

COMMUNITY CORRECTIONS PARTNERSHIP MEETING

AGENDA

**December 14, 2011
3:00-5:00**

County Events Center
601 Texas Street, Fairfield
Conference Room B

The County of Solano does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance in order to participate, please call staff to the Community Corrections Partnership at 707-784-7611 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

- Call to Order--Introductions

- Public Comment
Chair Donna Robinson will provide an opportunity for members of the public to address the Committee on matters not listed on the Agenda and within its jurisdiction.

- Regular Calendar
 - Data Report
The Committee will receive information for October and November about offenders released on Postrelease Community Supervision and offenders committed to county jail as a result of public safety realignment.

 - Board of Supervisors Actions on 11/1/11
Chair Donna Robinson will provide information about actions taken by the Board of Supervisors on 11/1/11 relating to public safety realignment.

 - Day/Evening Reporting Center
The Committee will discuss the components of a Day/Evening Reporting Center and establish an ad hoc subcommittee to develop a proposal for establishing either

a Day/Evening Reporting Center or an alternative to be presented to the CCP at the January 2012 meeting.

- **Revised Mental Health Program Proposal**

The Committee will receive a revised mental health program proposal and funding request.

- **Revised Substance Abuse Treatment Proposal**

The Committee will receive a revised substance abuse program proposal to include a first phase funding request and will establish an ad hoc subcommittee to develop a second phase proposal for presentation to the CCP at a future meeting.

- **Request from County Administrators Office**

Amy Jenkins will submit a request to use funding from the Planning Allocation budget up to \$10,000 for the Special Summit on Public Safety Realignment.

- **Committee Comments**

Chair Donna Robinson will provide an opportunity for members of the Committee to provide information or present issues to the group.

➤ **Adjourn**

The Committee will confirm the next monthly meeting date of January 11, 2011, or set an alternate date.

**Community Corrections Partnership Meeting
Public Safety Local Plan Development Minutes
December 14, 2011**

Present:

CCP Committee Members

Donna Robinson, *Interim Chief Probation Officer**
D. Scott Daniels, *Presiding Judge of the Superior Court**
Don duBain, *District Attorney**
Gary Stanton, *Sheriff/Coroner**
Richard Word, *Chief of Police, Vacaville**
Patrick Duterte, *Director, Health and Social Services**
Birgitta Corsello, *County Administrator*
Halsey Simmons, *Deputy Director Mental Health*
Lloyd Gieg, *Genesis House*
Andy Williamson, *Clinical Supervisor, MH/Substance Abuse*
Robert Bloom, *Executive Director, WIB*
**Executive Committee Member*

Non-member Participants

Gary Elliott, *Sheriff's Office*
Bill Hornbrook, *Sheriff's Office*
Tom Ferrara, *Undersheriff*
Raymond Courtemanche, *Mission Solano*
Dawn La Bar, *City of Fairfield*
Pat Nicodemus, *Youth and Family Services*
Dennis Bunting, *County Counsel*
Brian Taylor, *Solano County Court*
Paul Beeman, *Superior Court Judge*
Roger Maryatt, *Unity Hall*
Susan Cinelli, *Bi-Bett Alcohol and Drug Programs*
Sharon Loveseth, *Healthy Partnerships*
Oscar Bobrow, *Public Defender's Office*
Stephan Betz, *Assistant Director, Health and Social Services*
Jennifer Washington, *Probation*
Kelley Baulwin-Johnson, *Probation*
John Daugherty, *District Attorney's Office*
Donovan Lewis, *CDCR*
David Neal, *Fairfield Police Department*
Pam Posehn, *Director, Child Support Services*
Ron Grassi, *CAO*
Al Bagos, *Fairfield Police Department*
John Taylor, *ESP, Incorporated*

The meeting was called to order at 3:05 p.m.

- **Call to Order**

Group was welcomed by the Chair and introductions were made.

- **Public Comment**

An opportunity was provided for members of the public to address the Committee on matters listed on the Agenda- Raymond Courtemanche from Mission Solano noted that he was interested in working with the committee to provide services for this population.

- **Data Report**

Interim Chief Probation Officer Donna Robinson provided baseline data for PRCS:

- 214 packets received
- 134 required to report to Probation
- Vallejo and Fairfield have the highest number of PRCS in their cities
- Less than 5% of the offenders are assessed as very high risk
- Majority of offenders are assessed as medium to high risk
- Mental Health services represent the highest need for offenders

Captain Gary Elliot provided baseline data for the Non-Non-Non population in the Jail:

- 1170(h) PC local jail time; currently 65 in custody/avg length of stay 34 months
- One non-non-non released on ATC program
- Twenty-seven (27) out of 65 offenders have been denied ATC by the Court
- 3056 PC (parole violations) 112 in jail up to 90 days; normally 30-40 in jail at any given time
- Only two offenders identified as PRCS
- Average Daily Population (ADP) up as a result of Realignment
- Expect that there will be a medical impact for long term care for some offenders

- **Board of Supervisors Actions on 11/1/11**

On 11/1/11, the BOS made five (5) recommendations to include:

- The 2011 Public Safety Realignment Act Implementation Plan was approved.
- The Public Safety Realignment Committee was directed to meet monthly and report back to the BOS on the first meeting in January 2012.
- An Appropriation Transfer Request in the amount of \$2,989,174 in new revenue under the 2011 Criminal Justice Realignment Act through 6/30/12 was approved. The revenue was dedicated to the following groups: Sheriff,

Task Force, Probation, Public Defender, District Attorney, and Community Corrections Partnership.

- Appropriations in the amount of \$1,137,400 for the purpose of a day reporting center, substance abuse, mental health services, Workforce Investment Board, and community impact/contingency was approved.
- Resolution No. 11-272 was signed which amended the Position Allocation List to add 31.0 FTE positions (limited term) expiring 12/31/12. The positions are allocated to the following departments: Sheriff, Probation, Public Defender, and District Attorney.

- **Day/Evening Reporting Center**

The components of a Day/Evening Reporting Center were discussed. An ad hoc subcommittee group was established to explore the options of establishing a Day/Evening Reporting Center or an alternative. The subcommittee is comprised of representatives from the following agencies: Probation, Sheriff, Mission Solano, Workforce Investment Board, Health and Social Services, Reentry Council, Vacaville Police Department and the Office of Family Violence Prevention. Interim Chief Donna Robinson will Chair the subcommittee and a report will be given at the CCP meeting in January 2012.

- **Revised Mental Health Proposal**

Health and Social Services Director Patrick Duterte presented a revised proposal which outlined the plan to provide mental health services to offenders. The plan included a Mental Health Specialist and a Mental Health Case Manager. A funding request for \$192,667 (\$92,667 staff costs; \$100,000 placement costs) was made.

DA duBain made a motion to approve the proposal and the funding request for mental health services. Second by Chief Richard Word. Motion carried 6-0.

- **Revised Substance Abuse Proposal**

Health and Social Services Assistant Director Stephan Betz presented the revised proposal for substance abuse services. The plan is separated into two phases. In Phase 1, capacity will be increased with current providers to provide services and treatment for approximately 55 clients on an outpatient basis. A funding request for \$123,485 was made to increase capacity with the providers that currently have contracts with HS&S. For Phase 2, an ad hoc subcommittee was established to review data and develop a system to ensure a continuum of care for offenders in-custody and for those reintegrating back into the community. The subcommittee is comprised of representatives from the following agencies: Health and Social Services, Probation, District Attorney, Reentry Council, Sheriff, and the County Administrator's Office. Health and Social Services Director Patrick Duterte will Chair the subcommittee.

Chief Richard Word made a motion to approve the proposal and funding request for substance abuse services (Phase 1). Second by DA duBain. Motion carried 6-0.

- **Drug Felons in CalWORKs Proposal**

Information was provided from HS&S Director Patrick Duterte in relation to legislation to allow drug felons to be eligible for CalWORKs benefits. The group decided to table the discussion to the next CCP meeting.

- **Request from County Administrator's Office**

Amy Jenkins from the County Administrator's Office presented information regarding the Realignment Summit scheduled for February 8, 2012. The summit would focus on Public Safety Realignment and other community engagement efforts. A funding request not to exceed \$10,000 was made which would cover the costs of the summit.

Sheriff Stanton made a motion to approve the funding request for the Public Safety Realignment Summit. Second by HS&S Director Patrick Duterte. Motion carried 6-0.

- **Committee Comments**

DA duBain suggested that an ad hoc subcommittee be established to coordinate data collection efforts among county agencies and providers. This item will be placed on the agenda for further discussion at the CCP meeting in January 2012.

- **Meeting Adjourned**

The meeting was adjourned at 5:10 p.m. The committee will meet on a monthly basis beginning January 11, 2012. The committee agreed to meet on the second Wednesday of every month from 3-5 p.m.

**Concept Paper Attachment 1:
AB 109 Substance Abuse treatment phase 1 funding allocation model**

SA treatment costs in 2012 (phase one, nine months through September 2012)

Total Population: 155

Of these clients, approx 100 clients (65 percent) are expected to be assigned to no treatment with urinalysis surveillance.

The remaining 55 clients are expected to be placed as follows:

	Percentage	# clients	Average Length of Stay	Cost per month per client
Level I inpatient treatment:	10%	5.5	6 months	\$ 1,654.63
Level II inpatient treatment:	15%	8.25	3 months	\$ 1,654.63
Outpatient treatment:	75%	41.25	4.5 months	\$ 337.65
Total	100%	55		

Cumulative numbers of clients (Avg):

Months:	# new clients	Level I inpt	Level II inpt	Outpt:	Cost per month
Jan	6	0.6	0.9	4.5	\$ 4,001
Feb	6	1.2	1.8	9	\$ 8,003
Mar	6	1.8	2.7	13.5	\$ 12,004
April	6	2.4	2.7	18	\$ 14,516
May	6	3	2.7	18	\$ 15,509
June	6	3.6	2.7	20.55	\$ 17,363
July	6	3.6	2.7	20.55	\$ 17,363
August	6	3.6	2.7	20.55	\$ 17,363
Sept	6	3.6	2.7	20.55	\$ 17,363
Total	54	23.4	21.6	145.2	\$ 123,485

H&SS funding for Medi-Cal eligible clients will partially offset treatment costs.

Any unused AB 109 funds will be returned to the AB 109 trust fund on June 30, 2012.

H&SS will absorb the costs for client assessment and treatment authorization.

Attachment 2:

Substance Abuse Treatment for AB 109 clients implementation plan

**Implementing client placement and level of care
utilization for a continuum of care**

Patrick O. Duterte

Director

Solano County Health and Social Services



05 December 2011

Summary

1. Purpose

The Continuum of Care for Substance Abuse Treatment is a County-wide system of interventions for AB 109 clients who have substance abuse problems. Evidence-based practices indicate that interventions should be driven by individual risk and needs assessment, resulting in appropriate placement. Appropriate treatment should be gender based and done in the least restrictive setting available to meet the AB 109 client's criminogenic needs. Research has found that recidivism actually increased when treatment was imposed in low risk, low substance abuse needs cases. Therefore, it is important to use an assessment-driven progressive treatment-and-sanctions model that leverages clients' voluntary participation in community-based and in-custody treatment. Risk and needs assessments should determine the level of care needed to adequately meet the client's need and reduce recidivism.

2. Derivation

The Solano client placement and utilization of care system is derived from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices which were successfully applied in existing programs. These include:

INTERVENTION – OUTPATIENT AND AFTERCARE

- Matrix
- Motivational Interviewing
- Helping Women Recover
- Alcohol Behavioral Couples Therapy
- Broad Spectrum Treatment and Naltrexone for Alcohol Dependence
- Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care
- Texas Christian University Mapping – Enhanced Counseling

RESIDENTIAL TREATMENT

- Motivational Interviewing
- Helping Women Recover
- Broad Spectrum Treatment and Naltrexone for Alcohol Dependence
- Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care
- Texas Christian University Mapping – Enhanced Counseling

Various other agencies have designated evidence based status to risk and needs assessment tools. Staff use these tools to determine adequate placement in outpatient / residential treatment. The tools should include:

- Level of Service / Case Management Inventory: LS/CMI
- Addiction Severity index: ASI
- Women's Risk and Needs Assessment: WRNA

Implementing client placement and level of care utilization for a continuum of care

- Level Of Care Utilization System: LOCUS

3. Outcome indicators

Substance Abuse is defined as any pattern of substance use that results in repeated adverse social consequences related to drug-taking (for example, interpersonal conflicts, failure to meet work, family, or school obligations, or legal problems). **Substance Dependence** is a pattern of use of alcohol, drugs, or other substances, with tolerance and/or withdrawal symptoms, drug-seeking behavior, and lack of success in discontinuation of use - to the detriment of social, interpersonal, and occupational activities (commonly known as addiction). **Withdrawal** consists of those side effects experienced by a person who has become physically dependent on a substance, upon decreasing the substance's dosage or discontinuing its use. We can tell whether we are successfully serving clients when the following indicators move:

- Recidivism rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who recidivated
- Probation violation rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who violated probationary terms
- Completion rates for outpatient services and aftercare
- Completion rates for residential programs
- Percentage of Solano AB 109 clients with a substance abuse disorder diagnosis signing up for voluntary participation compared to all Solano AB 109 clients
- Percentage of community – based treated AB 109 clients who are homeless compared to percentage of untreated released and alternatively sentenced AB 109 clients who are homeless
- Percentage of treated AB 109 clients who gained employment compared to percentage of untreated AB 109 clients who gained employment
- Percentage of treated AB 109 clients who completed vocational training compared to percentage of untreated AB 109 clients who completed vocational training

4. Tailoring

Given continuous planning, control, governance and use of evidence-based practices, client placement and level of care policies must be adjusted over time. Three years after commencement of this system, the Health and Social Services Department will publish a “Lessons Learned” report to ensure that best practices can be replicated among providers and mistakes will not be repeated.

5. Case load and funding

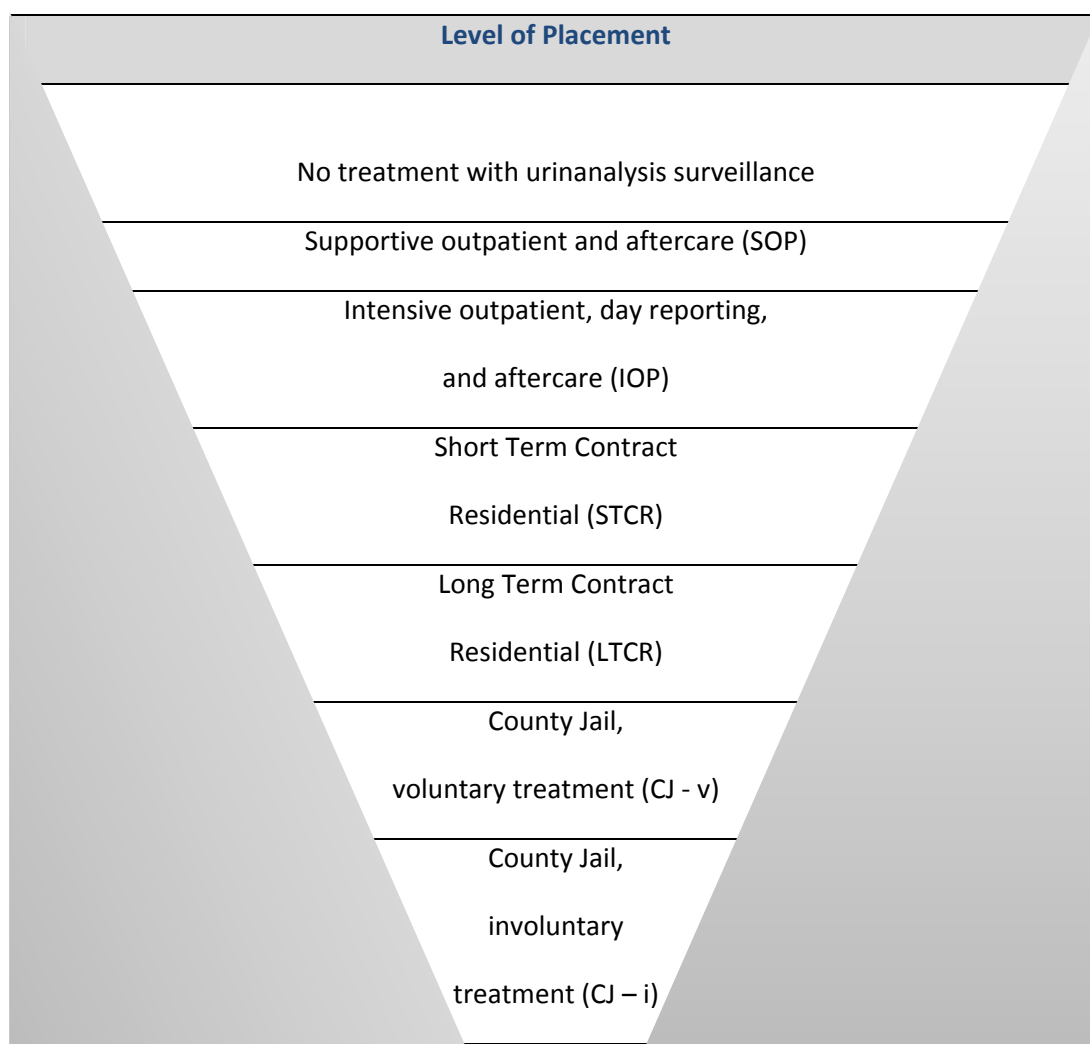
Current referral volume for substance abuse treatment is low to date: of 150 clients, approximately 80 were placed in urinalysis surveillance programs. None have been referred to intensive substance abuse treatment. Therefore, funding for this model should be flexible based on the number of referrals from the Solano Probation Department. Based on national research, H&SS can

Implementing client placement and level of care utilization for a continuum of care

expect a placement pattern as follows: 65% of clients will be placed in surveillance and urinalysis. Of the remaining 55 % clients, 10% of these referrals will need high level contract-based residential treatment at a current cost of \$1,655 per client per month over a period of 6 months, 15% will need lower short term level residential treatment at a cost of \$1,655 per client per month over a period of 3 months, and 35% will need outpatient treatment and aftercare at a cost of \$338 per client per month. Aftercare must be a robust component and sufficiently funded to avoid recidivism. It must be linked to discharge from residential treatment. Clients are placed either in intensive outpatient / aftercare for 6 months or supportive outpatient / aftercare for 3 months. Intensive outpatient care is best placed in a day reporting center. Based on dual diagnosis, mental health treatment should be an integrated part in substance abuse treatment.

6. Summary of levels of treatment

Risk-assessment-based referrals between in-custody and community based treatment, peer mentors in-custody, alumni outside, and a day reporting center build the continuum of care. DOWN: Risk and Needs based Placement in the least restrictive environment. UP: Step-down from level of care:



Implementing client placement and level of care utilization for a continuum of care

Note: The more restrictive the treatment environment, the greater the need for structured transition back into the community through aftercare and supervision

Implementing client placement and level of care utilization for a continuum of care

7. The client priority placement is structured as follows:

Supportive Outpatient Program
Intake Criteria
1. Assess mental health / physical health 2. Medium high risk 3. LS/CMI, ASI, LOCUS 4. Stable accomodation / support 5. Access to transportation
Program Information
6. Non-secured, community based environment 7. Vendors use EBPs
Aftercare
8. AA, NA, Alumni Association

OR:

Intensive Outpatient Program
Intake Criteria
1. Assess mental health / physical health 2. Medium high risk 3. LS/CMI, ASI, LOCUS 4. Stable accomodation / support 5. Access to transportation
Program Information
6. Low level - secured, community based environment 7. Vendors use EBPs 8. May include dual diagnosis
Aftercare
9. AA, NA, Alumni Association 10. Specialized caseload

OR:

Short Term Contract Residential
Long Term Contract Residential
Intake Criteria
1. Assess mental health / physical health 2. High or medium high risk 3. LS/CMI, ASI, LOCUS 4. Some flight risk 5. Medication needed
Program Information
6. Secured and structured environment 7. Vendors use EBPs 8. May include dual diagnosis 9. Length 1 - 12 months
Aftercare
9. Supportive Outpatient 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

Substance Abuse Treatment Options, Solano County Continuum of Care 2011

OR:

Prison, treatment
Intake Criteria
1. Assess mental health / physical health 2. Low to high risk 3. COMPAS 4. Flight risk 5. Participants are prescribed treatment
Program Information
6. Highly secured and structured environment 7. Relapse component 8. May include dual diagnosis 9. Length determined by diagnosis
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

OR:

County Jail - involuntary
Intake Criteria
1. Assess mental health / physical health 2. High risk 3. LS/CMI, ASI, LOCUS 4. Flight risk 5. Participants are prescribed treatment
Program Information
6. Highly secured and structured environment 7. Relapse component 8. May include dual diagnosis 9. Length determined by diagnosis
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

OR:

County Jail - voluntary
Intake Criteria
1. Assess mental health / physical health 2. High risk 3. LS/CMI, ASI, LOCUS 4. Flight risk 5. Participants choose treatment
Program Information
6. Highly secured and structured environment 7. Vendors use EBPs 8. May include dual diagnosis 9. Length 3- 12 months
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

Implementing client placement and level of care utilization for a continuum of care

8. Sanctions imposed after treatment violations

Treatment success is supported by swift and certain sanctions. Treatment providers must effectively communicate with the authorizing H&SS Substance Abuse Services and Probation staff to report treatment violations and jointly determine consequences, including a re-assessment of adequate placement. The following grid is a guide to placement re-assessment after treatment violations:

_____ Number of violations: _____

Initial Placement		1 st	2 nd	3 rd
LOW RISK	No Treatment with Urinalysis Surveillance	(1) SOP	(1) Consider Re-Assessing Risk and Mental Health Needs (2) IOP	(1) Definitely Re-Assess Risk and Mental Health Needs (2) IOP or Short-Term Residential
	SOP	(1) IOP	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Relapse Group or Short-Term Residential	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
	IOP/ Day Reporting Treatment	(1) If relapse within > 0 to 6 months: Short-Term Residential > 6 months or more: Relapse Group	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Short-Term Residential	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
	Short-Term/Contract Residential	(1) If relapse within > < 30 days: Short-Term Return to Relapse > 1 to 6 months: Sanctions > 6 months or more: Relapse Group	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Sanctions	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
HIGH RISK	County Jail - voluntary treatment (CJ - v)			
	County Jail - involuntary treatment (CJ - i)			

9. Program rollout

A detailed schedule of activities follows on the next page in legal format.

Creating the Best Fit Substance Abuse Service Delivery Model for AB 109 Clients

Date: December 5, 2011

Solano County Health and Social Services



Contact:

Patrick Duterte
Director
Health and Social Services
275 Beck Ave M 5—200
Fairfield, CA 94533
Ph 707.784.8400

Reviewed by:

Prof. Jeanne Woodford
Senior Distinguished Fellow
University of California, Berkeley School of Law
2850 Telegraph Avenue, Suite 500
Berkeley, CA 94705
Ph 510.642.2250



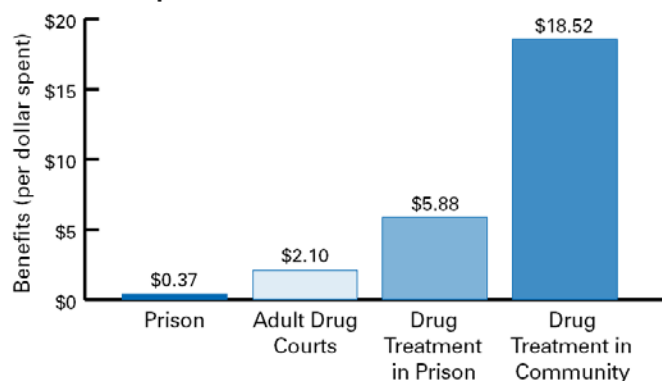
Creating the Best Fit Substance Abuse Service Delivery Model for AB 109 Clients

Overview

Researchers have been building a substantial body of evidence in regards to reentry behavioral health services for more than 30 years. A review of the latest studies shows that while an average 85 percent of inmates have a history of substance abuse issues, only 25 percent need intensive treatment, and 30-40 percent may benefit from less intensive treatment (Belenko, Peugh, 2004). Some factors are now emerging to determine how programs best support reentry clients and reduce recidivism. A comparison of residentially treated probationers to those who were not treated revealed a substantial decrease in recidivism in particular to felony arrests in the treated population (Perez, 2009). A Washington State based study found that community based treatment, often voluntary, is more cost effective than in-custody treatment, often involuntary, or incarceration without treatment (see box below). How effective then is legally ordered residential treatment? A meta-analysis of 139 studies found that in-custody Court ordered treatment showed

no effect, Court ordered community based treatment showed a slight effect on recidivism, and voluntary treatment showed a significant effect (Parhar, Wormith, Derkzen & Beauregard, 2008). Evidence shows that recidivism must be achieved through focus on addressing criminogenic needs, which requires a special substance abuse treatment model for offenders. Motivation alone however seems to play a minor role. A study of 500 probationers showed how readiness training motivating probationers to attend to court ordered treatment did not show conclusive evidence of producing lower treatment dropout rates than treatment without training (Sia, Dansereau & Czuchry, 2000). One large scale random controlled study of 406 treated probationers shows that social functioning improves modestly during the first 90 days of treatment. Criminal history is a better predictor for recidivism: both criminal history and treatment dropout are correlated with recidivism. Hostility toward imposed treatment was found to be the greatest predictor for treatment dropout. However, data did not show an association between social functioning and recidivism in either outpatient or residential treatment (Hiller, Knight, Saum & Simpson, 2006). Case management seems to make more of a difference: a meta-study of available research on re-entry services found that wrap around case management including employment services, housing placement and family reunification results in higher treatment completion rates. (Listwan, 2008). A more significant predictor to recidivism than social functioning is aftercare, the linkage between residential and outpatient treatment. A comparative evaluation of national program data for residential treatment concluded

Community-based drug treatment provides bigger returns than prison.



Sources: Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov>

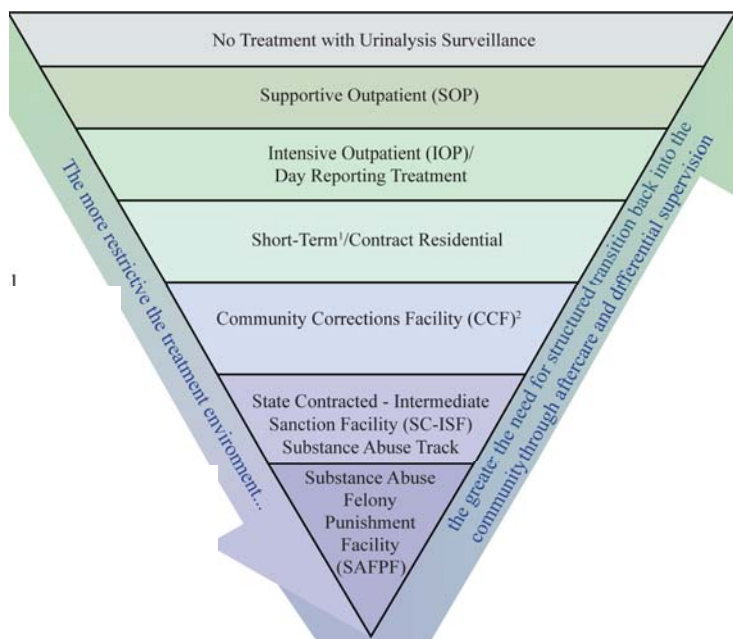
that residential treatment dropouts result in significantly higher recidivism than outpatient dropouts (Hiller, Knight & Simpson, 2006). An explorative study of the California Treatment Expansion Initiative showed high correlation between length of stay and recidivism for in-custody, residential and aftercare treatment revealing a significant success rate for aftercare (Burdon, Messina, Prendergast, 2004). A replicative experimental study of several other research projects confirmed that ex-prisoners in the high risk cohort recidivated less after receiving residential treatment (Wexler, Melnick, Cao, 2004). Aftercare resulted in significantly lower recidivism in lower risk clientele. Substance abuse treatment also was found to more effectively reduce recidivism and increase motivation to resist drug use when combined with cognitive behavioral therapy in a continuum of care linking in-custody and community based treatment, as reported by the independent evaluators "Cognitive Enhancements for Treatment of Probationers" serving 420 probationers in Texas (Hiller, Knight, Simpson, 2006). In particular, community based programs closely linked to in-custody treatment are more successful than community based programs without that linkage (Aos, Miller & Drake, 2006).

Substantial evidence ties motivation for recovery to gender based issues: for women, dealing with trauma underlying substance abuse significantly increased their participation in aftercare and reduced recidivism by 67 percent compared to non-gender based treatment (Messina, Grella, Cartier & Torres, 2010).

In Solano County, Dr. Covington's evidence based model "Helping Women Recover" has been in use since January 2011 and so far resulted in a 2 percent recidivism rate for 85 women. A gender based approach for men is not yet evidence based but has shown promising results in a pilot project: it focuses on men's relational needs and social functioning (Covington, Griffin & Dauer, 2011).

Substance abuse treatment for offenders differs from that for non-offenders. In the "Swift and Certain Sanctions Model", a graduated sanctions grid is the backbone to treatment completion. The "Hawaii Opportunity Probation with Enforcement (HOPE)" uses a widely published sanction grid with a short turnaround between violation and sanction, where bench warrants are immediately served for absconders. (Petersilia, 2011). In a randomly assigned experimental study of 493 subjects, HOPE probationers had 13% positive drug tests compared to 46% of the control group and 21% recidivated compared to 47% in the control group (Hawken & Kleiman, 2008). When this model is combined with intensive aftercare structured through a Risk-Need-Responsivity Model, the return on investment can be \$2.54 to \$11.48 for every dollar spent (Aos, Miller & Drake, 2006).

In summary, treatment models that aim to meet these outcomes: (a) linking in-custody to community treatment, (b) providing high intensity aftercare based on case management and voluntary participation, and (c) enforcing swift and certain sanctions, will reduce recidivism more successfully compared to other models.



What service model corresponds best to current research findings?

⇒ “Effective programs include therapeutic communities for drug addicts and substance abuse programs with aftercare for alcoholics and drug addicts; cognitive behavioral programs for sex offenders; and adult basic education, vocational education, and prison industries for the general prison population. Each of these programs has been shown to reduce the recidivism rate of program participants by 8–15 percent. Even with these relatively modest reductions in subsequent recidivism, these programs pay for themselves in terms of reducing future justice expenditures.” (Petersilia, J., 2003)

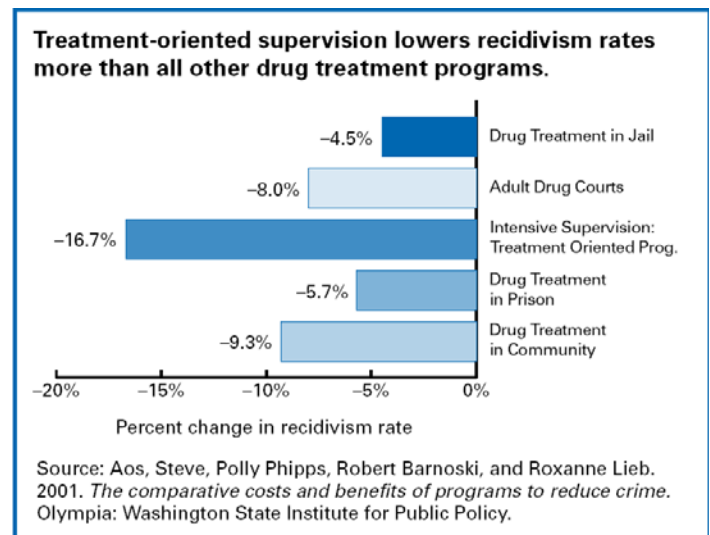
Given the cited research and resource scarcity, the most effective substance abuse and behavioral health treatment model for the justice system will be a continuum of care linking in-custody and community based treatment. It will be based on voluntary participation of high risk offenders to achieve maximum treatment completion. Intensive case management in aftercare will aim to reduce recidivism. Assessments and interventions will be evidence based and gender informed to format effective treatment and case management plans.

A review of successful programs in Texas, Arkansas, Georgia, New York and California identified three common traits for Substance Abuse treatment:

First, an [operations manual](#) is supported by all participating agencies to delineate client flow through multiple placement levels: residential and outpatient treatment, rehabilitation, intensive case management, recreation, employment, on-the-job training, day reporting, housing and transportation fold into one Continuum of Care Service Plan backed by swift, certain and progressive sanctions. The plan links substance abuse treatment options to concurrent risk and needs assessments, creating a service funnel (see page 3). There is a strong focus on transition planning and seamless services

supported by well planned aftercare: discharge planning and risk assessment starts immediately after placement.

The second trait is intensive substance abuse treatment [aftercare in connection with a day reporting center](#) where case managers provide treatment oriented supervision and referrals to employment, housing and vocational services. The center provides motivational counseling, using certified addiction counselors, Matrix (an early recovery model based on cognitive behavioral intervention) and a relapse prevention skill building program. Intensive supervision in treatment oriented programs has proven to successfully reduce recidivism:



The third part is establishing a [therapeutic community in-custody and in-community](#). Released inmates are supported by peer mentors and alumni from the surrounding community. Mentoring is based on modeling behaviors, voluntary participation, motivational counseling, swift and certain sanctions, supported by gender based risk and needs assessments (Helping Women Recover). Released inmates find positive connections in a community of alumni. Some therapeutic communities were found to reduce recidivism by 33 percent compared to their State average.

Which components are in place in Solano County?

Some components of the three successful models in Texas, Georgia, and San Mateo County are already in place in Solano County: evidence based practices (EBPs) include:

- [Addiction Severity Index \(ASI\)](#) risk assessment
- [Women's Risk and Needs Assessment \(WRNA\)](#), the University of Cincinnati gender responsive risk assessment
- [motivational interviewing](#),
- [certified addiction counselors](#),
- [Matrix](#), and
- [Helping Women Recover](#), Dr. Covington's Curriculum.

The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence Based Programs and Practices lists 56 programs for substance abuse treatment categorized by outcomes. Of these, 37 EBPs match the outcomes mentioned in this paper's "Overview". Of the 37 EBPs, eight are already implemented in Solano County. However, not all providers use these EBPs in Solano County. In order to form a comprehensive, sanction-backed system, EBP treatment standards must apply to all providers.

Which components should be added to Solano County's services?

Health and Social Services staff conducted a best fit analysis of those EBPs listed on the National Registry which are not yet implemented in Solano County and recommends to add the following four practices to the Solano County Service Delivery System: [Alcohol Behavioral Couples Therapy](#): This therapy module aims to eliminate mutually reinforcing criminogenic and substance abuse behaviors in couples. The therapy objective is family reunification. Men's

compliance with treatment increases when a focus on restoring family ties is added to the treatment plan. This practice focuses on treatment compliance, family violence reduction, and children's psycho-social functioning. This treatment module would reduce Solano's recidivism rate among male participants. [Broad Spectrum Treatment and Naltrexone for Alcohol Dependence](#): This 3 to 6 month program uses cognitive-behavioral therapy in combination with pharmacotherapy. Motivational Enhancement Therapy, community reinforcement and 12 step approaches provide the framework. The National Reentry Resource Center recommends broad spectrum treatment to avoid health complications during withdrawal (Jackson, 2011). Withdrawal symptoms are an unnecessary complication in alcohol and opiate treatment. Eliminating it through adequate medication allows clients to focus on treatment outcomes. This would reduce recidivism in Solano County. [Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care \(CPR\)](#) is an aftercare intervention supported by self help support groups, cognitive - behavioral intervention, contracts, written and telephone prompts and social reinforcers such as certificates and letters. This module has proven to be a highly effective behavior change catalyst in Day Reporting Centers and would fit into the Solano Service Delivery model. [Texas Christian University Mapping-Enhanced Counseling](#) uses graphical visualizations to focus on critical issues for recovery: "Information maps" communicate important ideas for recovery, "guide maps" identify risk behaviors that need to be avoided, and "free style maps" are drawn in session to capture clients' emerging goals. Activities are sequenced based on treatment manuals and lessons learned in services to over 20,000 clients. Other California programs have successfully implemented this module to reduce recidivism and establish an in-custody and community based therapeutic community.

Conclusion: Implement AB 109 substance abuse treatment in two phases starting January 2012

Given the fact that six of the ten recommended EBPs are already established in Solano County, Substance Abuse treatment for AB 109 clients should be implemented in two phases:

Phase 1: Utilize the current system for nine months to place AB 109 clients and build capacity for phase two. Solano Probation Department staff is currently using evidence based risk and needs assessments to place clients in the following programs: no treatment with urinalysis surveillance, short term outpatient, intensive outpatient and aftercare, Continuum of Care model pictured on page 3. In this model, risk assessments place the majority of clients in the first category: no treatment with urinalysis surveillance. The lowest number of clients falls in the category "involuntary treatment in county jail".

Treatment providers will continue using those evidence based practices already established in Solano County. Judging from current referral volume, Solano should expect a total of 55 client placements for treatment during phase one. A funding allocation model shows that \$123,485 will be sufficient to cover the cost of treatment. The Health and Social Services Department (H&SS) should maximize State AB 109 funding to draw federal Medicaid dollars for eligible clients. A funding model for phase one is attached to this paper.

Phase 2: Build a therapeutic community supported by EBPs, sanctions, and a shared operations manual. It is recommended that the Community Corrections Partnership Executive Committee establish a subcommittee that meets starting January 2012 to determine the ongoing future structure of substance abuse treatment

under AB 109. While the current structure of substance abuse treatment is sufficient, the requirements of AB 109 differ from the norm: treatment is now directly aimed at reducing recidivism and linked to a sanction grid.

Therefore, the subcommittee should consider HSS' recommendations outlined in this concept paper and discuss the following questions:

- ⇒ Consider HSS recommendations to add four EBPs as required for treating AB 109 clients.
- ⇒ Develop a plan to link in-custody to community treatment in order to build a therapeutic community.
- ⇒ Establish guidelines to place clients in high intensity aftercare based on case management and voluntary participation.
- ⇒ Develop guidelines for treatment providers support and use the CCP sanction during treatment grid to impose swift and certain sanctions.
- ⇒ Develop guidelines to CCP participating agencies to develop an operations manual for substance abuse treatment and placement, which includes placing substance abuse clients in a day reporting center.
- ⇒ Develop a funding model based on actual experience of substance abuse referral and placements during phase 1.

An implementation plan for phase 2 is attached to this concept paper.

The CCP subcommittee should be allowed nine months to create a new structure and implement it. Outcome measures should measure recidivism and treatment completion rates for each treatment subgroup. Implementation of Phase 2 should be completed in September 2012. Funding levels should be determined based on the client volume documented during the first nine months.

References

- Aos, S., Miller, M. & Drake, E. (2006). Evidence based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia: Washington State Institute for Public Policy.
- Belenko, S., Peugh, J. (2004). Estimating drug treatment needs among state prison inmates. *Drug and Alcohol Dependence* 77: 269-281
- Burdon, W.M., Messina, N. P., Prendergast, M.L. The California Treatment Expansion Initiative: Aftercare Participation, Recidivism, and Predictors of Outcomes. *The Prison Journal* March 2004 84: 61-80.
- Covington, S., Griffin, D. & Dauer, R. (2011). Helping Men Recover. San Francisco: Josey-Bass.
- Hiller, M.L., Knight, K., Saum, Ch. A., & Simpson, D.D. Social Functioning, Treatment Dropout, and Recidivism of Probationers Mandated to a Modified Therapeutic Community. *Criminal Justice and Behavior* December 2006 33: 738-759.
- Hiller, M.L., Knight, K. & Simpson, D.D. Recidivism Following Mandated Residential Substance Abuse Treatment for Felony Probationers. *The Prison Journal* June 1, 2006 86: 230-241
- Jackson, R.. Medication Assisted Treatment for Addiction. Webinar. *The National Reentry Resource Center, Council of State Governments Justice Center* (October 25, 2011).
- Listwan, S.J., Reentry for Serious and Violent Offenders: An Analysis of Program Attrition. *Criminal Justice Policy Review* June 2009 20: 154-169, first published on November 19, 2008
- Messina, N., Grella, C.E., Cartier, J. & Torres, S. A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment* 38 (2010) 97-107.
- Parhar, K. K., Wormith, J. S., Derkzen, D. M., & Beauregard, A. M. (2008). Offender coercion in treatment: A meta-analysis of effectiveness. *Criminal Justice and Behavior*, 35, 1109 – 1135.
- Perez, D., Applying Evidence-Based Practices to Community Corrections Supervision: An Evaluation of Residential Substance Abuse Treatment for High-Risk Probationers. *Journal of Contemporary Criminal Justice* November 2009 25: 442-458
- Petersilia, J. When Prisoners Come Home: Parole and Prisoner Reentry. Oxford University Press, 2003.
- Petersilia, J., Turner, J. *Implementing Rehabilitation Principles to Promote Prisoner Re-entry*, in Using Social Science to Reduce Violent Offending, Joel Dvoskin, Jennifer Skeem, Ray Novaco, and Kevin Douglas, eds. Oxford: Oxford University Press, 2011.
- Sia, T. L., Dansereau, D. F., & Czuchry, M. Treatment readiness training and probationers' evaluation of substance abuse treatment in a criminal justice setting. *Journal of Substance Abuse Treatment*, 2000, 19, 459-467.
- Wexler, H.K., Melnick, G., Cao, Y., Risk and Prison Substance Abuse Treatment Outcomes: a Replication and Challenge. *The Prison Journal* March 1, 2004 84: 106-120

Attachments:

1. AB 109 Substance Abuse treatment phase 1 funding allocation model
2. Substance Abuse treatment for AB 109 clients: implementation plan

**SOLANO COUNTY H&SS - AB 109
Substance Abuse Program Roll-Out**

Two-Week Period Beginning December 2012 - Estimated tasks, deliverables or time estimates

Item	Staff and Resources Required	12/5/2011	12/19/2011	1/2/2012	1/16/2012	1/30/2012	2/13/2012	2/27/2012	3/12/2012	3/26/2012	4/9/2012	4/23/2012	5/7/2012	5/21/2012	6/4/2012	6/18/2012	7/2/2012	7/16/2012	7/30/2012	8/13/2012	8/27/2012	9/10/2012	9/24/2012
CCP Approval of Continuum of Care	Director H&SS/Asst. Dir H&SS	Complete documents for December 14 CCP meeting																					
Adjust of Continuum of Care Model based on input received 12/14/2012	Director H&SS/Asst. Dir H&SS	Adjust report																					
BOS Approval of Phase 1 funding	Director H&SS/Asst. Dir H&SS	Submit Board Report and ATR to CAO. ATR includes funding for inpatient and outpatient treatment.																					
BOS Approval of Phase 1 funding	Director H&SS/Asst. Dir H&SS	Receive BOS approval																					
CCP Sub Committee Approval of Implementation Plan	Director H&SS/Asst. Dir H&SS	Draft Implementation Plan to CCP for approval																					
Operations	Asst. Dir H&SS / CCP Partners	Development of Draft Operations Manual																					
Gap Analysis	Asst. Dir H&SS / CCP Partners	Conduct inventory of resources, identify gaps and include specified services in RFP for FY 2012/13																					
CCP Approval of Implementation Plan	Director H&SS/Asst. Dir H&SS	Receive input from CCP and adjust implementation plan as needed.																					
Funding Allocation - Balance of FY 2011/2012	Asst Dir H&SS	Prepare ATR for funding H&SS in-house activities for balance of year and appropriate funds for contracted services																					
Funding Allocation for FY 2012/2013	Asst Dir H&SS	Prepare estimated budget requirements for full year 2012/2013; to CCP for review and recommendation prior to submittal to CAO as part of FY 2102/2013 Agency Requested Budget																					
Provide training to providers who will serve	Asst Dir H&SS / WRAP Staff Analyst	Training includes current and new EBP's, conducted over a period of six months.																					
Implement training contracts	Asst Dir H&SS / Staff Analyst / CAO	Issue RFP / RFI and execute contracts.																					
Implement services	Director H&SS/Asst. Dir																	BOS approval for new contracts, CAO ratifies					
	Director H&SS/Asst. Dir																	Services commence					

Day/Evening Reporting Center Description

General Definition: A place where select offenders report while under probation or parole supervision and can receive an array of services. Day/Evening Reporting Centers may include educational services, vocational training, treatment, and other service deliveries.

Purpose: Its primary goal is to reduce the risk factors proven to be linked with increased likelihood of recidivism and address “criminogenic” needs.

Overview: The program model provides a community-based alternative to incarceration, designed to provide non-residential, supportive services to offenders. The program uses Motivational Interviewing techniques and a curricula-driven, evidence-based model designed to assess the needs of each client to reduce individual risk factors. Offenders participate in Cognitive-Behavioral Therapy programming in order to address criminal thinking patterns and to learn positive problem-solving, coping, and social skills. Offenders work closely with case managers and employment specialists to develop individual goals and make positive changes in their lives. On-site computer labs are often available to help clients with employment initiatives and provide them with the opportunity to develop additional skills. For offenders returning from incarceration, the program assists in their reintegration back into society.

Services can include:

- Assessment/Evaluation
- Cognitive Behavioral Therapy
- Substance Abuse Education
- Anger Management
- Intervention Counseling
- Educational/GED Preparation
- Job Training/Job Search/Job Placement
- Transitional Housing and Basic Needs Assistance
- Budgeting and Money Management
- Parenting and Family Reintegration
- Discharge Planning
- Aftercare
- Community Service Opportunities
- Referrals for Specialized Services
- Random Drug and Alcohol Testing

Length. Generally six months (or 180 days) up to one year.

Solano County

Mental Health Treatment for AB 109 clients implementation plan

**Implementing risk and needs based client
placement and level of care for AB 109 Mental
Health Services**

Patrick O. Duterte

Director

Solano County Health and Social Services



05 December 2011

Summary

1. Purpose

Mental Health Treatment for AB 109 clients must be provided through a Continuum of Care based on a rapid referral and triage process. Medication needs and medication level monitoring must be identified within a few days from initiating the referral. Currently, Solano County Health and Social Services (H&SS) focuses mental health treatment for offenders on reducing recidivism. This focus must be maintained to include AB 109 clients in the current service delivery system. To date, the number of referrals of AB 109 clients has been in the 2 percent range for high need placements. Solano County H&SS and Probation Departments partner to achieve rapid referrals for mental health clients, placing them into same day appointments at the County Federally Qualified Health Center (FQHC). Such rapid referral and strong aftercare through case management has proven to reduce recidivism. Evidence-based tools such as the Level Of Care Utilization System (LOCUS) allow H&SS to assess clients and place them into the least restrictive treatment environment. At the same time, treatment is linked to the CCP Sanctions Grid. It is important to use an assessment-driven progressive treatment-and-sanctions model that leverages clients' voluntary participation but also ensures that sentences and orders are followed with the aim at reducing recidivism.

2. Background

Mental Health needs of the realigned populations still need to be fully characterized, however, it is likely that in addition to substance abuse treatment, many will require moderate to intensive mental health services. There are three main levels of care that would be required by individuals:

1. short term outpatient treatment to support clients in a short mental health episode,
2. long term treatment and supportive housing for chronically ill clients (augmented Board and Care), and
3. inpatient treatment for high risk clients.

While it is predicted that a significant number of individuals falling under realignment will have mental health issues, it is not known what acuity and chronicity they will display. For that reason, H&SS recommends to place clients for six months and attempt to absorb initial placement costs, then return to the CCP in June 2012 with a funding recommendation that is based on actual client data of the past eight months. For this eight month period, H&SS will utilize a case manager and clinician to provide assessments and post-release referrals while

Implementing risk and needs based client placement and level of care for AB 109 Mental Health Services

clients are in jail. For new AB 109 referrals, the Probation Department will refer clients to the case manager so that clients receive adequate services after the triage at the H&SS FQHC.

3. Proposal

This team of two individuals would be adequate to serve some of the more basic needs of the newly realigned populations, and to triage and link individuals with more complex needs to other services with the Solano County Continuum of Care (Specialty Contract). The 'Navigator' function is a function proven through research to enhance access by individuals with mental illness to a larger system of care and to promote stability within the community at the least restrictive level of care.

One of the staff on this team (MH Specialist) would be charged with helping newly released or diverted individuals to access critical mental health and social services that could positively influence their success in the community, such as psychiatric medication, insurance, benefits, shelter, etc.

The other staff (Lic'd Clinician) would deliver assessment and brief treatment services to individuals who could benefit from such short term or intermittent, lower intensity services. For individuals with much more complex needs, those who are homeless, and severely mentally ill, etc., referral to the COUNTY's FACT Team, Crisis Stabilization Unit, Crisis Residential Services, or Wellness Centers will be facilitated and assured through monitoring.

Some of the services that will be directly provided by this team:

Brief Assessment and Triage, then:

- Linkage to and enrollment in critical services required for stabilization of individuals with mental illness (psychiatric services, housing, benefits, etc)
- Monitor and troubleshoot issues with the same services
- Coordination with Probation and Law Enforcement to promote treatment engagement and reduce recidivism
- Serve as a liaison to the County Mental Health System, promote the flow of information back and forth between the Justice system and Mental Health resources and contractors, including the Crisis Stabilization Unit, FACT and community contractors.
- Provide clinical and resource consultation to Probation staff

By choosing a contractor experienced with the forensically mentally ill population, (or alternatively situating these positions within FACT), an evidence based approach can be assured that takes into account the special needs of this population.

In addition to helping the individual understand and manage their mental illness better, these approaches will include services that revolve around a framework of personal accountability, that helps individuals identify triggers and antecedents to their criminogenic behavior, and offers them a means of better coping with these as they arise, enables them to make better choices.

Implementing risk and needs based client placement and level of care for AB 109 Mental Health Services

Typically, these approaches are cognitive behavioral and often use a group format to facilitate learning and mutual support and accountability. To the extent that these services are delivered as part of a multi-disciplinary team, their efficacy may be even greater.

- Level of Service / Case Management Inventory: LS/CMI
- Addiction Severity index: ASI
- Women's Risk and Needs Assessment: WRNA
- Level Of Care Utilization System: LOCUS

4. Outcome indicators

Outcome indicators should address the following:

- Recidivism rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who recidivated
- Probation violation rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who violated probationary terms
- Completion rates for outpatient services
- Completion rates for inpatient services
- Percentage of Solano AB 109 clients with a mental health disorder diagnosis signing up for voluntary participation compared to all Solano AB 109 clients
- Percentage of community – based treated AB 109 clients who are homeless compared to percentage of untreated released and alternatively sentenced AB 109 clients who are homeless
- Percentage of treated AB 109 clients who gained employment compared to percentage of untreated AB 109 clients who gained employment
- Percentage of treated AB 109 clients who completed vocational training compared to percentage of untreated AB 109 clients who completed vocational training

5. Case load and funding

Current referral volume for mental health services falls within the range of expectations: of 150 clients, five needed mental health services. Of those, two needed high level placements.

After review of the current referrals, the original funding request submitted to CCP in the amount of \$138,000 (\$92,667 for six months) is adequate.

In addition, H&SS plans to leverage AB 109 funds for Intergovernmental Transfers from the federal government. For that purpose, H&SS recommends that the Board of Supervisors allocate \$100,000 for high level client placements (long term outpatient and supportive housing, Augmented Board and Care) to draw \$180,000 in federal funds. Clients placed in Augmented Board and Care would receive intensive case management services to avoid costly hospitalizations and recidivism to jail

Implementing risk and needs based client placement and level of care for AB 109 Mental Health Services

incarceration. The AB 109 IGT funds would be appropriated in FY 2011/12. Unused AB 109 IGT funds would carry forward into FY 2012/13. This will afford CCP the opportunity to readily draw from an account to place clients in needed care and reduce recidivism rates. This will bring the total amount of funding request to \$192,667.

6. Sanctions imposed after treatment violations

Treatment success is supported by swift and certain sanctions. Treatment providers must effectively communicate with the authorizing H&SS staff to report treatment violations and jointly determine consequences, including a re-assessment of adequate placement. This function will be provided through the “Navigator”.

7. Program rollout

If approved by the CCP Executive Committee, H&SS will ask the Board of Supervisors for a funding allocation in the amount of \$192,667. A detailed schedule of placements cannot be produced at this time, since the volume of referrals has not yet yielded data that can be used as forecast. However, the need for a Navigator (as outlined in the CCP Implementation Plan) is imminent and has been requested by the Probation Department, the CAO and the Public Defender. For that reason, H&SS recommends to fast track the recruitment for this person. In addition, H&SS will provide CCP and the Board of Supervisors as part of the Board’s Third Quarter Report a list of expenditures that shows client placements and treatment outcomes. During this report, H&SS will provide a funding needs update based on the level of referrals over the past six months.