

ROAD TO

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I. OVERVIEW AND PURPOSE

STATEMENT OF NEED

According to the Alameda County Re-Entry Strategic Plan 2008-2012, over the past 25 years, the United States and the State of California have experienced a period of mass incarceration. The impact of this mass incarceration has not been limited to our prisons and jails; the impact has extended into our communities and families. Research indicates that over 90% of people

incarcerated in jails or prisons will be released¹ back to the community. A report by The PEW Charitable Trust found that 1 in 36 adults in California were under correctional control as of 2007². In 1982 that figure was 1 in 69.

High concentrations of formerly incarcerated people

As of 2007, 1 out of every 36 adults in California is incarcerated on probation or parole.

tend to live in poor urban communities of color and are not evenly distributed across California communities. In Alameda County, neighborhoods like South Hayward, Ashland/Cherryland, and both East and West Oakland have substantially higher densities of formerly incarcerated people than other parts of the county. Table 1 depicts the probationers in Alameda County by zip code and Object 1 is a map of these data. Table 2 depicts the population of parolees in Alameda County by city and Object 2 is a map of these data.

As noted in the 2008-2012 Plan, the re-entry population and the communities to which probationers and parolees returned, faced a wide array of challenges, upon release. Evidence showed the re-entry population was 3-4 times more challenged than the general population in their ability to obtain employment and permanent housing upon release. Unfortunately, the communities to which they returned were often the communities least capable of meeting the re-entry population's reintegration needs. The Plan further stated that, the California Department of Corrections and Rehabilitation (CDCR) and county jails did not provide many supports during the re-entry process and, consequently, over half (56%) of all persons released from CDCR returned to custody within three years of their release. The numbers were similar for persons sentenced to the Alameda County jail. The flow of persons between communities and prison/jails destabilized the communities of return, but also created substantial barriers to providing ongoing health, employment, housing, and educational services to a population in great need of services.

¹ Western, Bruce. "Reentry," *Boston Review* July/August 2008

² Pew Center on the States, One in 31: The Long Reach of American Corrections (Washington, DC: The Pew Charitable Trusts, March 2009)

Recognizing these unprecedented levels of re-entry, there was a growing interest in addressing the needs of the formerly incarcerated and their associated communities. This interest was noted at all levels of government, the non-profit sector, the philanthropic sector,

and universities. Until recently, despite this high level of interest, there had been very little infrastructure built to specifically address the re-entry population. The various sectors interested in re-entry tended to function in silos, communicating with each other in a discrete and isolated fashion. This was especially apparent in the lack of a countywide coordinated plan for dealing with the re-entry population, a lack of efficiency in leveraging funding, and the absence of a countywide policy. Meanwhile, the re-entry population continued to return to communities that were unprepared to address the wide range of needs they presented.

From October 2011 to October 2013, 1,294 individuals have been released from state prison to Alameda County in need of a wide range of services, such as: health care, housing, employment, education, mental health and substance abuse services.

In 2009, California enacted Senate Bill 678 to support probation departments' use of evidence-based practices to achieve greater success with their offenders. To the extent fewer probationers failed and are sentenced to state prison, the state achieves significant savings. The Act mandated the State share 40% to 45% of the savings with counties that were successful at reducing the rate at which they revoked probationers and returned them to state prison. After the first year of implementation in 2010, probation departments reduced their revocations to state prison by 23%, from baseline years of 2006 - 2008. Fifty county probation departments, including Alameda County, used Senate Bill 678 funds to invest in practices that reduced recidivism. The Act also required the establishment of a Community Corrections Partnership, which consisted of several government and community stakeholders.

Building on these strategies, and as a result of the Supreme Court's mandate that California reduce its prison population by releasing 33,000 prisoners from its \$10 billion dollar prison system, Assembly Bills AB109 and 117, commonly known as the "Public Safety Realignment Act" was enacted in October 2011. The Public Safety Realignment Act mandated that approximately 38,000 individuals who would have been the responsibility of the State be housed and supervised by the local jurisdiction.

Additionally, 23,000 individuals who would have served their supervision time on state parole are now under the supervision of the local probation department as Post Release Community Supervision (PRCS). From October 2011 to October 2013, 1,294 individuals have been released to Alameda County from state prison. These individuals are eligible for local supervision, if their most recent convictions were a non-violent, non-serious, and non-sexual offense. It is important to note that while the PRCS population may not have a recent conviction of a serious, violent, or sex offense, many are still assessed as high-risk for recidivating and many fall into the high need and higher level of supervision categories. In

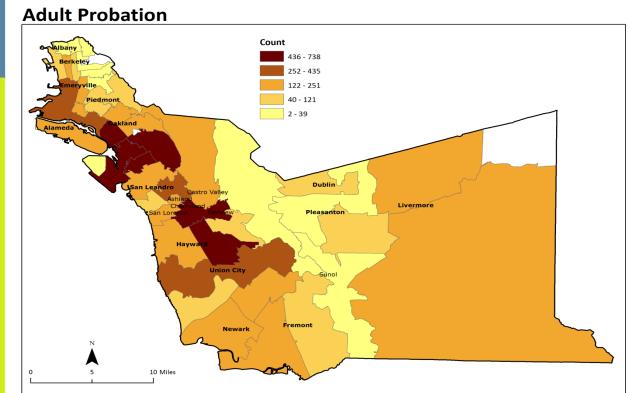
addition to those being supervised by probation as PRCS individuals, an additional 15,000 offenders are serving their sentences in local jails, rather than state prison, under the new Penal Code Section 1170(h).

Successfully re-entering society after incarceration is extremely difficult. Often the underlying



issues that led to a person's incarceration were not addressed during his/her incarceration. Upon release, many formerly incarcerated persons are in need of a wide range of services such as housing, health care, mental health and substance abuse services, employment, and education. In all likelihood, these needs existed prior to the person's incarceration and, without intervention, they continue to exist after the individual has been released. Faced with the added disadvantage of having a criminal record and being cut off from their social networks, the majority of formerly incarcerated people in California will return to state prison or county jail. Breaking this cycle and the negative impact it has on our communities and families requires developing a system of re-entry that begins with assisting individuals from the first point of contact with the criminal justice system through community-based supervision and community integration.

The following maps depict the number of actively supervised probationers and parolees in 2013.



OBJECT 1: ALAMEDA COUNTY PROBATION POPULATIONS

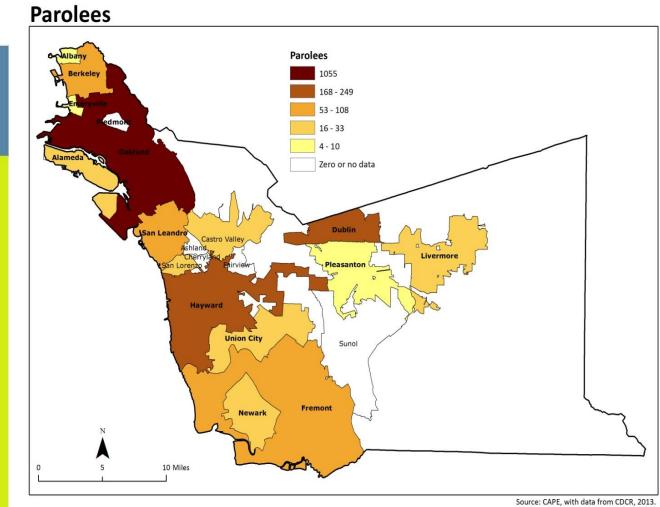
Source: CAPE, with data from Alameda County Probation Department, 2013.

TABLE 1: PROBATIONERS BY ZIP CODE

City	Zip Code	Count
Alameda	94501	218
Alameda	94502	17
Subtotal		235
Albany	94706	25
Subtotal		25
Berkeley	94701	2
Berkeley	94702	133
Berkeley	94703	121
Berkeley	94704	36
Berkeley	94705	9
Berkeley	94707	8
Berkeley	94708	10
Berkeley	94709	13
Berkeley	94710	67
Subtotal		399
Castro Valley	94546	167
Castro Valley	94552	19
Subtotal		186
Dublin	94568	77
Subtotal		77
Emeryville	94608	370
Subtotal		370
Fremont	94536	218
Fremont	94537	1
Fremont	94538	231
Fremont	94539	47
Fremont	94555	63
Subtotal		560
Hayward	94541	678
Hayward	94542	52
Hayward	94544	618
Hayward	94545	162
Hayward	94547	22
Subtotal		1532
Livermore	94550	141
Livermore	94551	166
Subtotal		307

Newark	94560	222
Subtotal		222
Oakland	94601	643
Oakland	94602	164
Oakland	94603	682
Oakland	94604	4
Oakland	94605	738
Oakland	94606	345
Oakland	94607	435
Oakland	94609	200
Oakland	94610	76
Oakland	94611	53
Oakland	94612	185
Oakland	94614	0
Oakland	94615	0
Oakland	94617	1
Oakland	94618	9
Oakland	94619	180
Oakland	94621	685
Oakland	94643	0
Oakland	94662	1
Subtotal		4401
Pleasanton	94566	65
Pleasanton	94588	39
Subtotal		104
San Leandro	94577	251
San Leandro	94578	393
San Leandro	94579	82
Subtotal		726
San Lorenzo	94580	167
Subtotal		167
Sunol	94586	2
Subtotal	2	
Union City	94587	339
Subtotal		339

Total for Alameda	
County	9652



OBJECT 2: ALAMEDA COUNTY PAROLEE POPULATION

Source: CALL, with data noni CDCR, 201

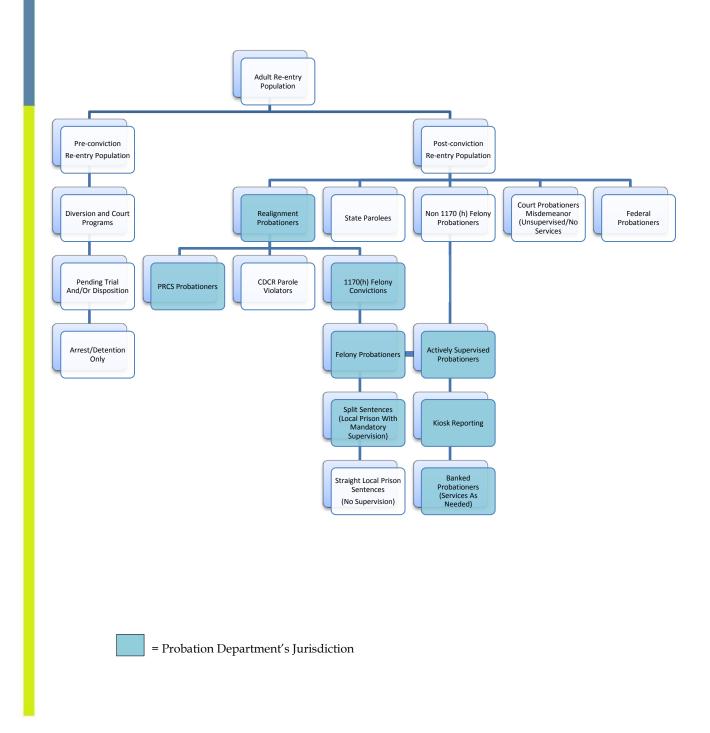
TABLE 2: PAROLEES BY CITY

City	Parolees
Alameda	33
Albany	4
Berkeley	53
Castro Valley	18
Dublin	168
Emeryville	9
Fremont	68
Hayward	249
Livermore	17

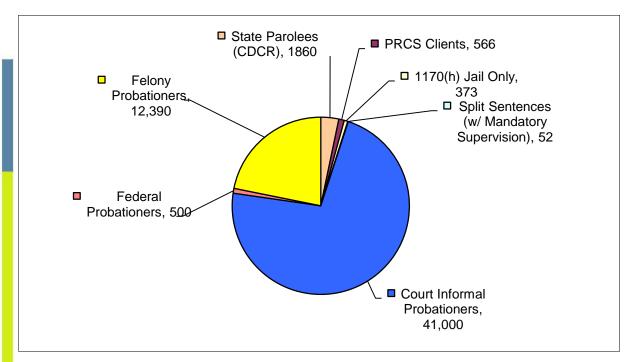
Newark	22
Oakland	1,055
Pleasanton	10
San Leandro	108
San Lorenzo	16
Union City	30
Total	1860

RE-ENTRY POPULATION DEFINED

In addition to individuals supervised by Probation and Parole, there are a significant number of individuals who have experienced contact with the criminal justice system and comprise the reentry population as noted below:



ADULT RE-ENTRY POPULATION - 2013



ТҮРЕ	NUMBER
1170(h) Split sentences (with mandatory supervision) active as of 7/8/2013 (split sentences, with mandatory supervision, overall total as of 7/8/2013: 56)	52
1170(h) Jail only – in Alameda County's custody as of 6/25/2013 (jail only overall total as of 6/25/2013: 1091)	373
Current active PRCS individuals as of 6/30/13	566
State parole (as of 10/30/2013)	1,860
Felony probationers as of 6/30/2013	12,390
(5,279 supervised; 7,111 bank – services as needed)	
Court informal probationers – misdemeanors (estimate)	41,000
Post Sentence (estimate)	375,000
National reports ³ estimate that 1 in 4 individuals have criminal records, which include individuals with arrests only, diversions (and deferred entry of judgment, civil settlements, etc.), felony and misdemeanor convictions. The reported estimate is based on the national data and the population of Alameda County.	

³ NELP report: <u>http://www.nelp.org/page/-/SCLP/2011/65_Million_Need_Not_Apply.pdf?nocdn=1</u>

HISTORY AND OVERVIEW OF THE PLANNING PROCESS

Alameda County Re-Entry Network Strategic Plan 2008 - 2012

In 2007, amidst growing concerns about re-entry and recidivism, Arnold Perkins, former director of the Alameda County Public Health Department, and his colleague, Karen Perkins, convened a planning group and facilitated a process through which a variety of stakeholders met and planned what it would take to improve outcomes for those returning from incarceration into Alameda County. The centerpiece of the strategy was the creation of a countywide network through which the various programs and services of government and community organizations could plan, coordinate, and deliver services effectively to those returning from incarceration, with a goal of decreasing recidivism and improving public safety. The original plan was to develop the following:

- Committees and Structure
- The Coordinating Council
- The Decision Makers' Committee
- The Implementation Committee
- The Networking and Professional Development Committee
- The Committee Forums
- The Re-Entry Task Forces

This planning process culminated into the "Alameda County Re-entry Network Strategic Plan 2008-2012," authored by Bill Heiser, Program Coordinator with Urban Strategies Council with input and materials produced by the Alameda County Re-entry Network Coordinating Council. The Plan outlined goals, objectives, strategies, activities, and timelines to create a system to address the needs of the formerly incarcerated in Alameda County. While this planning process helped to form and shape re-entry in Alameda County, the document never went through the formal process to be approved by the Alameda County Board of Supervisors.

CURRENT PLAN

In 2013, Chief Probation Officer LaDonna Harris, realizing the need for Alameda County to have a re-entry plan approved by the Board of Supervisors, embarked upon a planning process with a goal of obtaining a board-adopted re-entry plan. Utilizing the Joint One Table Re-Entry members who had been meeting monthly regarding re-entry in Alameda County, the idea was presented to the group who began the process by reviewing the 2008-2012 Plan. With the enactment of such significant and historic mandates that comprise AB109 and AB117, it was determined that this information needed to be included in the revised Plan. It was also agreed that further outreach was needed to ensure that individuals participating in the process would result in the broadest possible countywide representation.

The groups were:

- Alameda County Probation Department staff
- Formerly incarcerated and their families/or people with criminal records
- Victims of crime and their families
- Service providers who work with individuals in the criminal justice system
- Faith-based community members
- Community advocacy organizations
- Members of the Neighborhood Crime Prevention Councils
- Elected officials and their staff
- Other governmental entities (e.g. CDCR)



Workgroups were formed from the expanded membership of the Joint One Table Re-Entry tasked with developing the current document. The planning process was robust with countless hours spent in its development, collaborating with a myriad of stakeholders. Additionally, the Plan was previewed by staff representing all five of the Board of Supervisors and the County Administrator's Office. This Plan will be reviewed and updated at specified intervals to ensure that it continues to address the needs of those within and impacted by the criminal justice system.



POPULATION STATEMENT:

All people who have had contact with the criminal justice system living in Alameda County will live a healthy, safe, and productive life with positive support systems.

SYSTEM STATEMENT:

Through policies and practices, the re-entry system will build healthy, safer communities and strengthen families by implementing a seamless system of services and supports through effective communication and coordination of public and private resources that reduce recidivism.

III. GUIDING PRINCIPLES

- 1. Ensure culturally appropriate strategies, including a trauma or healing informed approach, that are responsive to the individual needs of the populations they serve.
- 2. Encourage systems change and improved coordination, communication, and collaboration for systems integration, in order to provide better services to individuals and/or reduce recidivism, which is critical to the sustained success of the re-entry population.
- 3. Serve populations at highest risk for recidivism through high quality assessment tools, the use of evidence-based approaches, and individualized case plans.
- 4. Assure services and treatments are based on a continuum of care from adjudication to conclusion of correctional supervision or case management.
- 5. Include and consider the re-entry population, community and victims in service delivery planning and quality assurance "Nothing About Us, Without Us."
- 6. Assure services and treatments are provided for individuals as seamlessly as possible between institutions, and from incarceration to the community, through effective criminal justice management.

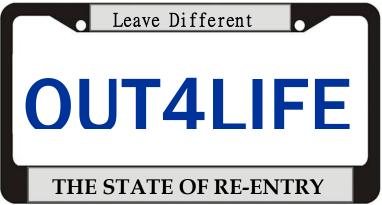
IV. OVERARCHING THEMES - GOALS, PERFORMANCES MEASURES AND STRATEGIES

1. THEME: REDUCE RECIDIVISM

GOAL: To promote community safety and improve the quality of lives of all people in the community by reducing recidivism defined as: "re-arrest, re-conviction, or return to incarceration/custody for people with conviction histories, with or without a new sentence within three years."

PERFORMANCE MEASURES:

- Percent of target population on probation without new convictions at the following intervals:
 - a) Within one (1) year
 - b) At 18 months
 - c) At three (3) years



- 2. Percent of target population who have completed probation supervision without new convictions in Alameda County, within one (1) year after case is closed
- 3. Crime rates countywide and in communities with high concentrations (minimally 40%) of formerly incarcerated residents
- 4. Percent of target population arrested for a new offense during a specified time period
- 5. Percent of target population arrested for a technical violation during a specified time period

STRATEGIES:

- 1. Assess target population for risk and needs
- 2. Provide services based upon identified needs
- 3. Direct programming towards high-risk offenders
- 4. Facilitate in-custody programming
- 5. Develop in-custody transitional plans for target population
- 6. Coordinate and facilitate linkages to community services prior to release
- 7. Provide gender responsive services and supports to the female target population
- 8. Develop coordinated pre- and post-release plans

2. THEME: HIGH QUALITY, COMPREHENSIVE, WRAP-AROUND SERVICES BEGINNING AT FIRST POINT OF CONTACT WITH THE CRIMINAL JUSTICE SYSTEM, WITH A REINTEGRATION AND REUNIFICATION FOCUS THAT LEADS TO PRO-SOCIAL OUTCOMES.

GOAL: Re-entry planning and response begins at the earliest possible point of contact with the criminal justice system and continues until "successful" reintegration, as defined by an individualized plan and the acquisition of positive services and social-based outcomes that are high-quality, peer-involved, and comprehensive, in the following areas:

- CIVIC/COMMUNITY ENGAGEMENT
- EDUCATION
- FAMILY REUNIFICATION/STABILITY
- HEALTH
- Housing
- SOCIAL SERVICES
- WORKFORCE DEVELOPMENT & EMPLOYMENT

CIVIC/COMMUNITY ENGAGEMENT

PERFORMANCE MEASURES:

- 1. Percent of presentations given by target population at governmental hearings that influence system and policy changes, (e.g. County hearings, safety committee presentations, public protection forums, etc.) in order to reduce barriers to re-entry
- 2. Percent of target population paying restitution
- 3. Percent of non-governmental individuals and groups at re-entry meetings with access to key decision making power
- 4. Percent of re-entry stakeholders who report that their participation is meaningful, based upon surveys
- 5. Percent of re-entry stakeholders who sustain participation in monthly re-entry meetings for longer than three months
- 6. Percent and number of restorative justice programs, including in-custody, courtroom and community-based programs, with full compensation to victims
- 7. Percent of target population returning to the community as restorative justice mentors and advocates
- **8.** Percent of services providers working with the target population trained in restorative justice practices

STRATEGIES:

- 1. Increase countywide financial support for leadership development of target population
- 2. Develop leadership skills of target population to meaningfully engage in re-entry decision making, cross system education and dialogue, and foster mutual respect and collaboration with diverse re-entry stakeholders
- 3. Educate service providers on the use of initial assessments to identify and address barriers to civic engagement
- 4. Increase support to target population to manage restitution and other financial responsibilities by decreasing barriers created by sanctions and financial penalties
- 5. Provide financial literacy education for the target population
- 6. Conduct community forums and education around restorative justice practices, history of institutionalized racism, oppression within the criminal justice systems and trauma
- 7. Support in-custody restorative justice programs such as the utilization of surrogate victims and offender exchange, in addition to utilizing trauma education for victims and target population
- 8. Ensure that existing and future countywide structures which address re-entry maximize stakeholders' input and share decision making power by ensuring that:
 - Community input is actively solicited
 - The purpose and agenda of each meeting is clear
 - Meeting attendants have input on agenda
 - Decision making authority is transparent
 - Meetings are held in an accessible location and at times that allow for community input
 - Community participation is incentivized, when possible
 - Re-entry decisions and meeting minutes are publicized and distributed (using methods such as social media, personal outreach, and the implementation of a constituent relationship management system)
 - Evaluation/survey forms are used quarterly to measure stakeholder satisfaction

EDUCATION

PERFORMANCE MEASURES:

- 1. Percent of target population completing GED or High School prior to release
- 2. Percent of target population completing GED or High School within two years of release
- 3. Percent of target population completing college level courses prior to release (challenge: additional staffing, equipment and funding is required)
- 4. Percent of target population completing college level courses within one year of release
- 5. Percent of target population attaining a higher education degree within four years of release
- 6. Percent of target population completing Career Technical Education within two years of release
- 7. Number and percent of viable, short-term Career Technical Education programs available for the target population, pre- and post-release
- Percent of target population utilizing educational services in County facilities (Target: 15% within one year of plan implementation)

STRATEGIES:

- Develop an Alameda County Re-entry Education Network that includes staff from County facilities, Regional Occupation Program (ROP), community colleges, nonprofits, etc. within one year of plan implementation
- Develop clear pipelines linking individuals to the Education Network for GED or high school diploma opportunities, literacy programs, Career Technical Education at ROP or community colleges, traditional Associate Degree or four year degree pathways
- Create a system whereby participants authorize information sharing amongst network providers to eliminate duplication of services and participant frustration
- 2. Invite providers to participate in the Alameda County Re-Entry Education Network; create Network website; hold annual or semi-annual network meetings; strategize and implement best practices and a program referral system to support participants between network providers

- Develop clear career opportunity pathways for Education Network participants within one year of plan implementation
- Develop viable pathways for individuals with felony records
- 3. Increase the number of participants utilizing educational services in county facilities to 15% within one year of plan implementation (current percent or number of participants annually is approximately 10%)
- 4. Conduct in-custody math, English, and career interest assessments to determine appropriate educational services, both in-custody and post-release
- 5. Add education performance measures to contracts between providers and Alameda County Probation Department
- 6. Expand current inmate intake process to include education and employment history to create a population baseline
 - Develop holistic pre-release case management plans incorporating education, employment, health services, social services, and housing
 - Ensure that target population leaves custody with a realistic case management plan based on a needs assessment
- 7. Develop marketing campaign for the target population in-custody and in the community for educational network and opportunities
- 8. Develop and execute an annual policy agenda that addresses the following barriers to educational attainment and success including, but not limited to:
 - Financial aid limitations for GED recipients
 - Lack of access to online educational resources for the incarcerated target population
 - Data-sharing and collecting while maintaining personal privacy

Data Sources: TBD

Challenges: Additional staffing, equipment and funding are required.

FAMILY REUNIFICATION/STABILITY

PERFORMANCE MEASURES:

- 1. Percent and number of in-custody parenting classes and parents who complete courses prior to release
 - Number/size of classes offered at Santa Rita Jail (SRJ)
 - Number of fathers/mothers who enroll in classes
 - Percent of fathers/mothers eligible to enroll in parenting classes
 - Percent of fathers/mothers that enrolled in parenting classes prior to release
 - Percent of fathers/mothers who complete classes prior to release
 - Percent of in-custody fathers/mothers who report learning parenting skills as a result of attendance in parenting classes at SRJ, based upon pre- and post-class surveys
 - Percent of in-custody fathers/mothers who report utilizing what they learned in parenting classes at SRJ, based upon pre- and post-class surveys

Data Sources:

- Class sign-in sheets
- Pre/Post Class Surveys: many pre-class surveys will remain open ended due to the release of inmates prior to the post-release survey being completed

Challenges: Additional funding for staffing and facility expansion is required

2. Increase in knowledge regarding the importance of communication and/or other contact between incarcerated parents at SRJ and the children of fathers/mothers participating in

the MOMS (Maximizing Opportunities for Mothers to Succeed) and the DADS (Dads Acquiring and Developing Skills) programs:



- Percent of weekly phone calls and letters from parents in-custody at SRJ to children, as reported by the parents
- Number of children visiting their parents, as reported by the parents

Data Source:

- Pre/Post Class Surveys: Many pre-class surveys will remain open-ended due to the release of inmates prior to the post-release survey being completed
- 3. Increase in communication and/or other contact between parents and their children after release, when appropriate:
 - Percent of parents making or receiving phone calls from their children after release, as reported by the parents
 - Percent of parents arranging and having visits with their non-custodial children (when appropriate) after release, as reported by the parents

Data Source:

Parent/Child Contact Logs

Challenges:

- Funding for development of a data system that will track the information
- ✤ Additional funding for staff to enter and maintain the data
- 4. Increase in family reunification plans in place prior to release from SRJ (challenge: additional staffing, equipment and funding is required):
 - Percent of parents with finalized family reunification plans prior to release from SRJ
- 5. Increase in the number of child support orders, when appropriate, in place prior to release from SRJ:
 - Number of orders
 - Percent of parents with child support orders in place prior to release from SRJ
 - Percent of parents with child support orders that formally connect with the Department of Child Support Services prior to release from SRJ

- 6. Increase in parents who comply with their child support orders:
 - Number and percent of parents (with child support orders) who formally connect with the Department of Child Support Services post-release
 - Number and percent of parents who adjust their child support orders
 - Number and percent of parents with child support orders who are current in paying their child support

Data Source:

- Department of Child Support Services Database
- 7. Increase in services for families and the number of families participating in reunification focused services, such as: support groups, understanding release conditions, knowing what to do when the target population presents behavior challenges, i.e. drug use/abuse, mental health, etc.:
 - Number of reunification focused services available for target population families
 - Number and percent of target population families who request reunification focused services
 - Number and percent of target population families who requested reunification focused services and were referred to services
 - Number and percent of target population families who were referred that received reunification focused services

Data Source: TBD

Challenge: Additional staffing, equipment and funding is required

- 8. Increase child-sensitive arrest practices:
 - Number and percent of arrests with a child present at time of arrest
 - Number and percent of arresting officers trained in child-sensitive arrest practices

Data Source: Police records

Challenges:

- Developing data sharing agreements with local police departments
- Funding police training
- Additional staffing, equipment and funding is required

STRATEGIES:

- 1. Increase knowledge and education regarding the importance of staying in contact with children
 - Establish protocol for increased visitation at SRJ
 - Pilot contact visitation models
 - Conduct feasibility studies
 - Expand parent child visitation hours
 - Establish administrative protocol to assure communication between parent and child

Challenges: Additional funding for staff and facility expansion is required

- 2. Establish Family Impact Statements for custodial and non-custodial parents in-custody or out of custody:
 - Include family impact statements in pre-sentence and other reports to assist the judge and probation staff
 - Reports should include, but not be limited to: the number and ages of minor children; notation of custodial/non-custodial status; existing child support orders; and orders of protection
- 3. Provide parenting and relationship classes that address a range of needs and responsibilities:
 - Pilot models using community-based staff, ROP staff, or others as facilitators
 - Examine extending programs to a larger percentage of individuals in-custody
 - Develop and maintain a resource list of community/faith-based services for families impacted by re-entry
- 4. Bill of Rights Children of Incarcerated Parents:
 - Use the Bill of Rights (see below) as a guideline for decision making that impact parents and their children, such as establishing child sensitive arrest protocols



- I HAVE THE RIGHT TO BE KEPT SAFE AND INFORMED AT THE TIME OF MY PARENT'S ARREST.
- I HAVE THE RIGHT TO BE HEARD WHEN DECISIONS ARE MADE ABOUT ME.
- I HAVE THE RIGHT TO BE CONSIDERED WHEN DECISIONS ARE MADE ABOUT MY PARENTS.
- ✤ I HAVE THE RIGHT TO BE WELL CARED FOR IN MY PARENT'S ABSENCE.
- I HAVE THE RIGHT TO SPEAK WITH, SEE, AND TOUCH MY PARENTS.
- I HAVE THE RIGHT TO SUPPORT AS I STRUGGLE WITH MY PARENT'S INCARCERATION.
- I HAVE THE RIGHT NOT TO BE JUDGED, BLAMED OR LABELED BECAUSE OF MY PARENT'S INCARCERATION.
- I HAVE THE RIGHT TO A LIFELONG RELATIONSHIP WITH MY PARENTS.
- 5. Provide services that help to establish/re-establish family relationships pre- and post-release:
 - Develop and maintain a resource list of community/faith-based services for target population families impacted by re-entry
 - Develop funding opportunities designed to address family reintegration
 - Develop intra-agency agreements which establish/enhance family reunification and stability
- 6. Develop policies for child support debt management and collection that encourages proactive communication, compliance, and self-sufficiency, while decreasing child support barriers to family reunification and stability:
 - Increase outreach to target population in SRJ in collaboration with DCSS
 - Review new CDCR database, proactively contact target population, and take action on information
 - Develop a standardized referral process to connect target population with other government agencies, community-based organizations (CBOs) and faith-based organizations for families impacted by re-entry

- DCSS to consider re-entry when reviewing cases for licenses and bank levy releases and other enforcement tools
- Develop a formalized referral processes with the Probation Department, the Public Defender's Office, and the Sheriff's Office to identify shared population
- 7. Establish an agreement between SRJ and the Department of Child Support Services to assist with child support payments and education.

Challenges: Many of the performance measures and strategies relating to pre-release at SRJ require additional staffing, equipment and funding

HEALTH

PERFORMANCE MEASURES - MENTAL HEALTH:

Measures for the target population entering Alameda County communities post-release, either from a California prison under PRCS or from SRJ:

- 1. Descriptive statistics (minimum, mean, and maximum) for number of hospitalizations per person for psychiatric emergencies
- 2. Descriptive statistics (minimum, mean, and maximum) for number of crisis intervention services per person

Data Sources:

- PRCS list from the Probation Department, county jail release list from the Sheriff's Office, and encounter data from Behavioral Health Care Services (BHCS)
- Lists from the Probation Department and Sheriff's Office must include re-entering a person's name, date of birth, social security number, Personal File Number (PFN), and release date from prison or jail

Data Analysis Methods:

- BHCS will cross-match the individual lists from the Probation Department and the Sheriff's Office with the past year of individuals utilizing services in the BHCS system of mental health and substance use care
- Descriptive statistics (minimum, mean, and maximum) will be used as measures

Challenges: MOU agreement limits the sharing of information to the PRCS population, at this time.

Measures for the target population entering Alameda County communities post-release from SRJ, who were diagnosed and received treatment for a mental health disorder while serving time in SRJ. The measures are to be applied separately for those who were diagnosed with a serious mental illness while in jail and those who were diagnosed with a non-serious mental illness while in jail:

- 1. Number of individuals who were enrolled in Medi-Cal
- 2. Number of individuals who used the following types of services when out of custody:
 - Mental health treatment: inpatient, crisis intervention, intensive case management, outpatient

- Substance use treatment: detox, narcotic treatment, residential treatment, sober living environment, plus outpatient treatment
- 3. Descriptive statistics (minimum, mean, and maximum) for number of hospitalizations per person for psychiatric emergencies
- 4. Descriptive statistics (minimum, mean, and maximum) for number of crisis intervention services per person
- 5. Descriptive statistics (minimum, mean, and maximum) for number of re-incarcerations per person

Data Sources:

- BHCS list of individuals first seen by Criminal Justice Mental Health (CJMH) staff in SRJ, the Sheriff's Office list of offenders released from SRJ, and the BHCS database of individuals who received mental health and/or substance use treatment
- List from the Sheriff's Office must include re-entering person's name, date of birth, social security number, PFN, and release date from prison or jail

Data Analysis Methods:

- BHCS will cross-match the individual lists from the Sheriff's Office with the in-custody list from CJMH and the out-of-custody list of individuals utilizing services in the BHCS system of mental health and substance use care
- Descriptive statistics will be used as measures

Challenge: Interventions from outside the BHCS system are not available

STRATEGIES - MENTAL HEALTH:

- 1. Obtain complete PRCS lists from both the Probation Department and the Sheriff's Office, and compare them with the BHCS individual database
- 2. Coordinate continuity of care post-release for PRCS individuals
- 3. Dedicate personnel from BHCS to conduct data analyses

PERFORMANCE MEASURES – SUBSTANCE USE DISORDERS (SUD):

Measures for individuals entering Alameda County communities post-release, either from a California prison under PRCS or from the Alameda County jail:

- 1. Number of re-entering target population admitted into each of the following types of SUD treatment:
 - Social model detoxification
 - Residential SUD treatment
 - A combination of transitional housing/sober living environment plus outpatient treatment
 - Outpatient SUD treatment
- 2. Percent of the target population initiated into treatment (definition: number of persons who received an initial treatment encounter with a SUD diagnosis, divided by the number of those persons who then received a subsequent treatment encounter within two weeks)
- 3. Percent of target population engaged in treatment (definition: number of persons who were initiated into treatment divided by the number of those persons who then received at least two subsequent treatment encounters within the next month)

Data Sources:

- PRCS list from the Probation Department, county jail release list from the Sheriff's Office and encounter data from BHCS
- Lists from the Probation Department and the Sheriff's Office must include re-entering person's name, date of birth, social security number, PFN, and release date from prison or jail

Note: Assuming these data are provided, at a future date, we may decide to expand the population measured by attempting to include as additional data sources the Public Defender's list of individuals who were not incarcerated and Alameda County Courts that sentenced persons to Driving Under the Influence (DUI) programs.

Data Analysis Methods:

- 1. BHCS will cross-match the individual lists from the Probation Department and the Sheriff's Office with the past year of individuals utilizing services in the BHCS system of mental health and substance use care
- 2. The basic statistics indicated: Number of re-entering target population admitted into each of the following types of SUD treatment:
 - Social model detoxification
 - Residential SUD treatment
 - A combination of transitional housing/sober living environment plus outpatient treatment
 - Outpatient SUD treatment
- 3. Percent of the target population initiated into treatment (definition: number of persons who received an initial treatment encounter with a SUD diagnosis, divided by the number of those persons who then received a subsequent treatment encounter within two weeks)
- 4. Percent of target population engaged in treatment (definition: number of persons who were initiated into treatment divided by the number of those persons who then received at least two subsequent treatment encounters within the next month)

Measures for PRCS individuals referred by the Probation Department to BHCS Case Management Contractor (BHCS-CM) for assessment, referral into SUD treatment, and ongoing case management.

- 1. Number of PRCS individuals assessed by the BHCS-CM for SUD treatment
- 2. Percent of PRCS individuals assessed by the BHCS-CM who were subsequently admitted into SUD treatment
- 3. Minimum, mean, and maximum number of days it took PRCS individuals from initial assessment by the BHCS-CM to admission into an SUD treatment program
- 4. Number of PRCS individuals who were admitted into:
 - Social model detoxification
 - Residential SUD treatment
 - Transitional housing/sober living environment plus outpatient SUD treatment
 - Outpatient SUD treatment

- 5. Number of PRCS individuals assessed by the BHCS-CM and admitted into SUD treatment who were enrolled in Medi-Cal
- 6. Percent of PRCS individuals admitted into SUD treatments that were subsequently reincarcerated

Data Source: BHCS-CM data

The Data Analysis Methods:

- 1. Number of PRCS individuals assessed by the BHCS-CM for SUD treatment
- 2. Percent of PRCS individuals assessed by the BHCS-CM who were subsequently admitted into SUD treatment
- 3. Minimum, mean, and maximum number of days it took PRCS individuals from initial assessment by the BHCS-CM to admission into an SUD treatment program
- 4. Number of PRCS individuals who were admitted into:
 - Social model detoxification
 - Residential SUD treatment
 - Transitional housing/sober living environment plus outpatient SUD treatment
 - Outpatient SUD treatment
- 5. Number of PRCS individuals assessed by the BHCS-CM and admitted into SUD treatment who were enrolled in Medi-Cal
- 6. Percent of PRCS individuals admitted into SUD treatments that were subsequently reincarcerated

STRATEGIES - SUBSTANCE USE DISORDERS:

- 1. BHCS obtains complete PRCS offender lists from both the Probation Department and the Sheriff's Office and compares them with the BHCS individual database
- 2. BHCS-CM obtains accurate information from treatment providers
- 3. Coordinate continuity of care post-release for PRCS individuals
- 4. Dedicated personnel from BHCS and from BHCS-CM conduct data analyses

PERFORMANCE MEASURES - PHYSICAL HEALTH

- 1. Percent of Alameda County residents housed in-custody who receive health screenings at intake at SRJ
- 2. Percent of female patients screened for breast cancer risk
- 3. Percent of female patients ages 50-75 or who are at higher than average risk of breast cancer referred to Alameda Health System's (Highland Hospital) Radiology Department every 12-24 months as needed for breast cancer screening
- 4. Percent of female patients ages 50-75 or who are at higher than average risk of breast cancer who receive a mammogram for breast cancer screening
- 5. Percent of patients (male and female) between the ages of 50-75 or who are at higher than average risk of colorectal cancer who are offered colorectal cancer screening with high-sensitivity fecal occult blood testing (FOBT) annually (unless the patient has had a sigmoidoscopy in the last five years or a colonoscopy in the last 10 year)
- 6. Percent of patients (male and female) between the ages of 50-75 or who are at higher than average risk of colorectal cancer who received the colorectal cancer screening with high-sensitivity FOBT annually (unless the patient has had a sigmoidoscopy in the last five years or a colonoscopy in the last 10 year)
- 7. Percent of female patients ages 21-75 who are referred to women's health for a PAP (Papanicolau) screening every 24 months
- 8. Percent of female patients ages 21-75 who received a PAP screening every 24 months after being referred to women's health for the screening
- 9. Percent of male patients over the age of 55 (over the age of 35 for African-American men) who are offered a prostate disease early detection test (PSA test)
- 10. Percent of patients referred to a registered nurse for an influenza vaccination annually before or during the influenza season (typically October through March) in accordance with the recommendations of Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)⁴
- 11. Percent of patients who received an influenza vaccination annually before or during the influenza season (typically October through March)
- 12. Percent of patients referred to a registered nurse for pneumococcal vaccination if the patient is age 65 or older or has a specific high-risk medical condition as indicated by the recommendations of the CDC's ACIP
 - Percent of patients who received a pneumococcal vaccination after being referred

⁴ http://www.cdc.gov/vaccines/acip/

- Percent of patients who received high blood pressure (BP) education with a health care provider if BP≥ 140/90
- Percent of patients who are offered a HIV test
- Percent of patients who received their HIV test results
- Percent of patients who test positive for HIV linked to care within three months
- Percent of HIV positive referred to a health care provider at the time of discharge
- 13. Alameda County residents released from SRJ have been screened for communicable diseases before release (Goal of 100%)
- 14. Percent of Alameda County residents released from SRJ who have been enrolled in a Health Insurance Plan (Goal of 100%)
- 15. Percent of Alameda County residents released from SRJ who have an identified medical home (Goal of 100%)

Data Sources:

- Corizon/Medical Director for SRJ
- Alameda County Sheriff's Office
- Health Officer/Alameda County Health Care Services accreditation

Challanges: Additional staff, equipment and funding is required

STRATEGIES – PHYSICAL HEALTH:

- 1. Ensure primary health panel management standing orders for preventative health are implemented
- 2. Community Re-entry Health Navigators
 - a. Assign residents in-custody to a Community Reentry Navigator to work with them pre-and postrelease to access:
 - Prison and jail-based health services
 - Community-based health services
 - Health education
 - Mental health treatment
 - Substance abuse treatment
 - Dual diagnosis/co-occurring disorder treatment



- Trauma recovery services
- Well-being education in non-violence post-incarceration support wellness programs

Challanges: Additional staff, equipment and funding is required

Community Re-Entry Health Navigators should be hired to facilitate the implementation of primary health panel management standing orders for preventative health. The re-entry planning process should incorporate health and wellness strategies, to ensure a successful and healthy re-entry back to the community.

- 1. Implementation of an Alameda County Adult Transition/Day Reporting Center
 - The planning process for the T/DRC will incorporate a health and wellness component, designed to provide comprehensive re-entry back to the community after a specified period of incarceration which will allow for re-entry planning being in place for returning individuals

County Public System Collaboration and Coordination Partners with the Sheriff's Office:

- > Health Care Services Agency
- Probation Department
- Social Services Agency
- Child Support Services
- Local Housing Authorities

HOUSING

PERFORMANCE MEASURES:

- 1. Number and percent of target population released from incarceration in State prisons who have an individualized, integrated services plan that includes a housing assessment
- 2. Number and percent of target population released from County jail after incarceration of seven days or longer who



have an individualized, integrated services plan that includes a housing assessment

- 3. Number and percent of target population who have an individualized, integrated services plan with a housing placement upon release which meets identified needs
- 4. Number and percent of target population with permanent housing on or before last day of involvement with criminal justice system, e.g. upon release or at end of parole or probation supervision
- 5. Number and percent of target population with housing after a need has been identified (immediately post-release and for those whose need arose subsequent to release, while under supervision) by type (permanent, transitional, etc.)
- 6. Number and percent of target population who become homeless or return to homelessness after being housed upon release
- 7. Number and percent of target population who retain permanent housing for 90 days, 180 days and 12 months after release

Data sources:

- 1. Will need to coordinate with CDRC to determine data sources and/or if other data sources is needed
- 2. Sherriff's Office pre-release services data. May need to develop additional data sources
- For realignment re-entry housing program participants, data source is housing and Community Development Department's Homeless Management Information System (HMIS). Could expand to include others if needed, resources to do so are available
- 4. Sherriff's Office pre-release services data, Probation Department, Realignment Housing Program HMIS, and CDCR/Parole. Additional data sources and work to align definitions and data may be needed

- 5. Sherriff's Office pre-release services data, Probation Department, Realignment Housing Program HMIS, and CDCR/Parole. Additional data sources and work to align definitions and data may be needed
- 6. HMIS data will need to be cross checked with Probation Department, Sherriff's Office, and CDCR data
- 7. HMIS data will capture some of this but follow-up program will need to be developed to fully gather data for this measure

Challenges:

- 1. Coordination among multiple parties and multiple data systems which currently may not use consistent definitions or track housing status
- 2. Current programs would need to be expanded and/or additional programs put in place to serve all with identified housing needs
- 3. Funding for follow-up program to track housing retention
- 4. Overall lack of sufficient affordable housing to households with lower incomes across the County
- 5. Overall lack of sufficient long-term rental assistance across the County
- 6. State laws limiting housing options for registered sex offenders and a lack of locations which meet requirements
- 7. Limited affordable housing options due to federal restrictions barring people convicted of specific offenses from federal housing programs
- 8. Landlord tenant screening protocols which reject prospective tenants with criminal convictions (especially arson and methamphetamine related, but may also include other drug-related and/or violent offenses)

STRATEGIES:

- 1. Coordinate efforts to create new housing and service resources and to increase access to existing housing and service resources, including identifying funding and policy changes, creating a range of housing types (transitional/program-based, sober living, permanent supportive housing, rental assistance, etc.) and ensuring geographic access across the County
- 2. Develop/expand and coordinate system of direct access from incarceration to housing identified in individual integrated services plans

- 3. Coordinate efforts with the Probation Department, State and Federal parole, the Sheriff's Office, non-profit providers and the community to access and retain housing, including housing for sex offenders
- 4. Educate re-entry service providers, parole agents, probation officers, and others regarding the range of housing available and how to access housing
- 5. Evaluate and track housing referrals/follow-up
- 6. Strengthen existing partnerships and expand capacity of housing programs for target population
- 7. Coordinate the development and use of common/shared pre-release housing assessment tools across systems to identify housing services needed for the target population and resources to support reintegration into their communities
- 8. Develop and coordinate use of common data tracking fields and definitions across the justice and housing/homeless systems related to identifying housing needs, status as formerly incarcerated/criminal justice involvement, and housing placement and retention
- 9. Prior to release, target population will meet with transitional staff with goal of being housed or housing ready on the day of release; preparation to include housing needs assessment (temporary, permanent...), identification of a place to live immediately either temporarily and/or permanently (family or County housing program staff to assist); if needed, completion of a housing resume and obtaining documentation required for housing (e.g. identification), assessment of income needs pertaining to housing, etc.
- 10. Engage potential landlords to explore barriers to housing target population and assess potential solutions
- 11. Provide subsidies to landlords who house target population, low income individuals
- 12. Increase coordination between employment and benefits programs and housing programs to ensure sufficient income to support housing as quickly as possible
- 13. Provide services and support that help establish or re-establish relationships between target population and their families, in order to increase housing placements with family when appropriate. (Link the housing assessments, programs and services to the range of other support programs and services involved in this effort in order to accomplish this strategy)

SOCIAL SERVICES

PERFORMANCE MEASURES:

- 1. Number and percent of pre-sentence and pre-release peer driven outreach, engagement and mentoring services to inform target population of available resources and referral pathways
- 2. Number and percent of pre- and post-release individualized risk assessments and comprehensive needs assessment completed, utilizing motivational interviewing, and trauma informed techniques
- 3. Number and percent of education, training and access to appropriate services through innovative targeted case management models
- 4. Number and percent of pre-charge and pre-conviction alternatives for misdemeanors such diversion or restorative justice programs
- 5. Number and percent of police officers trained in trauma-informed care and restorative justice practices

STRATEGIES:

Peer Driven Outreach and Engagement Strategies

 Incorporate a consultation with social worker, advocate, or mentor at pre-sentencing decision in order to gather valuable psychosocial information, and assess possible diversion or restorative justice strategies



- 2. Promote mentoring as a viable opportunity of support for target population by creating a task force dedicated to exploring structured mentoring opportunities/practices specific to addressing the needs of target population that include:
 - Identifying promising strategies/evidence-based models and best practices of mentoring that have demonstrated success in serving those who are formerly incarcerated
 - Selecting and supporting the development of successful mentoring strategies/programs that are designed specifically to serve the formerly incarcerated
 - Utilizing existing evidenced-based mentoring models
 - Identifying and obtaining financial support to develop, evaluate and sustain mentoring efforts that address the needs of the formerly incarcerated
 - Developing a structured mentoring program as a strategy to develop active community partnerships

- Developing and staffing a structured mentoring program that fosters caring and supportive relationships for those identified as formerly incarcerated who desire to have a community mentor that will encourage individuals to develop to his/her fullest potential and create a vision for his/her own future
- Implementing the program with operating procedures and standards for mentor and participant that include recruitment, screening, training, matching, monitoring and support, match closure and evaluation strategies based on the latest mentoring research and evidence from experienced mentoring practitioners

Motivational Interviewing and Trauma-Informed Care Strategy

 Establish professional development requirements as an industry standard for all service providers who receive funding through the County's investment including, but not limited to the Probation Department, District Attorney's Office, and local police to establish and enrich education around best practices for trauma-informed care, motivational interviewing and restorative justice practices

Targeted Case Management Strategy

- Develop a system to ensure person-centered assessment of needs at first point of contact with the criminal justice system
- Develop a service delivery system that has the capacity to meet the needs of the target population
- Utilize follow-up surveys and satisfaction surveys to incorporate feedback to systemwide development of case management services
- Work to ensure access to services during incarceration for high-risk populations such as inmates identified with gang affiliations, as well as others at high-risk for recidivism

PERFORMANCE MEASURES - BENEFITS – PUBLIC ASSISTANCE:

- 1. Number and percent of target population that receive assessments for:
 - SSI/SSDI
 - CalWORKs
 - General Assistance after release
- 2. Number and percent of target population that receive:
 - SSI/SSDI
 - CalWORKs
 - General Assistance after release

- 3. Number and percent of target population that are identified as having a health service need after release
- 4. Number and percent of target population identified as having a health service need that received those services after release

STRATEGIES - BENEFITS:

- 1. Increase the number of the post-release target population to receive public benefits, after release, including enrollment in SSI/SSDI, CalWORKs, or General Assistance
- 2. Increase coordinated mechanisms for providing re-entrants with needed health services
- 3. Increase pre-release enrollment in Covered California health care benefits for target population and established Memorandums of Understanding (MOUs) and related policies
- 4. Implement a pre-release agreement between SRJ and the Social Services Agency to facilitate the application for SSI/SSDI and other public benefits while incarcerated
- 5. Develop a coordinated mechanism for providing re-entrants with needed health services. Ensure that reimbursement mechanisms for covering the cost of health care are along with applicable MOUs and policies relating to reimbursement mechanisms
- 6. Establish an internal committee to coordinate mental health, health and substance abuse issues. Develop formal systems for handling re-entrants' health, mental health and substance abuse needs
- 7. Coordinate with the appropriate medical and mental health providers to obtain Medi-Cal, mental health and substance abuse records to provide continuity of care and expedite establishment of benefits
- 8. Providers will work with Federal, State and local jurisdictions regarding the definition of "legal residence" to ensure the broadest definition is applied for the purpose of obtaining benefits
- 9. advocate for clarification of Work with the Department of Motor Vehicles (DMV) to get ID's for inmates before they are released

Challenges: Additional staff, equipment and funding is required

PERFORMANCE MEASURES - LEGAL:

- 1. Number and percent of the following through "Clean Slate" clinics:
 - Dismissals (Penal Code 1203.4)
 - Reductions of felonies to misdemeanors (Penal Code 17(b))
 - Early probation terminations (Penal Code 1203.3)
 - Factual findings of innocence (Penal Code 851.8)
 - Warrant recalls; and certificates of rehabilitation (Penal Code 4852 et al)

- 2. Number and percent of target population participating in services and programs that ensure child support payments and decrease barriers to employment, such as DMV sanctions and other financial penalties
- 3. Number and percent of referrals to diversion programs by local police departments

STRATEGIES - LEGAL:

- 1. Inform the target population of the locations of clean slate clinics, how to access them, and what services are provided
- 2. Inform employers regarding the laws surrounding applicants who have received clean slate remedies and other policies such as "ban the box," etc.
- 3. Provide training and education programs for police officers that focus on diversion programs and restorative justice strategies to reduce arrests, when appropriate
- 4. Explore pre-charge and pre-conviction alternatives such as diversionary programs or restorative justice programs with the District Attorney's Office
- 5. Improve legal services and advice for target population with immigration issues and provide information noting the location of immigration services

WORKFORCE DEVELOPMENT & EMPLOYMENT

PERFORMANCE MEASURES:

- 1. Number and percent of target population who obtained employment in the following categories:
 - Full-time, part-time, or temporary employment within one year of release (Temporary work defined as: days, weeks, months or seasonal)
- Number and percent of target population who retained employment for 90 days, 180 days, and 12 months after release
 - Track each benchmark as a separate measure for each time period
- 3. Number and percent of target population unemployed for following:



- 0 to 3 years, 3 to 5 years, or 5 years or more
- 4. Number and percent of employed target population that are:
 - Earning more than a minimum wage
 - Receiving full or partial benefits (sick leave, vacation, medical and dental after a specified period of time from the employment date)

STRATEGIES:

- 1. Engage potential employers and business associations, both local and regional, to implore them to hire individuals with barriers in the target population, including felony convictions
- 2. Identify and connect with employers that are projected for high growth and immediate labor demand needs, including the apprenticeship programs and trade unions
- 3. Create a coordinated strategy with local employers to explore barriers to hiring the target population and offer access to potential solutions, including tax incentives, Work Opportunity Tax Credits (WOTC), On-the-Job Training (OJT) contractual agreements, etc.
- 4. Assess target population's initial needs and provide assistance to address the needs
- 5. *"Getting it right initially usually leads to successful employment retention."* Create tool/document that will assess the needs of the employer to increase positive job matching, which leads to long term retention
 - Fully understand what the employer is looking for
 - Send and refer only individuals that fit their specific need

- 6. *"We do better when we know better."* Create and conduct an Employer/Customer Satisfaction Survey to gauge the satisfaction of the employers that have hired from this targeted population
 - Assess the employer's approval or disapproval with the referrals being sent
 - Surmise and evaluate the overall experiences and interactions with those referred
- 7. Provide opportunities for employers to access the incumbent's skills and offer upgraded training, which could lead to approved licensed occupations, or occupations requiring certification within a specialized skill set
 - Retention happens when an employee gains skills
 - Promotions happen once those skills have been refined and proven
 - "Skills Upgrade" training should be available, at a minimal cost
- 8. Engage and connect with businesses, along with training and preparatory institutions that offer proven growth or in-demand occupations
- 9. Identify career growth occupations and industries that pay an established living wage

3. THEME: DEVELOP A NETWORK OF WELL-COORDINATED SYSTEMS OF SERVICES

<u>GOAL</u>: Develop an effective, culturally responsive, well-coordinated system of services that promotes evidenced-based practices with and for those impacted by re-entry, including re-entry individuals, their families, victims, and our community.

PERFORMANCE MEASURES:

- 1. Number and percent of interagency MOUs including CBOs and government agencies to increase cross-system information and resource sharing to provide specific services
- 2. Number and percent of face-to-face handoffs in the referral process for service delivery coordination
- 3. Number and percent of Federal, State, and local policies that do not disproportionately penalize the target population from obtaining housing, support services and employment

STRATEGIES:

- 1. Increase County policies and practices that facilitate the target population's successful reentry
- 2. Assess best practices and emerging practices
- 3. Leverage public/private resources to diversify funding streams and increase support from stakeholders
- 4. Create a system of seamless service delivery, including interagency trainings and public education forums leading to interagency MOUs and information sharing
- 5. Share risk and other assessments throughout the continuum of care, where appropriate
- 6. Institutionalize education and training in cultural humility and sensitivity
- 7. Identify all current programs and/or services within all agencies and public/private partners that address substance abuse, mental health, housing and criminogenic needs, including the percent of target population eligible for services and the percent of those who use or have access to services
- 8. Identify gaps and barriers and compile the justification relating to the gaps/barriers in programs and/or services
- 9. Review and/or modify Federal, State and local policies and practices that impede the target population's successful re-entry and access to services

4. THEME: ACCOUNTABILITY, TRANSPARENCY, FISCAL AND PERFORMANCE OUTCOMES

GOAL: Ensure transparency and accountability through outcome-based evaluations based on evidentiary practices and a supporting information system that has the ability to track individual services, provider and system outcomes and collect appropriate data/statistics.

PERFORMANCE MEASURES:

- 1. Percent of re-entry partners collecting performance measures identified in this Plan
- 2. Percent of re-entry partners who have submitted their performance measures to the reentry data system
- 3. Percent of re-entry partners reporting target population outcomes
- 4. Percent of partners reporting improvements in target population outcomes
- 5. Number and percent of stakeholder meetings conducted where re-entry data and outcomes are presented

STRATEGIES:

- 1. Create and distribute resources regarding evidenced-based practices for data collection for service providers
- 2. Increase presentations for re-entry stakeholders that reference budget outcomes
- 3. Research information management systems for countywide input of aggregate service delivery and outcomes
- 4. Develop a web-based survey to collect performance measures; consider existing models (i.e. City Spam, RTMIS, Ramsell)
- 5. Produce monthly performance dashboard tracking outcomes reports
- 6. Identify and asses existing re-entry program evaluations
- 7. Train stakeholders for consistent data collection
- 8. Identify resources for independent evaluations and data collection
- 9. Use data and evaluation to inform decision making
- 10. Increase the number of stakeholder meetings where re-entry data and outcomes are presented
- 11. Develop, implement and distribute an easily accessible, online, written and oral detailed accounting of every County-funded re-entry program
- 12. Collection and distribution of detailed information and data on all re-entry services in the County, including detailed program descriptions, outcomes and performance measures
- 13. Develop a countywide data tracking system that allows for system-wide input of standardized performance measures
- 14. Establish quality and quantity of formal, independent evaluation system-wide and

- 15. individual re-entry programs, and accountability reviews of county-funded re-entry programs
- 16. Conduct a formal evaluation of the County's re-entry efforts
- 17. Hold regular stakeholder meetings where re-entry data and outcomes are presented

PUBLIC PROTECTION PARTNERS' REPORT

ALAMEDA COUNTY PROBATION DEPARTMENT ADULT SERVICES DIVISION REPORT

The Alameda County Probation Department (ACPD) Adult Services Division provides a wide range of services and support to its individuals, partnering agencies and to the community, at large. The primary responsibilities include:

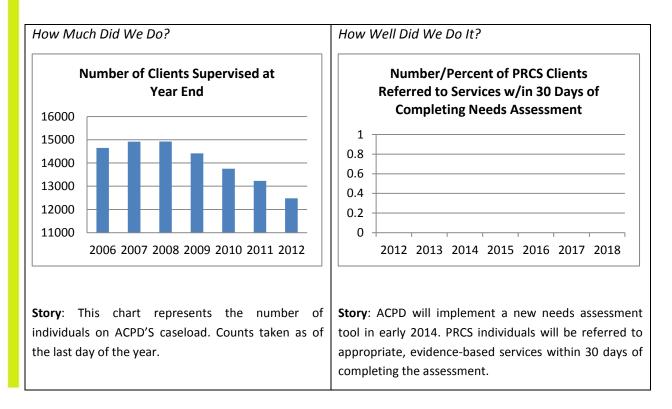
- Effective, consistent, enforcement of court
 Rehabilitation and treatment orders
- Accurate and timely services to the Court
- Resources to victims of crimes
- Offender assessments
- Case management

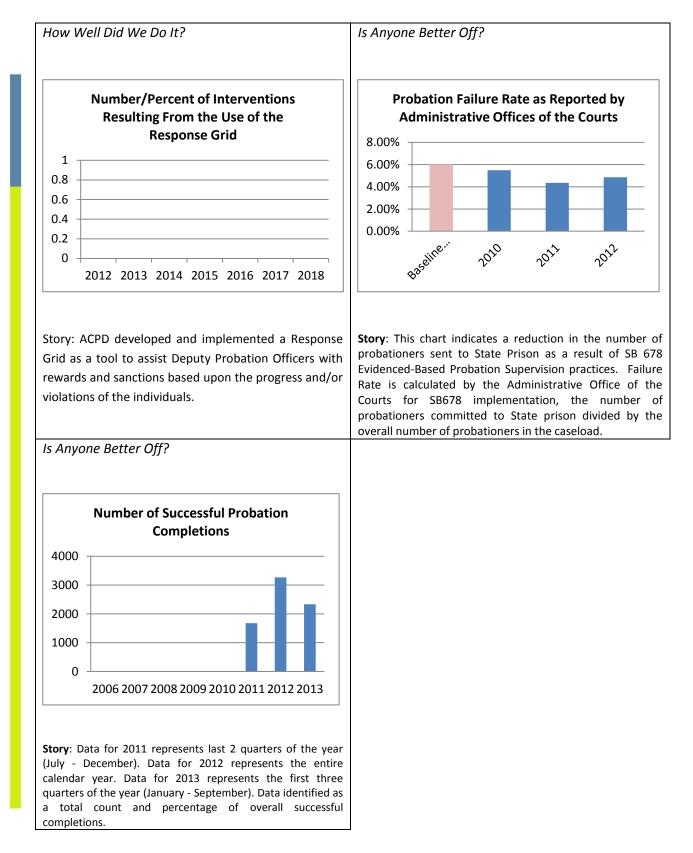
- opportunities to offenders
- ✤ Referrals to services
- Resource assistance
- Supervision and monitoring
- Reports to the courts

PARTNERS:

V.

Criminal justice system (judges, prosecutors, public defender's/private attorney's, local and State law enforcement agencies and CDCR), service providers, Social Services Agency, Health Care Service Agency and the Department of Child Support Services





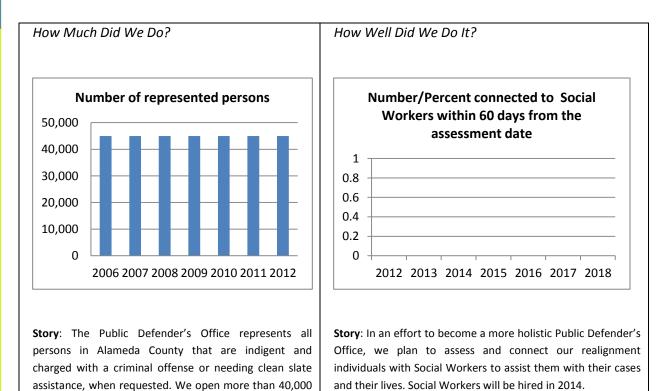
ALAMEDA COUNTY PUBLIC DEFENDER'S OFFICE REPORT

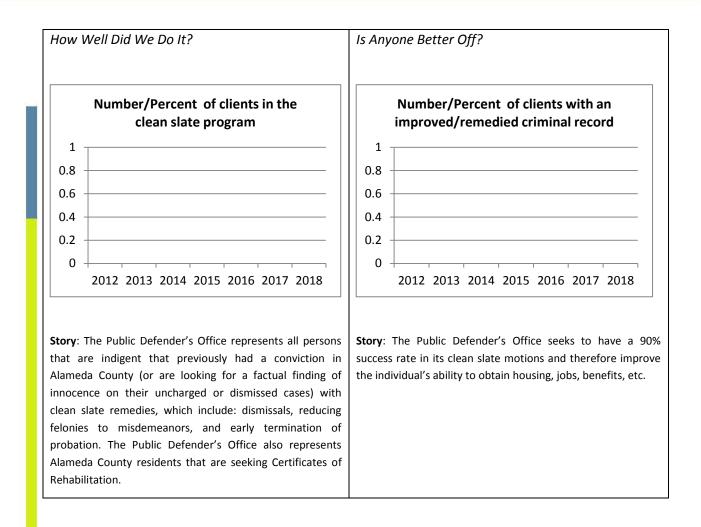
The Public Defender's Office represents all persons in Alameda County that are indigent and charged with a criminal offense or needing clean slate assistance, when requested.

PARTNERS:

cases a year.

The District Attorney's Office, Probation Department, East Bay Community Law Center and other community organizations



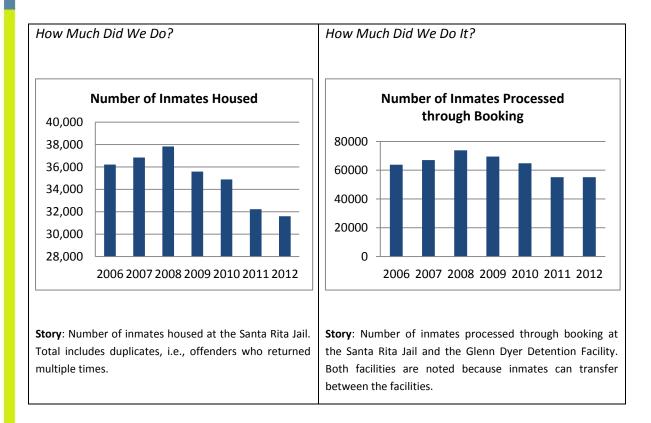


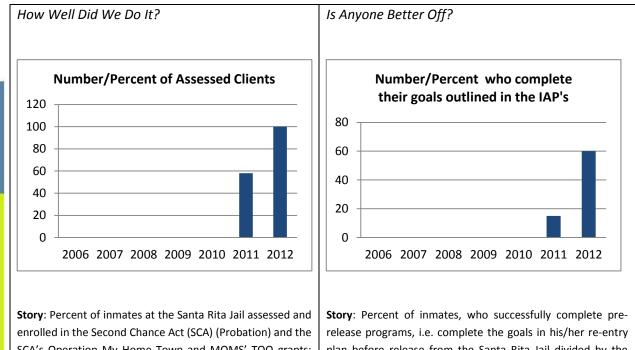
ALAMEDA COUNTY SHERIFF'S OFFICE REPORT

The Alameda County Sheriff's Office protects life and property while providing humane treatment to those in our custody.

PARTNERS:

The District Attorney's Office, Public Defender's Office, Probation Department, Health Care Services Agency, Social Services Agency, Department of Child Support Services and local housing authorities





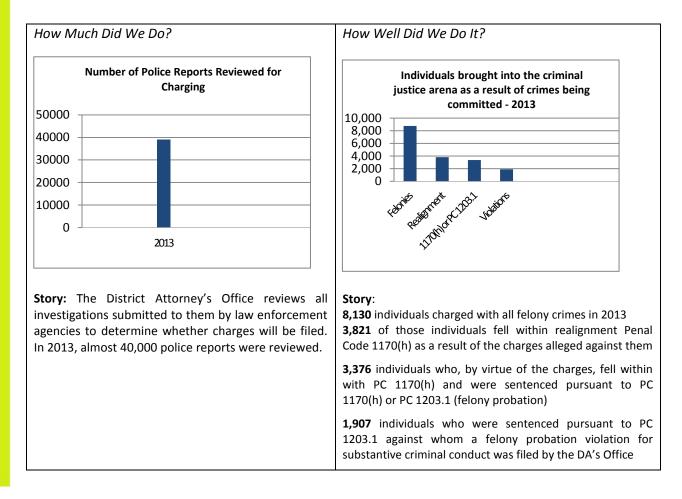
Story: Percent of inmates at the Santa Rita Jail assessed and enrolled in the Second Chance Act (SCA) (Probation) and the SCA's Operation My Home Town and MOMS' TOO grants; and the MOMS' program divided by the total number of inmates housed at the Santa Rita Jail. **Story**: Percent of inmates, who successfully complete prerelease programs, i.e. complete the goals in his/her re-entry plan before release from the Santa Rita Jail divided by the total number of inmates assessed/enrolled in the Alameda County Sheriff's Office's programs.

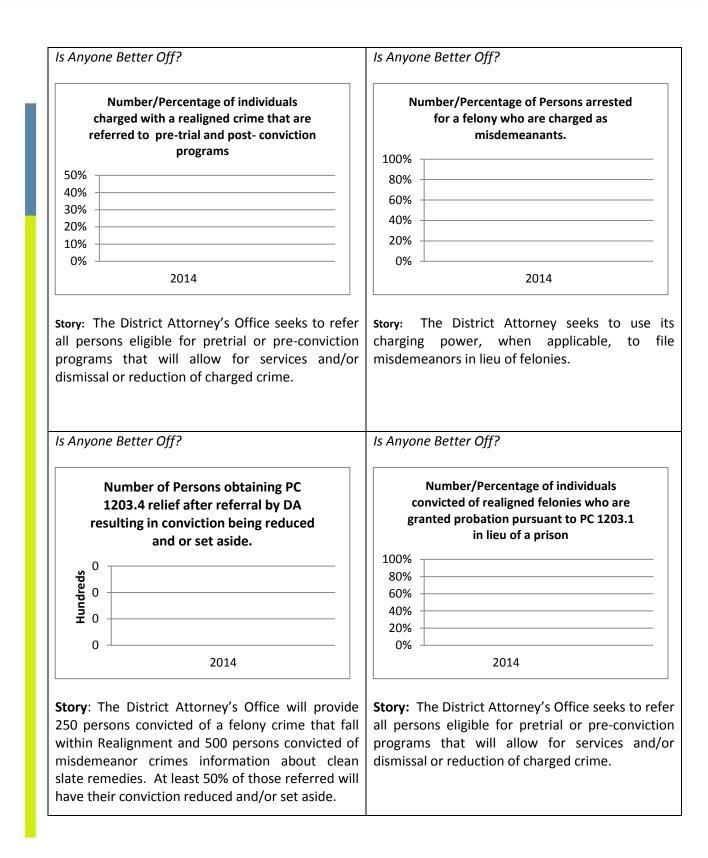
ALAMEDA COUNTY DISTRICT ATTORNEY'S OFFICE REPORT

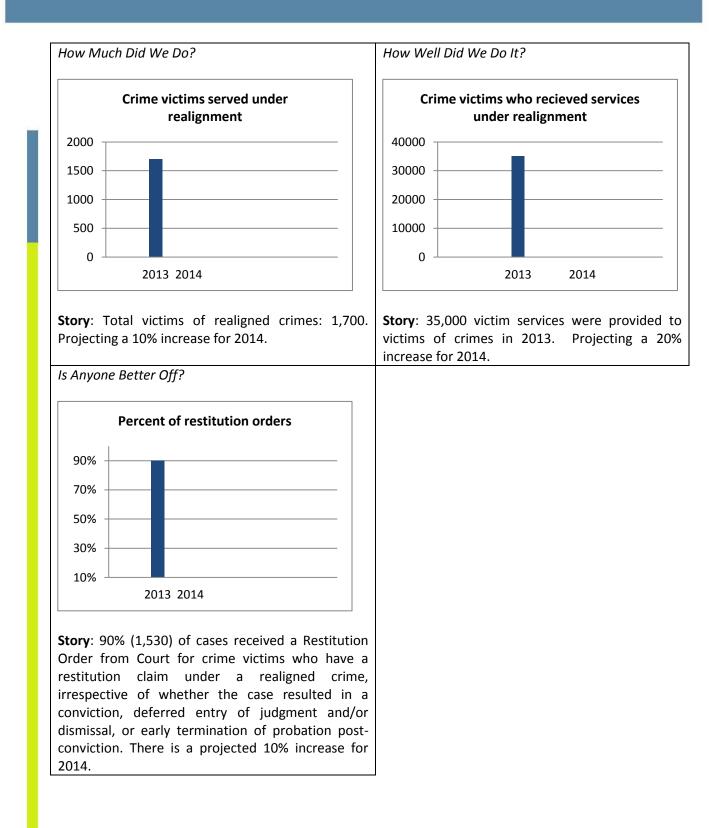
The District Attorney brings criminal actions in the name of the people of the State of California. The District Attorney has the constitutional authority to file criminal charges against individuals based on evidence that can be proved beyond a reasonable doubt. The District Attorney has the statutory authority to negotiate plea sentences. The District Attorney has the constitutional responsibility to inform victims of crime of their rights as crime victims and to uphold those rights, including notification of victims of crime and ensuring restitution to the victims of crime.

PARTNERS:

The Public Defender's Office, Probation Department, Project Clean Slate, Community-Based Legal Services and the Court (Pre-trial services)







VI. IMPLEMENTATION PLAN

It is anticipated that the Joint Re-Entry One Table members will continue meeting on a consistent basis (minimally monthly) to review, monitor, update and discuss the performance measures and strategies outlined in the Plan. The members will prioritize the performance

measures and strategies based on data, systems, funding and services currently available, while establishing baseline data. The



members will outreach to targeted stakeholders needed for implementation and develop workgroups, when required, to further refine and address areas of the Plan, including the development of baseline data. The members will ensure the Plan is widely distributed throughout the County, State and Federal partners. This Plan will be reviewed and updated at specified intervals to ensure that it continues to address the needs of those impacted by the criminal justice system. It is expected that progress reports/updates noting the accomplishments and challenges will be developed and presented to the Alameda County Board of Supervisors, minimally every two years.

During 2014, members will solicit the services of a trained facilitator with specialized knowledge in organizational and systems development. The role, structure, membership and governance of the Re-Entry Network will be developed, with the assistance of the facilitator.



ACKNOWLEDGEMENT

It is acknowledged that full implementation of this Plan will require additional resources, such as: funding, staff, space and time.

Carol Burton Rodney Brooks Linda Gardner Eliza Hersh Dr. Muntu Davis

SPECIAL THANKS

Teresa LaSalle Linda Erickson Monique Perkins Dr. Tom Trabin Marc Hering Sheryl Walton Michael Shaw Dr. Tina Vasconcellos Lt. Melanie Ditzenberger Donald Frazier

VII. RE-ENTRY PLANNING TEAM

Adobe Services - Vivian Wan

Alameda County Behavioral Health Care Services - David Abramson Alameda County Behavioral Health Care Services - Barry Hall Alameda County Behavioral Health Care Services - Dr. Tom Trabin Alameda County Behavioral Health Care Services and CONREP - Millie Swafford Alameda County Department of Child Support Services - Matthew Brega Alameda County Department of Child Support Services - Ignacio Guerrero Alameda County Department of Child Support Services - Brendan Hofmann Alameda County Housing & Community Development Department - Linda Gardner Alameda County Human Resource Services - Jody Pollak Alameda County Probation Department - Ted Baraan Alameda County Probation Department - Jenifer Brown Alameda County Probation Department - Tony Crear Alameda County Probation Department - Neola Crosby Alameda County Probation Department - Marcus Dawal Alameda County Probation Department - Carissa Pappas Alameda County Public Defender's Office - Lindsay Horstman Alameda County Public Health Department - Annelise Grimm Alameda County Public Health Department - Michael Shaw Alameda County Sheriff's Office - Lt. Melanie Ditzenberger Alameda County Sheriff's Office - Commander Carla Kennedy Alameda County Social Services Agency - Robert Garcia Alameda County Social Services Agency - Tammy Rice Alameda County Workforce Investment Board - Lazandra Dial Assembly Member Bill Quirk's Office - Malia Vella Assembly Member Skinner's Office - Jael Myrick Assembly Member Skinner's Office - Treva Reid Berkeley Food & Housing Project - Terri Light Board of Supervisors District 2 - Christopher Miley Board of Supervisors District 5 - Rodney Brooks Building Futures with Women & Children - Liz Varela Building Opportunities for Self-Sufficiency - Donald Frazier Building Opportunities for Self-Sufficiency - Kaki Marshall C.U.R.A. (Partners United to Reform Addicts) - Fatima Rodriguez



PLANNING TEAM (continued):

CAL PEP - Stephanie Cornwell

California Department of Corrections and Rehabilitation - Danielle Bourgeois California Department of Corrections and Rehabilitation - Mercedes Rodriguez Center Point, Inc. - Marc Hering Center Point, Inc. - Steven Jackson **Centerforce - Carol Burton CEO Works - Monique Perkins** City of Oakland Human Services - Steven Barton City of Oakland Human Services - Dan Simmons Clean Slate - Kendrick Baker **Community Development Agency - Michelle Starratt** Community Development Agency - Riley Wilkerson **Community Member - Derrick Bailey** Community Member - Leavell Boyd **Community Member - Evans Daniels Community Member - John Engstrom Community Member - Ruth Morgan** Community Member - Larry Robbin **Community Member - Towanda Sherry Community Member - Timothy Smith Community Works West - Richard Martin** Consultant - John Yuasa District Attorney's Office - Karen Meredith East Bay Community Law Center - Eliza Hersh East Bay Community Recovery Project - Luther Jessie East Bay Youth & FI - Aaron Ortiz East Oakland Community Project - Wendy Jackson Eden I&R, Inc. - Barbara Bernstein Ella Baker Center - Nwamaka Ag FAS Services - Faith Elizabeth Fuller Healthy Communities - John Holman Healthy Communities - Pastor Raymond Lankford International African Methodist Church - Archbishop Aurealia Lewis





PLANNING TEAM (continued):

Keys/Allen Temple - Crystal Bing Keys/Allen Temple - Isaac Taggart Laney College - Dr. Tina Vasconcellos Local 2551 - Calicinita Scott Neighborhood Crime Prevention Council - Vivian Irving Neighborhood Crime Prevention Council - John Nicols Oakland Private Industry Council - Olu Oluwole Oakland Private Industry Council - Charles Turner OCO and Allen Temple - Brandon Sturdivant OCO and Allen Temple - Sheryl Walton **Options Recovery - Davida Coady** Parole/CCCOE Literacy - Angela Taylor **PUEBLO - Rashidah Grinage ReGynesis Health Services - Sandra Hooper Mayfield** Restorative Justice for Oakland Youth - Katherine Culberg **ROP** - Fred Rutledge Senator Hancock's Office - Natalie Cha Senator Hancock's Office - Nerdah Kaiser Senator Hancock's Office - Emily Lovell Senator Hancock's Office - Nathan Rapp Senator Hancock's Office - Terri Waller UFCW Local 5 - Ellouise Patton **Urban Strategies - Charles Eddy** Urojas Ministries - Rev. Dr. Jasper Lowery Volunteers of America - Gary Flores Volunteers of America - Marsha Lucien Youth & Family Service Bureau/Sheriff - Andrea Mueller





SUBJECT MATTER AREA SUB-COMMITTEES:

- ► CIVIC/COMMUNITY ENGAGEMENT Sheryl Walton (Chair), Annelise Grimm, Charles Eddy, Eliza Hersh, Kaki Marshall, Karen Meredith, Olugbemiga Oluwole Sr., Tony Crear, Towanda Sherry
- ► EDUCATION Dr. Tina Vasconcellos (Chair), Fred Rutledge, Lt. Melanie Ditzenberger, Steven Barton, Timothy Smith
- ► FAMILY REUNIFICATION/STABILITY Carol Burton (Chair), Brendan Hofmann, Ignacio Guerrero, Jael Myrick, Matthew Brega, Michael Shaw, Treva Reid

► HEALTH

- MENTAL HEALTH: Dr. Tom Trabin (Chair), Millie Swafford (Co-Chair), Andrea Mueller, Rev. Dr. Jasper Lowery, Katherine Culberg
- **PHYSICAL HEALTH**: Michael Shaw (Chair), Alex Briscoe, Muntu Davis M.D., Annelise Grimm, Kimi Watkins-Tartt, Tamiko Johnson
- SUBSTANCE ABUSE: Marc Hering (Chair), Dr. Tom Trabin (Co-Chair), Barry Hall, David Abramson, John Engstrom, Katherine Culberg, Luther Jessie, Sandra Hooper Mayfield, Stephanie Cornwell, Steve Jackson
- ► HOUSING Linda Gardner (Chair), Liz Varela, Michelle Starratt, Patrick Crosby, Richard Martin, Riley Wilkerson
- Social Services Donald Frazier (Chair), John Holman, Kaki Marshall, Lindsay Horstman, Robert Garcia, Steve Jackson, Tammy Rice
- ► WORKFORCE DEVELOPMENT & EMPLOYMENT Monique Perkins (Chair), Charles Turner (Co-Chair), Dan Simmons, Isaac Taggart, John Yuasa, Karen Meredith, Larry Robbin, Lazandra Dial

- 1. There are many components which will require a significant workforce, services and funding to complete the implementation process. The key is gradually building this structure beginning with the facilities, case workers, program facilitators and service providers and from there adding additional components based on need and priority. Maybe even starting a pilot program so that one can see something functioning and use this as the first molding into a vast re-entry program.
- 2. The Plan needs more clarity in delineating population versus system performance measures and strategies.

Terms	DEFINITIONS/EXPLANATIONS
1170(h)	Individuals charged and/or resolved with an 1170(h)-eligible offense. If a custody sentence is imposed those individuals will no longer be sent to state prison but will instead be sentenced to serve their time in county jail or local prison. If they are not sentenced to local prison they will be supervised by the probation department under traditional probation. If they are sentenced to local prison when released they will receive no supervision or be placed on mandatory supervision to be supervised by the probation department (also known as split sentence)
BHCS-CM	Behavioral Health Care Services – Case Management Contractor
СВО	Community-Based Organization
CDCR	California Department of Corrections and Rehabilitation
CORRECTIONAL CONTROL	Incarcerated on probation or parole
DADS	Dad's Acquiring and Developing Skills
KIOSK	An evidenced-based level of supervision utilizing automated reporting based on the individual's risk/needs score. Risk Scores indicate the level of risk to the community for recidivism. Need Scores Indicate the level of needs for rehabilitative services. Individuals assigned to the Kiosk have been assessed as low level and therefore require a low level of contact. Individuals reporting via the Kiosk attend an orientation session where the standard conditions of probation and expectations are reviewed and are provided a pamphlet noting available services in Alameda County. The individual regularly reports to the automated system and verifies/updates address information. If applicable, the system provides automated reminders/instructions on how to make payments toward court-imposed financial obligations. For assistance, individuals are provided with the name and telephone number of the Deputy Probation Officer assigned to monitor the kiosk

GLOSSARY OF TERMS (CONTINUED):

MEDICAL HOME	Medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team- based, coordinated, accessible, and focused on quality and safety. It is a place where patients are treated with respect, dignity and compassion, and enable strong and trusting relationships with providers and staff. Above all, the medical home is not a final destination; instead, it is a model for achieving primary care excellence so that care is received in the right place, at the right time and in the manner that best suits a patient's needs
MOMS	Maximizing Opportunities for Mothers to Succeed
MOU	Memorandum of Understanding
OJT	On-the-Job Training
ΡΑΡ	The Papanicolau test (also called Pap smear, Pap test, cervical smear, or smear test) is a screening test used in gynecology to detect premalignant and malignant (cancerous) processes in the ectocervix
PAROLE VIOLATORS	Individuals who violate state parole are adjudicated in local courts (instead of adjudication by state authorities)
PRCS	Post-Release Community Supervision. Individuals released from prison for non-serious and non-violent offenses, and are not classified as high risk sex-offenders, who will no longer be supervised by State parole but will instead be supervised by local probation agencies
SRJ	Santa Rita Jail
SUD	Substance Use Disorder
T/DRC	Transition/Day Reporting Center
TBD	To be determined
WOTC	Work Opportunity Tax Credits



FOR QUESTIONS OR COMMENTS CONTACT:

Alameda County Probation Department 400 Broadway, Oakland, CA 94607 510-268-7233 Phone / 510-268-2776 Fax WWW.ACGOV.ORG