -- Parolee Field File

A CDC Number		Offender Name (LAST, FIRST, MI)		Parole Unit		Region	
[REDACTED]		[REDACTED]		SAN JOSE 4		2	
Controlling Discharge Date		Code	Discharge Review Date	Date of Discovery	Hold Date	Hold Removed Date	
Oct 16, 2011			May 1, 2011	Mar 22, 2011	Mar 22, 2011		
Arrest Date		Booking Number	Name Booked As		Arresting Agency		
Mar 22, 2011		11013947	SAME		SANTA CLARA SO		
Parolee/Releasee Copy provided on Date:				Mar 24, 2011			
Commitment Offense(s):							
Offense Code		Offense Description			Controlling Offense		
H11350(A)		POSSESSION OF CONTROLLED SUBSTANCE			N		
P245(A)(1)		ASSLT W/FORCE/GBI			Y		
P273.5		CORP INJ SPOUSE			N		
Commitment Offense(s) Subject to PC 667.5 (c)? <input type="radio"/> Yes <input type="radio"/> No							
DEC System Checked <input checked="" type="radio"/> Yes <input type="radio"/> No							
Disability/Effective Communication Information:							
NONE NOTED							
B CSRA Risk Level: <input type="radio"/> Low (1) <input checked="" type="radio"/> Moderate (2) <input type="radio"/> High - Drug (3) <input type="radio"/> High - Property (4) <input type="radio"/> High - Violent (5)							
Is the Parolee a Sex Offender (as defined by PC 290)? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate STATIC-99 Risk Category: <input type="radio"/> Low (Score of 3 or less) <input type="radio"/> High (Score of 4 or more)							
Supervised Using GPS <input type="radio"/> Yes <input checked="" type="radio"/> No		Classification	GPS used to affect arrest <input type="radio"/> Yes <input checked="" type="radio"/> No		GPS used to investigate violation <input type="radio"/> Yes <input checked="" type="radio"/> No		
C Violation(s): 019, Violation of special conditions of parole S2							
C Violation(s): 024, Failure to follow instructions from P&CSD 51							
C Violation(s): 874, Driving with revoked or suspended license S2							
C Violation(s): 899, Other driving violations S2							
D Circumstances of Charge(s):							
019, Violation of special conditions of parole S2							
[REDACTED] HAS A SPECIAL CONDITION TO ENROLL AND COMPLETE A 52 WEEK BATTERERS PROGRAM AND HAS FAILED TO ENROLL.							



FID0000069

State of California
PAROLE VIOLATION DECISION MAKING INSTRUMENT
 CDCR 1500 (08/08)

Department of Corrections and Rehabilitation
 Division of Adult Parole Operations
 Distribution: Original -- Parolee Field File

CDC Number [REDACTED]	Offender Name (LAST, FIRST, MI) [REDACTED]	Parole Unit SAN JOSE 4	Date of Discovery Mar 22, 2011
024, Failure to follow instructions from P&CSD S1.			
<p>On 10-15-10, [REDACTED] had a violation for use of meth where he was referred to BASN outpatient treatment. Franco failed to complete treatment.</p> <p>On 12-16-10, [REDACTED] had a second violation for use of meth where he was referred to BASN for residential treatment. Franco failed to follow AOR's instructions on submitting an appeal for admittance into a residential facility.</p>			
874, Driving with revoked or suspended license S2			
<p>On 3-7-11 and 3-22-11, [REDACTED] was stopped by local law enforcement and cited for driving with a suspended license.</p>			
899, Other driving violations S2			
<p>On 3-7-11 and 3-22-11, [REDACTED] was stopped by local law enforcement and cited for driving without proof of insurance.</p>			
E	Mandatory Report to BPH: <input type="radio"/> YES <input checked="" type="radio"/> NO Violation Severity Score: 2		
F	Instrument Recommended Response Level: <input type="radio"/> Least Intensive <input checked="" type="radio"/> Moderately Intensive <input type="radio"/> Most Intensive A <input type="radio"/> Most Intensive A or B <input type="radio"/> Most Intensive C		
G	Recommended Responses: Check the box in the assigned response level that will most effectively address the violation behavior. Some exceptional circumstances may warrant selection of more than one response. If options within the assigned response level are not appropriate, proceed to the optional "Override" Section I of this form.		



FID0000069

CDC Number ██████████	Offender Name (LAST, FIRST, MI) ██████████	Parole Unit SAN JOSE 4	Date of Discovery Mar 22, 2011
--------------------------	---	---------------------------	-----------------------------------

Response Level 1: Least Intensive - Select Desired Sanction(s)

<input checked="" type="checkbox"/> Verbal Reprimand (1a)	<input type="checkbox"/> Behavioral Contract (1g)	<input type="checkbox"/> Proposition 36 Program (1m)
<input type="checkbox"/> Encourage Offender to Obtain and Maintain Full Time Employment; Refer to Employment Agencies/Programs (1b)	<input type="checkbox"/> Referral to PACT Program (1h)	<input type="checkbox"/> Imposition of EID (1n)
<input type="checkbox"/> Increase Reporting Requirements (1c)	<input type="checkbox"/> Referral to Parole Agent Sponsored Program (e.g. Life Skills Women's Group) (1i)	<input type="checkbox"/> Referral to other Program (Long-Term Use of Remedial Sanctions) (1o)
<input type="checkbox"/> Written Travel Restriction (1d)	<input type="checkbox"/> Referral to Community Based Substance Abuse Treatment Program (1j)	<input type="checkbox"/> Restart Program (1p)
<input type="checkbox"/> Imposition of Curfew (1e)	<input type="checkbox"/> Referral to Community Based Support Group: AA/NA (1k)	<input type="checkbox"/> Defer to Local Adjudication (1q)
<input type="checkbox"/> Imposition of any other Condition with a Nexus to the Violation or Offense (1f)	<input type="checkbox"/> Referral to Certified Community Based Outpatient Counseling/Treatment Services (1l)	<input type="checkbox"/> Imposition of Global Positioning System (GPS) (No Longer In Use) (1r)

Response Level 2: Moderately Intensive - Select Desired Sanction(s)

<input type="checkbox"/> Case Review Reassessment (No Longer in Use) (2a)	<input type="checkbox"/> Imposition of Curfew or Increased Curfew Enhancement (2i)	<input type="checkbox"/> Referral to Parolee Service Center (PSC) (2p)
<input type="checkbox"/> Referral to Psychological Assessment/Evaluation (2b)	<input type="checkbox"/> Referral to Domestic Violence Program (2j)	<input type="checkbox"/> Referral to Community-Based Coalition (CBC) (2q)
<input type="checkbox"/> Community Service Hours (2c)	<input type="checkbox"/> Referral to Day Reporting Center (DRC) (2k)	<input type="checkbox"/> Referral to Female Residential Service Center (FRMSC) (2r)
<input type="checkbox"/> Program Restrictions - Specific Limitations (2d)	<input type="checkbox"/> Referral to Structured Residential or Outpatient Drug Treatment Program (2l)	<input type="checkbox"/> Referral to Residential Multi-Service Center (RMSC) (2s)
<input type="checkbox"/> Geographic Restrictions - Specific Limitations (2e)	<input type="checkbox"/> Increase Number of Substance Abuse Support Group Meetings Attendance (2m)	<input type="checkbox"/> Increase Length of Treatment/Cognitive Program (2t)
<input type="checkbox"/> Increase UA Testing (2f)	<input type="checkbox"/> Referral to Other Programs (Long-Term Use of Remedial Sanctions) (2n)	<input type="checkbox"/> Increase Supervision Level (2u)
<input type="checkbox"/> Daily Reporting with Option of UA Testing (2g)	<input type="checkbox"/> Mandate Participation and Completion of a Structured Residential or Outpatient Substance Abuse Treatment Program (2o)	<input type="checkbox"/> Referral to Community-Based In-Custody Drug Treatment Program (ICDTP) (2v)
<input type="checkbox"/> Establish No-Contact Orders (2h)		<input checked="" type="checkbox"/> Re-entry Court (2w)

Response Level 3: Most Intensive - Select Desired Sanction(s)

Most Intensive - A

<input type="checkbox"/> Placement into Mental Health Services (3a)
<input type="checkbox"/> Placement into Intensive Licensed/Certified Residential or Outpatient Drug Treatment Program (3b)
<input type="checkbox"/> Refer to Parolee Substance Abuse Program (No Longer in Use Eff. 9/17/09)
<input type="checkbox"/> Refer to In-Custody Drug Treatment Program (3d)

Most Intensive - B

<input type="checkbox"/> Recommend for Revocation (3e)
--

Response Level 4: Most Intensive C

<input type="checkbox"/> Recommend for Revocation (4a)
--



FID0000069

CDC Number ██████████	Offender Name (LAST, FIRST, MI) ██████████	Parole Unit SAN JOSE 4	Date of Discovery Mar 22, 2011
--------------------------	---	---------------------------	-----------------------------------

Override (Optional): This section shall be utilized only in extraordinary circumstances, and when an override is warranted. Indicate which factors are present to justify an adjustment in response level. The presence of stabilizing factors may suggest that the offender's risk can be appropriately mitigated. The presence of destabilizing factors may suggest that the offender's risk can be aggravated. Only in extreme circumstances should the recommended response be adjusted by more than one level.

Parole Agent Override:

Note to Agent: You must choose either Stabilizing or Destabilizing Factors.

Stabilizing Factors: Select All That Apply		Destabilizing Factors: Select All That Apply	
<input type="checkbox"/> Presence of Positive Family, Peer or other Social Support in the Community (S1)	<input type="checkbox"/> Job Stability (S2)	<input type="checkbox"/> Violation is Directly Related to Either the Commitment Offense or a Pattern of Previous Criminal Behavior (D1)	<input type="checkbox"/> Acutely Unstable Home Situation (D2)
<input type="checkbox"/> Enrollment and Participation in an Established Education and / or Treatment Program (S3)	<input type="checkbox"/> Stable and Appropriate Residence (S4)	<input type="checkbox"/> Demonstrated Inability of the Offender to Support Self (D3)	<input checked="" type="checkbox"/> Evidence of Escalating Drug or Alcohol Addiction (D4)
<input type="checkbox"/> Positive Performance History on Supervision (S5)	<input type="checkbox"/> Lack of Appropriate Sanction in Recommended Response Level with Appropriate Sanction Available at Lower Response	<input type="checkbox"/> Chronic Pattern of Violations While Under Supervision (D5)	<input type="checkbox"/> Lack of any Appropriate Sanction in Recommended Response Level (D6)
<input type="checkbox"/> Proposition 36 Eligible (S8)	<input type="checkbox"/> Other: Please Explain (S7)	<input type="checkbox"/> Criminal Charges Pending (D8)	<input type="checkbox"/> Maximum Controlling Discharge Date Within 60 Days (D9)
Comments ██████████		Comments ██████████	

H Agent's Recommended Response Level:

Least Intensive Moderately Intensive Most Intensive A Most Intensive B Most Intensive C

Agent's Response (Please be specific when indicating response; e.g. identify the program the offender is required to attend):

Comments/Recommendations:
 On 3-30-11, AOR met with ██████████ at the Santa Clara Co jail where ██████████ agreed to enter into the re-entry court program.
 AOR recommends COP and referral to re-entry court program.

Badge # 6103	Name GEORGINA ESPINOSA	Date 3/30/2011 15:00
User ID georgina.espinosa	Password ██████████	Unlock



FID0000069

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
		SAN JOSE 4	Mar 22, 2011
I Unit Supervisor's Determination			
Case Conference Date:	Mar 30, 2011		
Between (Agent)	6103 GEORGINA ESPINOSA	and (Supervisor)	4469 LAURIE HAVER
Instrument Recommendation:	<input type="radio"/> Least Intensive <input checked="" type="radio"/> Moderately Intensive <input type="radio"/> Most Intensive A <input type="radio"/> Most Intensive A or B <input type="radio"/> Most Intensive C		
Parole Agent Recommendation:	<input checked="" type="radio"/> Least Intensive <input type="radio"/> Moderately Intensive <input type="radio"/> Most Intensive A <input type="radio"/> Most Intensive B <input type="radio"/> Most Intensive C		
Concur with Agent's Response:	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Unit Supervisor's Response Level:	<input checked="" type="radio"/> Least Intensive <input type="radio"/> Moderately Intensive <input type="radio"/> Most Intensive A <input type="radio"/> Most Intensive B <input type="radio"/> Most Intensive C		
Unit Supervisor's Action:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Review	Release Hold as of Date:	Mar 30, 2011
<input type="checkbox"/> Retain Hold <input type="checkbox"/> Cancel Warrants	Discharge Effective Date:		
<input checked="" type="checkbox"/> Continue on Parole <input type="checkbox"/> Retain on Parole	Reinstate on Parole as of Date:		
Time Loss: <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Refer to BPH	Investigate and Submit Appropriate Report by (Date):	
Special Conditions of Parole:			<input type="checkbox"/> Add SCP <input type="checkbox"/> Delete SCP
Unit Supervisor's Comments/Recommendation:			
Continue on parole. Refer to re-entry Court.			
RSTS Case ID:	1415806	<input type="checkbox"/> Refer to Parole Administrator	
Badge #	4469	Name	LAURIE HAVER
		Date	3/30/2011 15:28
User ID	r2sjose4lh	Password	
			Unlock



FID0000069

SUPERVISING AGENCY (Name and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 115 Terraine Street CITY AND ZIP CODE: San Jose 95113 BRANCH NAME: Terraine Courthouse	
IN THE MATTER OF: PFN: _____ Date of birth: _____	
PETITION AND ORDER TO ADMIT TO REENTRY COURT (Penal Code, § 3015)	COURT/CASE NUMBER: _____

INSTRUCTIONS

- Schedule the hearing in item one at the Terraine Courthouse **Department 64** on **Mondays at 1:48.**
- DAPO must provide notice of the date, time, and place for the hearing in item 1 to the supervised person.
- DAPO must attach Opt-In Agreement and Parole Violation Decision Making Instrument documentation.

1. **HEARING INFORMATION:** A reentry court hearing has been scheduled as follows:

Date:	Time: 1:48 p.m.	Location: 115 Terraine Street
		San Jose, CA 95113
		Department 64

2. If an interpreter is needed, please specify the language:
3. **CUSTODY STATUS:** (Select one): not in custody in custody (specify location):
 Booking number (if any): _____
4. **SUPERVISION INFORMATION:** The supervised person was released on Parole on (specify date):
 Name of current supervising agent: _____

 Parole is scheduled to expire on (specify date): _____
5. **BASIS FOR THE REFERRAL:** The circumstances of the alleged violation are (attach Parole Violation Decision Making Instrument):

I declare under penalty of perjury and to the best of my information and belief that the foregoing is true and correct.

Date _____ By _____
NAME AND TITLE OF PETITIONER SIGNATURE OF PETITIONER

ORDER

On the Court's own motion pursuant to Penal Code 3015, it is hereby ordered that the supervised person be admitted to Reentry Court.

Date _____ By _____
Judicial Officer

SUPERVISING AGENCY (Name and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 190 W. Hedding Street CITY AND ZIP CODE: San Jose 95110 BRANCH NAME: Hall of Justice	
IN THE MATTER OF (<i>name of supervised person</i>): PFN: _____ Date of birth: _____	
REFERRAL TO REENTRY COURT AS RESPONSE TO VIOLATION	CDCR NUMBER, IF ANY: _____ COURT/CASE NUMBER: _____
INSTRUCTIONS <ul style="list-style-type: none"> Schedule the hearing in item one at the Terraine Courthouse Department 64 on Mondays at 1:40. APO must provide notice of the date, time, and place for the hearing in item one to the supervised person 	

1. **HEARING INFORMATION:** A reentry court hearing has been scheduled as follows:

Date: _____ Time: 1:40 Location: (if different that court address above0: Terraine Courthouse, D64: _____

If an interpreter is needed, please specify the language:

2. **CUSTODY STATUS:** (*Select one*): not in custody in custody (*specify location*):

Booking number (*if any*):

3. **SUPERVISION INFORMATION:** The supervised person was released on PRCS/MS (select one) on (*specify date*):

Name of current supervising agent or officer:

Supervision is scheduled to expire on (*specify date*):

5. **BASIS FOR THE REFERRAL:** _____

Date: _____

NAME AND TITLE OF PETITIONER

By _____

SIGNATURE OF PETITIONER

REFERRAL TO REENTRY COURT AS A GRADUATED SANCTION
 (Pen. Code, § 3454(b))

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA
RE-ENTRY COURT**

PRC PRCS MS

Defendant _____

Date _____

Docket No.: _____

Cen No.: _____

I, _____ hereby acknowledge that I have been convicted of the offenses listed below, and I hereby request entry into the Re-Entry Court Program as a condition of my parole/probation. I understand that if I am accepted into the Program, I must follow the rules and conditions of the Program and that I will be subject to the possible sanctions of the Program if I do not do so.

I further understand that, in the event that I am successful in completing all the requirements under the program within one (1) year I may be able to take advantage of the provisions of California law that permit me to have my convictions set aside, if and when, I am eligible to do so.

CHARGE _____	OFFENSE DATE: _____
CHARGE _____	OFFENSE DATE: _____
CHARGE _____	OFFENSE DATE: _____

I have fully discussed the charges with my attorney, possible defenses and options, I have read and discussed all of the material describing the Re-Entry Court Program process.

1. I agree that if admitted to the Re-Entry Court Program, the program will last for 12 months from the date of this agreement. The duration of my participation can exceed 12 months based on my individual performance. (see #7) During that time, I agree to abide by all the rules and conditions of my treatment plan and the participation rule book, which have been provided to me. I further agree not to leave the County of Santa Clara at any time without the permission of the Judge. I further agree to provide my attorney and the Re-Entry Court Program with my current address, as well as an accurate phone number where I may be reached directly, and that I will immediately notify my attorney and the Re-Entry Court Program of any changes in my address and/or any change in the phone number where I can be reached directly.
2. I will attend all appointments and court hearings on time and as scheduled.
3. I will follow up with all referrals which the treatment staff and my parole/probation officer determine in my treatment plan will help me in maintaining sobriety and maintaining or obtaining a law abiding lifestyle in the community.
4. I will fully participate in the program of substance abuse treatment, mental health treatment, counseling, job training, life skills training, educations, etc as ordered by the Judge, my treatment provider and my parole/probation offer. I specifically agree to report regularly to any treatment provider stated in the plan and to participate in all activities at the times and places stated in my treatment plan including, but not limited to urine testing, counseling, NA/AA

meetings, mental health and substance abuse treatment, and such other treatment as may be required until completion of the Re-Entry Court Program.

5. I fully understand that my treatment plan will change over the period of my participation in the Re-Entry Court Program, and that requirements and new conditions may be added. I agree to fully comply with any changes to my treatment plan and/or conditions set by the treatment court at my reviews in court and discussions with the Judge.
6. As a contribution to my treatment and rehabilitation, I will pay court ordered fines and fees. I understand that I will be required to pay full and complete restitution as a condition of my probation if I am ordered to do so.
7. I will report to the Re-Entry Court Program as directed by the Judge or as otherwise required and I will engage in discussions in open court with the Judge as to my progress in the Re-Entry Court Program.
8. I understand that I will be subject to possible sanctions if I do not follow through with what is required of me.
9. In the event that I am unsuccessful in the Program as determined by the Court or in the event that I terminate my own participation in the program, I will be subject to immediate sentencing.

DATE: _____ **DEFENSE ATTORNEY:** _____

PARTICIPATING DEFENDANT: _____

APPROVED: _____

Stephen V. Manley

SECTION 7

APPENDIX

**CDCR/DAPO-SANTA CLARA COUNTY
SUPERIOR COURT AGREEMENT**

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : February 25, 2008

To : Thomas Hoffman
Director

Subject: **SANTA CLARA COUNTY MENTAL HEALTH/DRUG COURT – JUDGE MANLEY**

In recent months Judge Stephen V. Manley, Santa Clara County Drug Court, contacted California Department of Corrections and Rehabilitation Executive Staff and indicated that there is a systemic problem between Santa Clara County and the Division of Adult Parole Operations (DAPO), Region II. The issue revolves around county probationers that are concurrently on state parole “Dual Supervision” cases. In response to the concerns related by Judge Manley, the DAPO Director organized a joint effort between the Board of Parole Hearings (BPH) and DAPO to address Judge Manley’s concerns.

There have been a series of teleconference calls and/or face-to-face meetings to address this issue. On February 7, 2008, representatives from DAPO and the BPH met with Judge Manley, in his chambers, to discuss a resolution that will allow Judge Manley the necessary discretion to adjudicate the Dual Supervision cases, that come before his court. Region II is committed to complying with any and all requests made by Judge Manley’s Mental Health/Drug Court, as provided by current state law and CDCR/DAPO policy. The following are the steps that DAPO, Region II has enacted to address the issues related to Dual Supervision cases:

1. Region II has established a Parole Agent Liaison to work directly with Judge Manley’s Mental Health/Drug Court.
2. Cases identified by the court as Dual Supervision will be assigned to the Parole Agent Liaison, with the exception of those cases that are on a specialized caseload, e.g., Global Positioning Satellite cases. In those instances the Parole Agent Liaison will still be the primary contact person for the court and perform associated duties as the liaison.
3. The Parole Agent Liaison will be available for the weekly “Parolee Reentry Mental Health/Drug Court Calendar” in Judge Manley’s Drug Court. In addition, on a routine basis the liaison will be available to the court, to address issues as they arise.
4. The Parole Agent Liaison will advise the Unit Supervisor of all cases that appear on the Drug Court Calendar, that are identified by the Court as Dual supervision cases. The purpose of this notification is to facilitate the transfer of these cases to the Parole Agent Liaison’s caseload.

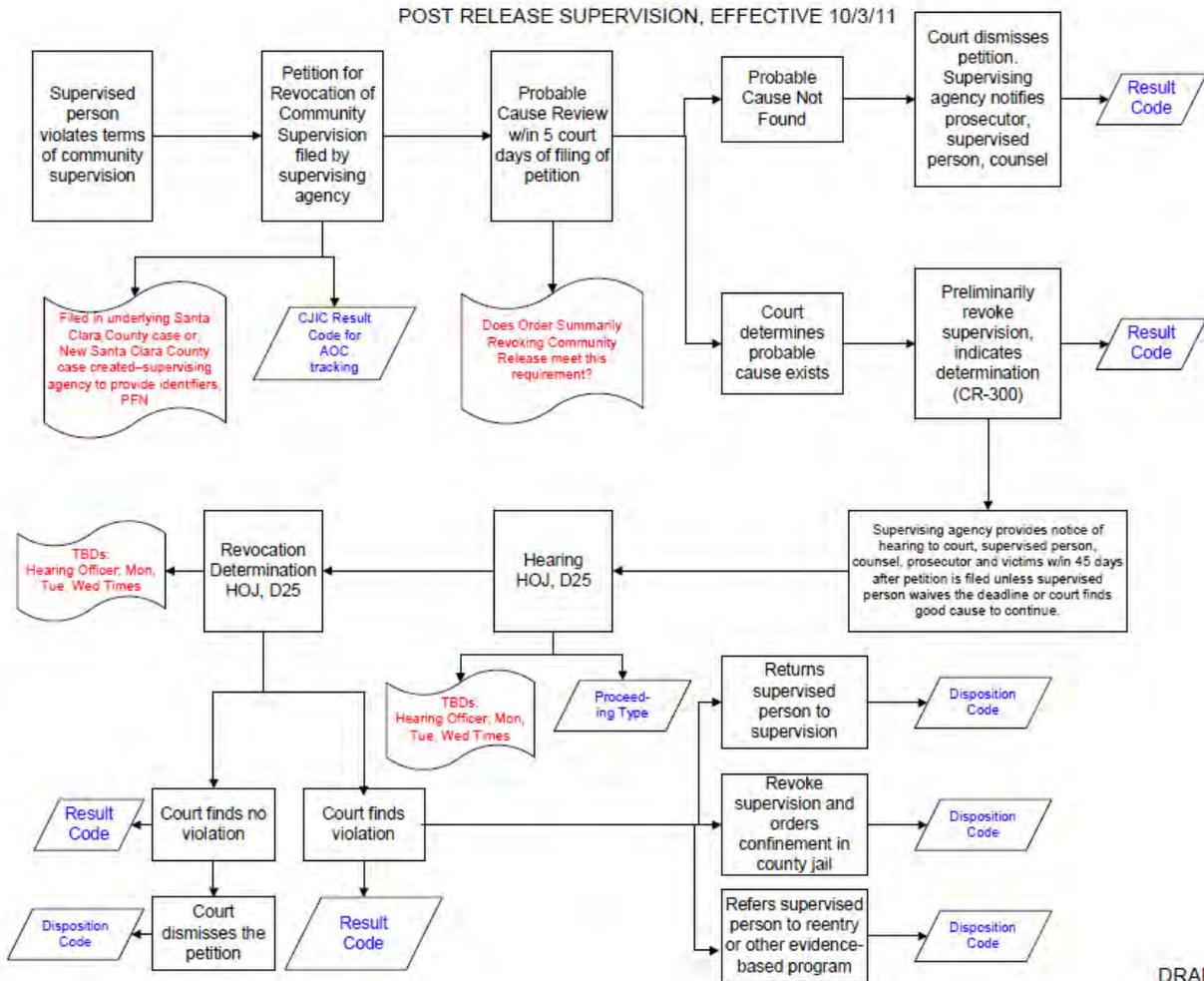
5. The Parole Agent Liaison will make referrals to the Court based on the guidelines provided by Judge Manley.
6. During the Court proceedings, the Parole Agent Liaison will have the Field File available for all cases that are identified "on calendar" by the court, at least one week prior to their scheduled appearance.
7. The Parole Agent Liaison will work directly with the BPH, Deputy Commissioner, in the Court, to facilitate the court's requests relative to cases that are mandatorily reportable to the BPH and for all cases that DAPO wishes to mandate a residential program placement.
8. The Parole Agent Liaison will document the court's requests on the Departmentally approved form: Activity Report, Violation Report, Miscellaneous Decision and/or Record of Supervision as applicable.
9. The Parole Agent Liaison will advise their Unit Supervisor of any problems that arise as part of this process. Additionally, the Parole Agent Liaison will keep the Unit Supervisor apprised of the on-going operational status of this program.
10. The Unit Supervisor and District Administrator will keep the Deputy Regional Administrator apprised of the on-going operational status of this program.

The BPH has adopted a related protocol for their staff, to ensure coordination of their efforts with DAPO. As part of that process the BPH will assign a Deputy Commissioner to be available in Judge Manley's court on a weekly basis for the dedicated Dual Supervision calendar. The BPH has agreed to work with DAPO and the Drug Court to expeditiously adjudicate cases before Judge Manley's Drug Court. The BPH has also agreed to work with the DAPO Director or his designee to facilitate this process. The BPH has agreed that as part of this process they will make decisions to authorize the release of PC 3056 holds, defer action pending program completion, etc., when it is prudent, in order to facilitate this process.

FRED HAYWOOD

Deputy Regional Administrator
DAPO/Region II

SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA RE-ENTRY FLOW CHART



DRAFT 9/2/11

PENAL CODE § 3015

3015. (a) The Secretary of the Department of Corrections and Rehabilitation shall establish a parole reentry accountability program for parolees who have been sentenced to a term of imprisonment under Section 1170. The purpose of the program is to promote public safety, hold parolees accountable, and reduce recidivism.

(b) The department shall employ a parole violation decisionmaking instrument to determine the most appropriate sanctions for these parolees who violate their conditions of parole.

(1) For purposes of this subdivision, a "parole violation decisionmaking instrument" means a standardized tool that provides ranges of appropriate sanctions for parole violators given relevant case factors, including, but not limited to, offense history, risk of reoffense based on a validated risk assessment tool, need for treatment services, the number and type of current and prior parole violations, and other relevant statutory requirements.

(2) The department shall adopt emergency regulations to implement this section initially, and shall subsequently adopt permanent regulations that make appropriate changes in policies and procedures to reflect the intent of this section.

(c) The secretary shall have the discretion to establish additional tools and standards to further the purposes of this section.

(d) Parolees subject to this program with a history of substance abuse or mental illness who violate their conditions of parole may be referred by the department to a reentry court program established pursuant to subdivision (e).

(1) A parolee who is deemed eligible by the department to participate in a reentry court program may be referred by his or her parole officer for participation in the program. The court shall have the discretion to determine if the parolee will be admitted into the program and, in making this determination, shall consider, among other factors, whether the parolee will benefit from the program, the risk the parolee poses to the community, and the history and nature of the committing offense.

(2) If the court determines that the parolee will be admitted into

the program, the court, with the assistance of the parolee's parole agent, shall have exclusive authority to determine the appropriate conditions of parole, order rehabilitation and treatment services to be provided, determine appropriate incentives, order appropriate sanctions, lift parole holds, and hear and determine appropriate responses to alleged violations, unless and until the court terminates the parolee's enrollment in the program authorized by subdivision (e).

(3) A reentry court program plan shall include, but not be limited to, all of the following:

(A) The anticipated number of parolees who will be served by the program.

(B) The method by which each parolee who is eligible for the program shall be referred to the program.

(C) The method by which each parolee is to be individually assessed as to his or her treatment and rehabilitative needs and the level of community and court monitoring required by the program.

(D) The criteria for continued participation in, and successful completion of, the program, as well as the criteria for termination from the program and referral to the parole revocation process.

(E) A description of how the program shall be administered effectively.

(F) An established method by which to report outcome measures for program participants.

(G) The development of a program team, as well as a plan for ongoing training in utilizing the drug court and collaborative court nonadversarial model.

(e) (1) Subject to funding made available for this purpose, the secretary shall enter into a memorandum of understanding with the Administrative Office of the Courts for the purpose of the establishment and operation of Reentry Court programs. Only courts with existing drug and mental health courts or courts that otherwise demonstrate leadership and a commitment to conduct the reentry court authorized by this section may participate in this program. These Reentry Court programs shall, with the assistance of the parolee's parole agent, direct the treatment and supervision of parolees who would benefit from community drug treatment or mental health treatment. The purpose of reentry court

programs created pursuant to this subdivision is to promote public safety, hold parolees accountable, and reduce recidivism. The program shall include key components of drug and collaborative courts using a highly structured model, including close supervision and monitoring, dedicated calendars, nonadversarial proceedings, frequent drug and alcohol testing, and close collaboration between the respective entities involved to improve the parolee's likelihood of success on parole.

(2) The Judicial Council, in collaboration with the department, shall design and perform an evaluation of the program that will assess its effectiveness in reducing recidivism among parolees and reducing parole revocations.

(3) The Judicial Council, in collaboration with the department, shall submit a final report of the findings from its evaluation of the program to the Legislature and the Governor no later than 3 years after the establishment of a reentry court pursuant to this section.

**SACRAMENTO COUNTY PILOT RE-ENTRY COURT
(3/10/14)**

Participants for the Sacramento Re-entry Court Program will consist of:

- Parolees, Post Release Community Supervision (PRCS), and Mandatory Supervision (MS) offenders in treatment programs referred by their supervising agency or who commit technical violations of parole/PRCS/MS, and
- Non-strike offenders arrested on non-strike felony offenses, not having yet been heard at a preliminary hearing, and otherwise qualify for Re-entry Court.

ELIGIBILITY CRITERIA

Offense

- Current offense(s) is non-violent, non-serious, and non-sexual.
- Offender is eligible for County Jail Prison (CJP).
- PRCS, MS and Parole technical offenders are eligible on their revocation commitments.
- Felony probationers are eligible on a limited case by case basis.
- If the offender is technically ineligible, the Multi-Disciplinary Team (MDT) may allow admittance to Re-entry Court if it would further the interests of justice.

Offender

- There will be a preference for non-parolee offenders participating in the Adult Day Reporting Center (ADRC) treatment program as long as ADRC agrees to allow the participant to remain in the program.
- Offender is a Moderate to High Risk (to reoffend) per risk assessment.
- Participant is a legal resident of Sacramento County.
- Participant wants to participate in the Re-entry Court.

Exclusionary Criteria: Excluded if current offense or prior conviction involves:

- Current felony violation of Penal Code (PC) § 273.5 or falls within the meaning of Family Code §6211. Prior convictions of this type will not automatically exclude;
- Victim who suffered death, great bodily injury, or a permanent disability;
- Violent felony offense within PC § 667.5 (c) or a serious felony offense pursuant to PC § 1192.7 (c) unless the offender is entering Re-entry Court on a technical parole or PRCS violation;
- Gang allegation under PC § 186.22, or has previous convictions of PC § 186.22(a) or the PC § 186.22(b) enhancement was admitted or found true, or is actively participating in a criminal street gang or as a “shot caller”;
- Driving under the influence;
- Possession or being armed with a firearm;
- Prosecuted by DA’s Major Narcotics Unit, unless unit supervisor authorizes referral in the interests of justice;
- Offender is an active confidential informant for a law enforcement agency;

- Offender is subject to felony holds, detainers, warrants by another jurisdiction or interstate CDCR cases;
- Post- Preliminary Hearing, unless parties and court agree in the interest of justice to refer to Reentry Court;
- Offender is a current Drug Court failure. Previous Drug Court failures will not be a bar.

RE-ENTRY COURT PROCESS

Four methods will be used for the referral process of individuals to Re-entry Court:

1. New felony case which would result in a CJP Prison jail term;
2. Parole violation(s): not currently accepting these individuals.
3. PRCS violation(s): not currently accepting these individuals.
4. MS violation(s): not currently accepting these individuals.

Felon with a new case

- Post Arraignment screening for eligibility by DDA and Public Defender,
- Readiness Conference
 - DDA offers CJP sentence to eligible defendant with offer of Re-entry Court.
 - Defendant enters a plea which will state “Stipulated ___ year County Jail Prison term.” Only straight term sentences are to be suspended with probation imposed as a condition of participation in Re-entry Court. However, an alternative split sentence term if not accepted into Re-entry Court is okay.
 - Defendant will enter an *Arbuckle* waiver.
 - Probation report will be ordered addressing whether defendant is an appropriate candidate for ADRC program.
- Return of Probation Report
 - If the probation report finds that the defendant is not a good candidate for ADRC or otherwise inappropriate for Re-entry Court, the defendant will not be allowed into Re-entry Court and will be sentenced to the stipulated term.
 - If the probation report finds the defendant is appropriate for ADRC or otherwise appropriate for Re-entry Court, the case will be continued to the following Friday in Department 1 at 1:30 p.m. There must be at least three court days between the home court date and the Re-entry Court date.
 - Defendant to waive time for sentencing.
 - Custody status should remain the same.
- Initial Re-entry Court Meeting

Re-entry Court Public Defender will meet with defendant. Re-entry Court MDT¹ will discuss eligibility and whether to accept the defendant into Re-entry Court on the court date prior to that day’s court hearing. All MDT members must agree before a defendant will be accepted into Re-entry Court

¹ MDT will at a minimum include Probation, District Attorney, Public Defender, and Court.

- Acceptance into Re-entry Court
 - Address verification. No in-custody defendant will be sentenced and released until Probation has verified their address.
 - If a male defendant is homeless and/or Probation is unable to verify and address, then defendant may be placed at VOA. VOA has the right to refuse acceptance of any defendant.
 - Inability to find suitable housing may be grounds for not being allowed into Re-entry Court.
 - Re-entry contract, Re-entry conditions, and Release of Information form signed by defendant.
 - Defendant is sentenced. County Jail Prison sentence is executed but suspended and defendant is placed on probation for 5 years. Among other conditions, participant is ordered to report to and complete the ADRC program, or other program as specified.
 - In-custody participants will not be released on Fridays. The court will order their release on the following Monday.
 - In-custody participants must report to Probation by the end of the business day on the day of their release. Out of custody participants must report to probation by the end of the next business day following their sentencing.
 - Unless the court orders otherwise.
 - As a general rule, defendants will not be accepted into Re-entry Court on a split term. In the interests of justice the DA may allow a defendant into Re-entry Court on a split term.
 - Individual Treatment plan developed by ADRC, may be modified by MDT.
- Non-Acceptance to Re-entry Court
 - If defendant is found ineligible for participation in Re-entry Court, declines to participate after screening, or is not accepted into ADRC,-the defendant will be sentenced to the stayed CJP sentence.

Referred by Probation (PRCS/MS) or Parole for Violation: not currently accepting these individuals.

- Probation or Parole screens for eligibility and performs Risk/Needs and AOD assessments
- Probation will select appropriate ADRC participants to refer to Re-entry Court.
- Parole will select appropriate parolees who are participating in treatment programs to refer to Re-entry Court.
- Those offenders participating in treatment programs should be ordered to appear in Department 9 on a Wednesday at 2:00 pm. Probation/Parole will be responsible for notifying the court of the offender's appearance date. There should be at least three court days between the notification to the court and the Wednesday selected.

- Only parolee/PRCS offenders who accept early resolution offers of Re-entry Court or MS offenders who accept a Re-entry Court offer prior to a revocation will be considered.
- Petition and Notice of Disposition form (signed by offender, to include the Re-entry Court offer and offer if offender is not accepted to or is deleted from Re-entry Court) are submitted to the Re-entry Court judge and DA/PD. If referral of participant is based upon a revocation, the maximum 180 days (or greater by stipulation) should be suspended. For MS offenders, the referral shall include the terms of the offer.
- Probation/Parole or the Public Defender will select next Re-entry Court date for parolee/PRCS offender to attend and include the selected date on the Notice of Intended Disposition. There shall be no fewer than three court days between the submission of the documents to the court and the Wednesday selected in Department 9 at 2:00 pm. Offender is to remain in-custody until he/she appears in Re-entry Court.
- If in custody, the court shall calendar the offender for transportation to court.
- Re-entry Court committee decides whether to accept.
- Acceptance into Re-entry Court
 - Individual Treatment plan developed by team
 - Contract signed
- If the referral is based upon a revocation and the offender is found ineligible for participation in Re-entry Court or declines to participate after screening, the suspended County Jail sentence will be imposed.

Length of Program: will be a minimum of 12-18 months.

Frequency of Appearances: the offender will appear weekly in Re-entry Court until MDT agrees to less frequent appearances based on successful participation.

Incentives

- Verbal praise from the court and Re-entry MDT
- Less frequent court appearances
- Gift cards and certificates of recognition

Sanctions

- Jail/flash incarcerations for serious violations of Re-entry Court supervision, or for repeated, less-serious violations, the court may impose short terms of incarceration. Time spent in custody on a sanction will not constitute custody credits if later deleted from Re-entry Court and the suspended sentence imposed.
- Increased court appearances, drug testing and/or meetings with probation officer
- In patient treatment programs
- Verbal reprimand from the court
- Essay on assigned topic (to be read in group/court)
- Community service hours

- Spend time just observing court
- Additional self-help meetings (NA/AA)
- Termination from the program
-

Deletion from Reentry Court

- To be determined by MDT
- New Offenses
 - Felony filing: deleted unless MDT believes the participant should be given another chance.
 - Misdemeanor filing: To be handled on a case by case basis and MDT agrees to keep participant in Re-entry Court. Sex cases will result in automatic deletion.
 - Arrests not filed are to be treated like a rules violation.
- Failure to comply with the ADRC/Re-entry Court program/probation conditions and/or the participant is found not amenable to treatment;
- Failure to perform and a lack of progress in the ADRC/Re-entry Court program;
- Deletion from ADRC: Procedures
 - Prior to seeking deletion from ADRC, Probation will notify the MDT of participant's negative behaviors, so that Re-entry court will have the chance to counsel participant of the consequences of continued negative behavior and/or have the participant sign a LAST CHANCE contract.
 - Prior to deletion, Probation will submit a memo detailing the reason(s) why they feel deletion is the appropriate response to participant's conduct. The MDT will discuss with Probation whether deletion is the appropriate response and also consider other treatment program options available.
 - Probation retains final authority to determine deletion from ADRC.

Alternatives to Deletion from Reentry Court

- Admission of VOP with sentence of 14 months County Jail (with a *Johnson* waiver) and successfully complete the Sheriff's Re-entry program. Upon successful completion of the Sheriff's program, the participant would be able to return to ADRC and re-start their program.
- Intensive Residential Treatment
- LAST CHANCE Contract

Presumed Deletion from Reentry Court

- Failure to report to Probation after sentencing combined with FTA at first court appearance after sentencing.
- Failure to report to and/or attend programming.
- Failure to report to and/or return to VOA.
- Deleted from VOA.
- Deleted from ADRC.
- Threatening or disrespectful behavior toward program staff or fellow participant.
- Leaving residential treatment without permission or being terminated from residential treatment for negative behavior

Automatic Deletion from Re-entry Court

- Court FTA and absence for at least 20 days combined with either of the following:
 - Failure to report to VOA; or
 - Failure to report to Probation; or
 - Failure to attend programming; or
 - Abscond from residential treatment
- Forging required meeting attendance documents.
- Falsifying a drug test
- Violation of a LAST CHANCE contract

Contested Deletion Hearing Procedures

If a Re-entry Court participant disputes the factual basis of the reason(s) of his deletion from Re-entry Court, the following procedures apply:

The DA will submit to the court all writings (as defined by Evidence Code § 250) that support a violation of the participant's conditions.

The PD will submit to the court all writings (as defined by Evidence Code § 250) that constitute a defense and/or mitigates a violation of the participant's conditions.

Hearsay evidence is allowed. The parties will argue their positions based upon the writings submitted to the court. The participant has the right to speak to the court in his/her defense and/or mitigation prior to the court's ruling.

Participant reserves the right to call witness/witnesses if defense counsel believes it could make a difference in decision to delete.

Graduation and its Effects

- Graduation occurs after graduation from ADRC and an appropriate period of aftercare supervision. The time period of aftercare to be determined by the MDT.

- The participant must also do the following which will be shown through essays written and then read by the participant as a graduation requirement:
 - Achieved understanding of addiction and its impact on personal life, criminal behavior, relapse prevention and the importance of clean and sober fellowship;
 - Fulfillment of treatment goals and objectives.
- The executed county jail prison sentence will be recalled.
- The probation period end date for all Re-entry Court graduates will be modified by the court to end two years from date of graduation. An exception will be for those graduates still owing victim restitution. They will be entitled to petition the Re-entry Court judge to modify their probation to end at the two year point following graduation if victim restitution is paid prior to the two year point. If victim restitution is fully repaid after the two year point following graduation, the graduate is entitled to petition the Re-entry Court judge for immediate termination of probation.

Next Steps to identify for Treatment and Services

- Individual Sessions, Group Counseling - Including- gender specific curriculum, life skills, relapse prevention, effective communication, (anger management), healthy vs. unhealthy relationships, health and nutrition, Self-Help Meetings (To include church, therapy, group recovery activities, and any anonymous group).
- Connect to county services such as medical care, GA, Cal Fresh.
- Housing
- Education, Vocation and Employment Programs (participants are required to attend job preparation groups at program as part of the curriculum)
- Random drug testing (including holidays and weekends) where each participant will be required to call in the night before to see if he or she is required to test. Testing will be done by phases.

Division of Adult Parole Operations

DAPO Informational Overview



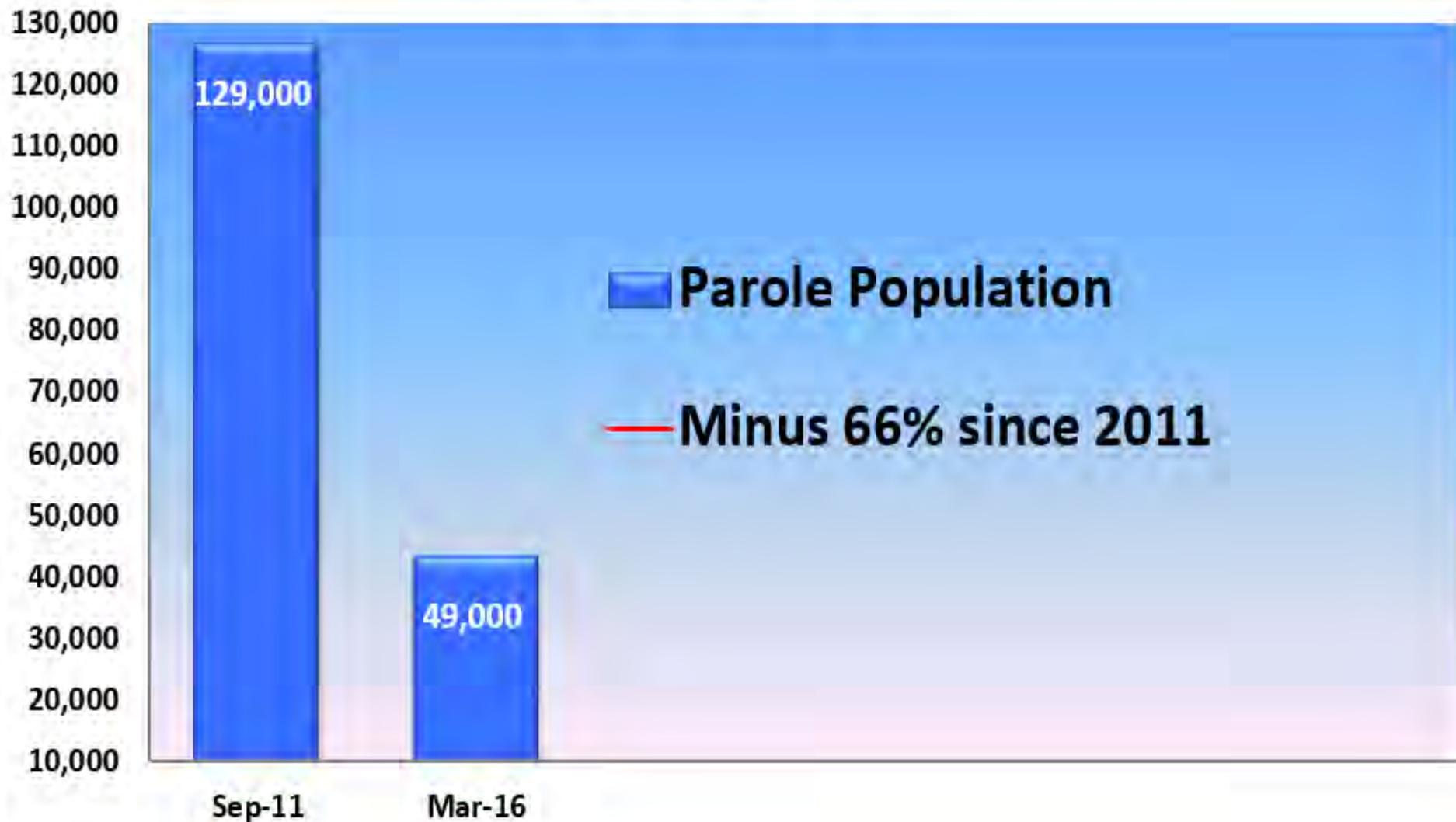
The impact of the Public Safety Realignment Act of 2011, AB-109, on the Division of Adult Parole Operations



- The Parole population has decreased from 126,000 parole offenders to approximately 49,000 offenders.
- Over 7000 offenders are registered sex offenders.
- Over 5000 have current parole warrants for arrest.
- Over 2400 are Lifers (Long Term Offender)

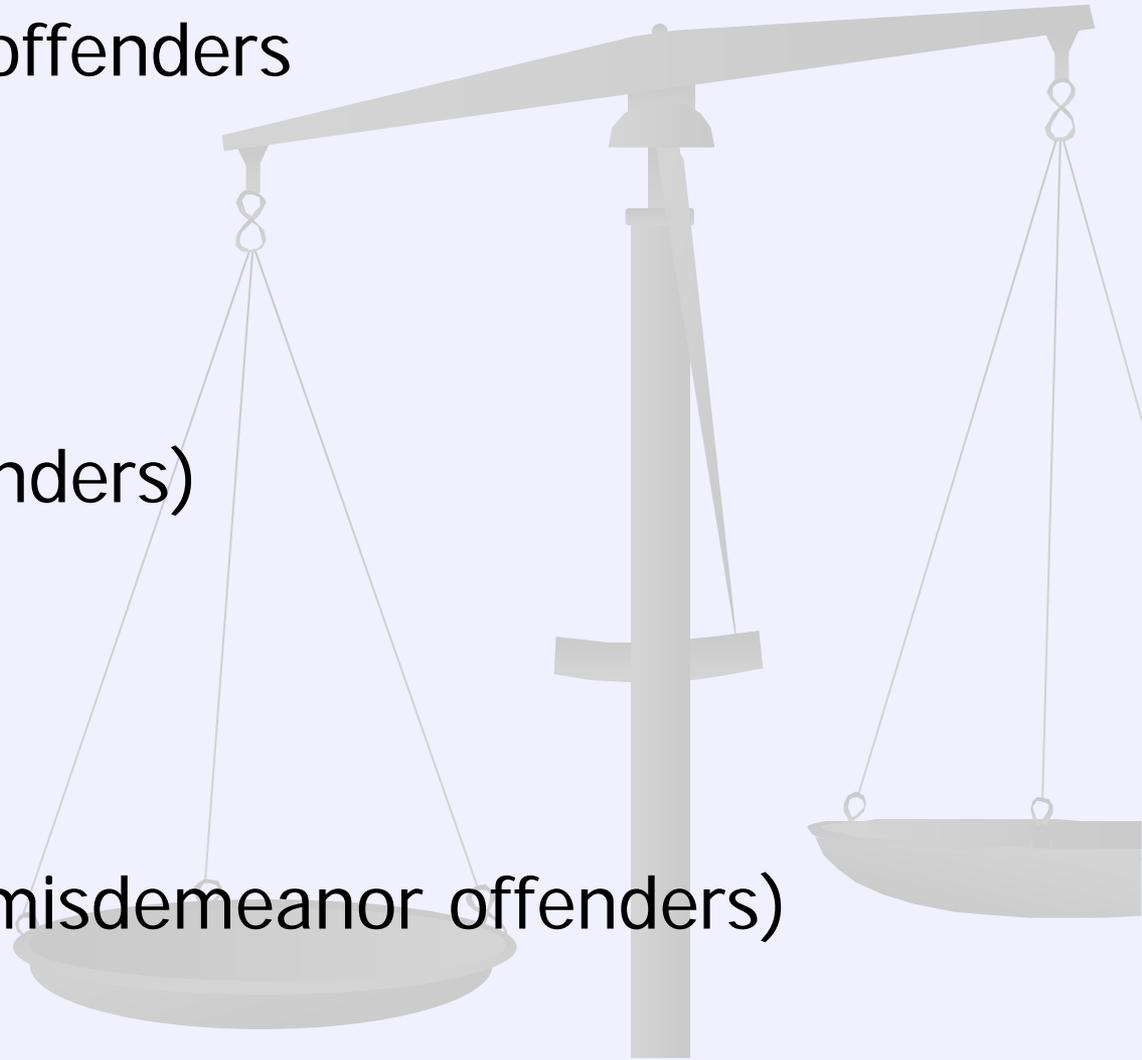
Division of Adult Parole Operations

Parole Population



Current Parole population

- Serious and Violent offenders
- Sex Offenders
- Lifer (long term offenders)
- Gang Offenders
- Prop-47 Offenders (misdemeanor offenders)



Traditional Parole Model Prior to AB-109

Crime Control model

- The “Tough on Crime” and “Truth in Sentencing” initiatives pushed for the crime control model.
- During this era, the Division of Adult Parole Operations operated under the crime control model focusing on surveillance, conditions of parole, and custodial interventions.

Why the crime control model was not sustainable

- The crime control model resulted in higher rates of incarceration, overcrowding, and lawsuits.
- The focus on incarceration did not prove effective in reducing recidivism.
- Did not recognize the importance of evidenced based practices and risk-needs-responsivity.

The DAPO Culture Shift

- The shift from traditional surveillance and sanction model.
- Our primary focus is changing parolee behavior and reducing recidivism.



Best Practices: Evidence Based Practices



1. EBP is based on science (proven to reduce recidivism) and requires not only training...it requires us to change our organizational culture:

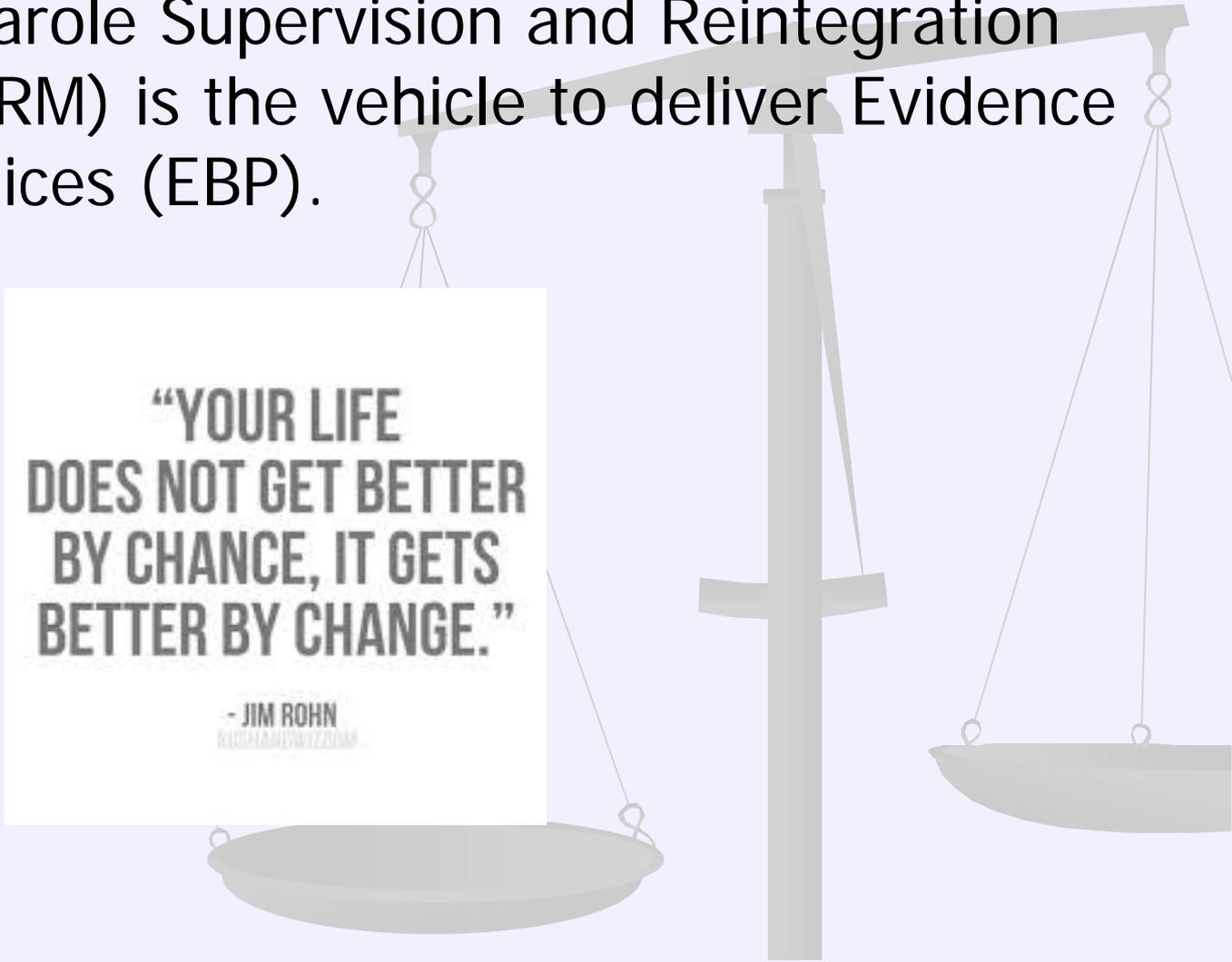
The way we think about parolees
How we talk to them
How we engage their families
How we address violations
How we address their needs before a violation- early intervention

2. EBP requires us to believe parolees can change
3. One of our primary focuses is now changing behavior and reducing recidivism
4. Our admissions and retentions have to be more outcome oriented, data driven and follow the science
5. DAPO is now Risk- Need- Responsivity driven



The New Parole Model

- California Parole Supervision and Reintegration Model (CPSRM) is the vehicle to deliver Evidence Based Practices (EBP).

A faint background image of a scale of justice. The left pan is higher and contains a white rectangular box with a quote. The right pan is lower and is empty. The scale is centered in the background.

**“YOUR LIFE
DOES NOT GET BETTER
BY CHANCE, IT GETS
BETTER BY CHANGE.”**

- JIM ROHN
KUSHANWISZ.COM

Parole Supervision (CPSRM)

- Case load reduction, for enhanced supervision
- Utilizing Motivational Interview Techniques
- Supervision based on criminogenic needs & risk assessment factors
- Aligning the offender with the right program

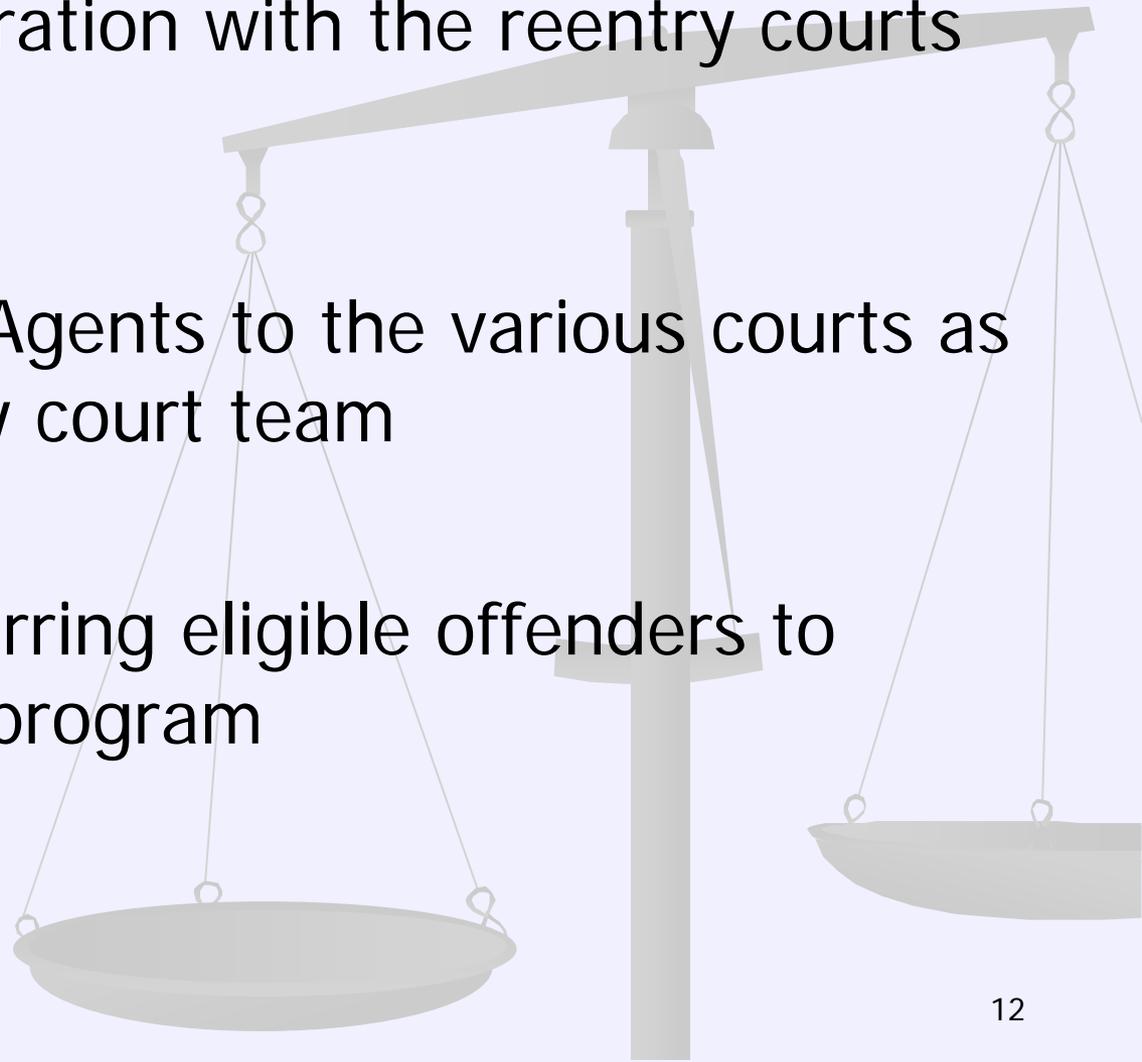
Parole programs

- Residential substance abuse treatment
- Literacy Labs
- Outpatient drug treatment & counseling
- Employment
- Gender Responsive
- Lifer specific
- Sex offenders
- Intensive services on first 6-12 months of release to reduce recidivism
- Focus on highest risks/needs



Reentry Courts & DAPO

- Continued collaboration with the reentry courts and stakeholders
- Designate Parole Agents to the various courts as part of the reentry court team
- Committed to referring eligible offenders to participate in the program



Reentry Court Program Challenges Post-Realignment

- Incarceration v. program participation
- Offenders lack of motivation for behavioral change
- Improved communication and collaboration between the Parole Agents and the reentry court team



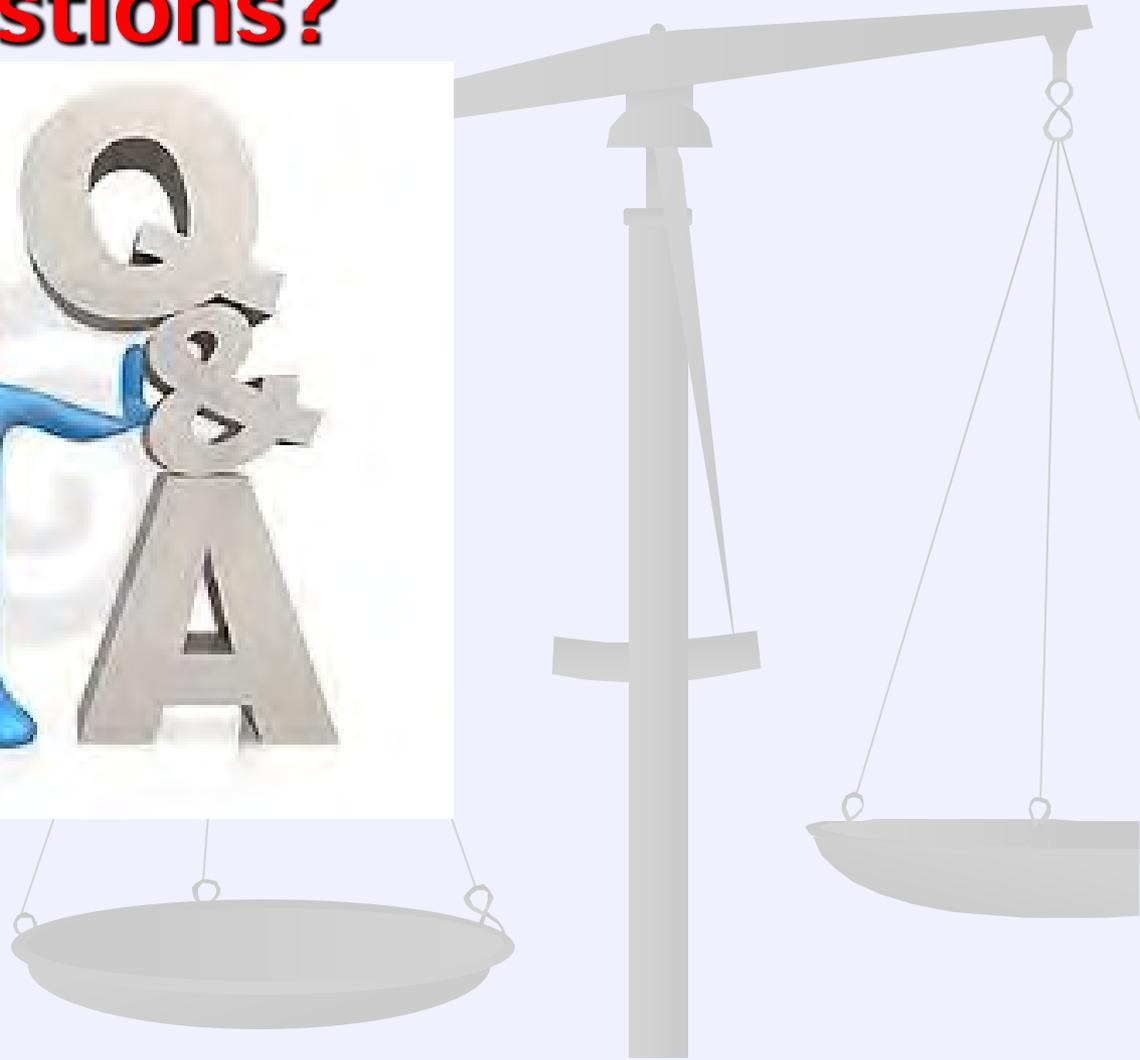
Program Culture

- Public safety depends on effectively leading offenders toward pro-social behavior



**PUBLIC
SAFETY**

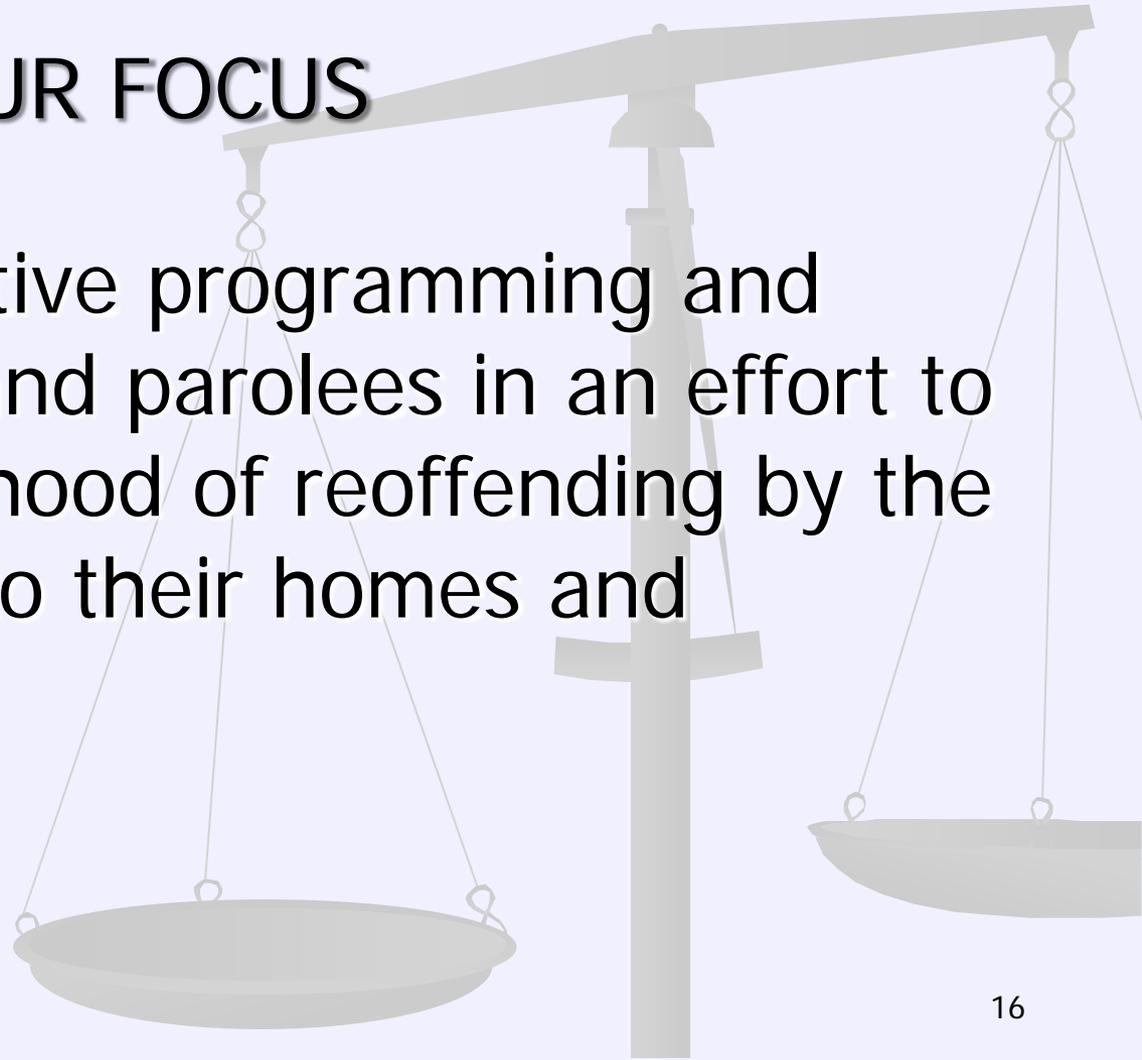
Questions?



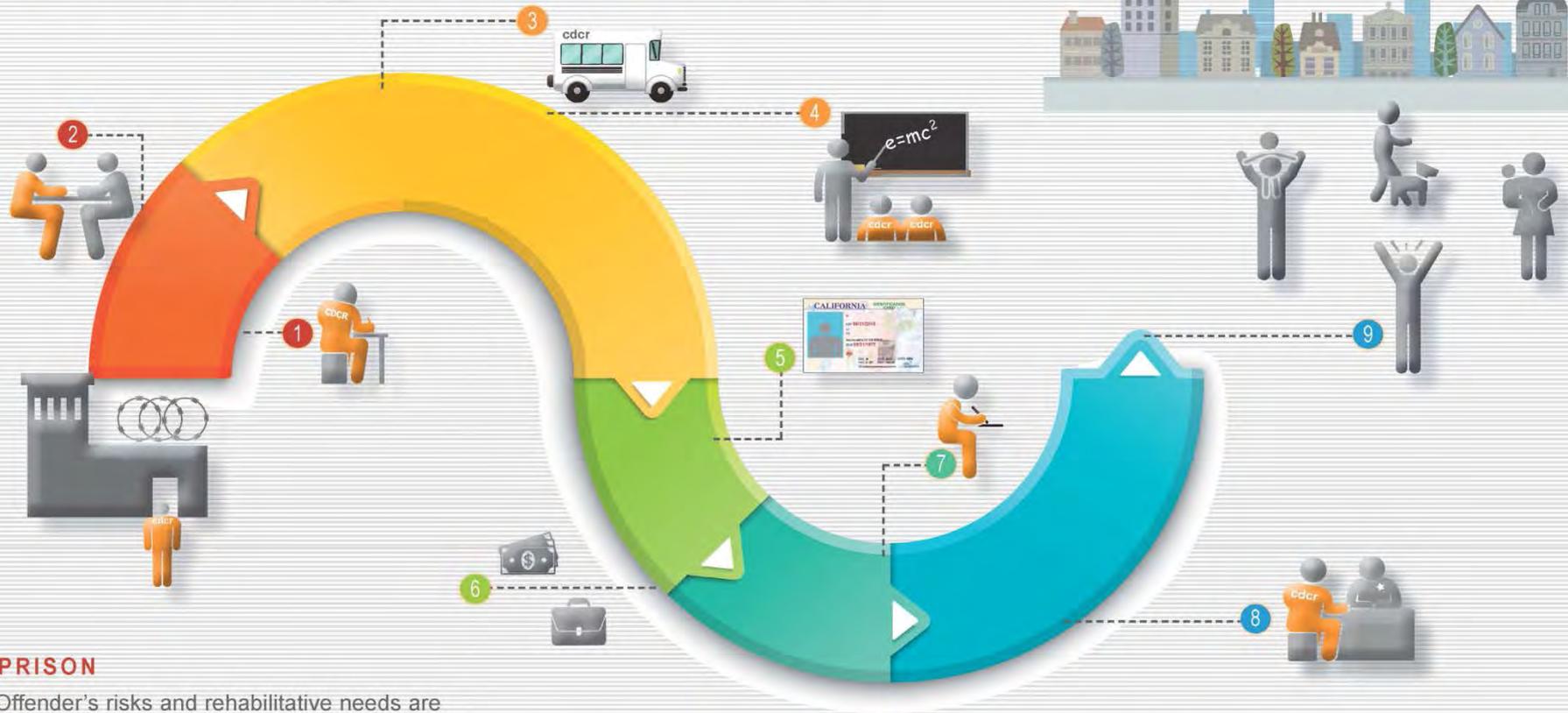
The Division of Rehabilitative Programs

OUR FOCUS

Provide rehabilitative programming and skills to inmates and parolees in an effort to reduce their likelihood of reoffending by the time they return to their homes and communities.



The Roadmap to Rehabilitation



IN-PRISON

- 1 Offender's risks and rehabilitative needs are assessed.
- 2 Offender meets with their correctional counselor and is placed in appropriate programs and/or education, based on rehabilitative needs.

UP TO 48 MONTHS PRIOR TO RELEASE

- 3 Eligible offenders are transferred to either a Reentry Hub, or Substance Abuse Treatment Program.
- 4 Cognitive Behavioral Treatment is provided for substance abuse, anger management, criminal thinking, and family relationships.

CLOSER TO RELEASE (WITHIN 7 MONTHS OF RELEASE)

- 5 Offender applies for California Identification card.
- 6 Eligible offenders enroll in pre-employment and financial literacy programs.

RIGHT BEFORE RELEASE

- 7 Reentry assessment directs offender to appropriate parole programs.

ON PAROLE

- 8 Parole Agent enrolls and supports parolee program participation and progress.
- 9 Parolee successfully rejoins society.



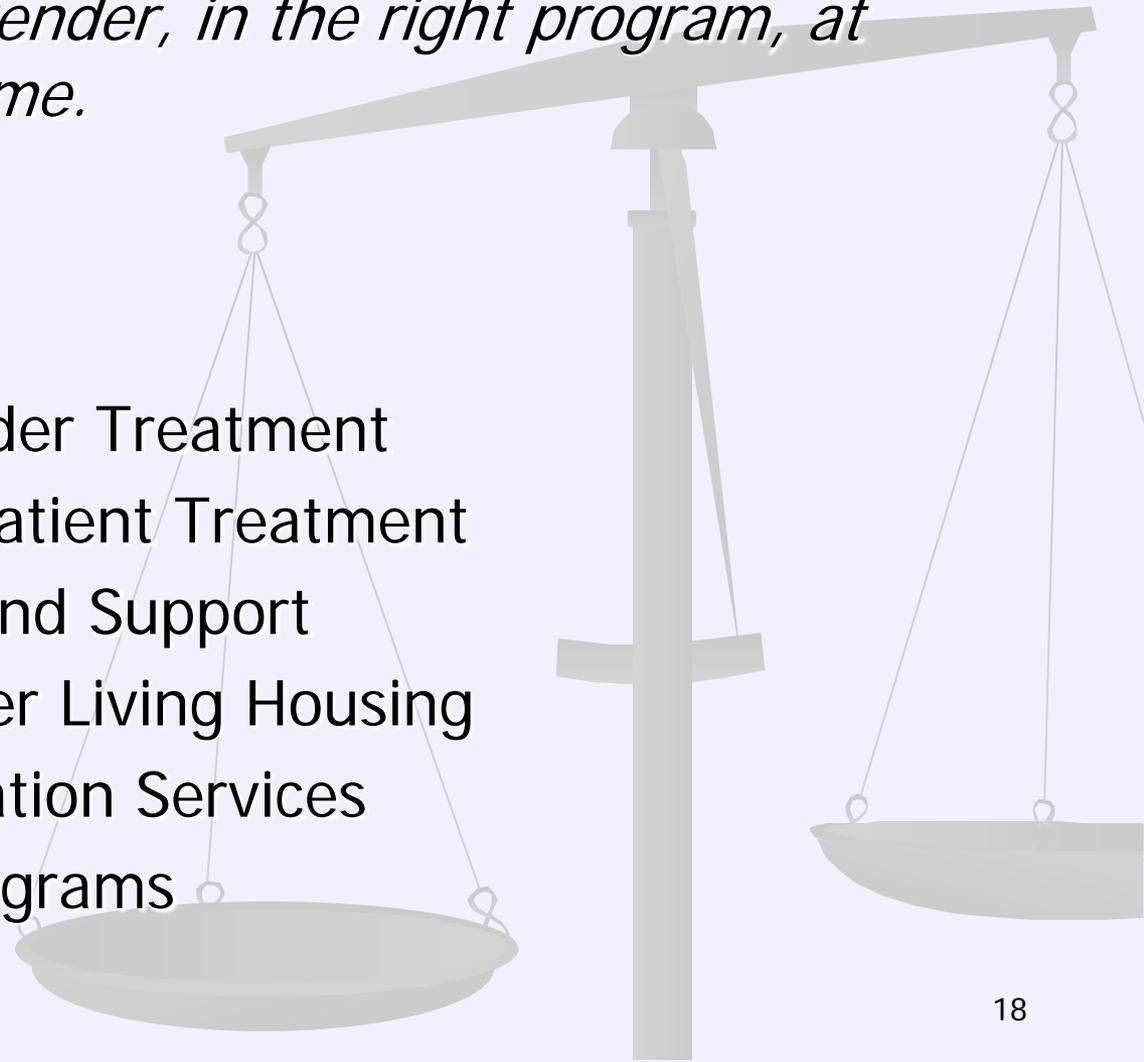
FOR MORE INFORMATION VISIT OUR WEBSITE:
www.cdcr.ca.gov/rehabilitation

Community and Reentry Services

DRP Goal: *The right offender, in the right program, at the right time.*

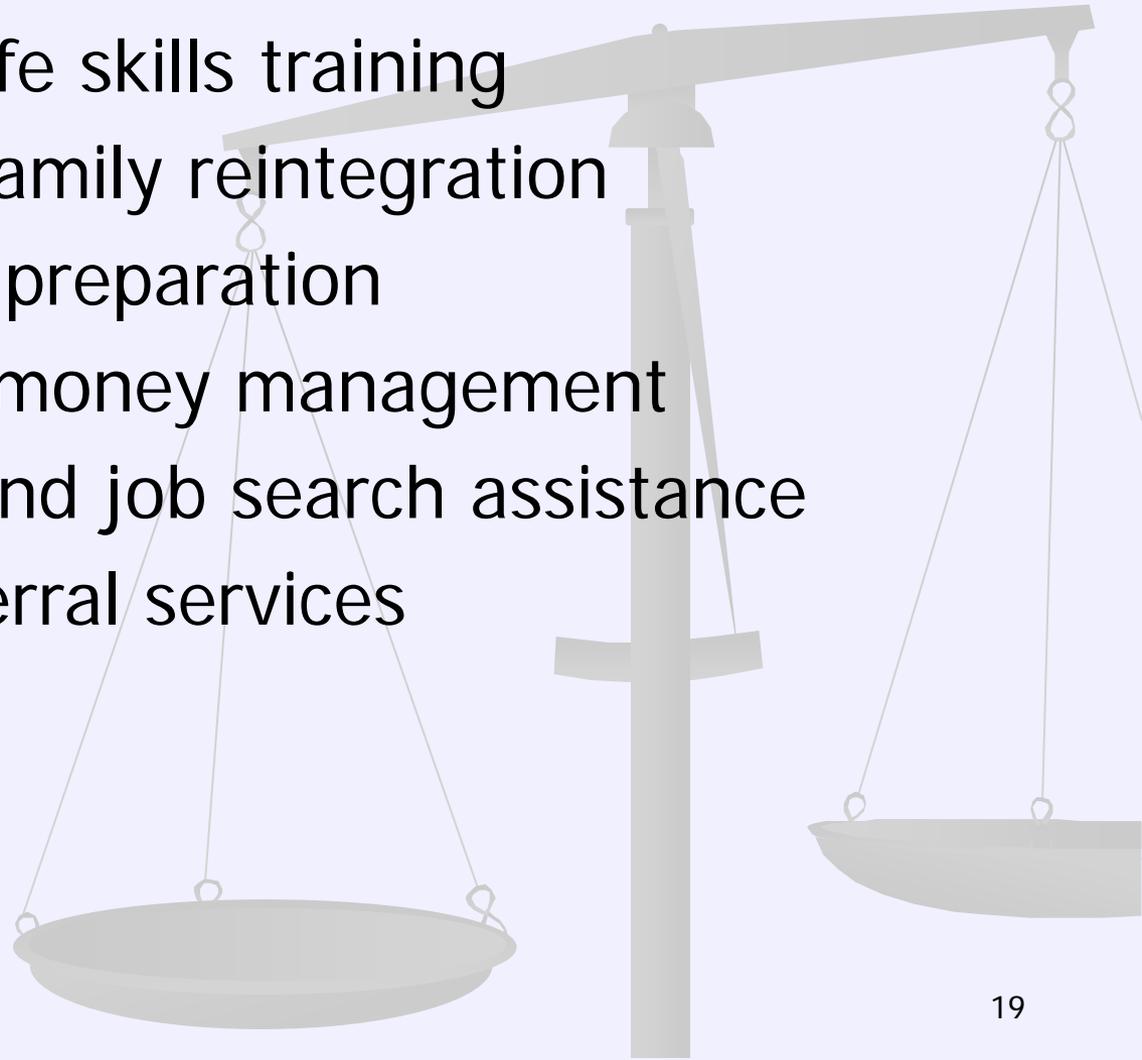
Modalities Offered:

- Substance Use Disorder Treatment
- Residential and Outpatient Treatment
- Relapse Prevention and Support
- Transitional and Sober Living Housing
- Employment & Education Services
- Classroom-Based Programs



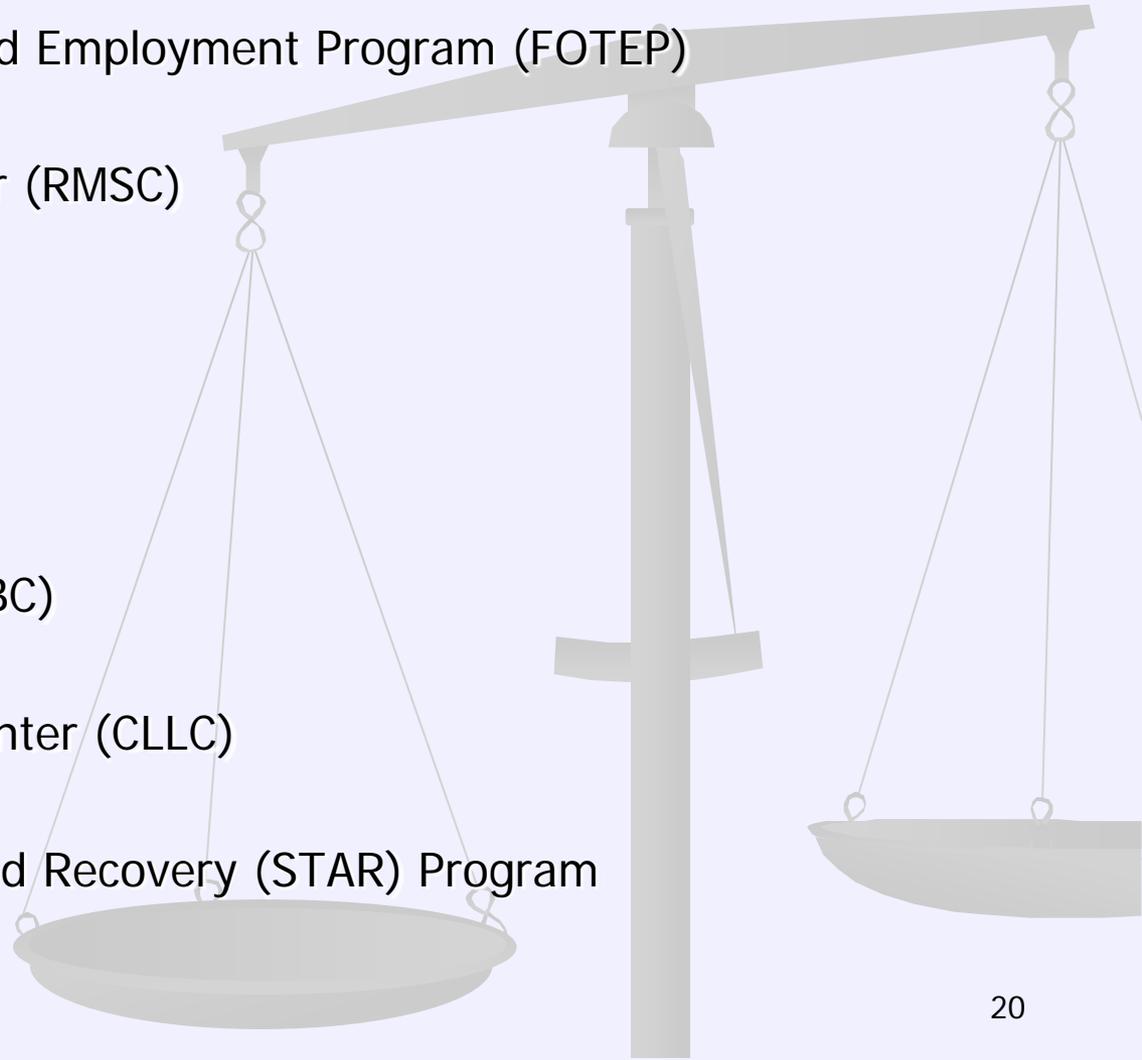
Common Program Components:

- Anger management
- Cognitive and life skills training
- Parenting and family reintegration
- Education/GED preparation
- Budgeting and money management
- Job readiness and job search assistance
- Community referral services



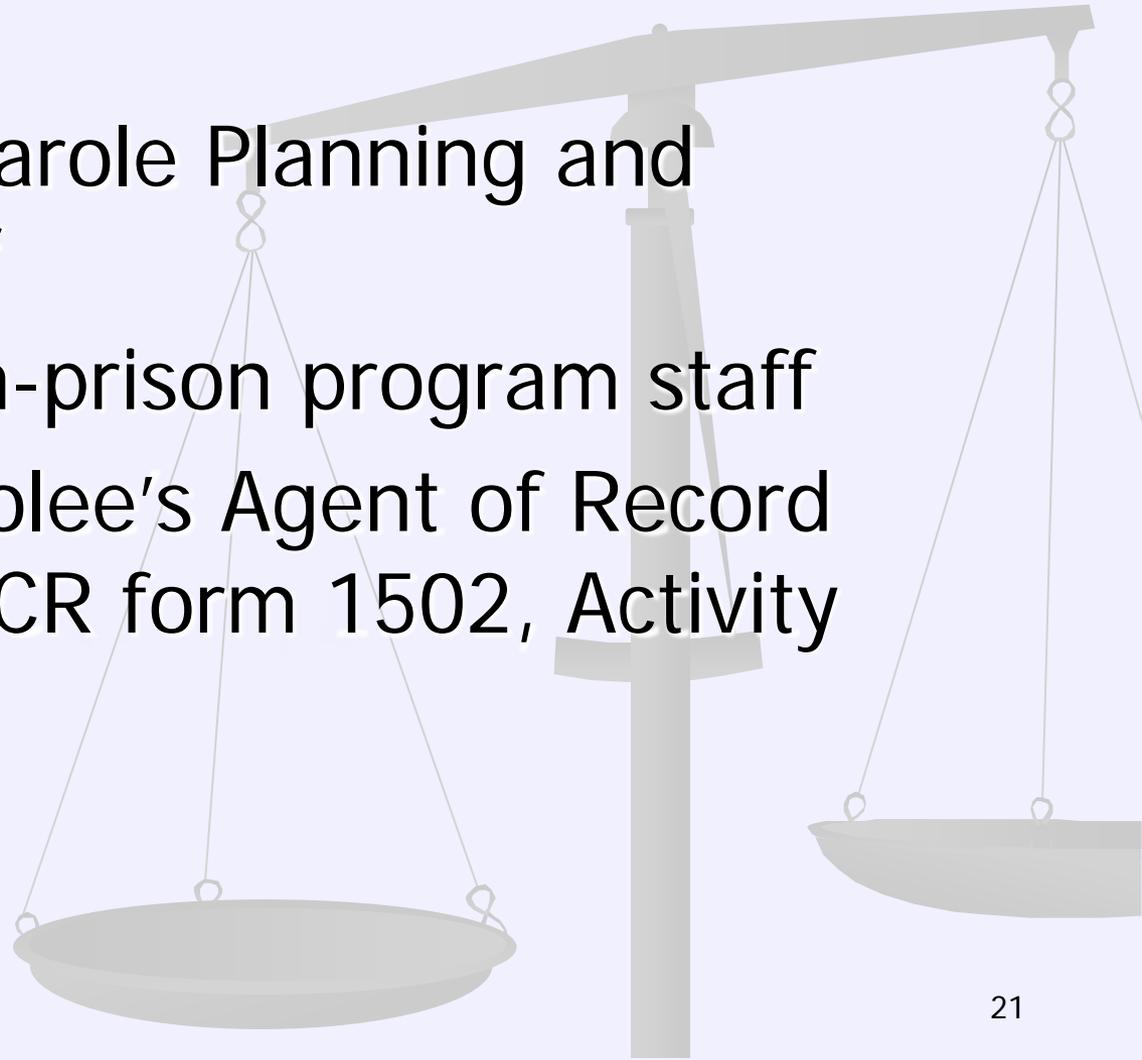
Programs and Capacities:

- Specialized Treatment for Optimized Programming (STOP)
 - 1578 Slots
- Female Offender Treatment and Employment Program (FOTEP)
 - 202 Slots
- Residential Multi-Service Center (RMSC)
 - 305 Slots
- Day Reporting Centers (DRC)
 - 1511 Slots
- Parolee Service Center (PSC)
 - 402 Slots
- Community-Based Coalition (CBC)
 - 223 Slots
- Computer Literacy Learning Center (CLLC)
 - 534 Slots
- Substance Abuse Treatment and Recovery (STAR) Program
 - 302 Slots

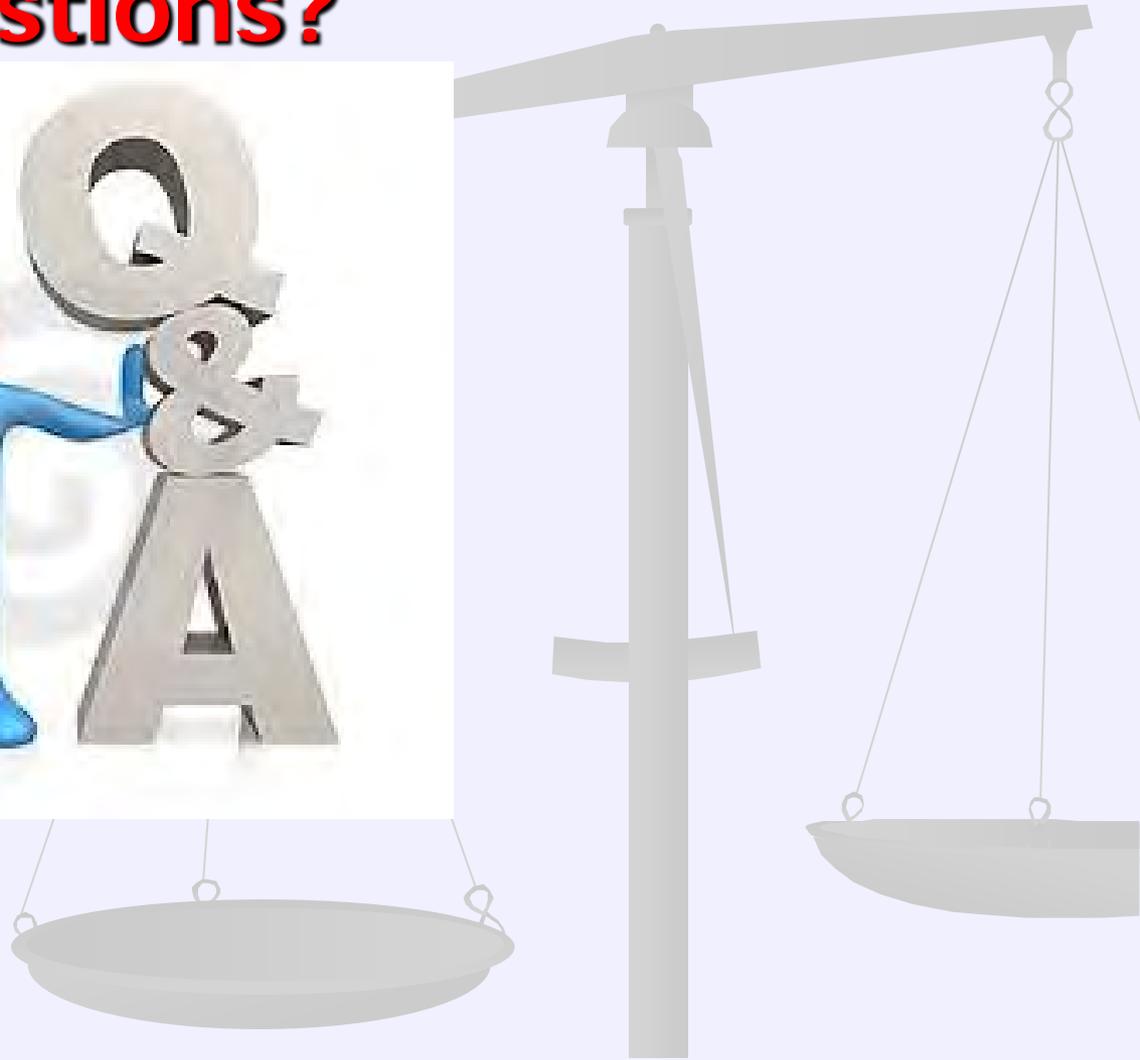


Program Referral Process

- Referral from Parole Planning and Placement staff
- Referral from in-prison program staff
- Referral by parolee's Agent of Record (AOR) via a CDCR form 1502, Activity Report.



Questions?



The Division of Adult Parole and The Division of Rehabilitative Programs

Thank You



CDCR
DIVISION OF REHABILITATIVE PROGRAMS





Case Management Under the Drug Medi-Cal Organized Delivery System *Frequently Asked Questions* *February 2016*

The following answers to frequently asked questions intend to provide stakeholders with a better understanding about case management services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For Additional Information Regarding the DMC-ODS

- Visit <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Contact us at DMCODSWAIVER@dhcs.ca.gov

What are case management services?

Case management is defined in the Standard Terms and Conditions (STCs) as a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

What are the components of case management?

As outlined in the STCs, case management services include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management services;
- Transition to a higher or lower level of substance use disorder (SUD) care;
- Development and periodic revision of a client plan that includes service activities;
- Communication, coordination, referral, and related activities;
- Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
- Monitoring the beneficiary's progress;
- Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services; and,
- Case management shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law.

Is case management a required service in counties that opt-in to the DMC-ODS?

Yes. Counties are responsible for coordinating case management services for beneficiaries, once medical necessity has been established. Counties may be responsible for providing additional coordination with the physical and mental health systems depending on where the beneficiary is accessing services.

Who can provide case management services?

A Licensed Practitioner of the Healing Arts (LPHA) or an AOD counselor may provide case management services. The individual providing case management services must be linked, at a minimum, to a DMC certified site/facility.

Where can case management services be provided?

Case management services can be provided in the following settings as long as the services are affiliated with a DMC certified location:

- DMC provider sites;
- County locations;
- Regional centers; or,
- In alternative settings as outlined and approved in county implementation plans (the county is responsible for determining which entity monitors the case management activities).

How can case management services be delivered to a beneficiary?

Case management can be delivered to a beneficiary in the following ways:

- Face-to-face;
- By telephone;
- By telehealth; or,
- Anywhere in the community – However, if case management services are provided in the community, the provider delivering the service must be linked to a certified site / facility.

What are the certification requirements to offer case management services?

A site / facility offering case management services must be a certified DMC provider. However, this does not mean that services must be provided at the certified site / facility. Alternatively, services may be provided in the community.

What requirements must be met for case management services to be eligible for reimbursement?

- The beneficiary is Medi-Cal eligible.
- The beneficiary resides in the pilot county.
- The beneficiary meets established medical necessity criteria. The initial medical necessity determination must be performed by a medical director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA).
- Services are delivered by a qualified provider and linked to a DMC-certified site / facility.

Health Reform: Understanding and Navigating the Affordable Care Act

Reentry Court Roundtable
March 30, 2016



The COCHS Approach: Public Safety and Community Health

- Public safety and public health systems are intertwined.
- Similarly, the health of the justice-involved population is intertwined with the health of the general population.
- Connecting health care in the criminal justice system to health care in the greater community preserves the investments jurisdictions make in their vulnerable justice-involved populations.

Health Reform

The Affordable Care Act (ACA) expands health coverage to millions of previously uninsured Americans, creating access to needed services for many for the first time. Many of the newly eligible will be justice-involved, and the dramatic increase in treatment resources could have a major impact on the criminal justice system.

Health Reform

Many of the services utilized by Reentry Courts could be financed through the ACA's coverage expansions. By harnessing the opportunities presented by the ACA, Re-entry Court professionals could reduce costs for jurisdictions while simultaneously expanding their efforts to reduce crime and help people lead drug-free lives.

Presentation Overview

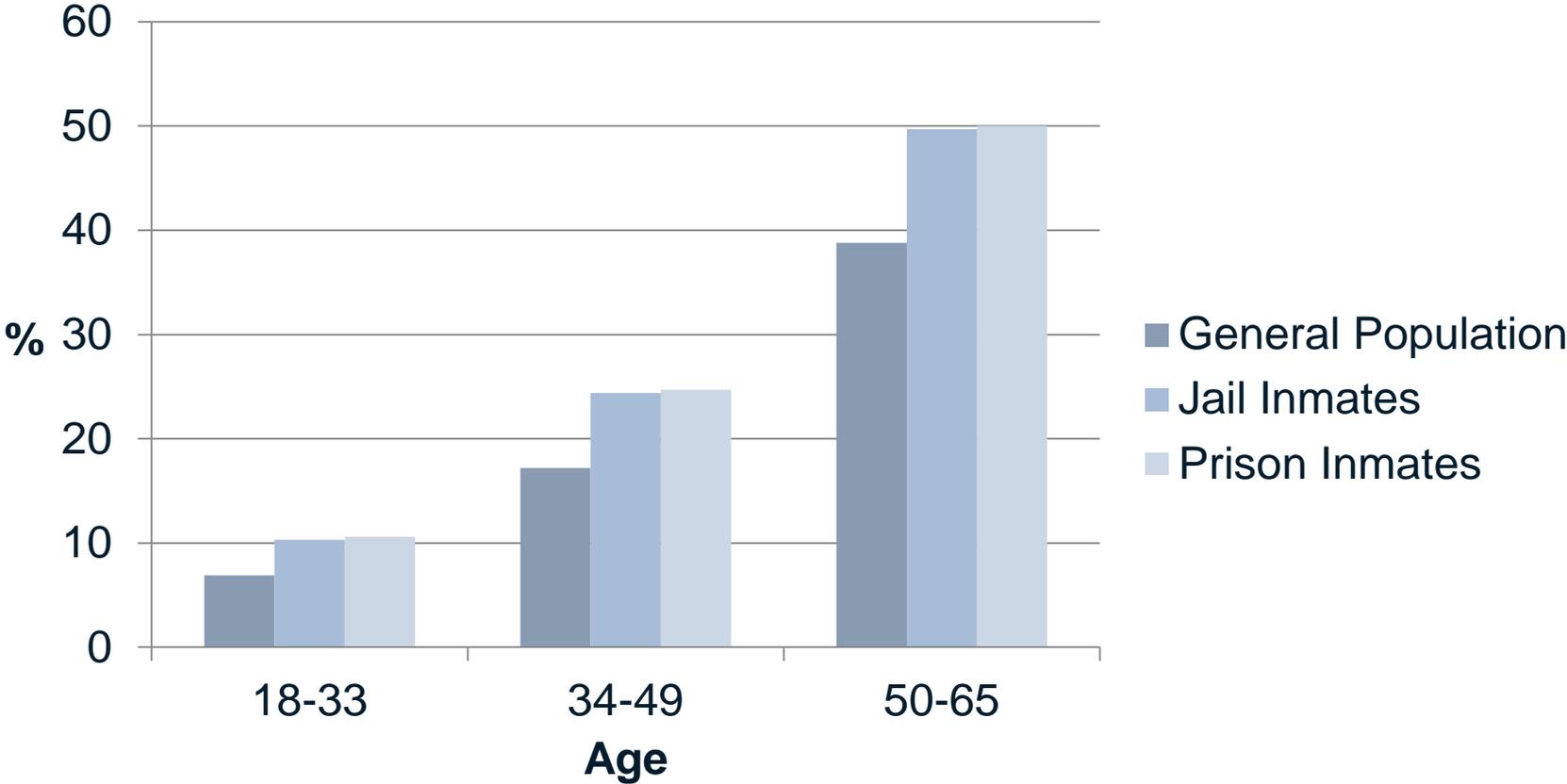
1. Why Health Reform Matters for Criminal Justice
2. Eligibility and Enrollment
3. New Opportunities for Criminal Justice Professionals
4. Steps for Drug Court Professionals to use the ACA

1. Why Health Reform Matters for Criminal Justice

Health Status of Justice-Involved Individuals

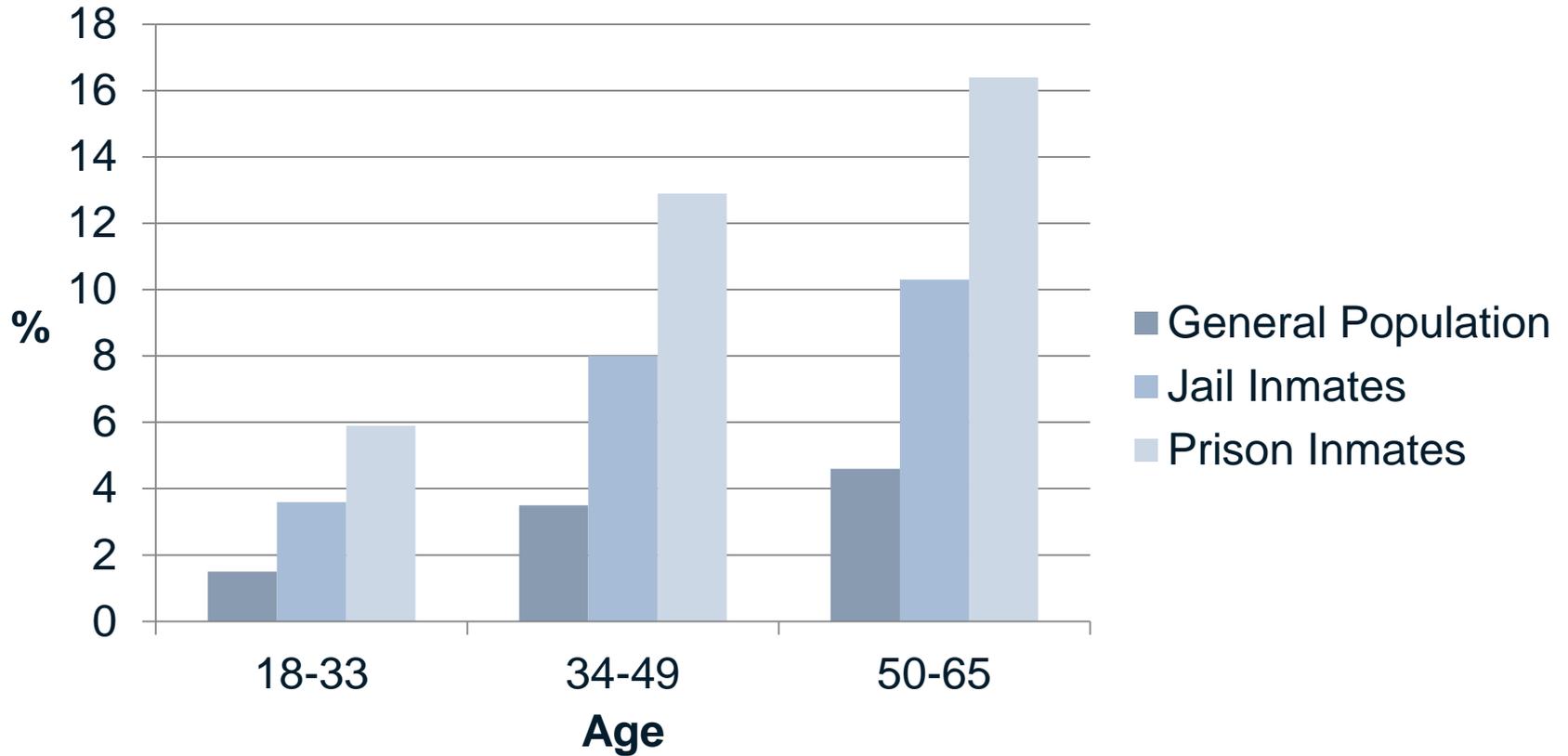
- Individuals in jail are disproportionately young, male, persons of color, and poor.
- They have high rates of health problems (chronic and infectious disease, injuries), mental health disorders, and substance use disorders (SUDs).
- 80% of individuals in jail with chronic medical conditions have not received treatment in the community prior to arrest.

Hypertension



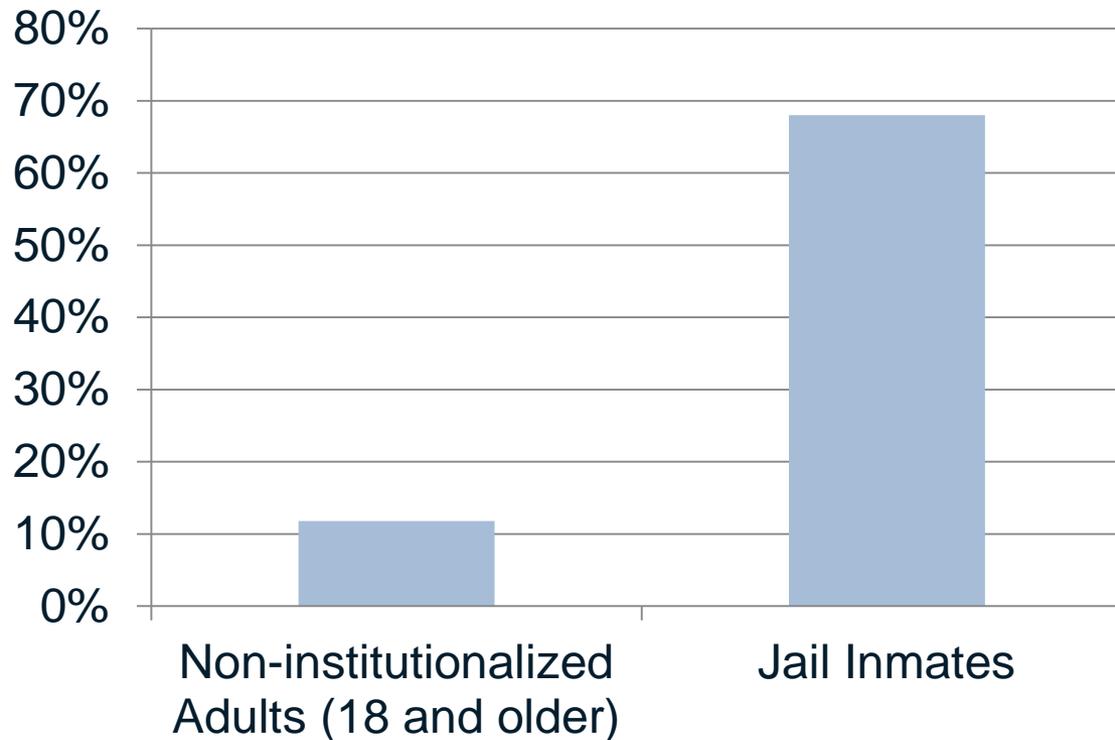
Source: A Binswanger, PM Krueger, JF Steiner, Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population, J Epidemiol Community Health. 2009 Nov;63(11):912-9. doi: 10.1136/jech.2009.090662. Epub 2009 Jul 30.

Hepatitis



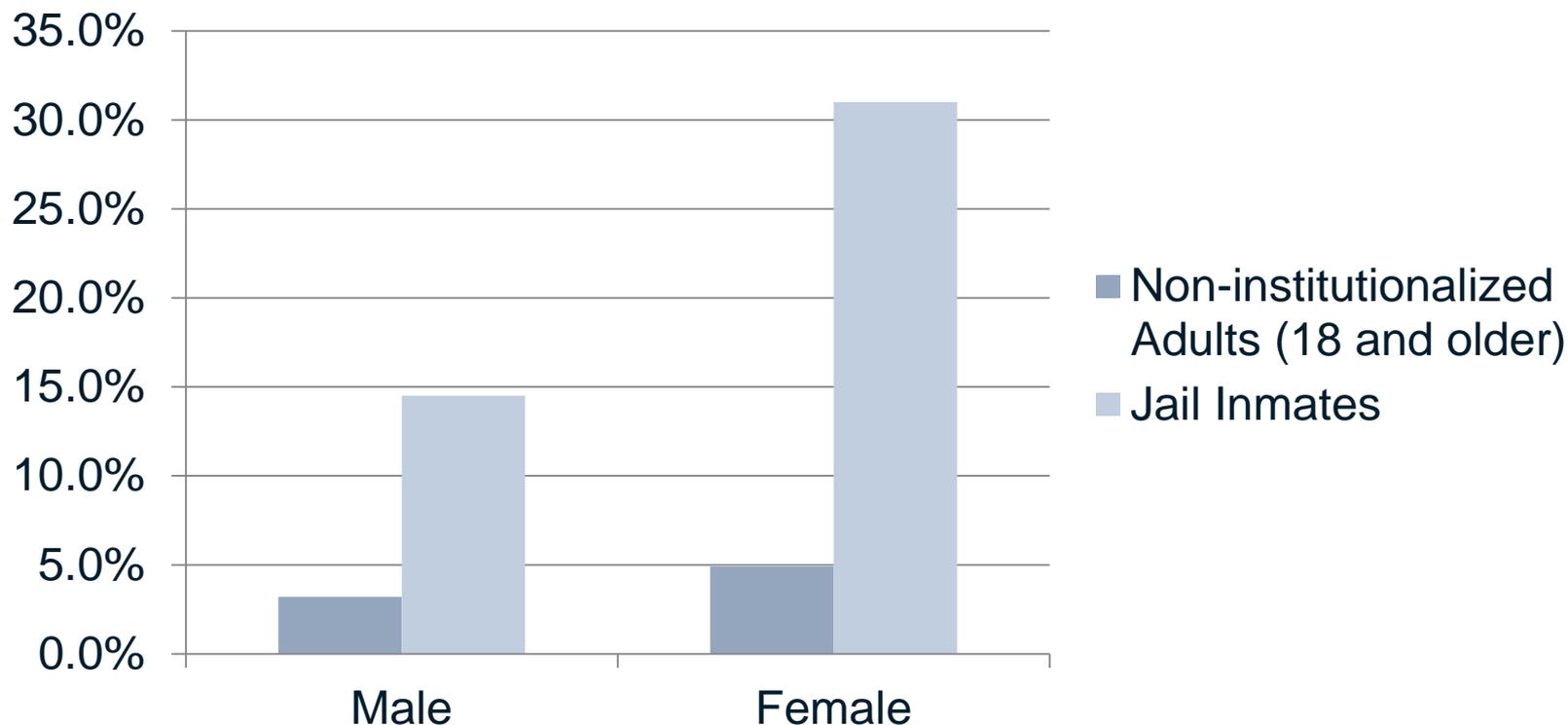
Source: A Binswanger, PM Krueger, JF Steiner, Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population, *J Epidemiol Community Health*. 2009 Nov;63(11):912-9. doi: 10.1136/jech.2009.090662. Epub 2009 Jul 30.

Prevalence of Substance Dependence or Abuse (Drug or Alcohol) by DSM - IV Criteria



Sources: Substance Abuse and Mental Health Services Administration. (2003). Results from the 2002 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NHSDA Series H-22, DHHS Publication No. SMA 03-3836). Rockville, MD. Bureau of Justice Statistics, Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002,

Prevalence of Serious Mental Illness



Sources: Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration. Henry J. Steadman, Ph.D.; Fred C. Osher, M.D.; Pamela Clark Robbins, B.A.; Brian Case, B.A.; Steven Samuels, Ph.D., Prevalence of Serious Mental Illness Among Jail Inmates, Psychiatric Services 2009; doi: 10.1176/appi.ps.60.6.761.

Jails as Behavioral Health Care Providers

The ADAM II 2011 Report

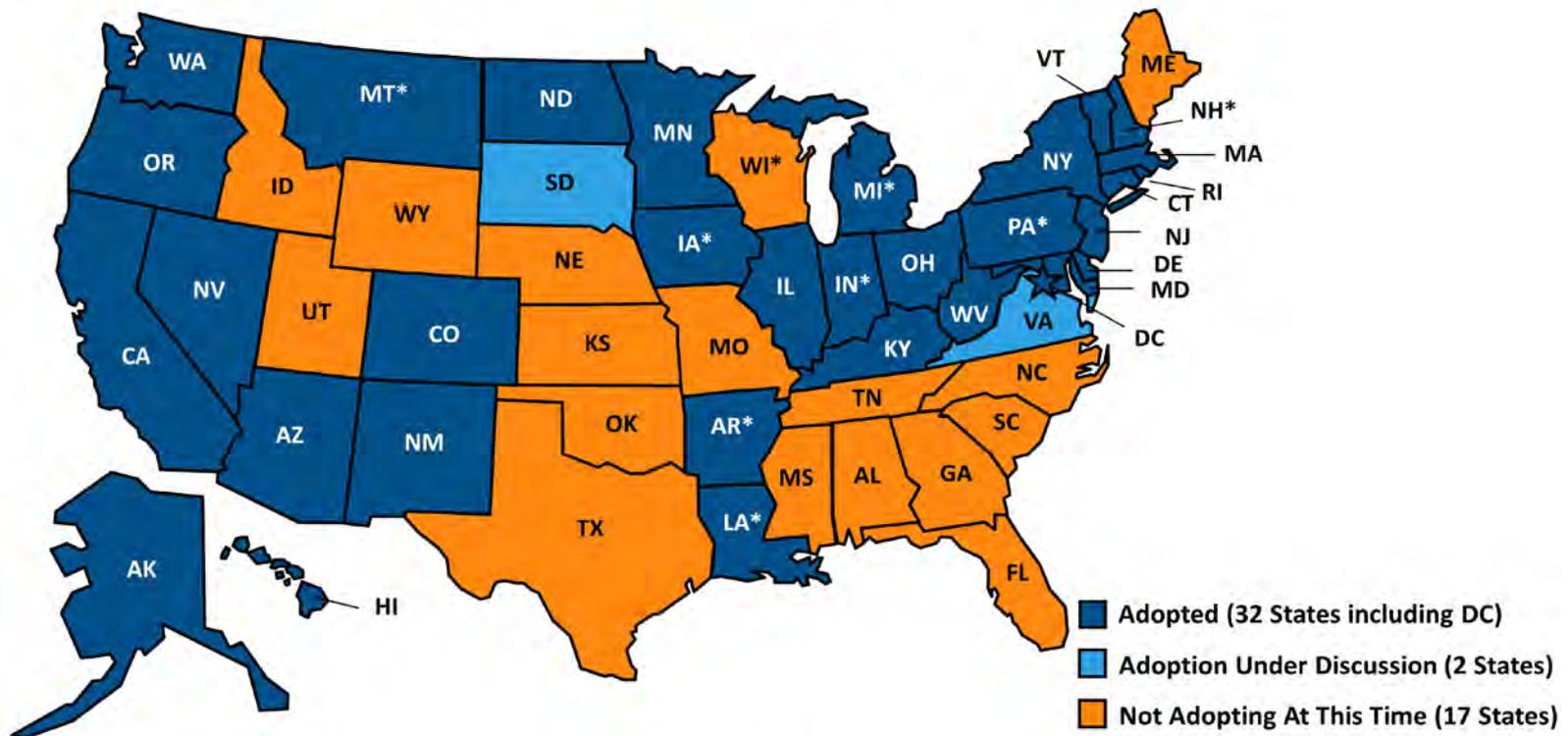
- Over 60% of arrestees in all sites tested positive for at least one drug in their system, and few reported having received outpatient drug or alcohol treatment in the prior year—less than 10% in 8 of the 10 sites.
- 13% - 38% of arrestees tested positive for multiple substances.
- 13% - 30% of arrestees said they had been arrested two or more times in the prior year.

The Economics of Treating the Justice-Involved Population

- Without access to care, many justice-involved individuals will be “frequent flyers” of emergency room services, inpatient psychiatric services in the community, and jail health services.
- From a fiscal perspective, it will be in the interest of state and local jurisdictions to offer effective behavioral health treatment to justice-involved individuals.

2. Eligibility and Enrollment

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as "adoption under discussion."

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated February 24, 2016.
<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



Medi-Cal Eligibility

- Medi-Cal is newly available to non-elderly adults with income up to 138% FPL, regardless of health status, gender, or parental status.
- Justice-involved individuals residing in the community (e.g., re-entering the community from jail, on probation/parole, etc.) can be eligible for Medi-Cal and can receive coverage (i.e., services provided can be paid for by Medi-Cal).
- Medi-Cal *coverage* is not available for individuals in prison or jail (i.e., services provided cannot be paid for by Medi-Cal), but individuals who are otherwise eligible retain their *eligibility* while in prison or jail and can enroll.

– 42 U.S.C. § 1396d(a)(27)(A); 42 CFR § 435.1010

Qualified Health Plan Eligibility and Coverage

- Qualified individuals with income from 138% - 400% FPL will be able to purchase Qualified Health Plans (QHPs) with federal premium subsidies through the exchanges.
- Justice-involved individuals residing in the community, (e.g., re-entering the community from prison, on probation/parole, etc.) can be eligible for federally subsidized QHPs and can receive coverage.

QHP Coverage for Justice-Involved

- Regarding QHPs available through health insurance exchanges, the ACA specifies that: “[a]n individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, other than incarceration pending the disposition of charges.”
- This means that, subject to the requirements of health plans, individuals may be able to newly enroll or maintain existing coverage through a QHP while *incarcerated while pending disposition of charges*.
- Services provided while the individual is pending disposition can potentially be paid for by the QHP.

B. Enrollment

- Various models for enrolling justice-involved individuals
- Medi-Cal Administrative Activities and Targeted Case Management

Various Models for Enrolling Justice-Involved Populations

- Authority for state or county to act as authorized representative.
- Eligibility workers stationed in correctional settings.
- Community-based organization assists with application at jail intake.
- Sheriff's deputies assist with enrollment, being developed in Alameda, California.

Alameda County Model

Planning process for enrollment at jail booking:

- Existing data from jail management system (JMS)
- Data bridge from JMS to online application on iPad
- Sheriff designated as authorized representative
- Maintenance of community policing philosophy
- Process can be supported with Medi-Cal Administrative Activities funds

Medi-Cal Administrative Activities (MAA)

- Through Medi-Cal Administrative Activities (MAA), states and counties can receive federal reimbursement for activities that are necessary for the proper and efficient administration of the state Medi-Cal plan.
- Among other activities, Medi-Cal outreach, application assistance, and non-emergency transportation are potentially eligible.
- Public safety personnel are potentially eligible for MAA.
- Most activities can be eligible for 50% federal match.

Targeted Case Management

- Optional Medicaid program
- 48 states: offer as covered benefit
- Funded by federal and state/local funds
- Local Governmental Agencies: subcontract with non-governmental entities to provide services
- Case Management = services which assist eligible individuals gain access to needed medical, social, educational and other services

3. New Opportunities for Criminal Justice Professionals

The ACA Creates New Opportunities for Criminal Justice Stakeholders

Reentry Court professionals and other criminal justice stakeholders can leverage the resources newly available through the ACA to expand and enhance services. New opportunities exist throughout the criminal justice system:

- Initial contact with law enforcement
- Prior to Booking
- Pre-trial
- **Re-entry Courts and other Specialty Courts**
- **Re-entry**

Pre-trial

Community-based treatment as a condition of release on own recognizance (ROR):

- Pre-arraignment risk and needs assessment
- Utilize health information technology to streamline information sharing
- Medical necessity determines what Medi-Cal and private insurance will pay for
- Benefit exclusions for court-ordered services
- Clinicians must be appropriately licensed and certified

Reentry Courts and other Specialty Courts

Potentially maximize resources using ACA-funded treatment:

- Coordinate between the judiciary, court staff and administrators, Medi-Cal agencies, insurance plans, and treatment providers to determine covered services and appropriate treatment
- Specific covered services vary by state and by plan
- Medical necessity determines what Medi-Cal and private insurance will pay for
- Benefit exclusions for court-ordered services
- Clinicians must be appropriately licensed and certified

Re-entry

More resources for individuals returning to the community:

- Coordination between re-entry specialists, health care professionals (in corrections and community-based), and probation/parole
- Continuity of care and “warm hand-offs”
- Bridge medications
- HIT can help facilitate
- According to the federal government, Medicaid coverage is available for individuals on probation; parole; home release; and individuals living voluntarily in a detention center, jail, or other penal facility
 - <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251618397983&ssbinary=true>

Key Considerations

Criminal justice stakeholders looking to capitalize on new opportunities created by the ACA would be wise to consider key issues related to reimbursement from third party payers such as Medi-Cal and private insurance plans:

- Benefit exclusions for court-ordered services
 - Medical necessity
 - Provider licensure and certification
- Moreover, all new opportunities depend on enrollment

4. Steps for Reentry Court Professionals to use the ACA

The ACA represents an unprecedented opportunity for jurisdictions to conserve scarce local funds by tapping into federal health care resources. Treatment ordered by Re-entry Courts could be financed by Medi-Cal and QHPs if clients are enrolled and if services and providers meet insurers' requirements. What follows is a guide for taking a Re-entry Court client through the steps necessary to capitalize on the ACA's opportunities.

Steps

Does the client already have coverage through Medi-Cal or a QHP? *If no:*

1. Determine whether your agency engages in MAA.
 - If not, consider contacting the state or county agency in charge of MAA to discuss reimbursement opportunities for Medi-Cal outreach and application assistance.
2. Consider assisting the client in applying for Medi-Cal or a QHP.

Steps

Does the client already have coverage through Medi-Cal or a QHP? *If yes:*

1. Determine what managed care organization the client belongs to (for clients enrolled in QHPs and Medi-Cal).
1. Determine what benefits are included in the client's health insurance.

Steps

4. Determine how your Reentry Court program relates to the client's benefits.
 - Are the services utilized by your jurisdiction's Re-entry Court covered by the client's insurance?
 - Are there additional services not currently being utilized by your jurisdiction's Reentry Court that could be covered through the client's insurance?
5. Analyze local providers with respect to the client's insurance.
 - Are the providers in the client's insurance network?

Steps

6. Determine whether the client has an assessment, diagnosis, and treatment plan approved by the primary care provider.
 - Determine whether the treatment plan documents medically necessary services.
 - Determine how those services compare to the court's plan.
 - (Note: Medi-Cal clients cannot be required to pay for Medi-Cal covered services.)
7. Determine whether the client has given permission for data sharing between the provider and the court.

Questions?

www.cochs.org

510-595-7360

Steve Rosenberg srosenberg@cochs.org

Dan Mistak dmistak@cochs.org

Criminal Justice Grant Seeking

*Finding The Most Appropriate
Opportunities*

1926

This session covers:

- How to approach grant seeking
- Productive sources of grants for courts
- Resources for putting together an application



Grant Seeking Context

- Always lead with your community need
- Think in terms of whole programs, not one specific item or service needed

What Can Be Funded?

- Pilot projects
- Research studies
- Expansion projects
- Specific training
- Development of something new

Generally Not Funded

- Regular operations
- Current staff
- Clearly state/local responsibility

Competitive vs. Formula

- Statewide, over \$50 million in formula funds pass through to courts

JAG/Byrne, DV Training, FLF

- Competitive grants have yearly applications

Where to Find Leads

- Federal Department of Justice (DOJ, BJA, OJP) and Health and Human Services (HHS, SAMHSA)
- California Executive Branch (BSCC and Cal OES)
- State Justice Institute

Where to Find Leads

Look at annual funder forecasts

HHS, SAMHSA -

<https://forecast.grantsolutions.gov/index.cfm>

DOJ, OJP -

<http://data.ojp.gov/services/PPI/includes/ppi/Home.htm?Year=2016>

Current Competitive Grant Examples

- DOJ, BJA Justice and Mental Health Collaboration Program due 5/17/16
- DOJ, BJA Adult Drug Court Discretionary Grant Program due 4/19/16
- DOJ, BJA Second Chance Act Community-Based Adult Reentry Program Utilizing Mentors due 4/12/16
- HHS, SAMHSA Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts

Eligibility

- Who can apply?
- Read for depth and detail
- If courts are not eligible, look for partnerships
- What “Government” means

Dollar Amounts

- Look for Total Amount
- How many awards
- What is the size range of each

Matching Funding

- Are matching funds required?
What percentage?
- In-kind versus cash match
- What match do you have?

Timeline for Application

- Due date
- Complexity of application
- External agreements/letters
- Internal review process

Resources

- Sample Narratives

- DOJ, OJP Grants 101

<http://ojp.gov/grants101/index.htm>

- Grants.gov

<http://www.grants.gov/>

ASSESSING AND IMPLEMENTING EVIDENCE-BASED PRACTICES IN SALINAS PROJECT NARRATIVE

1. Statement of Problem. Preponderance of High Risk Offenders. Monterey County has several dozen affiliated, named gangs with over 5,000 members; an estimated 3,500 of whom reside in Salinas. A high rate of offenses for drug trafficking and ancillary crime accompany the gang lifestyle in our community. As of March 2015 there have already been seven homicides in Salinas. In 2013, violent offenses accounted for 27% of felony arrest charges in Monterey County, compared to 23% for the State.¹ The Ohio Risk Assessment System (ORAS) is the designated tool utilized by Probation and scores individuals from low to very high, in terms of risk for re-offense. Sixty-one percent of Monterey County's Post-release Community Supervision (PRCS) individuals scored "high" (56%) and "very high" (5%) for risk to reoffend, higher than the general probation population in Monterey County.² Increased Supervisee Population Needing Services. The implementation of AB109 "Public Safety Realignment" in 2011 as an effort to reduce prison populations brought deep changes to California corrections and public safety. The scope of this particular project includes two elements of AB109. Inmates serving prison sentences as a result of convictions for non-violent, non-serious, non-sexual (termed "non- non- non") crimes are being released to the supervision of county probation departments instead of parole; these are the PRCS cases. Also, legislation created Mandatory Supervision, which gave the courts the additional tool of splitting, thereby dividing sentenced time between a jail term and a period of supervision. In 2011, 8% were Mandatory Supervision sentences; just three years later 31% are Mandatory Supervision. For the purpose of this project, we are concerned with the High Risk offenders; PRCS, Mandatory Supervision and probation

¹ Monterey County Probation. "Public Safety Realignment: Fiscal Year Review for 2011-12, 2012-13, and 2013-14". December 9, 2014. Page 7.

² Monterey County Probation. 2014.

populations, as they are residing in the community and in most need of services. Community-based Service Provision Agencies Need Assistance to Implement EBP. Part of the Realignment included the legislative intent to “enhance public safety by providing evidence-based practices (EBP), local programs, and improved supervision strategies”. *There has been a growing body of research within the field of community corrections that certain programs, interventions, and strategies are effective in reducing offender risk and subsequent recidivism*. However, implementation of EBP within the handful of local community providers who service the AB109 population has been varied. Initial one-on-one interviews in March with nine individuals from six community programs representing re-entry, behavioral health/substance abuse treatment, housing, employment, a day reporting center, and construction/culinary career training revealed that there were three who did not understand the meaning of “evidence-based practices” or “fidelity”, another three who thought they might have at least one program that was evidence-based but were unsure, and the remaining three who knew what the meaning was, and could provide a list of their evidence-based programs, and refer in conversation to research about their programs. Although service providers have participated in EBP training, due to employee turnover, lack of modeling and ongoing monitoring, community service agencies are struggling with implementation of EBP. Each organization has its own records-keeping and data system that tracks numbers and dosages (inputs) but little in the way of outcomes and impact that could be used to inform their practice and improve services. Although multiple organizations may serve the same individual, they remain “siloeed” in their service provision, neither sharing information in a case management approach, nor measuring what the impact of their treatment is on the individual. *Without effective evidence-based treatment for High Risk offenders that aligns to their identified criminogenic needs, the rate of recidivism in our county will not decrease*.

Clients referred for AB109 services are those who are categorized as Post Release Community Supervision (PRCS), Mandatory Supervision or High Risk Probation. Race demographics from 2013-14 for PRCS individuals were: 56% Hispanic, 23% White, 19% Black, and 2% Asian, with 92% male. The majority of individuals were under 55: 44% were 18-34, 27% were 35-44, and 20% 45-54. Forty-one percent lived in Salinas, with smaller percentages in southern Monterey County and the Monterey Peninsula.

The Probation Department is responsible to the Superior Court for overall policy and procedural matters and to the Board of Supervisors for funding and levels of services. Probation manages the operation of all adult and juvenile probation services, including two juvenile institutions. The Administration Division provides the Department's operating divisions with infrastructure and support services. The Juvenile Division provides a continuum of graduated sanctions and services from prevention and intervention to supervision and out-of-home care. Within the Juvenile Division, Alternative Programs contains juvenile services for at-risk and adjudicated youth. The Adult Division consists of pretrial services, court investigation, case management and field supervision for adult clients. There are currently nine Probation Officers assigned for supervision of the AB109 population. Each officer has a caseload of 1:35. There are a total of nine High Risk Probation Officers whose caseload is 1:43. Those individuals who score Very High on the ORAS risk to reoffend (5%) are closely supervised by a special unit comprised of two probation officers who work with each local law enforcement agency where the individual resides.

The Ohio Risk Assessment System (ORAS) was selected in 2011 as an evidence-based validated tool to be utilized by Monterey County Probation. Criminogenic needs are identified which drive case planning and service delivery. The evidence-based strategies used by Probation

include: Case Planning, which provides targeted interventions based on the criminogenic needs identified and to solicit the client's acceptance, ownership, input, and willingness to receive services. Motivational Interviewing is a specific evidence-based technique whose goal is to engage the client, reduce resistance, solicit input, and facilitate a change in thinking and behavior. Supervision is based on risk level. Research shows that higher risk offenders benefit the most from intensive supervision and service delivery, whereas it is counter-productive for low risk offenders. In accordance with Monterey County Probation's implementation of EBP, all AB109 funded services are available to high risk offenders.

The County of Monterey does not have an infrastructure of shared criminal justice data that is conducive to a full evaluation of new arrests, charges, and convictions occurring during a period of supervision and years after supervision. The most recent annual rate for the County reported to Probation by the Judicial Council of California was 8.44% for 2013. This is a measure of the Probation Failure Rate (PFR). As the purpose of this project is to focus on the assessment of service providers and their implementation of EBP, recidivism will not be used to measure the effectiveness of this project.

The High Risk Probation population is charged a monthly supervision fee of \$81, based on the ability to pay. The fee is waived in the case of inability. All drug testing, electronic monitoring, GPS and other costs are covered by Monterey County Probation. None of the service providers in this project charge any fees.

Through the implementation of this project, six of the seven community agencies providing services to supervisees under AB109 have agreed to cooperate with the research partner to work through the California Program Assessment Process (CPAP) rating instrument for Evidence-based Practices in Corrections. At the conclusion of the process, the research

partner will work collaboratively with the service providers and with input from Probation to create a prescriptive plan to improve service delivery and data collection of outcomes. All six community programs report basic data and notes electronically through Monterey County Probation's new software system, "Efforts to Outcomes" (ETO), which went live in January 2015. The ETO system has the capacity to be custom-tailored to the data collection needs of Probation AND the service providers, including identified relevant outcome. It is anticipated that through the collaboration and information sharing between service providers, issues will be addressed as a cohesive unit, resulting in more efficient procedures, elimination of duplication of effort, and the ability to dovetail and braid services in the most effective way for the client, which will aid in reducing recidivism. Additionally, all participating service providers will receive training in evidence-based strategies and programs that align with their prescriptive plan. During Year 3, monitoring and evaluation of the integration of new training and strategies into practice will be undertaken to ensure sustainability of improvements made.

The City of Salinas and County of Monterey were hit hard by the recession of 2008 and have yet to recover. City and County programs remain underfunded, with decreases in the budgets of the municipal police department, County Sheriff's Office, and court system. The Salinas Police Department has suffered a reduction in force of 42 sworn officers, from 187 to 145 (a 23% decrease). Since 2009, civilian City of Salinas employees have been furloughed on Fridays and City offices are closed.

2. Project Design and Implementation. The goals established for this project are: A) To assess the use of evidence-based programs and strategies in use by service providers under contract to Monterey County Probation; bring existing evidence-based programs and strategies up to fidelity standards. B) Provide training, materials, and technical assistance to implement

new evidence-based programs and/or strategies among service providers. C) Enable Monterey County Probation and service providers to track measurement indicators that show outcomes and can be used to inform practice. The goals of this project align to all of the overarching goals of this solicitation, and five of the seven objectives as follows: Goal A: By utilizing the “Evidence-based Practices in Corrections: A Training Manual for the California Assessment Process (CPAP)” as a tool for assessing the use of evidence-based programs and strategies, we will be able to align prescriptive activities for the service providers to improve their “implementation of evidence-based probation approaches and measure the impact of their service delivery to improve supervision success rates. Goal A is linked to the solicitation objectives, “Objectively assess and/or evaluate the impact of innovative and evidence-based supervision and treatment strategies”, and “Improve Supervision Strategies that will reduce recidivism”. Goal B: By providing training, materials and technical assistance to community service providers to implement new evidence-based programs/strategies as set forth in each service providers prescriptive plan, we will work to “develop and test innovative strategies that improve supervision success rates, thereby increasing community safety...” Through group trainings and case management meetings that include Probation and service delivery providers, networking, brainstorming, and joint problem-solving dynamics will lead to improvements in service delivery for High Risk probationers. Goal B aligns to the solicitation objectives, “Develop and implement strategies for the identification, supervision, and treatment of high-risk/high needs supervisees...” as we will be assisting service providers to remove “silos” in service delivery that impede case management and wrap-around services. There exists a latent opportunity to reconfigure service delivery among providers by “braiding” and “dovetailing” treatment that aligns with each supervisee’s identified criminogenic needs in order to improve

outcomes for supervisees and move towards a true wrap-around case management model. This project goal also aligns to the solicitation objective, “Promote and increase collaboration among agencies and officials who work in probation...”. C) Through the project’s collaborative work, meaningful outcomes measurement indicators will be identified, developed, and integrated into Probation’s Efforts to Outcomes software system in an effort to move from “outputs” based reporting to “outcomes” based reporting. Each service provider site has the ability to enter reporting data into the system through “touchpoints”, currently being used to report pursuant to each referral. Once it is possible for each service provider to measure their outcomes, this information can be used as feedback to inform their practices and allow improvements to service delivery in a sustainable continuous improvement model. This project goal aligns to the solicitation Goal of “Effectively addressing individuals’ risk and needs...”, and also to the solicitation Objective, “Demonstrate the use and efficacy of evidence-based practices and principles to improve the delivery...”.

Monterey County Probation (supervising agency) and the City of Salinas (lead agency) have worked together on several long-standing, grant-funded violence and crime reduction projects. In 2005, the Gang Task Force was created, combining officers from Salinas Police Department, Monterey County Sheriff’s Department, and the Monterey County Probation Department. This grant was an enforcement/intelligence grant to deal with the longstanding street gang problem. From 2006 - 2010, the City of Salinas and Monterey County Probation collaborated on the Weed and Seed program, a two-pronged approach to “weed” out the individuals who were committing crimes, and “seed” neighborhoods with outreach programs. Operation CeaseFire and CalGrip gang prevention grants were evidence-based, state funded grants which ran from 2009 - 2011 and included the City, Probation, and several community-

based agencies. An Operational Agreement between the City of Salinas and Monterey County Probation is included in this application as evidence of commitment to the project and partnership.

The ORAS assessment is administered to supervisees upon case opening, and assists Probation Officers in developing case plans for treatment services, and is administered semi-annually to help determine whether adjustments in case plans are called for. Other evidence-based principles that Probation uses include supervision based on risk level, use of intermediate sanctions and rewards, and motivational interviewing.

A baseline recidivism rate has been uploaded.

An independent consultant, Meg Seibert, M.S., has been incorporated into the project from the early phases of project design as the identified research partner. She conducted preliminary site visits and brief interviews with seven potential project service providers to answer any questions about the proposed project, goals and expected outcomes, and collaborated with Probation to determine the appropriateness of inclusion of each in the project. If the project is funded, she will implement the assessment component of the project (problem assessment), write up prescriptive plans for each participating service provider (strategy development), and perform project monitoring and summative evaluation work (monitoring & evaluation performance).

The proposed project will address the following allowable uses of funds: Increase the capacity of locality to help probation improve supervision: The majority of funding from this grant will go to the benefit of local service providers in Monterey County. An assessment of each participating service provider will result in a prescriptive plan that is intended to increase the capacity and efficiency of the services they provide. Training and implementation of

evidence-based programs and practices will contribute to the stability and capacity of each agency. Develop or deploy information technology: Monterey Probation went live in January 2015 with a sophisticated software system called Efforts to Outcomes, which is capturing basic data but can be expanded and customized to capture appropriate and meaningful data on outcomes of referrals. Promote the use of evidence-based programs and strategies by service providers that provide treatment, aftercare, reentry services, and alternatives to incarceration to those on supervision: The assessment of evidence-based programs and subsequent training on EBP will benefit the service providers. All of the following providers service PRCS, Mandatory Supervision and High Risk Probationers: **Transitions for Recovery and Reentry** – a 30-day reentry program that provides services to recently released inmates. **Behavioral Interventions, Monterey County Day Reporting Center (DRC)** is a 9 to 12 month evidence based program that incorporates “What Works” principles and best practices in offender rehabilitation and reentry. **KickStart Employment Services** through the Economic Development Department’s Office for Employment Training. **Turning Point of Central California** provides employment services and case management. **Turning Point of Central California** also provides two housing programs: Probation Transitional Housing and Emergency Housing Incentive Services. **Monterey County Behavioral Health** team assesses all PRCS, Mandatory Supervision and high risk probationers referred. They evaluate psychiatric and mental health needs and provide services for short term therapy, group therapy and crisis management.

Analysis of ORAS data: Referred program participants are all assessed by Probation Officers using the Ohio Risk Assessment System (ORAS) to determine their level of risk to recidivate. These assessments are updated approximately every 6 months. The assessment identifies a risk score for different criminogenic domains. Services and treatment are offered in accordance with high risk domains identified. The Probation Department will generate data

showing movement in domain scores as well as the total calculated risk score and the changes within those scores after subsequent assessments are completed.

Analysis of ETO data: All referrals made and services delivered will be recorded in ETO which records a universal assessment, case management efforts and the details associated with each service provided by each community service provider. New outcome measures can be incorporated as identified and additional evidence based strategies or interventions can also be recorded and extracted as needed. Data can be extracted in a report format or excel spreadsheet. The roles of the research partner are: facilitate communication between project partners; serve as a third-party to perform assessment work; collect information and data for reporting purposes; assist Probation to formulate EBP training plans for each service agency; assist in identifying appropriate and meaningful outcomes measurement indicators for both service agencies and Probation; monitor and evaluate the implementation of EBP. Assist the City of Salinas in its reporting function. The responsibilities of the research partner are: Plan, schedule and perform all CPAP Assessment work for the six participating service providers; Create prescriptive plans and recommendations for each service provider as a result of the Assessment process; Keep records and write reports for team meetings and for mandatory reporting purposes; Participate in bi-monthly team meetings; Participate in BJA meetings in Years 1 & 3; Evaluate the impact of EBP training & short-term prescriptive plan work completed by service providers. Write a final summative evaluation report in Year 3.

Approximately 300 High Risk AB109 individuals would be included in the population to receive treatment from the six participating service providers.

3. Capabilities and Competencies. The project will be managed by the City of Salinas, who will serve as fiscal agent, administer the project, plan and coordinate project meetings, serve as

the keeper of records and be responsible for mandatory project reporting, as well as sharing relevant project information with CASP. Monterey County Probation will be the grant coordinator, oversee the day-to-day work of the project, including the service provider referrals. The research partner will report to Monterey County Probation and perform the majority of the direct work with the service providers. The staffing of the project includes .10 FTE Project Manager (City), .30 FTE Project Assistant (City), .20 FTE Project Coordinator (Probation) and Research Partner (hourly part-time).

The City of Salinas has a substantial history and experience in successfully managing large, multi-year federal grants, including prior OJJDP Anti-Gang Strategies, COPS, Bureau of Justice Administration, and Edward Byrne Memorial Justice Assistance grants. From the State of California, the City of Salinas has been awarded several CalGRIP (Gang Reduction, Intervention & Prevention) grants.

Data available to the project will include periodic individual risk measurement through ORAS assessments (usually administered semiannually), and data captured by Probation's Efforts to Outcomes software that captures case management efforts and custom-defined outcome measures. The CPAP Assessment Process captures data in a rating instrument. Additionally, each service provider records data unique to their needs which will be available to the research partner as it pertains to assessment and the development of prescriptive plans and the possible customization of the Efforts of Outcomes system.

Meg Seibert, M.S., the research partner, holds a Bachelor of Science in Governmental Administration with a minor in Latin American studies. Additionally, she holds a Master's of Science in Public Administration from USC awarded in 1994. She has conducted research and contributed to peer-reviewed journal publications while employed at RAND and the UCLA

Medical School on economics and health field topics. Her field research (“action research”) experience includes as a United Nations International Election Observer in Costa Rica and Nicaragua (field interviews, data collection, observation 1990-91); California Math-Science Partnership grant evaluator (plan and run focus groups, perform in-class observations, administer surveys, collect data, design databases 2004-07); Evaluator for Monterey Academy for Oceanographic Science (survey design and administration for field studies, run focus groups, track expenditures, write and submit federal reports 2008-11). She has worked with Monterey County Office of Education – Alternative Education Division, City of Salinas Police, the County Youth Center, Juvenile Hall, and Juvenile Probation to design and administer surveys, and run focus groups with juvenile offenders on School Community Violence Prevention, Students Engaged in Reducing Violent Environments, and Safe Schools, Healthy Students grants projects. She performed reviews of presenting risk factors in juvenile offenders from the same population to identify aligned evidence-based curricula for use in federal and state grant-funded projects.

4. Data Collection Plan. The quantitative data for the performance measures will be tracked both in the Efforts to Outcomes system through each service provider’s continual entry of data through their “touchpoint” process, and manually (tracking of training events) by Monterey County Probation and submitted to the City of Salinas quarterly. Some examples of included performance data would be project activities, information sharing, training of service providers, changes in policy or procedure, and changes in risk levels of the AB109 population (administered semiannually). The ORAS tool could potentially be used for this purpose.

The research partner will attend bi-monthly project meetings and incorporate some of the BJA Performance Measures Narrative Questions in her reports, such as: accomplishments and barriers during the reporting period and sharing of innovative ideas and/or accomplishments

generated through the Assessment process. This information will be compiled by the City of Salinas and utilized when submitting the semi-annual Narrative Reports. Additional data stemming from the Assessment process will be recorded and reported to the City of Salinas for uploading in the quarterly BJA Performance Measurement Tool. Some examples of included data would be implementation of any new policies or procedures, updating of any policies or procedures, and project activities conducted.

5. Impact/Outcomes, Evaluation & Sustainment. Goals: 1) To assess the use of evidence-based programs and strategies by service providers under contract to Monterey County Probation; bring existing evidence-based programs and strategies up to fidelity standards; 2) Provide training, materials, and technical assistance to implement new evidence-based programs and/or strategies; 3) Enable Probation and service providers to track measurement indicators that show outcomes and impact of activities. Objectives for program development: to open communication pathways between participating agencies, the research partner, and Probation that will set the stage for removing silos in service provision. Objective for program implementation: to increase service provider awareness and importance of utilizing EBP. Encourage use of ETO among all service providers and increase communication around identified goals for supervisees to support a cohesive treatment approach. Outcomes: Year 1: At least 4 out of 5 agencies will complete the California Program Assessment Process. Each agency that completes the process will have a prescriptive plan developed with short-term, intermediate-term, and long-term goals, responding to the needs and gaps identified in the Assessment. Year 2: The agencies will complete at least 80% of their short-term goals (1-2 year timeframe), Year 3: The agencies will complete at least 25% of their intermediate-term goals (3-5 year timeframe), and will have a roadmap to achieve their long-term goals (5 years+).

Monterey Probation will document, monitor, and evaluate any training that takes place during the project for service providers manually. Documentation and monitoring on performance by the six service providers with regard to referrals and treatment will be captured through the use of Probation's Efforts to Outcomes (ETO) system. Once appropriate evaluation measures have been identified and any customization of the software has been made, the ETO system will be useful as an evaluation tool as well.

Data to be collected includes the BJA performance measures qualitative and quantitative data, periodic ORAS Assessment data on risk levels, and service provider referral and treatment data out of ETO. Probation will collect data on trainings provided. The City of Salinas will collect data and information from partner bi-monthly meetings. The research partner will collect information and data directly generated by the CPAP Assessment Instrument, as well as data and information during the monitoring component of the project to assist with the summative evaluation function and report writing.

Some of the evaluation activities will add substantially to the sustainability of the project work without necessitating additional funding. One example might be the development of an agency training manual and orientation procedures for new employees along with a self-assessment tool that would enable a new employee and supervisor to formulate a professional development plan adhering to best practices and incorporating training in relevant evidence-based practices. The prescriptive plans developed for each participating service provider will include activities that are intended to be completed in the short term (< 2 years), intermediate term (2-5 years) and long term (> 5 years), and will serve as a roadmap for making further improvements towards best practices in EBP implementation. These are long-term resources for the program. The increased amount of collaboration between service providers and Probation

will reduce silos in service provision and contribute to the conversion to a case management approach that will provide long-term support for supervision efforts.

In 2005, the City of Salinas united resources to form the Community Alliance for Safety and Peace (known as CASP), a broad-based collaborative charged with reducing violence, whose steering committee is comprised of representatives from local governments of several jurisdictions, Probation, education from elementary through college, the District Attorney, local granting foundations, public health, street outreach, clergy, employment and training departments, social services, business, public housing, the courts, and several law enforcement agencies. Our Project Manager, Jose Arreola, is the current Director of CASP, and the City's Community Safety Manager. Once the initial six programs have worked through the CPAP Assessment process, have successfully improved their implementation of EBP, and have created a data reporting protocol that allows them to track performance measures and outcomes, the assessment tool, process, and lessons learned will be disseminated to the rest of the community organizations that belong to CASP, a valuable, sustainable addition to the arsenal of strategies to improve implementation of evidence-based practices and effective service provision for those involved in corrections work in Monterey County.

The long-term results of the project will include increased collaboration among service providers and Probation that reduce costs and improve outcomes, successful integration of a case management model that will improve service provision to supervisees, and the ability of service providers to measure their own performance and use those results to inform and improve their practices in a continuous feedback model. This same data will allow Probation to effectively case manage their clients.

Section A: Statement of the Problem

I.A. Problem Statement. San Joaquin County’s Community Corrections Partnership, a collaboration led by Probation and comprised of multi-sector, public-private agencies, is leading local correctional reform efforts. San Joaquin is struggling to respond to high numbers of individuals with Co-Occurring Disorders (COD) involved in the criminal justice system, a challenge that has been exacerbated by California’s Public Safety Realignment implemented in 2011 through AB109. As Table I illustrates, AB109 has increased the jail population, despite

Indicators	Pre-AB 109			Transition	Post 109	
	2008	2009	2010	2011	2012	2013
Average Daily Population	1,509	1,452	1,259	1,213	1,218	1,420
Suicide Attempts	23	29	30	12	27	65
Use of Restraints	21	57	29	26	29	22
Average no. on psych meds.	120	141	155	90	150	187
# of Bookings	34,016	31,603	26,307	31,603	23,194	23,928
County Jail Data Profile 2015						

having far fewer bookings, due to those booked having more serious offenses and longer sentences. The number of

suicide attempts and inmates requiring psychiatric medications also increased, indicating there are more inmates with serious mental illnesses. With only one clinician, for acuity stabilization and suicide prevention, the Jail lacks the capacity to assess all inmates so many are released undiagnosed, without a plan or linkages to supports. *This challenge is faced by all 58 California counties.*

1.B. Jurisdiction & Target Population. San Joaquin County is located in California’s Central Valley and includes mid-sized cities and numerous small agricultural and unincorporated areas. County population is 710,731; with a mix of 39.5% Caucasian, 36.4% Hispanic, 13.9% Asian, 8% African American, and 1.3% Native American (US Census, 2010). The County suffers disproportionately from the economic downturn with 16.5% of residents living in poverty and a 10.6% unemployment rate, 50% higher than the state (6.5%) nearly twice the national rate of 5.6% (US Bureau of Labor Statistics). ***Until 2013, the county had the highest crime rate in the state*** with the California Crime Index reporting 799.0 violent crimes per 100,000 people,

compared to a state rate of 453.6 in 2009. County Jail has capacity for 1,411 inmates. The majority of inmates are male (84%); most females booked into the jail remain for just a brief period. Since 1990, the County has had a court order stipulating that the Jail not exceed capacity and yet, due to AB109, the 2013 Average Daily Population exceeded capacity at 1,420.

The Target Population for Assisting Reentry for Co-Occurring Adults through Collective Support (ARCCS) is 120 inmates with a COD diagnosis who upon release will be on formal probation and who serve at least a 90-day sentence, allowing time to conduct assessments, and reentry planning. A probation officer and behavioral health clinician will comprise the ARCCS Reentry Team and will oversee a caseload of 25-35 probationers. Probationers will be supervised for at least six months and an estimated 120 probationers will be served over the grant period. An estimated 25% of participants will be White, 40% Hispanic, 17% African American, 6% Asian, and 12% multi-racial. We estimate that over 90% of participants to be male.

1.C. Current Assessment & Treatment Services. AB109’s impact on the jail has been profound. In AB109’s first twelve months, the jail processed 2,244 AB109 inmates. The reentry population is also significant for a large -size county - with 911 offenders released locally on community supervision under AB109 between 10/1/11 and 9/30/12; a significant increase over the 450 anticipated. As Table I, above describes, with an increasing proportion of inmates have high rates of violent crime, behavioral disorders and COD.

2nd Chance funding was used to develop Transition-Age Youth Grounds for Recovery (TYGR), an evidence-based approach to re-entry that implemented an array of special procedures for Transition Age Youth (TAY) inmates. The program standardized a set of research-driven practices for reentry from the Jail and significantly reducing violations, re-arrests, and returns to custody. Qualitative data reveals that Correctional Officers and inmates

	Pre	Post
Arrests	92%	15%
Convictions	74%	16%
Reincarcerations	34%	25%
San Joaquin Community Data Co-Op. 2015		

also experienced a positive shift in jail culture. Unfortunately, no such system is in place for adults. In the absence of a systematic approach to assessment, diagnosis and reentry planning, many offenders with COD are released into the community undiagnosed, without linkages to needed supports. Without a plan many offenders fail to report for supervision or treatment, leading to deterioration of their mental illnesses and in ongoing cycle of arrest and re-convictions.

1.D. Rationale for Target Population & Baseline Recidivism Data. The Target Population was selected due to an alarming increase in inmates with more serious offenses and mental health conditions warranting psychiatric medications. Research demonstrates that in the absence of an evidence-based re-entry system, many adults with COD will recidivate quickly. Recidivism rates are typically high for COD offenders. Yet a solution is at hand. As Table II above illustrates, 6-months post release TYGR participants experienced a 20% recidivism rate. Another local specialty program targeting high-risk offenders had a recidivism rate of 30% and the rate for the Post-Release Community Supervision (PRCS) has been 26%, following one year. For ARCCS, we project a one-year recidivism rate of 25%. These recidivism rates are based upon a subsequent conviction, however the CCP maintains data for re-arrest, revocations, and convictions, and Probation will monitor all measures of recidivism for ARCCS participants.

The Probation Department seeks to expand TYGR to provide services to all eligible adults. The County will additionally work with the Community Resources for Justice's Crime & Justice Institute (CJI) to develop a toolkit profiling the County's highly collaborative approach to re-entry of high risk, COD adults. Completing the toolkit will strengthen the County's intervention approach and create a roadmap for other jurisdictions struggling with the impact of Realignment.

2. Program Design & Implementation

2.A. Program Purpose Goals & Objectives. The ARCCS partnership is led by Probation with

the Sheriff, Behavioral Health Services (BHS), CJI and an array of public/private partners. ARCCS' purpose is to replicate the TYGR reentry program with the full jail population and embed it within other local, CCP-managed correctional reform strategies that have decreased recidivism and reduced violent crime. ARCCS will provide 120 jail inmates with COD, who are high risk and have high needs, and in custody at least 90 days, with enhanced screening, assessment, treatment, and reentry services. Post-release services will include assessment-based case planning and comprehensive recovery supports. ARCCS' project goals are to: 1) demonstrate better outcomes for high risk adult offenders, including reduced recidivism rate; 2) strengthen and sustain reentry services; and 3) develop a toolkit as a roadmap for others to implement effective re-entry services.

2.B. Planning Phase. ARCCS is a replication of TYGR, which utilized a Sequential Intercept planning model, developed by SAMHSA's GAINS Center, to identify gaps in coordination and service delivery. Core elements of the program align with the ten essential elements of specialized probation initiatives developed by Dr. Fred Osher at the Council of State Governments Justice Center. Operating guidelines, outlining protocols for behavioral health screening and assessments, use of risk and needs assessments, effective practices in community supervision, and referrals to participating program providers have been reviewed by Justice Center staff, have been in place via TYGR for three years and were approved by BJA's technical assistance provider. Probation will work with the BJA technical assistance provider to expedite approval of an ARCCS Planning & Implementation Guide.

2.C. Program Design Elements. ARCCS responds to BJA Design Elements, as described below.

Actuarial-based Assessment & Criminogenic Needs. Inmates eligible for ARCCS will be referred to Probation for assessment of criminogenic risk using the Static Risk and Offender Needs Guide (STRONG). The STRONG is an important foundation for responding to offender

risks and provides the necessary dosage and intensity of services. Probation is working with UCCI to implement *Effective Practices in Community Supervision (EPICS)*, which enables Probation to identify appropriate treatment, supervision levels, and supports. ARCCS will create reentry plans with approximately 200 hours of cognitive behavioral interventions (three, two-hour sessions each week) combined with other structured activities (e.g. meeting with clinician, attending support groups, and vocational or educational programming). Compliance with the reentry plan is supported through a comprehensive graduated sanctions and rewards matrix.

Inclusion of Baseline Recidivism Data. See I.B & I.D. The ARCCS team will review a dashboard monthly with current data on rearrests, convictions, and revocations. Data collection and recidivism reporting will mirror larger county-wide efforts by the CCP.

Enhancing Intrinsic Motivation. All Probation Officers and Corrections Officers are trained in *Motivational Interviewing (MI)*, providing a new engagement tool for corrections staff, resulting in fewer fights among inmates, less use of force, and fewer incidents of drugs entering the jail.

Determining Dosage & Service Intensity. Trauma screening will be completed after booking through a questionnaire developed by Texas Christian University (TCU). The *Trauma Screening* tool is effective in identifying individuals with likely trauma, including PTSD. It is normed, validated, and reliable for offenders (Joe, Knight, and Flynn, et.al. 2011) The *Addiction Severity Index (ASI)* will assess for chemical dependency and a standardized psycho-social assessment instrument will complete the mental health evaluation. The ASI is valid for offenders (Hanlon, O’Grady, Bateman; 2000). A licensed mental health clinician with experience in addiction treatment will administer these assessments. Based on assessment findings a diagnosis and treatment plan will be developed. For most ARCCS participants predominant mental health issues will be related to PTSD, trauma, hypervigilance and other symptoms of emerging mental health issues. Marijuana, methamphetamine and opiates are the primary drugs used by the Target

Population. Individuals identified with serious and chronic mental health issues will be referred for a medical evaluation to determine if there is need for pharmacological interventions.

Correctional Health Services has a full pharmacy dispensary for in-custody prescriptions.

Evidence-based Mental Health & Substance Abuse Treatment. The County's emphasis upon EBP includes training in MI for all Correctional Officers, Probation Officers and Behavioral Specialists. With inmates and after release, ARCCS also will utilize Seeking Safety groups, a National Registry of Evidence-based Programs & Practices (NREPP) model. ARCCS will also employ *Moral Reconciliation Therapy* (MRT) and Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), also NREPP models. For participants with serious and chronic mental illness, BHS may refer to evidence-based services funded through the Mental Health Services Act.

Pharmacological Drug Treatment Services. Correctional Health Services has a full pharmacy dispensary for in-custody prescriptions, including psychotropic medications. While currently, medication assisted treatment MAT interventions are not available in jail, reentry planning connects clients with opioid addiction to MAT treatments options upon reentry.

Using Cognitive Behavioral Interventions. *Seeking Safety* is a trauma-informed treatment approach for substance abuse and COD. Used with mentally ill and criminal justice populations, with individuals or in groups, it has demonstrated that participation can increase coping skills and awareness of recovery needs (Hien et al, 2009). Seeking Safety, CBI-SA and MRT groups will be conducted in jail and in the community. CBI-SA and MRT, described above, are also based on the principles of cognitive behavioral interventions.

Developing & Implementing Transition Planning. A core component of reentry planning is in-custody meetings among core program staff. The clinician, probation officer, classification officer, and (as warranted) psychiatric technician will meet weekly to discuss participant disposition, engagement in group processes, overall readiness for recovery, outreach and

engagement of family members, and ongoing development of the reentry plan. ARCCS reentry planning will identify services and supports to address criminogenic risks and facilitate access to housing, educational, vocational, mentoring, and case management supports. Eligibility workers will meet with inmates to facilitate access to Medicaid (if there is medical necessity) or other affordable coverage enabling inmates to access health and behavioral care upon release.

Institutionalized operating guidelines, information sharing and coordination among partners has been enhanced by a new electronic in-custody mental health records system and information sharing protocols. Within 48 hours of release, the ARCCS Probation Officer and BHS Treatment Specialist will visit the participant at home to bridge the transition to the community. Plan goals and housing, education, vocational, health, and behavioral health issues discussed. A schedule of monthly meetings will be developed and the team will also be available to meet as issues arise.

EBP Supervision Services. Probation is committed to the principles of effective interventions and EBP. Officers are trained in MI, EPICS, validated assessments and case plans, and using a reward/sanctions matrix. Interventions are targeted using the risk, need and responsivity principles to prioritize resources and target individual criminogenic needs.

Recovery Services: For individuals with COD, successful reintegration is complicated. For offenders who have no other housing options, a 30-day residential treatment program and/or a 90-day transitional home will be available. For participants with serious and chronic mental illnesses, ongoing housing support may also be available through the mental health continuum of care. To create a more comprehensive array of housing options, ARCCS is convening a Housing Team comprised of CCP members and housing providers. The Team will meet quarterly to expand housing options and provide supervision and assurance needed to mitigate legitimate landlord concerns. The Team will also manage a Housing Fund of \$47,800 to provide emergency hotel housing in urgent situations and to leverage existing rental subsidies.

ARCCS participants who require more support than that provided by the ARCCS team will be connected with a mentor and/or case manager to support reentry while in-custody and upon release. Family members, spouses/partners, case managers, and mentors will be invited to reentry planning sessions and family members will be given information on mental health and dependency and connected with supports (NAMI, Al-Anon,). Other factors associated with reduced recidivism or relapse are employment, education, and peer support (Petersilia, 2009). ARCCS will connect clients with 1) San Joaquin WorkNet for job readiness and search assistance; 2) San Joaquin Office of Education for educational services; and 3) the Wellness Center, which offers a peer-run program promoting recovery.

Sustained Aftercare and Case Planning. ARCCS will cultivate relationships with local health, behavioral health, education, vocation, and housing resources as part of reentry planning, with supervision and support sustained for at least six-months after release (or probation completion). As the probationer nears the end of probation, the ARCCS probation officer and offender will develop a plan that delineates service and support relationships and includes personal goals addressing criminogenic risk factors and relapse prevention. The plan will transition the ‘supervision’ function from the program to the individual. While no formal relationship with the program will be sustained after probation ends, all participants will be encouraged to reconnect if they feel they are in need of support.

Collaborative Reentry Toolkit. ARCCS will partner with CJI to develop a toolkit for developing and implementing a research-based reentry program responsive to Realignment. At 2nd Chance meetings, TYGR representatives were frequently asked how they had developed such a seamless reentry partnership: ‘How did you overcome barriers to information sharing? How did you link supervision and behavioral health? How did you hold partners accountable?’ The toolkit will describe initial partnership creation, outline how barriers to collaboration were overcome, and

provide a complete set of assessment tools and protocols, implementation timelines, partner roles and responsibilities, costs and leveraged funding streams, evidence-based practices deployed and training resources, costs and schedules along with a complete procedures manual. While the toolkit will be embedded in California Realignment, it will be very applicable in other states.

2.C. Guidelines for Screening Participants & Projected Total Served. The screening process and validated risk and need assessment instruments are described above, as is the process for connecting participants to community resources. ARCCS will serve 120 offenders.

2.D. Accountability Structures. ARCCS program partners will meet with the project coordinator on a monthly basis to review program operations, implementation successes and challenges, and to refine protocols to ensure timely service delivery that meets the recommended dosage and intensity for all interventions. Staff will review the number and disposition of cases and the evaluator will ensure that partners are submitting activity data and assessment tracking and attendance logs used in performance reports.

3. Capabilities, Competencies and Coordination

TYGR has transformed the system for young adult offenders with COD into one that is more age-appropriate, trauma-informed, and effective in preventing recidivism and promoting recovery. ARCCS will extend that transformation to all adults with COD. Attached letters from partners attest to a shared intent to create a more collaborative, creative, and effective reentry.

3.A. Management Structure and Staffing. The Probation Department is the ARCCS lead agency and fiscal agent. Key partners are County Behavioral Health Services, Sheriff, Correctional Health and an array of social service and housing partners. The program is managed by Shannon Gonzalez, Assistant Deputy Chief of the Adult Division. Partner organizations have assigned at least one senior staff to attend monthly management meetings that also include the ARCCS evaluator and may include direct services staff.

3.B. Implementing Agency Capacity. ARCCS partners and its county management team have significant experience implementing reform programs. (See 3C & Attached bios & letters). County Divisions are guided by administrative and fiscal protocols. Probation is currently working with UCCI to monitor and sustain TYGR fidelity and with the San Joaquin Data Co-Op (Data Co-Op) to improve use of data. Probation and the Data Co-Op are currently track extensive data for TYGR and AB109; this data includes tracking related pro-social outcomes pertaining to employment and education. New electronic case planning and monitoring tools, integrated with the STRONG assessment, have been operationalized within Probation and will be implemented as part of ARCCS.

3.C. Mental Health and Substance Abuse Treatment Partnerships. Over the past three years, the County has launched a series of highly collaborative criminal justice partnerships under coordination of the CCP, a partnership led by Probation and comprised of representatives from health, behavioral health, the courts, municipal police departments, district attorney, public defender, sheriff, employment, housing, and human services departments. The CCP has created a sweeping Plan to turn the challenge of Realignment into an opportunity for correctional reform. Within the Plan an array of Probation Supervision strategies and specialty courts have been launched including system-wide adoption of a range of evidence based practices including motivational interviewing techniques, cognitive based interventions, use of rewards and sanctions, home detention with electronic monitoring, a Day Reporting Center, and flash incarceration. The Plan also called for seamless offender access to vocational services; transitional housing; re-entry and compliance court; restorative justice programs; mental health and COD treatment. Other examples of reentry reform are the County Assessment Center, a one-stop community supervision reporting site that includes co-located partners (Behavioral Health Services, the Human Services Agency, and WorkNet); the creation of specialty courts connected

to specialized supervision programs that allow the judicial and probation systems to focus on specific risk factors; and a new Local Community Supervision Program that has worked with the courts to use ‘split sentencing’ as a proactive tool to support community supervision efforts. As Table III illustrates, these initiatives have contributed to significant reductions in violent crime and even greater declines in homicides. A county that had been the most violent in the state has created a criminal justice system that is the perfect environment to implement ARCCS and

provide a model to the Nation for how collaboration can transform systems and offenders.

	Violent Offenses				Homicides			
	Viol 2011	Viol 2012	viol 2013	% change 2011-13	2011	2012	2013	% change 2011-13
SJC	5,694	6,249	4,980	-13%	87	89	47	-46%
CA	155,313	160,629	151,634	-2%	1,794	1,878	1,745	-3%

CA. Dept. of Justice CJSC Statistics 2015

San Joaquin County Behavioral Health Services (BHS) provides mental health and substance abuse services for indigent and Medi-Cal populations with diagnosed mental illnesses and/or dependency issues. BHS serves approximately 13,000 annually with counseling, case management, peer supports, acute care services, and substance abuse services. Correctional Health Services operates a medically sheltered unit and pharmacy in the jail and offers medication management, clinician support, and psychiatric evaluation. All partner agencies have experience working collaboratively; communication and referral protocols are established. Friends Outside provides mentoring services to inmates. Fathers & Families and Mary Magdalene Community Services conduct reentry case planning with inmates. Mary Magdalene contracts with BHS to provide wrap-around case management for offenders with mental illnesses. All partners have participated in the CCP since its inception in 2011.

3.D. Current BJA Funding. The Probation Department is a current 2nd Chance grant recipient, which is funding the TYGR expansion project through September 2015. If funded, this grant will enable the County to open the program to all adults meeting the eligibility criteria. It will also enable Probation to work with CJJ to develop a toolkit delineating how the formation of strong

collaborative relationships across systems has enabled San Joaquin County to create a seamless, coordinated multi-disciplinary reentry system for offenders with COD.

4. Impact / Outcomes, Evaluation, and Sustainment

4.A. *Capacity & Plan for Data Collection and Information Sharing*

TYGR created a model to improve the assessment, treatment, and reentry, processes for young adult offenders with COD and the evaluation for that project created the range of data collection tools, procedures and reports necessary for ARCCS. The San Joaquin Community Data Co-Op, an independent applied social research and evaluation institution, conducted the TYGR evaluation and will also evaluate ARCCS. As a result of the highly collaborative TYGR initiative, a culture devoted to information sharing and program planning based upon data has been cultivated. As such data collected by the Co-Op will be used throughout the project both by the ARCCS team and the CCP where all partners can assess implementation progress, identify barriers to success and make mid-course corrections as needed. To track progress in implementation, the evaluator will create an expanded version of the attached program work plan with subtasks for each task identified, time frames for completion of sub-tasks, evidence of completion and person responsible. This work plan will be reviewed at each CCP meeting to ensure timely implementation. In addition, the evaluator will develop a *ARCCS Practice Checklist* comprised of a list of screening, assessment, reentry planning, and community supervision procedures and will use this to guide annual structured interviews with all ARCCS staff to verify their use of the procedures and service coordination as well as their understanding of and support for ARCCS' purpose. The evaluation will also leverage existing comprehensive databases to track *independent participant variables* (age, gender, race/ethnicity and offense) and to *measure the dosage* of the model's proposed activities (engagement in re-entry planning, participation in treatment services, time with dedicated probation officer). To measure the

broader impact of in-jail and community supervision reforms, data on in-custody restraints/suicide attempts, crime/recidivism, and program completion rates will be collected; as well as, desired *participant outcomes* related to violations, mental health stability, and substance abuse recovery. Finally, satisfaction surveys will be developed for staff, partners, and participants to identify both factors that contributed to project and offender success and areas where the program could be improved. Offender surveys will be administered both immediately prior to release and six months after release to capture both the degree to which offenders felt prepared for reentry and their reentry experience. Procedures for collecting unique participant identifiers and for obtaining recidivism data are in place from the TYGR evaluation. The table below summarizes data to be collected and shows the alignment between project goals, activities and outcomes. The Data Collection Plan below has been effective in monitoring adherence to the model and achievement of outcomes in the TYGR pilot and its expansion.

Goal	Activities	Measurement Plan
Implement ARCCS to fidelity	Complete Implementation Guide, introduce ARCCS procedures and protocols in jail and community supervision and document adherence.	Develop and utilize detailed work plan tracking timely completion of tasks and implementation of procedures. Structured interviews with ARCCS staff using ARCCS Practice Checklist. Surveys of ARCCS staff.
Improve assessment process to identify COD inmates.	Expand assessment services to all adults using STRONG, ASI, and Trauma Screening Tool.	100% of eligible inmates screened while in jail.
Improve in-custody treatment services through electronic information sharing.	Update and maintain Correctional Health Records electronically and implement information sharing permissions.	Correctional Health moves to electronic records for all inmates.
Improve reentry planning and linkages to community services.	Target areas of high criminogenic risk and include CBO partners in reentry planning, case management and mentoring.	75% of inmates linked to case manager. 75% of clients will enroll in Medicaid or ACA before release. 60%) of inmates will indicate high levels of satisfaction with housing, employment, health and behavioral health resources.

Goal	Activities	Measurement Plan
Reduce Recidivism	Baseline recidivism rate (68%) will be cut in half.	70% will not have been convicted of a new crime after 1 year.

Lastly, the evaluator will be involved in Reentry Toolkit design to ensure it incorporates all tools, procedures, protocols, and practices of the ARCCS initiative. The evaluator will also prepare data for federal reporting, provide quarterly reports, and prepare evaluation narratives.

4.B. Identifying Existing Barriers to Collaboration. The CCP and its partners have been involved in a three-year correctional reform journey characterized by extraordinary levels of collaboration and cooperation. One remaining challenge is the absence of a comprehensive array of affordable housing for offenders, a challenge that will be tackled by the Housing Team.

Another challenge is the continuing high unemployment rate in the community. The CCP and its partners are committed to addressing these barriers just as they drove recent changes enabling eligibility workers to enter the jail to screen inmates and support application for health insurance or Medicaid; implementing information sharing protocols and electronic health records; and developing protocols for collaboration among inmate, behavioral health specialist and probation officer in developing reentry plans. The ARCCS Practice Checklist, surveys, and structured interviews with stakeholders will enable the ARCCS Team and CCP to obtain the view of those who encounter barriers and enable the CCP to make policy and partner adjustments.

4.C. Measuring Stakeholder Support & Coordination. The Checklist, staff/offender surveys, and interviews with partners/stakeholders will assess stakeholder support & service coordination.

4.D. Measuring System Change, Policy Adoption & Sustainability. The Data Co-Op will conduct a systems change review to measure ARCCS implementation and impact. Part of this review will involve the use of the ARCCS Practice Checklist and surveys of staff and offenders to capture their experience. In addition, key informant interviews will be conducted with stakeholders, including members of the CCP, Housing Team, and leadership from CBO partners.

Analysis will a) ensure activities were conducted as planned and b) resulted in better linkages among programs. Research questions include: 1) Are validated screening and assessment tools incorporated into standard procedures and used to make appropriate referrals? 2) Has training impacted how correctional officers support treatment and reentry? 3) Does reentry planning create sustainable linkages with community services? 4) Are participants more likely to transition into existing BHS services? Principal research methodologies include interviews and focus groups and analysis of participation and impact data. Probation and ARCCS partners will review program activities annually to determine if recidivism rates appear to be improving over baseline. If the approach proves effective it will be incorporated into operations. Additionally, the Affordable Care Act (ACA) includes expanding substance abuse and mental health treatment services and now extends coverage to young indigent males, including reentering offenders. TYGR operating guidelines are in place and with ARCCS will expand to the main Jail. New electronic record keeping and information sharing procedures are now fully developed within Correctional Health. Finally, all of the protocols, procedures, policies and practices that comprise the ARCCS approach will be incorporated into a Toolkit that will provide a clear framework for sustained implementation of ARCCS. This approach and the partnerships and relationships that define it were developed by a strong CCP partnership that has created a reform framework that will sustain ARCCS and other systemic reforms regardless of changes in leadership.

Program Narrative

1. Statement of the Problem

a. Fidelity to the Local-Level JRI Model

Santa Cruz County successfully completed all elements of the Justice Reinvestment Initiative (JRI) Phase I model between April of 2011 and October of 2013. During this time local partners worked extensively with the Crime and Justice Institute (CJI), as well as other technical assistance providers (JFA Associates, Luminosity Inc., the Center for Advancing Correctional Excellence, the National Center for State Courts) to collect and analyze criminal justice data, to identify key cost drivers in the system, identify strategies for cost-effective system improvements, and begin to monetize outcomes for reinvestment. The County's Phase II request was approved in August of 2014 with strategies in five key areas, and contracts for Phase II activities have been in place since October 2014.

Convening a multidisciplinary task force or committee. Santa Cruz County originally designated its Jail Crowding Committee as the collaborative governing body for JRI, with the Sheriff and the Chief of Probation serving as co-chairs, and with senior management and research analysts from the Probation Department serving as staff. Meetings were scheduled on an as needed basis with no less than four quarterly meetings. Subgroups of the full Committee met to address specific substantive reinvestment issues and analysis of data presented by CJI.

Following the county's JRI application for Phase I, the California Legislative Assembly enacted the Public Safety Realignment Act, Assembly Bill 109. AB109 realigns responsibilities and costs for incarcerating and supervising less serious felony offenders from the State of California to California's counties in what many observers regard as the largest justice reinvestment initiative in the country. The legislation created Community Corrections Partnerships (CCPs) in each county to develop a plan for implementing the provisions of AB109. In order to maintain the

momentum for criminal justice reform generated by AB109's planning process and to ensure coordination between the Public Safety Realignment planning process and the JRI process, Santa Cruz County formed a new JRI collaborative in late 2011. The new collaborative included additional members from CCP, the County Administrator's Office, the County Board of Supervisors, the Sheriff's Office, the Superior Court, the Public Defender, the District Attorney, and Community-based service providers. Known as the Justice Reinvestment Partnership (JRP), the new collaborative adopted the following mission statement:

The mission of Santa Cruz County's JRI is to promote public safety, increase justice system and offender accountability, reduce spending on less effective criminal justice strategies and redirect savings to evidence-based criminal justice strategies with the greatest impact on crime and recidivism.

Analyzing criminal justice system data. CJI's data collection and analysis involved extensive collaborations with the leadership and staff from Santa Cruz County's criminal justice system. From August 2011 through June 2012, CJI conducted a series of preliminary data analyses, which were reviewed and analyzed by the JRP. In June 2012, CJI presented its final data analysis and findings to the JRP. Data sources included: SCC Jail Booking and Release Data 2007-2012; US Census Demographic Trends 2000-2012; FBI Crime Rate Data 2000-2009; Probation Dept. Caseload Data 2010-2012; and Superior Court 2013 Case Files. Points of analysis included: trends and projections in county demographics, crime rates, jail population; jail booking; gender, age, race, prior bookings; entry (arrest/warrant/hold/citation); most common offenses & level of severity; jail release; release type (pretrial/sentenced/other); average length of stay and jail bed days; bail amounts and trends; court processing; arraignment; preliminary hearings; pretrial activities; and trial/sentencing.

Data analyses and findings identified the following criminal justice population drivers: excessive processing of chronic, low-level ordinance violations; unnecessary jail incarceration and staff time due to delays in processing court cases; widespread criminal activity related to untreated substance use disorders; insufficient capacity of the county's pretrial release system; and a high per capita rate of offenders under probation supervision for extended periods of time.

Adopting policy options and implementing strategies to address system cost drivers. The following strategies were developed for implementation during Phase II:

Address chronic local ordinance violations. A multi-disciplinary response was developed to hold an identified list of chronic ordinance violators accountable while addressing underlying issues of addiction, mental illness, poverty and homelessness. Phase II funding has been dedicated to providing a restorative justice model work crew to provide strength-based alternatives to criminal justice sanctions for this population.

Adopt court processing improvements. In Phase I, the National Center for State Courts conducted an operational analysis that resulted in over a dozen recommendations for improved court processing and management. The courts committed to upgrading their electronic data management system in order to measure system functioning and make system improvement possible. Phase II funding facilitates integration with probation and corrections data systems.

Improve drug offender outcomes. During Phase I, consultants from George Mason University began implementation of the Risk Needs Responsivity Simulation Tool to enhance program quality, treatment matching, and jurisdictional resource allocation. Phase II funding is supporting the institutionalization of a local recidivism data base, provider assessment and improvement process, treatment matching and ongoing jurisdictional assessment.

Expand Pretrial Release Capacity and Effectiveness. In Phase I, consultants from Luminosity, Inc. conducted an assessment of local pretrial efforts. Recommendations included the adoption of

more effective assessment tools and methods, along with expanding number of people released based on validated assessment tools. During Phase II the county was chosen by the Laura and John Arnold Foundation to pilot a new Public Safety Assessment – Court (PSA-C) tool, with revised pretrial policy, increasing staffing, and modernized data collection and analysis.

Reduce the Standard Probation Term Length for Certain Offenders. The high per capita probation population results in larger caseloads and impedes the utilization of evidence-based probation supervision practices. In Phase II justice system stakeholder will review local practices the three-year standard probation term length. A research consultant is gathering comparison data and case studies from other California counties that will be presented to the local judiciary to begin developing local consensus regarding appropriate term lengths.

Adopting robust jurisdiction- and strategy-specific measures. The local JRI benefits considerably from our County having been chosen to participate as one of the first local jurisdictions to implement the Pew/MacArthur **Results First** initiative. Results First has complemented JRI system analysis by providing expert technical assistance and tools developed to accurately capture key system measures, including baseline rates of recidivism by crime type, average costs of recidivism by sector, and marginal costs associated with specific programs, activities and strategies. While the goal of the Results First model is to provide policy leaders with cost/benefit rankings for justice-linked programs, the extensive collection and analysis of system data provides a solid underpinning for monetizing the impact of JRI strategies based on outcomes. Specific measures are also in place for each of the five implementation strategies. The DAP intervention for chronic local ordinance violators is tracking multiple criminal justice and health variables for six and twelve months pre/post program participation. For reinvestment purposes, the critical elements have been the number of arrests, jail bed days, and ambulance transports/emergency room holds. Court processing improvements will be measured through

changes in the average case processing times by case type. This data will be available when the new electronic data management system is in place. Treatment service improvements will be measured through pre/post comparison of recidivism directly linked to substance use relapse. The impact of enhanced and expanded pretrial services is measured through a comparison with archival data of the number of defendants assessed and supervised in the community, with the cost avoidance equal to the number of jail bed days avoided minus the cost associated with arrest and detention of those who recidivate during supervision or who fail to appear to court appointments. If the courts adopt shorter probation term lengths, the cost avoidance will be measured as the equivalent cost of hiring, training and supervising the number of new probation officers needed to achieve the same reduction in department-wide caseloads.

Identifying reinvestment priorities and reinvesting costs saved or averted. Although the Santa Cruz County JRI is less than one year into implementation, several strategies have already documented cost savings/avoidance. In particular, the expansion and improvement of the pretrial services unit has shown an increase of approximately ten percent in the number of defendants safely supervised in the community rather than utilizing costly jail bed days. At the same time, the DAP intervention has documented a dramatic reduction in arrests, hospital transport and jail bed days for the service population. These and other performance measures are tracked quarterly and reported, along with specific process measures, in monthly reports to BJA.

b. Outcomes to Date

The DAP work crew began operation in October 2014 and has been in continuous operation since that time. The crews run for two 4-hour sessions each week, with a total of 50 days year to date for a total of 200 hours of operation. A total of twenty-one DAP clients have participated in the work crews. Data from the first eight months of the overall program shows a decrease of 60%

in arrest and citations among DAP clients and a 40% reduction in jail bed days used by the clients, compared to the eight months prior to program involvement.

The Superior Court has identified a new electronic data management system (Tyler Technology's *Odyssey*) that is scheduled to go live in September of this year. Phase II funding has supported a technical consultant who is attending planning meetings to advocate for system integration with the probation and corrections systems.

Santa Cruz County data has been provided to GMU to develop a locally validated database for evidence-based treatment matching to improve outcomes and reduce SUD-related recidivism.

The RNR provider tool will be re-administered as well to provide up-to-date information to better match the menu of services available to the specific needs areas of the services population.

The pretrial services unit has successfully completed adoption of the PSA-C assessment tool and the new pretrial officer continues to provide additional screening and supervision for pretrial release. Additional mobile computing devices have been ordered for pretrial staff to increase productivity by allowing jail- and field-based assessment data entry and analysis.

A survey of standard probation term lengths was conducted, with a total of 32 out of 58 counties responding. While the majority report a current term of three years or longer, five reported shortening that standard term in the last five years, generally in order to provide better, more focused supervision. Where change has not occurred the reasons are lack of interest/leadership, opposition from district attorneys and courts, and the availability of early termination for good behavior. Additional information will be gathered from the remaining counties, followed by a presentation of findings to criminal justice partners.

c. Reinvestment to Date

Two of the five strategy areas have already been able to document system cost savings, and funding has been dedicated to continue these efforts in the current and coming fiscal years. The

first of these is the Downtown Accountability Program, which provides comprehensive services for chronic local ordinance violators. In the first eight months of operation the project was able to show a decrease of 60% in the number of bookings and nearly 40% in aggregate jail bed days used by offenders following program participation. The total number of jail bed days decreased from 22,45 to 1,387, which represents a avoidance of \$76,937 based on a marginal cost per jail bed day of \$89.67, as calculated by the *Results First* model.

Given these strong early outcomes, multiple criminal justice system partners have committed reinvestment funding to continue DAP. The probation department has dedicated one 0.25 FTE Deputy Probation Officer to the project at an annual cost of approximately \$28,225 per year over the next three years. The Superior Court has dedicated one afternoon per week for judicial oversight, and is developing a specialty court docket to combine DAP review the new Behavioral Health Court and Veterans Court. The County of Santa Cruz has authorized over \$200,000 in continuing resources for housing and treatment of substance use disorders among the DAP population. The work crew, currently funded through JRI Phase II, will be sustained by combining with second work crews working with similar populations.

The second area of reinvestment has been the pretrial expansion, which has also been able to quantify the number of jail bed days saved by measuring the monthly average daily population supervised in the community multiplied by number of days per month. This amount increased from 5,932 during the first six months of 2014 to 7,745 from July to December of the same year, following the addition of new staffing and the implementation of the PSA-C assessment tool and protocol. Given the marginal cost per jail bed day of \$89.67, as calculated by the *Results First* model, this represents a cost savings of \$162,572 as compared to the previous six-month period.

The documentable cost-savings impact of this pretrial expansion resulted in the probation department committing additional resources through SB678 to fund a full time probation aide

position for the pretrial unit at an initial annual cost of \$80,960 in salary and benefits. This additional position has also been included in the draft 2015-16 County budget.

d. Challenges to Achieving Intended Outcomes

The principle challenge faced by the Santa Cruz County JRI is the shortened time frame for implementation. With only one year for implementation it has been challenging to gather and adequate data to measure the cost savings/avoidance of several of the strategies implemented. An additional challenge has been the impact of California State Proposition 47, approved in November 2014, which changes some low level crimes (e.g. drug possession and petty-theft) from potential felonies to misdemeanors. The impact on local criminal justice system is still evolving. Fewer individuals are being sentenced to felony jail sentences and probation, and this has resulted in reduced jail crowding in some units. However, a number of these individuals – many of them addicted to methamphetamine and heroin – fail to appear for their scheduled court date. Often this will result in a warrant for their arrest, and when law enforcement next brings them in they may no longer be releasable to pretrial. It is not yet clear whether this will undermine the intent of the law, and whether jail crowding will return to former levels. The impact to pretrial has been to decrease the pool of individuals eligible for release. Combined with the new assessment tool and protocol, this means that prior data from pretrial services may no longer provide a valid baseline to assess change.

e. Need for Federal Assistance

While the economic downturn of recent years has shifted, Santa Cruz County has yet to recover from an ongoing structural deficit, and continues to rely on fund balances to address that deficit. In general, expenditure growth continues to outpace revenue growth, and efforts to constrain cost increases are challenging, as the needs and the requirements of the community continue to expand. This means that the implementation of any new strategies to improve criminal justice

system effectiveness and efficiency inevitably come at the cost of other existing programming. This can present a serious barrier for policy-makers: given that existing service delivery is already inadequate to meet documented needs, is there proof that diverting resources to new and untested interventions will result in better overall community outcomes? The relatively short duration of JRI Phase II funding is inadequate to establish the cost-savings needed for long-term reinvestment on the scale envisioned by the initiative. Three-year funding, even at the reduced level of the proposed project, will provide local officials the evidence they need to make the best use of scarce resources for the greatest public safety benefit.

2. Project Design and Implementation

a. Areas to Be Addressed

The proposed project will address the area of **enhanced pretrial services** to reduce the costs associated with pretrial incarceration while maintaining and improving public safety. This is one of the original priority strategies identified by the JRP, and has already shown considerable promise in achieving measurable cost savings to the justice system. Other priority strategies will have either achieved closure (probation term lengths, court data system capacity) or will be sustained through alternative support (RNR embedded in AB109 service delivery, DAP supported through alternative funding).

Expanding support and resources for pretrial is especially important during this time of multiple transitions and change in the field. New assessment instruments and methods have become available, promising increased accuracy and ease of implementation. At the same time, new laws and policies have changed the parameters within which these programs work, and it is critical to continue to develop and assess new strategies. The proposed project will continue support for the new pretrial officer, providing 75% of the officer's full time salary and benefits cost. This officer will continue to make use of the new PSA-Court assessment, enhanced by the presence of mobile

computing devices to be purchased during Phase II implementation. The increase staffing, coupled with the streamlines, validated assessment tool and the capacity for field-based data entry and assessment findings are expected to continue to increase the number of defendants processed while improving the accuracy of release decisions.

In addition, the project will pilot two activities designed to enhance pretrial system effectiveness and cost-efficiency, particularly relating to the impact of Prop 47. The first is an automated notification system (ANS) to remind defendants of their court dates. This population is at high risk for bench warrants due to failure to appear (FTA), and a variety of public and private settings have found that ANS can be a highly cost-effective means to decrease missed appointments. The AMS will initially provide voice messaging for Prop 47 defendants, but will expand over the three years to target others at higher risk for failure to appear, and will include text messaging and emails as well. The vendor that is currently provides the Probation Department's automated telephone reporting system for low risk caseloads (Fieldware, LLC) will provide an integrated ANS that will be operated in collaboration with the courts and the Sheriff's Department. The technology provides a text-to-speech name translation and a menued selection that allows for wrong party identification and full tracking of call success rates.

While this ANS is expected to reach the majority of the target population, there is a core of individuals who are harder to reach for reasons of housing instability, lack of phone access, active drug use, personal and family crisis, and criminal absconding. Ten years ago the Probation Department commissioned a Vera Institute study of the impact of probation practices on jail overcrowding. The study found that a large number of probationers were brought in on bench warrants following a failure to maintain contact, and that these individuals spent an average of 40 days in jail for technical offenses that were often the product of misunderstanding and minor error of judgment. In response, an innovative program was developed in collaboration with the

Volunteer Center to provide assertive outreach and reengagement to avert unnecessary warrants. The Warrant Reduction and Advocacy Project (WRAP) is staffed by community-based workers who contact individuals prior to a warrant being issued to find out the reason for their behavior and to facilitate them reconnecting with probation. Probationers and their families are far more likely to return calls and meet with WRAP staff, who are both less threatening and also equipped to help address personal and family crises. Probation bench warrants have dropped by 63% as a result of WRAP, saving an average of 2,600 jail bed days per year valued at over \$230,000. The proposed project will pilot an adaptation of the WRAP model to provide outreach and reconnection for the target group of Prop 47 defendants at high risk of FTA and court bench warrants. Adaptations will include communication and coordination with corrections and courts, new referral protocols and timelines, new information-sharing agreements, and increased collaboration with SUD treatment resources. Over the three years of implementation WRAP will also work with other individuals and groups identified as being at high risk for FTA. This will provide a critical complement to the more broadly based ANS strategy to address a range of individuals and situations to reduce unnecessary FTA warrants. In combination with a more effective and efficient pretrial release program, these strategies are expected to document clear cost savings during the period of funding to facilitate long-term reinvestment.

b. Project Goals

The goals of the Santa Cruz County JRI remain as follows:

- Implement and institutionalize new methods of data collection and analysis to better understand factors driving justice system costs, and to quantify cost savings related to justice system changes;
- Identify innovative policies and practices that provide more efficient and effective justice system service, build upon prior successes and establish a continuum of community correctional programs and processes that promote accountability and public safety;

- Demonstrate and disseminate proven policies and practices as a toolkit model for application in other communities in California that are ready to reduce their unnecessary and costly reliance on incarceration

These goals are the local expression of the overarching goals of the solicitation. Project evaluation will update the Phase I system analysis to identify changes over time in key cost drivers. Pretrial and FTA-avoidance measures will prevent unnecessary confinement, which will reduce the criminogenic impact of incarceration on low risk populations while at the same time providing more resources to address the needs and behaviors of high-risk individuals in jail. Reinvestment will result in an increasingly effective and cost-efficient criminal justice system.

c. Complement to Reinvestment Strategies

On-going support for strategies of the Santa Cruz County JRI include funding for the Downtown Accountability Project, including dedicated Probation staffing, treatment services and the work crew; adoption of the Tyler Odyssey court information system and data integration with Sheriff and Probation systems; institutionalization of the RNR Simulation Tool for improved treatment outcomes within the AB109 Service Provider Network; and support for a pretrial probation aide through SB 678 funding. The proposed project provides for continued pretrial staffing along with new strategies to address the unintended impacts of Proposition 47. Finally, the evaluation component of the proposed project will result in an update of the system data analysis that was instrumental in propelling multiple system reforms.

d. Data-Driven Project Design

Pretrial. The existing Pretrial Services has released approximately 600 defendants per year, saving over 12,000 jail bed days and reducing the average daily population by up to 35 inmates, at a cost avoidance of over \$1 million per year. The failure to appear rate for the pretrial population ranges from 8-15%, with less than 7% arrested for new law violations after pretrial release. Estimates from the initial implementation of the new PSA-Court assessment instrument

and protocol, coupled with increased staffing from JRI Phase II and County reinvestment, indicate a five-fold increase in the number of defendants assessed and a ten percent increase over previous years in the number who are released safely to the community.

Given the changing environment that pretrial is operating in, it may be difficult to establish a meaningful baseline for comparison as a means to monetize the reinvestment value of the strategies of the proposed project. Instead, the project will help to calculate the overall return on investment for enhanced pretrial services. The methodology for this calculation rests on the Results First data for marginal costs related to jail bed days, re-arrest and court processing. The cost savings can be pre-calculated by multiplying the marginal cost per jail bed day by the aggregate number of days defendants are in the community rather than jail as a result of pretrial release.

Automated Notification System (ANS). Based on information from the existing court data system, Santa Cruz is seeing an average of 430 Prop 47 calendar events related to new charges per month. This reflects an estimated 200-300 individuals per month charged and processed under the new law. The proposed project thus anticipates the ANS will send reminders to 3000 defendants in year one who have been released on "Notice to Appear." Over the past three years, Pretrial Services has had a 24% failure to appear rate for pre-arraignment releases, with those failing to appear spending an average of from 2-4 days of jail time pending arraignment.

Applying the 24% failure to appear rate to the 3000 annual releases on "Notice to Appear," it would be anticipated that 720 defendants would fail to appear for their scheduled arraignment date, with each incurring jail bed costs of \$180-\$360. The averaged cost of the ANS system will be approximately \$1.50 per call, or \$4,500 in the first project year. This means that if the new system reduces the projected failure to appear rate by just 4% it will have paid for itself. If instead it reduces the FTA rate by 25% (or 180 less defendants failing to appear), it will result in a cost avoidance of at least \$32,000, a minimum benefit/cost ratio of 7:1.

Pre-arraignment Releases	
180 Less Defendants released on FTA Warrants	180
Average Days Saved per Defendant in Jail Pending Arraignment	2-4 days
Bed Day Savings	360 to 640 days
Reduction in Average Daily Population (inmates per day)	1.0 – 1.75
Jail Bed Day Marginal Cost	\$89.67
Annual Cost Avoidance	\$32,281 - \$64,562

In years two and three the ANS will be extended to 6,000 and 9,000 notifications. It is not known whether the return on investment for the general population will be similar to the original group, although the intention will be to utilize the system primarily for groups identified as being at higher risk for FTA.

WRAP. Between 2008 and 2013, the WRAP program processed approximately 800 referrals with 298 warrants averted (37% success rate). The total number of referrals has decreased in the past year as probation caseloads are more right-sized and officers are better able to implement effective supervision strategies. The percentage of successful reconnection with offender has not changed, however, and this provides a starting point for projecting the impact of WRAP on the Prop 47 population. In fact, many of those at high risk for FTA under Prop 47 are similar in profile to probationers referred to WRAP. Untreated substance use disorders are often the primary driver of their criminal behavior. When they miss appointments or relapse, they become afraid to contact their probation officer, compounding their troubles.

Given cases of unknown complexity, the proposed project will assume a per-person cost of \$250, which is the high end of the cost range for the existing program. Under the proposed project, WRAP will utilize the existing protocol for multiple contact attempts and case management to work with 32 individuals in the first year and 40 in each following year. Assuming a success rate

of 33%, a minimum of 11-13 warrants will be averted per year. If these averted warrants each prevent 40 jail bed days this will represent a cost-savings of at least \$40,000 per year at a cost of up to \$10,000, for a benefit/cost ratio of at least 4.5: 1.

e. Numbers Served

- An estimated 2,400 individuals will receive pretrial screening per year, with 900 released to community supervision pending their court appearances (includes electronic monitoring, supervised release, conditional release and own recognizance).
- Approximately 3,000 individuals will receive ANS court reminders in the first year, 6,000 in the second year, and 9,000 in the third year.
- 32 individuals per year will be referred to the WRAP program in the first year, with 40 per year in the second and third year. At least 33% will be reconnected with probation, corrections or the courts.

3. Capabilities and Competencies (25 percent)

a. Project Management

The Santa Cruz County Probation Department will serve as lead agency for the proposed project, responsible for executing and monitoring all contracts for service; maintaining communication with the funder and technical assistance providers; hiring and supervising project staff; maintaining all fiscal responsibilities and reporting; and convening the Justice Reinvestment Partnership (JRP) to provide community oversight, interagency coordination, and project integration with the broader justice system planning. Chief Probation Officer Fernando Giraldo serves as chair of the JRP. Andrew Davis, Senior Departmental Administrative Analyst, will serve as grant coordinator. Mr. Davis has coordinated both Phase I and II of the existing Santa Cruz County JRI, and also provides coordination for treatment services under AB109. He will be assisted by Administrative Aide Teresa Gonzales, who will dedicate a minimum of 10% of her time to scheduling meetings, collecting data, processing subcontract invoices, and maintaining all fiscal and programmatic reporting.

b. Applicant Capability

The Santa Cruz County Probation Department has a proud history of data-driven justice system reform at both the juvenile and adult levels, and has administered dozens of state, federal and private foundation grants over the past twenty years. Major funders have included the Bureau of Justice Assistance (JRI, Second Chance Act) the National Institute of Justice (Research Partnerships), the Board of State and Community Corrections (Disproportionate Minority Confinement, Court-Based Alternatives, SB81, Aftercare Treatment Services), the Annie E. Casey Foundation (JDAI), the Robert Wood Johnson Foundation (Reclaiming Futures), the California Endowment (Healthy Returns). The department has technical, fiscal, and programmatic experience and infrastructure to manage multiple subcontracts, submit timely reports to funders, and to monitor and account for all grant-funded outcomes and products. Santa Cruz County has been a leader in California in developing and implementing pretrial release programs at the adult level since 2004. From the start the program was a data-driven collaboration with the Sheriff's Department, and its successful implementation was pivotal in reducing jail crowding to the point that it was possible to close one of the four detention facilities operated by the County. Since that time the County's served as a model implementation site, delivering presentations at state and national meetings and hosting over twenty other jurisdictions from within California interested in developing a pretrial program of their own. As new assessment tools and technologies have become available, Santa Cruz County has reached out to maintain its leadership role in the field. In 2012, as a result of its JRI Phase I assessment, the probation department requested technical assistance from Luminosity, Inc., who conducted a comprehensive study of the local program. The report from this study included recommendations for right-sizing of program staffing and taking advantage of more modern assessment tools and methods than had been available when the program was first developed.

Santa Cruz County was approached by the Laura and John Arnold Foundation to be the first local jurisdiction in California to pilot and implement a next-generation assessment tool, the PSA-Court. The four officers of the pretrial unit have received the training and tools to implement and monitor an improved pretrial decision-making process.

c. Project Partners

Partners that will be directly involved in implementing the proposed project include the Santa Cruz County Sheriff's Office, the Superior Court of Santa Cruz County, and the Volunteer Center of Santa Cruz. These partners have a long history of successful collaboration on multi-disciplinary projects including the R5 Second Chance Act Demonstration Grant, three Mentally Ill Offender Crime Reduction initiatives, as well as the exemplary implementation of California Public Safety Realignment (AB109). The Sheriff and probation work closely together to provide needs assessment, in-custody programming, reentry planning, and alternative custody programs. The court participates with probation and corrections in the California Risk Assessment Pilot Project to implement evidence-based sentencing. The Volunteer Center provides in-custody visitation, reentry planning and support, employment development and job placement for formerly incarcerated individuals.

4. Impact/Outcomes, Evaluation, and Sustainment

a. Project Goals and Objectives

The goal of the proposed project is to increase public safety by producing sustained, measurable increases in the effectiveness and efficiency of the Santa Cruz County criminal justice system through the development and implementation of strategies that address key system cost-drivers.

The specific objectives of the project are as follows:

Objective 1. Expand and maintain the number of defendants assessed and recommended for pretrial release by a minimum of 10% over FY 2013-14 baseline

Objective 2. Implement an Automated Reminder System to reach 3,000 individuals at high risk for failure to appear at court hearings. This will increase to 6,000 in project year two and 9,000 in year three.

Objective 3. Provide Warrant Reduction Advocacy Program outreach for a minimum of 32 individuals at high risk for failure to appear at court hearings and for who are unable to benefit from the Automated Reminder System.

Objective 4. Develop data collection and analysis methods to provide ongoing performance measure information as well as outcomes for reinvestment and sustainability

Objective 5. Repeat the multi-year justice system study that was conducted during Phase I of JRI funding in order to assess change over time in key indicators of system functioning

Objective 6. Produce cost-savings and return on investment data for the purpose of reinvestment and sustaining of successful strategies.

Objective 7. Convene regular meetings of the Justice Reinvestment Partnership to review program implementation, outcomes, and cost-savings to develop shared priorities and commitments for reinvestment to sustain proven strategies.

b. Project Monitoring

All pretrial assessments, recommendations, supervision and criminal justice outcomes are tracked in the Probation Department's recently revised electronic information management system. Arrest, booking, conviction and incarceration data – especially for misdemeanors that do not result in a new grant of probation – is accessed through the Jail Management System and the Court Information system, both of which are can already be accessed by probation staff.

Contractors are required to provide monthly data that includes all service rosters with names, dates and types of service, benchmarks and accomplishments.

c. Mandatory Consideration

Over ten percent of the budget for the proposed project is dedicated to funding external evaluation of outcomes, with a contractor to be selected following clarification regarding funder expectations and the nature of the technical assistance available from the provider selected in Category 1. In addition, the Probation Department and project partners will dedicate existing staff resources to maintain data collection, analysis and reporting with the highest level of integrity and transparency. Evaluation is already underway for strategies funded by JRI Phase II, including regular monthly reports on all identified Performance Measures as well as an assessment of the impact of project outcomes on system cost. In partnership with the Pew/MacArthur Results First technical assistance team, the Probation Department maintains a comprehensive cost/benefit model for justice system linked services and interventions. The local Results First tool incorporates rigorous research-validated estimates of effect size based on the work of the Washington State Institute for Public Policy. The proposed project will produce defensible analyses of the impact of strategies and their associated system cost savings, if any.

d. Data Collection and Long-term Support

Data collected will include all process measures (numbers assessed, contacted, provided service) as well as specific outcomes. For pretrial this will include the number and type of pretrial release recommended, the rate of concurrence by the courts with recommendations, the aggregate number of days defendants are in the community rather than jail, the number and type of technical violations and new law violations, and all associated operational costs. For the ANS, outcome measures will include the total number of notifications, the rate of positive contact, the number and rate of FTA, and all costs associated with warrants not averted by the ANS. For WRAP, outcomes will include the number of referrals, the rate of positive contact, the rate of reconnection, the FTA rate, an analysis of the types of issues and barriers that cause FTA among this population, and all costs associated with the strategy, including services and referrals to

address personal and family issues associated with FTA. Over time data from the project will be reviewed by the JRP to develop priorities and commitments for continued funding.

e. Integration of Efforts and Sustainability

The JRP, which has taken the place of the County Jail Overcrowding Task Force, is closely integrated with the Community Corrections Partnership (CCP), which provides oversight and planning for AB109 implementation. The CCP and its work groups provide a multi-layered network of system stakeholders that address inter-agency coordination, system-wide data sharing and evaluation, and policy advocacy. The proposed project will deliver regular reports to the County Board of Supervisors and several interagency groups related to the criminal justice system and linked human care services. During the third project year the evaluation results will be disseminated and the JRP will engage in a strategic planning process to identify priority areas for sustainability. The process will develop creative methods for reallocation of funding based on cost savings from multiple sectors for long-term support.

5. Plan for Collecting Data Required for this Solicitation’s Performance Measures

a. Required Performance Metrics Data

The Probation Department has years of experience reporting grant performance measures using the federal Performance Measurement Tool. All of the data identified in the grant solicitation will be collected and reported as required. Cost data will be provided through the Results First working tool, which will be updated at least every two years to accurately predict the marginal costs associated with jail confinement, arrest, probation supervision and intervention services. Prison data is already maintained for SB678 reporting purposes. All process data (new policies, tasks completed, MOU’s, reports distributed, meetings held, etc.) will be maintained by the project Administrative Aide.

6. Budget

See attached Budget Detail Worksheet and Budget Narrative

PLEASE NOTE: THIS IS NOT THE ENTIRE RFA. IT HAS BEEN EDITED AS A TRAINING DOCUMENT ONLY. PLEASE GO

**TO: <http://ojp.gov/funding/Explore/CurrentFundingOpportunities.htm>
FOR THE COMPLETE REQUEST FOR FUNDING APPLICATION**

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the criminal justice system.

Justice and Mental Health Collaboration Program FY 2016 Competitive Grant Announcement Applications Due: May 17, 2016

Eligibility

Eligible applicants are limited to states, units of local government, federally recognized Indian tribes (as determined by the Secretary of the Interior), and tribal organizations. BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, federally recognized Indian tribe, or tribal organization.

Per Pub. L. 108-414, a "criminal or juvenile justice agency" is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A "mental health agency" is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders.

BJA may elect to make awards for applications submitted under this solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Deadline

Applicants must register with Grants.gov prior to submitting an application. All applications are due to be submitted and in receipt of a successful validation message in Grants.gov by 11:59 p.m. eastern time on May 17, 2016.

All applicants are encouraged to read this Important Notice: Applying for Grants in Grants.gov. For additional information, see How to Apply in Section D: Application and Submission Information.

Contact Information

For technical assistance with submitting an application, contact the Grants.gov Customer Support Hotline at 800-518-4726 or 606-545-5035, or via email to support@grants.gov. The Grants.gov Support Hotline hours of operation are 24 hours a day, 7 days a week, except federal holidays.

Applicants that experience unforeseen Grants.gov technical issues beyond their control that prevent them from submitting their application by the deadline must email the BJA contact identified below **within 24 hours after the application deadline** and request approval to submit their application. Additional information on reporting

technical issues is found under “Experiencing Unforeseen Grants.gov Technical Issues” in the How to Apply section.

For assistance with any other requirement of this solicitation, contact the National Criminal Justice Reference Service (NCJRS) Response Center: toll-free at 800-851-3420; via TTY at 301-240-6310 (hearing impaired only); email grants@ncjrs.gov; fax to 301-240-5830; or web chat at <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>. The NCJRS Response Center hours of operation are 10:00 a.m. to 6:00 p.m. eastern time, Monday through Friday, and 10:00 a.m. to 8:00 p.m. eastern time on the solicitation close date.

Grants.gov number assigned to this announcement: BJA-2016-9205

Release date: March 22, 2016

Justice and Mental Health Collaboration Program (CFDA #16.745)

A. Program Description

Overview

The Justice and Mental Health Collaboration Program (JMHCPC) supports innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. BJA is seeking applications that demonstrate a collaborative project between criminal justice and mental health partners from eligible applicants to plan, implement, or expand a justice and mental health collaboration program. This program is authorized by the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA) (Pub. L. 108-414) and the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008 (Pub. L. 110-416).

Program-Specific Information

JMHCPC seeks to increase public safety by facilitating collaboration among the criminal justice and mental health and substance abuse treatment systems to increase access to mental health and other treatment services for individuals with mental illnesses or co-occurring mental health and substance abuse disorders. The program encourages early intervention for these multisystem-involved individuals; maximizes diversion opportunities for multisystem-involved individuals with mental illnesses or co-occurring mental and substance abuse disorders; promotes cross-training for justice and treatment professionals; and facilitates communication, collaboration, and the delivery of support services among justice professionals, treatment and related service providers, and governmental partners.

Historically, the JMHCPC program has funded individual programs, which have included specialized law enforcement-based programs, diversion and alternative sentencing, court-based programs, correctional programs, community supervision and reentry services, cross-training for criminal justice and mental health and substance use treatment personnel, enhancing access to community-based healthcare services and coverage, and case management and direct services. Although these individual programs have been vital to building capacity in communities and states across the nation, BJA is moving toward investing less in individual programs and more in system-wide enhancements of county practices. This includes BJA’s support for the Stepping Up Initiative, a national initiative to help advance counties’ efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails. The initiative engages a diverse group of organizations representing criminal justice, behavioral health treatment providers, people with mental illness and their families, and other stakeholders to create a long-term national movement to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails, and work to drive those numbers down. Looking forward, the goal for the JMHCPC program is to move from facilitating individual small-scale programming to systemic change in the way that justice systems do business, evolving and expanding county and state criminal justice systems’ routine business practices to include universal screening and assessment, enhanced comprehensive diversion programs, and appropriate program placement for treatment and supervision based on risk level and needs.

Goals, Objectives, and Deliverables

Allowable Uses for Grant Funds

There are three types of grants supported under the JMHCP grant program:

- **Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail:** Grantees awarded Category 1 awards will demonstrate a systemwide coordinated approach to safely reduce the prevalence of individuals with mental disorders in local jails.
- **Category 2: Planning and Implementation:** Grantees awarded Category 2 awards will design and implement targeted interventions to address the needs of individuals with mental disorders in the criminal justice system and improve public safety.
- **Category 3: Expansion:** Grantees awarded Category 3 awards will expand upon or improve well-established collaboration strategies.

Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail

Grantees awarded Category 1 awards will demonstrate a commitment to system-level reduction in the prevalence of mental illness in jails. Beyond intercept-specific programs (e.g. pretrial diversion, mental health courts, correctional programs, reentry programs, etc.) counties will work toward a coordinated response to maximize diversion for individuals with mental disorders that includes: a county system analysis to identify strategies to reduce the prevalence of individuals with mental disorders in local jails; screening and assessing all people with potential mental disorders booked into the jail for criminogenic risk and needs; recording this information in an electronic record; ensuring this information is shared appropriately to inform pretrial decision-making; and defining mental health need in terms that align with state definitions that pertain to eligibility for publicly funded mental health services.

All-sized counties are encouraged to apply, although priority consideration will be given to:

- **Large urban counties seeking to implement universal screening and assessment of all people booked into the jail for mental health disorders, risk and need using an appropriate validated risk assessment tool to inform pretrial decision making; and**
- **Rural counties in partnership with neighboring counties or the state to ensure that all people booked into jail are screened for risk and need and that the information gathered will be used to inform pretrial decision making.**

Grantees will work closely with BJA's technical assistance provider for JMHCP, the Council of State Governments (CSG) Justice Center, to complete a Planning and Implementation Guide as well as a planning phase and an implementation phase of the award that will help grantees complete the activities below.

Allowable Uses of Funds for Category 1 Planning Phase:

- All grantees **must** establish a team (or utilize a pre-existing team) of county leaders, stakeholders, and decision makers from multiple agencies to engage in the planning process
- Grantees may make use of an outside facilitator to assist in planning team meetings
- Grantees are encouraged to engage a research partner/evaluator to ensure outcomes are being evaluated effectively
- Grantees may consolidate and analyze existing local data

Grantees are urged to clarify and document how individuals with mental disorders move through the local justice system and identify and gather relevant sources of data for analyses to identify policy options to safely

reduce the prevalence of individuals, especially high utilizers, with mental disorders in jail through diversion, alternative sentencing, or other strategies.

Allowable Uses of Funds for Category 1 Implementation Phase

Grant funds may be used to support a combination of the allowable use categories below, or be concentrated on one specific category. Any of the following examples of allowable uses of grant funds may be combined with one another:

- Improve the administration of screening and/or assessment tools needed to identify mental disorders, substance use disorders, and criminogenic risk/needs among adults entering jail.
- Develop or reform policies and practices for the use of risk/need assessment data, including how it is shared among agencies, and how it is used in making pretrial decisions that are responsive to the individual risks and needs, enhancing diversion opportunities as well as continuity of care upon release back to the community.
- Use assessment data to measure the prevalence of individuals with mental disorders or co-occurring substance-use disorders in jail.
- Inventory the policies, programs, and services currently in use that may minimize contact or deeper involvement for individuals with mental disorders in the criminal justice system, and identify gaps.
- Develop and implement a plan to change policies and/or realign existing programs and services to minimize contact or deeper involvement of individuals with mental disorders and co-occurring substance use disorders in the criminal justice system.
- Develop alternatives to hospital and jail admissions for high utilizers that provide treatment, stabilization, and other appropriate supports in the least restrictive, yet appropriate environment, such as receiving centers, intensive case management, or other specialized police-based responses.
- Develop data or information systems to facilitate analyses and help track progress and assist in efforts to report on outcomes.
- Provide training on how to respond appropriately to the unique issues involving high utilizers for criminal justice, mental health, substance abuse, emergency room, law enforcement, corrections, and housing personnel.
- Implement a plan to universally screen for healthcare and other benefits eligibility and systematically enroll eligible individuals into healthcare insurance coverage.

Category 2: Planning and Implementation and Category 3: Expansion

Allowable Use of Funds for Planning Phase (Category 2):

During the planning period, grantees awarded Category 2: Planning and Implementation awards must complete a Planning and Implementation Guide. In addition, the following types of planning may be undertaken during the planning period, but are not required:

- Understanding the flow of individuals into the grant-funded program from various referral sources to ensure the appropriate population will be served and target program enrollment numbers are met.
- Building capacity for implementation through activities such as securing operational space for program staff and clients, establishing Memoranda of Understanding or Letters of Agreement that outline how information will be shared between program partners or training program staff on the use of screening tools, program eligibility, and referral procedures.

Allowable Uses for Implementation Phase and Expansion (Categories 2 and 3):

Grant funds may be used to support a combination of the allowable use categories below, or be concentrated on one specific category. Any of the following examples of allowable uses of grant funds may be combined with one another, or may be combined with an evaluation component, which would receive priority consideration (see page 13). Examples include creating Crisis Intervention Teams for law enforcement and/or corrections officers; creating receiving centers to provide mental health screening and assessment and treatment; providing intensive case management to clients leaving jail; providing statewide mental health and trauma informed care training for probation and parole officers; developing recommendations for improving information sharing between corrections agencies and regional behavioral health organizations; expanding mental health caseload for women in a particular county; and training court personnel (including judges) on responding to defendants with mental health needs in the courtroom.

a. Training for criminal justice, mental health, and substance use treatment personnel: Training strategies may include, but are not limited to, a combination of the following:

- Training programs that offer specialized and comprehensive training for law enforcement personnel in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental disorders are involved, such as Crisis Intervention Team training.
- Training staff, including supervising officers, to provide highly-specialized and skilled evidence-based services targeting mental health and criminogenic needs.
- Cross-system training programs for law enforcement, corrections-based staff, courts personnel, community supervision personnel, and community-based mental health and substance use providers. Training programs should be designed to facilitate collaboration and enhance competency of personnel working with individuals with mental disorders involved in the criminal justice system. Training areas may include behavioral health and criminogenic risk and needs, case management, trauma-informed care, crisis-responses, integrated treatment and supervision strategies, and improving access to treatment and supportive services.
- Training for judges and attorneys on recognizing indications of mental health need, being familiar with different screening/assessment options and dispositional options that are available to create linkages to community-based care and supervision, and understanding the collateral consequences of justice-involvement for people with mental illnesses (e.g., breaks in care and suspension/loss of benefits).

b. Enhance Access to Community-Based Healthcare Services and Coverage: Plan and implement strategies for increasing access to healthcare, including behavioral health treatment, for populations that are anticipated to reduce recidivism and costs associated with detention and incarceration. Strategies include:

- Strengthening partnerships among criminal justice, health, and behavioral health partners (e.g., corrections, local Medicaid offices, local healthcare providers, navigators at health insurance marketplaces, local Federally Qualified Health Centers (FQHCs) and public health departments) to better identify and enroll people in coverage.

Developing a process to determine status of coverage, identify individuals who are eligible and not currently enrolled, and institutionalize the enrollment of eligible individuals in some form of healthcare coverage, including improving access to other related benefit programs such as Social Security (OASDI and SSI/SSDI) and VA benefits.

- Developing information systems within and across criminal justice and behavioral health treatment agencies to facilitate sharing of information, make eligibility determinations, and ensure direct connections to healthcare services in the community.
- Incorporating health literacy into pre-release planning.
- Providing guidance on the applicability of the 'individual mandate' for the criminal justice population. The 'individual mandate' as set by the Patient Protection and Affordable Care Act requires individuals to secure healthcare coverage or be subject to a federal tax.
- Identifying options and exclusions under Medicaid and private coverage relating to court-mandated treatment.
- Collaborating with state Medicaid agencies to address policies relating to Medicaid managed care enrollment and suspending and/or terminating Medicaid benefits during incarceration.

c. Law Enforcement Responses (a Priority Consideration; see page 13): These responses include implementing or expanding specialized law enforcement strategies that are tailored to the needs of people with mental disorders. This may include, but is not limited to, a combination of the following:

- Developing specialized receiving or diversion centers for individuals in custody of law enforcement to assess for suicide risk and mental health or co-occurring mental health and substance use treatment needs, and refer to or provide appropriate evaluation or treatment services.
- Developing or enhancing computerized information systems to provide timely information to law enforcement and other criminal justice system personnel to improve the response to incidents involving people with mental disorders and co-occurring substance use disorders, and that fosters the systematic analysis of incidents involving people with mental disorders and co-occurring substance use disorders.

- Developing or expanding law enforcement-mental health programs such as co-responder programs or Crisis Intervention Teams for responding to incidents involving people with mental disorders and co-occurring substance use disorders, in which law enforcement and mental health professionals collaborate to make decisions that balance the needs of individuals with mental disorders with public safety.
- Conducting a local evaluation of an existing specialized response program, such as a Crisis Intervention Team, based on the components below under “2. Program Evaluation.”

Any applicant who chooses to incorporate law enforcement responses into their program design is encouraged to begin with a systematic analysis of available data on law enforcement calls for service and dispositions, as well as data about mental health crisis response activities, to ensure that programming decisions are responsive to current service demands and consistent with resources. Additionally, law enforcement-focused applicants are strongly encouraged to secure equal engagement and commitment for the proposed project from the local mental health authority and/ community of treatment providers.

Diversion and Alternative Sentencing: Develop collaborative responses to identify individuals with mental disorders or co-occurring mental and substance use disorders as close to the time of initial detention as possible; maximizing diversion opportunities through pre-trial and court-based programs, and developing, expediting, and coordinating linkages to treatment and other services. Responses may include, but are not limited to, a combination of the following:

- Developing mental health courts or other specialized court-based programs.
- Developing systematic screening and assessment and information sharing processes at early court processing stages to identify individuals with mental disorders or co-occurring mental substance use disorders in order to appropriately inform decisionmaking and prioritize limited resources and identify needed capacity.
- Developing or enhancing diversion opportunities, which could include:
 - Pretrial release with specialized supervision and treatment
 - Alternative prosecution and sentencing options (e.g., alternative to detention and incarceration programs)
- If there is a case management and direct service component to the diversion and alternative sentencing program, please follow the expectations outlined in g. below.

e. Correctional Facility Grants

Improve the capacity of a correctional facility (jail, prison or other detention facility used to house people who have been arrested, detained, held or convicted by a criminal justice agency or court) to:

- Identify and screen for eligible inmates.
- Plan and provide initial and periodic assessments of the clinical, medical and social needs of inmates.
- Develop, implement and enhance post-release transition plans for eligible inmates that, in a comprehensive manner, coordinate health, housing, medical, employment, and other appropriate services and public benefits.
- Develop, implement and enhance the availability of mental health care services and substance abuse treatment services within correctional facilities.
- Develop, implement and enhance alternatives to solitary confinement and segregated housing and mental health screening and treatment for inmates placed in solitary confinement or segregated housing.
- Administer training to each employee of the correctional facility to identify and appropriately respond to incidents involving inmates with mental health or co-occurring mental health and substance abuse disorders

f. Community Supervision Strategies: Focus on probation and other community supervision agencies that are developing and cultivating new relationships with community mental health and substance use providers to develop and implement effective responses to individuals with mental disorders. This may include, but is not limited to, ensuring supervisees are receiving appropriate mental health services in the community and prioritizing caseloads to create a focus on mental health for people on community supervision with more significant mental health needs and higher risk of reoffending.

For any applicant that chooses to incorporate community supervision strategies into their program design, a criminogenic risk/need assessment must be completed for all program participants. This risk/need assessment, in conjunction with behavioral health needs assessments, should inform the types of services to provide and the intensity of supervision for this population.

- Also, access to healthcare services and coverage as mentioned above should be prioritized, such as information sharing within and across criminal justice and behavioral health treatment agencies to make eligibility determinations, and ensure direct connections to healthcare services in the community.

g. Case Management and Direct Services: Focus on mental health and other treatment providers who are working to tailor their evidence-based practices to address the needs of individuals with mental or co-occurring mental and substance use disorders. These treatment providers may be coordinating with a law enforcement, court, or corrections agency as part of a larger initiative that involves the allowable uses listed above. Direct services include mental health treatment, co-occurring mental and substance use disorder treatment, interventions to address criminogenic needs, and other supports including housing, supported employment, and supported education programs that are appropriate for individuals with mental illness. Applicants providing mental health treatment directly or through referral, including Diversion and Alternative Sentencing programs are strongly encouraged to use evidence-based or promising mental health treatment practices shown to improve clinical outcomes for people with serious mental disorders.² For any applicant that chooses to incorporate case management and direct services into their program design, the following expectations must be met:

- The case plan and treatment referrals must be informed by criminogenic risk/need, mental health, and substance use screening and assessment tools. If the lead service provider is not a dedicated mental health agency, the service provider must work in concert with dedicated mental health professionals to ensure case management and treatment plans effectively meet the mental health needs of the target population.
- The lead agency that is serving in a case management role and making referrals to services must put mechanisms in place, (e.g. MOUs/contractual language) to ensure that service provider delivers evidence-based treatment models that are tailored to meet the assessment mental health, substance use, and criminogenic needs of the target population.
 - Community-based treatment providers or other agencies providing or coordinating the delivery of services to the target population must have interagency guidelines (e.g., memorandum of understanding, or MOU) in place with a corrections partner to access criminogenic risk/need assessment information.

Program Evaluation Program Evaluation is critical to the effectiveness and utility of JMHCP programs, as evaluation not only determines which programs are most effective for which populations, but also contributes toward the expansion of the knowledge base of what programs have the highest likelihood for success in lowering recidivism and improving public health outcomes. BJA strongly urges applicants to consider a partnership with a local research organization that can assist with data collection, performance measurement, and local evaluation. One resource that applicants may be interested in using is the e-Consortium for University Centers and Researchers for Partnership with Justice Practitioners. The purpose of this e-Consortium is to provide a resource to local, state, federal, and other groups who seek to connect to nearby (or other) university researchers and centers on partnerships and projects that are mutually beneficial to the criminal justice community. The e-Consortium can be found online at www.gmuconsortium.org.

Evidence-Based Programs or Practices

OJP strongly emphasizes the use of data and evidence in policy making and program development in criminal justice, juvenile justice, and crime victim services. OJP is committed to:

- Improving the quantity and quality of evidence OJP generates
- Integrating evidence into program, practice, and policy decisions within OJP and the field
- Improving the translation of evidence into practice

OJP considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be

evidence-based. The OJP CrimeSolutions.gov website is one resource that applicants may use to find information about evidence-based programs in criminal justice, juvenile justice, and crime victim services.

Risk-Need Responsivity Principle

Current research supports the “Risk-Need-Responsivity” (RNR) model for how criminal justice authorities should be identifying and prioritizing individuals to receive appropriate interventions³. BJA intends to fund programs that have a demonstrated evidence base and that are appropriate for the target population.

Applicants should incorporate the following evidence-based practices in the development or enhancement of their client-based programs:

1. Screening and Assessment Tools

Use validated screening and assessment tools that have a demonstrated evidence base and that are appropriate for the target population.

Screening and Assessment Resources:

- Screening and Assessment of Co-Occurring Disorders in the Justice System—Provides an overview of screening and assessment of persons with co-occurring disorders involved in the criminal justice system and includes an extensive list of screening and assessment instruments for different target populations.
- Mental Health Screening within Juvenile Justice: The Next Frontier—Provides an overview of new issues and offers policy clarification on mental health screening in the juvenile justice system.
- Brief Jail Mental Health Screen—Booking tool developed by the University of Maryland School of Medicine and Policy Research Associates to screen incoming detainees in jails and detention centers for the need for further mental health assessment.

2. Providing Interventions that Address Criminogenic Need

Tailor treatment interventions to individuals’ specific criminogenic and behavioral health needs to improve public safety and public health outcomes. Criminogenic needs are risk factors closely associated with offending behavior and to which targeted interventions are responsive. Criminogenic risk and needs factors include history of anti-social behavior, anti-social personality pattern, anti-social cognition, anti-social associates, unsupportive relationships with family and/or spouse, especially in regard to refraining from criminal activity, underperforming and lacking motivation in school and/or work, lacking in non-criminal leisure and/or recreation activities, and substance use.

3. Mental Health Treatment Services

Provide mental health treatment practices that have a demonstrated evidence base and that are appropriate for the target population. The following evidence-based mental health treatment practices have been shown to improve clinical outcomes for people with serious mental illnesses:

- Assertive Community Treatment (ACT)
- Illness Management and Recovery (IMR)
- Integrated Mental Health and Substance Abuse Services
- Supported Employment (SE)
- Psychopharmacology

Other promising practices:

- Forensic ACT (FACT)
- Cognitive Behavioral Therapy

Applicants can also find information on evidence-based practices in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) *Guide to Evidence-Based Practices* available at www.samhsa.gov/ebpwebguide. The *Guide* provides a short description and a link to dozens of web sites with relevant evidence-based practices information—either specific interventions or comprehensive reviews of research findings. Please note that SAMHSA’s *Guide to Evidence-Based Practices* also references the National Registry of Evidence-Based Programs and Practices (NREPP), a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to

serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.* Applicants must document that the selected practice is appropriate for the specific target population and purposes of your project.

4. Housing, Supported Employment, and Supported Education

Utilize other evidence-based practices based on the needs of the target population. Supported Employment is an evidence-based practice that is designed to help the individual find and keep competitive work. Housing programs for persons with mental illness should take into consideration the demands of the criminal justice system and ensure that a range of options are available. Supported Education interventions have also been found to be a promising practice. The Center for Psychiatric Rehabilitation at Boston University has developed the Higher Education Support Toolkit that can be used as a resource.

Priority Considerations

1. For Category 1: Large Urban Counties or Rural Counties in Partnership with Neighboring Counties or States

Large urban counties face unique challenges in implementing universal screening and assessment for criminogenic risk and need for all individuals suspected of having a mental disorder. Similarly, rural counties face a different set of unique challenges in providing universal screening and assessment based on limited resources spread across a vast geographic area. Both large urban and rural counties are encouraged to apply under Category 1 to devise programs that will address these challenges with the same end goal for both: universal screening and assessment for all jail inmates suspected of a mental disorder and the use of the information gathered to inform pretrial decisionmaking.

2. Law Enforcement Response Programs

Law enforcement agencies that partner with a behavioral health provider to implement or expand specialized state or local law enforcement strategies that are tailored to the needs of people with mental disorders⁴ will receive priority consideration for funding. See page 8 for additional information relating to law enforcement focused programs.

3. Program Evaluation

Program Evaluation is critical to the effectiveness and utility of JMHCP programs, as evaluation not only determines which programs are most effective for which populations, but also contributes toward the expansion of the knowledge base of what programs have the highest likelihood for success in lowering recidivism and improving public health outcomes. BJA strongly urges applicants to consider a partnership with a local research organization that can assist with data collection, performance measurement, and local evaluation.

4. Provision of Services for Justice System-Involved Females

Consistent with the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008 (Sec. 3 (c)(c)(2)), priority will be given to applications that promote effective strategies for identification and treatment of justice system-involved females with mental illness or co-occurring mental health and substance abuse disorders.

Service Provision Considerations

Applicants are encouraged to take into consideration additional targeted responses when making decisions about the appropriate service response for justice-involved individuals with mental illnesses:

- **Trauma-Informed Care (TIC)** is the framework for the practice of implementing trauma screening, assessment, and recovery support. Within the TIC framework, services are organized and delivered in a manner that meets the unique needs of consumers who have survived traumatic events, and safety, as identified by the service recipient, is the primary concern. The practice approach emphasizes the consumer

empowerment and the consumer as driver of services, adopts universal precautions in asking about trauma, builds organizational capacity and knowledge of TIC through ongoing training, and policy review to ensure do no harm practices. For more information, visit SAMHSA's National Center for Trauma-Informed Care.

• **Co-occurring disorders** are prevalent in many behavioral health settings and program planning should address how to treat the co-occurring disorders. Applicants can find additional information on evidence-based practices for people with mental illnesses or co-occurring disorders on SAMHSA's web site: www.coce.samhsa.gov/ and on the Center for Mental Health Services' National GAINS Center web site: www.samhsa.gov/gains-center

Target Population Requirements

Grant funds must be used to support a target population that includes adults and/or juveniles who:

- Have been diagnosed as having a mental illness or co-occurring mental health and substance abuse disorders; and
- Have faced, are facing, or could face criminal charges for a misdemeanor or felony that is a nonviolent offense.

Per MIOTCRA, a nonviolent offense is an offense that does not have as an element the use, attempted use, or threatened use of physical force against the person or property of another or is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

An individual's past criminal history has no effect on present eligibility for JMHCP programs.

Applicants may review Pub. L. 108-414 and Pub. L. 110-416 for supporting information related to this solicitation.

Please note: While co-occurring mental and substance use disorders are common in this population, applicants should **not** work with a substance use population only. JMHCP funds are intended for use with a population with mental disorders only or co-occurring mental and substance use disorders. Applicants must justify in the proposal the reason(s) for selecting their identified target population and should provide data on the needs of the target population to support this selection. In addition, applicants must specify the total number of individuals the project expects to serve during the grant period and provide evidence demonstrating this figure is achievable.

B. Federal Award Information

BJA estimates that it will make up to 30 awards for an estimated total of \$7,250,000. BJA will make no more than six awards for Category 1 in FY2016. Specific award amounts and project periods, which should begin on October 1, 2016, are identified below.

BJA may, in certain cases, provide supplemental funding in future years to awards under this solicitation. Important considerations in decisions regarding supplemental funding include, among other factors, the availability of funding, strategic priorities, assessment of the quality of the management of the award (for example, timeliness and quality of progress reports), and assessment of the progress of the work funded under the award.

All awards are subject to the availability of appropriated funds and to any modifications or additional requirements that may be imposed by law.

CATEGORY 1: COLLABORATIVE COUNTY APPROACHES TO REDUCING THE PREVALENCE OF INDIVIDUALS WITH MENTAL DISORDERS IN JAIL. Grant amount: Up to \$250,000. Project period: 24 months. Competition ID: BJA-2016-9377.

Category 1 applicants will engage in a collaborative planning process with county leadership with the goal of reducing the numbers of individuals with mental disorders and co-occurring substance use disorders in local jails who can be safely supervised and/or treated in the community. Category 1 grants will support a targeted analysis of the prevalence of people with mental disorders in the local jail, a review of existing community resources, and identification and initial implementation of policy and practice changes to minimize contact or deeper involvement of individuals with mental disorders and co-occurring substance use disorders in the criminal justice system.

CATEGORY 2: PLANNING AND IMPLEMENTATION. Grant amount: Up to \$250,000. Project period: 36 months. Competition ID: BJA-2016-9378.

Category 2 applicants will *complete* an already-initiated collaboration plan for their criminal justice and mental health or co-occurring collaboration, and then *begin* implementation of the plan during the project period. Planning and Implementation grants can support law enforcement response programs; court-based initiatives such as mental health courts, pretrial services, and diversion/alternative prosecution and sentencing programs; treatment accountability services; specialized training for justice and treatment professionals; corrections/community corrections initiatives; transitional and reentry services; treatment; and non-treatment recovery support services coordination and delivery including case management, housing placement and supportive housing, job training and placement, education, primary and mental health care, and family supportive services. Up to 12 months of the total project period can be used to complete plan details, with the remaining months used for implementation of the program. During this planning stage, grantees will receive intensive technical assistance and will be required to complete and submit a *Planning and Implementation Guides* (to be provided by the BJA training and technical assistance provider). Grantees will receive approval from BJA to begin the implementation phase of their grant once they have submitted a complete guide.

CATEGORY 3: EXPANSION. Grant amount: Up to \$200,000. Project period: 24 months. Competition ID: BJA-2016-9379.

Category 3 applicants will *expand* upon or improve their well-established collaboration plan. Category 3 grants can support the expansion of law enforcement response programs; court-based initiatives such as mental health courts, pretrial services, and diversion/alternative prosecution and sentencing programs; treatment accountability services; specialized training for justice and treatment services professionals; corrections/community corrections initiatives; transitional and reentry services; and treatment and non-treatment recovery support services coordination and delivery including housing placement and supportive housing, job training and placement, education, primary and mental health care, and family supportive services. Category 3 funding must clearly demonstrate an expansion to the current functioning of an existing program.

Type of Award

BJA expects that it will make any award from this announcement in the form of a grant.

Budget Information

Unallowable Uses for Award Funds

In addition to the unallowable costs identified in the Financial Guide, award funds may not be used for:

- Prizes/rewards/entertainment/trinkets (or any type of monetary incentive)
- Client stipends
- Gift cards
- Vehicles
- Food and beverage

For questions pertaining to budget and examples of allowable and unallowable costs, see the Financial Guide at www.ojp.usdoj.gov/financialguide/DOJ/index.htm.

Cost Sharing or Matching Requirement (cash or in-kind)

Federal funds awarded under this program may not cover more than 80 percent of the total costs of the project being funded. Applicants must identify the source of the 20 percent non-federal portion of the total project costs and how they will use match funds. If a successful applicant's proposed match exceeds the required match amount, and OJP approves the budget, the total match amount incorporated into the approved budget becomes mandatory and subject to audit. (Match is restricted to the same uses of funds as allowed for the federal funds.) Applicants may satisfy this match requirement with either cash or in-kind services. The formula for calculating the match is:

Federal Award Amount = Adjusted (Total) Project Costs

Federal Share Percentage

Required Recipient's Share Percentage x Adjusted Project Cost = Required Match

Example: 80%/20% match requirement: for a federal award amount of \$50,000, match would be calculated as follows:

$\$50,000 = \$62,500 \text{ } 20\% \times \$62,500 = \$12,500 \text{ match}$
80%

Example: 80%/20% match requirement: for a federal award amount of \$250,000, match would be calculated as follows:

$\$250,000 = \$312,500 \text{ } 20\% \times \$312,500 = \$62,500 \text{ match}$
80%

Example: 80%/20% match requirement: for a federal award amount of \$200,000, match would be calculated as follows:

$\$200,000 = \$250,000 \text{ } 20\% \times \$250,000 = \$50,000 \text{ match}$
80%

Pre-Agreement Cost (also known as Pre-award Cost) Approvals

Pre-agreement costs are costs incurred by the applicant prior to the start date of the period of performance of the grant award.

OJP does not typically approve pre-agreement costs; an applicant must request and obtain the prior written approval of OJP for all such costs. If approved, pre-agreement costs could be paid from grant funds consistent with a grantee's approved budget, and under applicable cost standards. However, all such costs prior to award and prior to approval of the costs are incurred at the sole risk of an applicant. Generally, no applicant should incur project costs *before* submitting an application requesting federal funding for those costs. Should there be extenuating circumstances that appear to be appropriate for OJP's consideration as pre-agreement costs, the applicant should contact the point of contact listed on the title page of this announcement for details on the requirements for submitting a written request for approval. See the section on Costs Requiring Prior Approval in the Financial Guide, for more information.

E. Application Review Information

Selection Criteria

The following six selection criteria will be used to evaluate each application, with the different weight given to each based on the percentage value listed after each individual criteria. For example, the first criteria, "Statement of the Problem," is worth 20 percent of the entire score in the application review process.

1. Statement of the Problem (20 percent)

All applicants must describe the nature and scope of the problem in the jurisdiction, and provide any local/state data and a trend analysis to support the discussion.

Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders

- Identify leaders from the county, criminal justice, and behavioral health systems, as well as state partners, who have demonstrated commitment to this effort via MOU, MOA, resolution, etc. (see #8, page 24 for more info).
- Describe the behavioral health treatment capacity in the county to determine existing county needs, also identifying state and local policy and funding barriers that exist to maximizing treatment opportunities within the community to minimize contact with the criminal justice system.
- Detail the need to conduct an analysis of the local justice and mental health systems in order to measure the prevalence of individuals with mental disorders and co-occurring substance use disorders in jail in the county. Please include any current policies or practices in place that screen/assess for mental disorders for those involved with the criminal justice system, as well as existing systems and capacities for data analysis. Discuss other initiatives that are underway in the county that demonstrate support for addressing this issue and would be advanced further by conducting this type of analysis.
- Detail the current practices for screening and assessment and how this information is used to inform pretrial decision making (if it is used in this way). If screening and assessment is not widely conducted and/or the data is not utilized in pretrial decision making, discuss how pretrial decisions are currently made for individuals with mental and co-occurring substance use disorders in jail in the county.
- Identify the specific challenges that your county is experiencing in providing universal screening and assessment and proper utilization of screening and assessment data for appropriate pretrial decisions.

Category 2: Planning and Implementation Applicants

- Detail the need for the program by describing the problems with the current response to individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system and explain how the current response is insufficient to meet the needs of this population.
- Discuss the decision making process involved in selecting the proposed intervention point. Discuss the assessment of existing resources and how gaps in services were identified. Applicants can refer to the Sequential Intercept Model to describe which intervention point the project will focus on.
- Discuss the related agency programs and services already in place in the community and note any components of the program that may already exist.
- Describe what components will be needed to fully implement the program and why federal funding is required for the proposed program.

Category 3: Expansion Applicants

- Discuss the current status of the program to include the number of people served and/or trained and detail the need for the expansion of the program to include the weaknesses of the program.
- Describe any completed program analyses or evaluations of the program that support the need for expansion. Identify gaps in resources, describe what components will be needed to fully expand the program, and why federal funding is required for the expansion of the program.

2. Project Design and Implementation (40 percent)

Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail

Applicants should provide a description of how they will complete the required activities listed on pages 5 and 6 of this solicitation, including:

- Additional stakeholders who will be engaged in the planning process and their relationship to existing local and state policy efforts (e.g., membership of local criminal justice coordinating council).
- Describe the data that are available and needed to conduct an analysis of the prevalence of individuals with mental disorders and co-occurring substance use disorders in the local jail. This should include a list of who collects and owns this information and their organizational commitment to finding a way to safely and appropriately share the information for the purposes of this planning process.
- Detail a proposal for how the grant will be used to build capacity needed to identify and track prevalence rates if that information is not currently available.
- Describe the practices, electronic systems, screening and assessment tools and other systematic enhancements necessary to implement universal screening and assessment and facilitate the use of screening and assessment data into pretrial decision making, including how the data will inform decision making (e.g. how high-, medium/high-, medium-risk, etc. data will inform program designation and treatment determinations).
- Describe how the planning team will inventory the policies, programs, and services currently in use that may minimize contact or deeper involvement for these individuals in the criminal justice system, and identify gaps.
- Describe the planning team's willingness to use the findings of the planning process to change policies and/or realign existing programs and services to reduce the rate of people incarcerated in jail with mental illness.

In general, applicants should focus on describing the process of conducting a data-driven analysis to develop policy recommendations, adopt these recommendations, including the use of universal screening and assessment, and monitor progress, rather than describing a new program or intervention (such proposals are supported under Category 2).

Category 2 and Category 3: Planning and Implementation Applicants and Expansion Applicants

Discuss the efforts that have been made to date in planning for the program. Describe the proposed program implementation or expansion and the project's purpose, goals, and objectives. Applicants should provide a thorough description of which of the allowable uses of funds on pages 6-11 they plan to address followed by an equally thorough description of which, if any, priority considerations on pages 13-14 will additionally be addressed.

For programs offering direct services to individuals with mental illnesses or co-occurring mental health and substance abuse disorders:

- Provide an analysis of the target population, including the projected number of individuals to be served through this grant program with federal and matching funds, and operational guidelines for identifying eligible

program participants, which should include a plan to screen potential participants, conduct needs and strengths-based assessments, and the process for how individuals will be referred to the program. Address the target population considerations (if applicable) and the target population requirements on page 14.

- Discuss the responsibilities of each collaborating agency and how resources will support the delivery of needed services to the target population. Describe how the collaboration relates to existing state and local justice and mental health plans and programs, outlining how any existing recovery support services in the community will be coordinated.
- Describe the plan for staffing to include how the workforce will be selected, trained, supported, and developed on an ongoing basis to deliver the services.
- Describe the role consumers will play in designing, providing, monitoring, and evaluating the services.
- Describe the process for how individuals will be linked to treatment and other recovery support services. Applicants should identify the evidence-based treatment and support practices being used or proposed and identify and discuss the evidence that shows that the practice(s) is/are effective (see pages 11-13 for a discussion of evidence-based treatment). Describe any modifications/adaptations you will need to make this practice meet the goals of your project and why the changes will improve the outcomes.¹⁰
- Describe the mechanisms that will be put in place to ensure the accountability of the service delivery system on an ongoing basis.

For programs that will offer training to criminal justice professionals (e.g., law enforcement response programs):

- Describe the strategies (e.g., training programs, receiving centers, information sharing, or campus security training) to identify and respond to incidents involving individuals with mental illnesses.
- Discuss the responsibilities of each collaborating agency and how resources will support the delivery of training and meet the needs of individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. Describe how the collaboration relates to existing state and local justice and mental health plans and programs, outlining how any existing ancillary social services in the community will be coordinated.
- Discuss what response protocols will be utilized for incidents involving persons with mental illnesses or mental health needs.
- Describe how systems will be put in place to provide timely information to criminal justice system personnel to improve the response to incidents involving people with mental illnesses.

Describe the mechanisms that will be put in place to ensure the accountability of the service delivery system on an ongoing basis.

3. Capabilities and Competencies (20 percent)

- Discuss the capacity of the proposed or current staffing, including a description of the staff who will be dedicated to lead this effort.
- Describe the project collaboration structure and how it will ensure successful project planning, implementation, and/or expansion. Identify stakeholders and their respective roles. The application should also include Memoranda of Understanding (MOUs) from collaborating partners clearly demonstrating joint commitment.
- For Category 1 applicants, letters of support indicating a commitment to actively participate in the planning process over the full course of the grant must be submitted by the following county stakeholders:
 - a. County leadership (e.g., county manager, county commissioner/supervisor/council member)
 - b. Sheriff and/or jail administrator
 - c. District Attorney
 - d. Administrator for local mental health services
 - e. Leadership or membership of local criminal justice coordinating council or other similar body, if one exists
- For applicants with an evaluation component, describe the qualifications of the research partner who will be conducting the evaluation, including experience and expertise in program evaluation.
- Indicate each project goal, related objective, activity, expected completion date, and responsible person or organization in the attached Project Timeline.
- Describe any potential barriers to implementing the project and strategies to overcome them.

4. Plan for Collecting the Data Required for this Solicitation's Performance Measures (10 percent)

- Describe the plan for collecting data and any other state or local outcomes to measure project effectiveness.
- All applicants must set aside at least 5 percent of the budget in order to implement a data collection plan. The plan should include the process for data collection and reporting for the BJA performance measures, a list of the outcome measures that will be used by the program, a description of how these measures will be used to show program effectiveness and inform program implementation or expansion, and who is responsible for data collection and analysis.

5. Plan for Measuring Program Success to Inform Plans for Sustainment (5 percent)

- Discuss how variables like stakeholder support and service coordination will be defined and measured.
- Describe how evaluation and collaborative partnerships will be leveraged to build long-term support and resources to sustain the project when the federal grant ends.
- Describe the policies, statutes, and regulations that will need to be put in place to support and sustain service delivery.

6. Budget (5 percent)

Provide a proposed budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). Budget Narratives should demonstrate how applicants will maximize cost effectiveness of grant expenditures. Budget Narratives should demonstrate cost effectiveness in relation to potential alternatives and the goals of the project.¹¹ See the additional budget and budget narrative requirements on pages 19 and 25.

Application Checklist

FY 2016 Justice and Mental Health Collaboration Program

This application checklist has been created to assist in developing an application.

What an Applicant Should Do:

Prior to Registering in Grants.gov:

_____ Acquire a DUNS Number (see page 28)

_____ Acquire or renew registration with SAM (see page 29)

To Register with Grants.gov: _____ Acquire AOR and Grants.gov username/password (see page 29)

_____ Acquire AOR confirmation from the E-Biz POC (see page 29)

To Find Funding Opportunity: _____ Search for the Funding Opportunity on Grants.gov (see page 29)

_____ Select the correct Competition ID (see page 29)

_____ Download Funding Opportunity and Application Package (see page 29)

_____ Sign up for Grants.gov email notifications (optional) (see page 28)

_____ Read Important Notice: Applying for Grants in Grants.gov

_____ Read OJP policy and guidance on conference approval, planning, and reporting available at ojp.gov/financialguide/DOJ/PostawardRequirements/chapter3.10a.htm (see page 18)

After Application Submission, Receive Grants.gov Email Notifications That:

_____ (1) application has been received,

_____ (2) application has either been successfully validated or rejected with errors

(see page 30)

If No Grants.gov Receipt, and Validation or Error Notifications are Received:

_____ contact BJA regarding experiencing technical difficulties

(see page 30)

General Requirements:

_____ Review the Solicitation Requirements in the OJP Funding Resource Center.

Scope Requirement:

_____ The federal amount requested is within the allowable limit(s) of: \$250,000 for Category 1 applicants, \$250,000 for Category 2 applicants, and \$200,000 for Category 3 applicants.

Eligibility Requirement:

_____ Eligible applicants are limited to states, units of local government, federally recognized Indian tribes (as determined by the Secretary of the Interior), and tribal organizations. BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, federally recognized Indian tribe, or tribal organization.

What an Application Should Include:

_____ Application for Federal Assistance (SF-424) Form (see page 20)

_____ *Project Abstract (see page 20)

_____ *Program Narrative (see page 21)

_____ *Budget Detail Worksheet and *Budget Narrative (see page 22)

_____ Indirect Cost Rate Agreement (if applicable) (see page 23)

_____ Applicant Disclosure of High Risk Status (see page 24)

_____ Tribal Authorizing Resolution (if applicable) (see page 24)

_____ Additional Attachments (see page 24)

_____ Project Timeline

_____ Position Descriptions

_____ Letters of Support/Memoranda of Understanding

_____ Statement of Assurance Form: Mandatory Certification Requirements

(see page 25)

_____ Applicant Disclosure of Pending Applications

_____ Research and Evaluation Independence and Integrity

_____ Financial Management and System of Internal Controls Questionnaire (see page 27)

_____ Disclosure of Lobbying Activities (SF-LLL) (see page 27)

*

Note: These elements are the basic minimum requirements for applications. Applications that do not include these elements shall neither proceed to peer review nor receive further consideration by BJA.

Second Chance Act

The [Second Chance Act](#) (SCA) supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people returning from state and federal prisons, local jails, and juvenile facilities. Passed with bipartisan support and signed into law on April 9, 2008, SCA legislation authorizes federal grants for vital programs and systems reform aimed at improving the reentry process.

The U.S. Department of Justice's Office of Justice Programs (OJP) funds and administers the Second Chance Act grants. Within OJP, the Bureau of Justice Assistance awards SCA grants serving adults, and the Office of Juvenile Justice and Delinquency Prevention awards grants serving youth. Since 2009, more than 700 awards have been made to grantees across 49 states.

Who is eligible to apply for grants? Depending on the specific Second Chance Act grant program, state and local government agencies, federally recognized Indian tribes, and nonprofit organizations may be eligible to apply. Please review the pages on each grant program to determine eligibility.

When can I apply for grants? Solicitations for Second Chance Act applications are typically released throughout the first half of each calendar year. Please [subscribe](#) to updates from the National Reentry Resource Center to hear about these solicitations and other funding opportunities.

Is it allowable to assist persons reentering the community from federal prisons under a Second Chance Act program? Yes. Grantees receiving Second Chance Act funds may use those funds to provide assistance to individuals returning to the community following incarceration, including incarceration in a federal prison.

Is it allowable to assist exonerees under a Second Chance Act program? Yes. Grantees receiving Second Chance Act funds may use those funds to provide assistance to exonerees, along with other individuals returning to the community following incarceration

Funding Opportunities

ANNOUNCEMENTS



[Apply Now: Mentoring Opportunities for Youth Initiative](#)

Funding under this program will provide funds to strengthen or expand existing mentoring activities, including direct one-on-one, group, or peer mentoring, for at-risk and underserved youth populations.



[Apply Now: Data-Sharing Project to Reduce Juvenile Justice System Involvement](#)

This project aims to bring together school districts, child welfare agencies, and juvenile justice systems to identify young people at high risk of justice-system involvement and bridge system coordination gaps to create targeted, multi-system interventions to help these young people transition successfully into adulthood.



[Apply Now: Implementing Statewide Plans to Improve Outcomes for Youth in the Juvenile Justice System](#)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is accepting applications from states interested in effectively implementing a comprehensive, statewide plan to reduce recidivism and improve other outcomes for youth involved in the juvenile justice system.



[Apply Now: Systems of Care Expansion and Sustainability Cooperative Agreements](#)

The purpose of this program is to improve behavioral health outcomes for children and youth with serious emotional disturbances and their families.



[Apply Now: 2016 Juvenile Diversion Certificate Program](#)

Participants will gain a better understanding of the essential components of successful diversion programs and learn the best ways to measure the impact of their diversion efforts.



[Apply Now: HHS Office of Minority Health's Re-Entry Community Linkages Program](#)

Projects must target communities with the greatest rates of minority and/or economically or environmentally disadvantaged individuals discharged from jail to the community.



Apply Now: Capacity Building Initiative for Substance Abuse and HIV Prevention Services

The purpose of this program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible substance abuse and HIV prevention services.



Request for Submissions: Programs for Young Adults Involved with the Criminal Justice System

This environmental scan of developmentally-informed practices used with young adults involved with the criminal justice system will help OJP and NIJ establish program and research priorities for this critical population.



Apply Now: Residential Substance Abuse Treatment for State Prisoners Program

This grant program will enhance the capabilities of state, local, and tribal governments to provide residential substance abuse treatment for incarcerated individuals; to help prepare individuals for their reintegration into their communities by incorporating reentry planning into treatment programs; and assist individuals and their communities through the reentry process through the delivery of community-based treatment and other aftercare services.



Apply Now: Second Chance Act Technology-Based Career Training Program

The U.S. Department of Justice's Bureau of Justice Assistance is seeking applications for the Second Chance Act Technology-Based Career Training Program for Incarcerated Adults and Juveniles. Grantees will establish and provide career training programs for incarcerated adults and juveniles during the 6-36 month period before release from a prison, jail, or juvenile facility.



Apply Now: Second Chance Act Comprehensive Community-Based Reentry Utilizing Mentors

This program is aimed at promoting more effective and successful reentry for formerly incarcerated individuals through the utilization of comprehensive, evidence-based wrap-around reentry plans that address the identified needs of the individuals and are supported by trained mentors.



Apply Now: Justice Reinvestment Initiative

Under the JRI model, a governmental working group with bipartisan and interbranch representation analyzes the correctional population and its cost drivers, develops cost-effective policy options, and implements reforms to manage correctional populations while enhancing public safety.



Apply Now: Reentry Program for Co-Occurring Substance Abuse and Mental Disorders

The U.S. Department of Justice's Bureau of Justice Assistance is seeking applications for the Second Chance Act Reentry Program for Adults with Co-Occurring Substance Abuse and Mental Disorders



Apply Now: BJA's Smart Supervision Program

The Second Chance Act-funded program seeks to improve probation and parole success rates and reduce the number of crimes committed by those under probation and parole supervision.



Apply Now for the Peer Reviewer Program at the Office of Justice Programs

The Office of Justice Programs (OJP) is now accepting applications from individuals interested in joining its Peer Reviewer Program. Peer reviewers are experts around the country who have extensive knowledge about OJP's grant programs and the activities and funding support.



Invitation for Institutions of Higher Education to Join Second Chance Pell Pilot Program

The U.S. Department of Education is inviting institutions of higher education (IHEs) to join a new pilot initiative that makes Federal Pell Grant funding available for incarcerated individuals pursuing postsecondary education and training.



State Justice Institute Grants for Programs that Assist Courts and Judges

The State Justice Institute is now accepting applications for five grant categories that improve the quality of state courts and foster innovative, efficient solutions to common issues faced by courts and judges.

APPLY NOW: SCA FUNDING OPPORTUNITIES

- **Apply Now: Implementing Statewide Plans to Improve Outcomes for Youth in the Juvenile Justice System**
- **Apply Now: Second Chance Act Technology-Based Career Training Program**
- **Apply Now: Second Chance Act Comprehensive Community-Based Reentry Utilizing Mentors**
- **Apply Now: Reentry Program for Co-Occurring Substance Abuse and Mental Disorders**
- **Apply Now: BJA's Smart Supervision Program**

Grant Writing Tips for Collaborative Justice Court Teams

Elizabeth Varney

March 30, 2016

Many thanks to Dianne Marshall, Director of the California Collaborative Justice Courts Foundation, and to Dr. Rose Marie Lynch of Illinois Valley Community College for most of the following information

1) Do you understand the funder's priorities and does that fit with the goals of your project?

Does your project idea match the grant's goals? Do you meet all of the grant requirements as detailed in the request for proposal (RFP)? Some grants will require matching funds or other investments from your institution and some may ask you to partner with other institutions. Apply for a grant only if your project idea meets all RFP requirements.

- Always do your homework on their funding goals ahead of time!
- Follow the funder's directions!
- Follow the RFP's sequence of information required.
- USE CHECKLISTS OF REQUIRED INFORMATION – THEIRS AND YOUR OWN!
- PROVIDE YOUR INFORMATION IN THE ORDER IN WHICH IT IS ASKED.[1]
- Don't wander off topic.

2) Know what your goals are

- Start with your desired outcomes: how will the grant help you get there
- Use the Logic Model available from NADCP
- Keep it simple; 3 to 4 goals at max
- As soon as you have a plan and goals for what you want funding, get your Letters of Support. If one of those letters makes your case really well, use their words. Ask that person to help with writing a given section of the grant application.
- Be sure the Letters of Support do not contradict or confuse what you are saying in the grant application.
- Read over your Letters of Support before you include them!
- **Address how you will demonstrate and evaluate the success of your project.**

3) Follow Directions

The number one tip from successful grant writers is to follow the instructions in the request for proposal. Provide the information the RFP requests, in the categories the RFP requests, and in the order in which the information is requested.

Stay within the length requirements. If the maximum length is 10 pages, don't write a word over 10, but don't look unprepared by submitting 4.

Meet the document requirements for margins, fonts and graphics. If the RFP doesn't provide requirements, use a standard font like Ariel or Times New Roman, 11 or 12 point, and standard page margins.

Meet deadline. If there's a time of day, like 5 p.m., check the RFP and the geographic location of the granting organization since the deadline is likely to be 5 p.m. in the granting organization's location. For a grant proposal submitted online, start entering your materials well before the deadline. Online sites get busy as deadlines

approach and uploading files can take a long time. Additionally, count on some technical problems as you file and allow yourself time to deal with them.

- TIP: paste the body of the RFA onto a blank sheet and use the headings and language of the RFA
- Whatever you say you are going to do on page one makes a first and lasting impression.
- Don't mosh your information together.
- Try writing like journalists are trained to write, not like an attorney!
- Make **the layout** of your grant application **interesting**
- Avoid use of **local terminology**.
- Put your pithy, relevant information in the program narrative, not in the budget narrative.
- If you are going to cut-and-paste your grant application together...Be careful! Be sure you don't include information that doesn't belong!

4) When you don't have evaluation findings or a database to back up your request for funds, get quotes from relevant professionals who support your request.

- At every opportunity be sure to communicate that you are competent professionals and you know what you are talking about, but don't brag!
- Use outcome measures, staff qualifications, client feedback, newspaper stories and quotes from local dignitaries to make your case.
- If you don't think you can articulate something very well because it is not your area of expertise, ask for help!

5) Watch that Budget!

- Do the numbers fit with what was stated in the body of the proposal?
- Is it complete?
- Is it allowable and cost-effective?
- Is it tied to the proposed activities?
- What other sources of funding will be used to make up a whole?

6) Wrap-up

- STAY focused.
- WORK with experienced grant writers when possible
- Write like a journalist, a few but powerful words!
- SOLICIT your letters of support ASAP. If someone says "it" really well, quote them! Ask them to write that section of the grant application.
- COMMUNICATE competency.

DRAFT COMMUNITY CORRECTIONS PARTNERSHIP PROGRAM LOGIC MODEL

A logic model can help the Community Corrections Partnership clarify how, in the context of their target population and environment, resources should support program activities and intended outcomes.

IMPUTS ➡	ACTIVITIES ➡	OUTPUTS ➡	SHORT-TERM OUTCOMES ➡	LONG-TERM OUTCOMES ⌘
Probation Law Enforcement Courts District Attorney Public Defender SU Treatment MH Treatment Aggression Control Jail Education Employment Services Peer and Family Support Community Grant funds Technical Assistance	Risk/Needs Assessment Community Supervision Electronic Monitoring SU Testing/Monitoring Judicial Interaction Graduated Sanctions and Incentives (including jail) SU Assessment and Treatment MH Assessment and Treatment GED/ Adult Ed classes Community Work Service Case Management Coordination	Program Intake/Screen Risk/Needs Assessment SU Assessment MH Assessment Housing Admission/Termination Treatment Court Appearances SU Tests Probation Contacts Treatment Attendance Services accessed Rewards and Sanctions applied Jail stays	Recidivism in-program SU in-program Supervision violation Program violation Treatment retention Skills development Relationships Service needs Criminal thinking	Recidivism post-program SU relapse post-program Graduation/termination Probation revocation or successful termination Jail/prison imposed Family Reunification Employment Education Housing Health