

Plumas County Community Corrections Partnership

EXECUTIVE COMMITTEE

Daniel Prince, Acting Chief Probation Officer-Chair
Judge Ira Kaufman-Deborah Norrie, Designee
David Hollister, District Attorney
Greg Hagwood, Sheriff
Douglas Prouty, Public Defender
Peter Livingston, Director of Mental Health

MEETING MINUTES

Regular Meeting of the Community Corrections Partnership Committee
On March 26, 2014, Board of Supervisors Room 308, Courthouse, Quincy, California.

2:02 pm.

Call to Order/Roll Call

Roll call.

Executive Members present: David Hollister, Greg, Hagwood, Deborah Norrie, Peter Livingston, Dan Prince

Later arrival: Doug Prouty

In attendance, Monica Richardson, Secretary of the Committee.

No additions or deletions to the Agenda.

Approval of minutes.

Motion made by Deborah Norrie to adopt the February 19, 2014 meeting minutes as written. Seconded by David Hollister. All in favor, none opposed; Motion Carried.

Public comment: None.

Department/Agency Announcements/Reports: After attending the annual Chief Probation Officers of California Legislative Update in Sacramento, Acting Chief Probation Officer Prince shared the Governor's continued commitment to public safety realignment at the recent Chief Probation Officers Meeting in Sacramento he challenged the membership to establish new and operate existing programs with current funding levels.

1. **DISCUSSION ON COMMUNITY COLLABORATION, FILLING GAPS, AND RESULTS AND EXPECTATIONS FOR PLUMAS COUNTY COMMUNITY CORRECTIONS PARTNERSHIP.** Supervisor Lori Simpson expressed her desire to hear about Plumas County's public safety success stories and shared how other counties had attained success through pre-trial services, pre-release programs, and re-entry rehabilitation. Supervisor Simpson believes the public needs to hear about Realignment's success stories more often.
2. **FUNDING REQUESTS MADE TO THE CCP.**
After discussion regarding the process of submitting, reviewing, and accepting requests for funding from the CCP, and considering the new application format, David Hollister made a motion to establish a sub-committee, known as the CCP Budget Committee, to include but not limited to receiving and reviewing proposals and applications for AB109 funding. Seconded by Greg Hagwood. All in favor, none opposed, no abstentions. Motion carried.
3. **PLUMAS COUNTY LITERACY SECOND CHANCE AND SECOND CHANCE FOR FAMILIES.**
After discussion, Motion: to approve Plumas County Literacy's request for \$28,500 to continue providing educational services both inside the Correctional Center and in the community to offenders (and their families) served under AB 109.
Action: Approve, Moved by Doug Prouty, Seconded by Peter Livingston.
Vote: Motion carried (summary: Ayes=6, Noes=0, Abstain=1).
Yes: David Hollister, Greg Hagwood, Douglas Prouty, Peter Livingston, Dan Prince.
Abstain: Deborah Norrie.
4. **PLUMAS COUNTY DEPARTMENT OF MENTAL HEALTH.**
After discussion, no reportable action taken.
5. **DAY REPORTING CENTER RELOCATION**
After discussion, Motion: to accept the recommendation from the CCP sub-committee: DRC relocation to 1446 E. Main Street, Quincy, CA, the building formerly occupied by Plumas County Probation. Action: Approve, Moved by Greg Hagwood, Seconded by David Hollister. All in favor, none opposed, no abstentions. Motion carried.

Plumas County Community Corrections Partnership

Sub-Committee-AB109 Public Safety Re-Alignment Budget

Daniel Prince, Acting Chief Probation Officer-Chair

Judge Ira Kaufman-Deborah Norrie, Designee

Douglas Prouty, Public Defender

MEETING MINUTES

On April 10, 2014, Probation Department Conference Room, Quincy, California.

2:02 pm. Call to Order/Roll Call

Roll call.

Members present: Deborah Norrie, Doug Prouty, Dan Prince

In attendance, Monica Richardson, Secretary of the Committee.

No additions or deletions to the Agenda.

Public comment: None.

1. FUNDING REQUESTS MADE TO THE COMMUNITY CORRECTIONS PARTNERSHIP

- a. Timetable for submitting funding requests. After discussion, Deborah Norrie made a motion to determine timeframes and possible informational meetings for prospective applicants at a later date. Seconded by Doug Prouty. All in favor, none opposed, no abstains. Motion carried.
- b. Application and backup documentation required. After discussion, Doug Prouty made a motion to approve the draft RFP pending revisions to the face page and one deletion. Seconded by Deborah Norrie. All in favor, none opposed, no abstains. Motion carried.
- c. Committee review process and requests for additional information or documentation. No reportable action taken.
- d. Submission to the Executive Committee for consideration. No reportable action taken.

Adjournment:

Adjourned to meet again on Thursday, May 8, at 2:00 p.m. in Conference Room, Plumas County Probation Department, Quincy, California.

6. PRESENTATION OF THE FIRST DRAFT OF THE PLUMAS COUNTY PUBLIC SAFETY REALIGNMENT PLAN 2013-2014. After discussion, Motion: to approve the Plumas County Public Safety Realignment Plan 2013-2014 with corrections, additions, and deletions, and refer to the Board of Supervisors for their acceptance. Action: Approve, Moved by Greg Hagwood, Seconded by Douglas Prouty All in favor, none opposed, no abstentions. Motion carried.

Adjournment:

Adjourned to meet again on Wednesday, April 16, at 2:00 p.m. in the Board of Supervisors Room 308, Plumas County Courthouse, Quincy, California.

PLUMAS COUNTY
AB 109 REALIGNMENT PROPOSED BUDGET FY 2013-2014

Last Amended By CCP: March 26, 2014

REVENUE		
2012 Post Release Community Supervision (PRCS)	\$153,766	
2012 AB 109 Planning Grant	\$100,000	
2012 AB 109 Training and Implementation Activities	\$10,850	
FY 11/12 TOTAL ALLOCATION	\$264,616	
2012 Unallocated	\$14,995	
2012 Coordinated Care Allocation-Returned	\$48,000	
2012 SO Year-End Budget Balance	\$8,704	
2012 DA Year-End Budget Balance	\$6,556	
2012 Probation Year-End Budget Balance	\$113,912	
FY 11/12 YE BALANCE	\$192,167	
FY 12/13 PROMISED PUBLIC SAFETY ALLOCATION	\$455,704	Adjusted to match 4/22/13 CSAC Informational Update
FY 11/12 YE BALANCE	\$192,167	
2013 TOTAL AVAILABLE PUBLIC SAFETY REALIGNMENT REVENUE	\$647,871	
2013 Unallocated	\$162,759	Adjusted to match 4/22/13 CSAC Informational Update
2013 CCP Committee Out of County Travel-Returned	\$3,000	Unspent training funds
2013 SO Year-End Budget Balance	\$0	
2013 DA Year-End Budget Balance	\$28,609	Savings due to Public Health realignment funds
2013 Probation Year-End Budget Balance	\$108,327	Unfilled positions
FY 12/13 YE BALANCE	\$302,695	
2013-2014 State AB109 Allocation	\$421,536	
2013-2014 AB109 Growth Fund Allocation	\$218,890	
FY 13/14 EXPECTED PUBLIC SAFETY ALLOCATION	\$640,426	
2014 TOTAL AVAILABLE PUBLIC SAFETY REALIGNMENT REVENUE	\$943,121	
		<i>2014 Unallocated Funds</i>
TOTAL 2014 AB109 FUNDING REQUESTS TO DATE:		\$237,271
		\$705,850

EXPENDITURES / CCP ALLOCATIONS

DESCRIPTION		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
DA -- Wages/Benefits						
DA	Alternative Sentencing Program Coordinator	1.000	\$0	\$54,093	\$54,093	AOD/Drug Court Realignment
DA	Alternative Sentencing Program Case Manager	0.750	\$22,189	\$16,946	\$39,135	AOD/Drug Court Realignment
DA	Alternative Sentencing Program Legal Svs Asst II	0.625	\$17,383	\$6,495	\$23,878	To be designated as permanent
DA	Extra Help		\$15,204		\$15,204	Extra Help Case Mgr
DA	Cell Phone Allowance		\$580	\$840	\$1,420	
DISTRICT ATTORNEY WAGES/BENEFITS			\$55,356	\$78,374	\$133,730	

DA -- Services/Supplies		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
DA	Phone - Land Line(s)			\$540	\$540	
DA	Internet Search Engine		\$3,420	\$2,458	\$5,878	Karpel and Sustain Licenses
DA	Office Expense		\$4,550	\$584	\$5,134	Furniture, etc.
DA	Professional Services		\$1,300.00	\$2,316	\$3,616	Grant Writing Consultant
DA	In County Hosting			\$180	\$180	Ancillary Service Provider Meetings
DA	Drug Testing/Supplies		\$850	\$400	\$1,250	Instant Tests
DA	Client Service Exp		\$4,884		\$4,884	Books, Media, Support Services
DA	Travel-Out of County		\$2,000	\$8,350	\$10,350	Staff Training
DISTRICT ATTORNEY SERVICES/SUPPLIES			\$17,004	\$14,828	\$31,832	
DISTRICT ATTORNEY TOTAL REQUEST			\$72,360	\$93,202	\$165,562	

PR -- Wages/Benefits		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
PR	New Deputy Probation Officer	1.000	\$57,646		\$57,646	Range 1728A
PR	Chief Probation Officer (20%)	0.200	\$29,990	GF		20% of Annual Wages & Benefits
PR	Deputy Probation Officer II/III (50%)	0.500	\$34,316	GF	\$68,632	50% of Annual Wages & Benefits
PR	Probation Fiscal Officer (20%)	0.200	\$14,994	GF	\$74,970	20% of Annual Wages & Benefits
PR	Other Wages-Report Writer		\$10,334	\$10,334	\$10,334	960 hours/yr total. In-kind SB678
PROBATION WAGES/BENEFITS			\$147,280	\$10,334	\$211,582	

PR -- Services/Supplies		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
PR	Software License		\$10,400		\$10,400	Case Management Software Application
PR	Safety Equipment		\$8,590		\$8,590	Ballistic vests, firearms, accessories
PR	Computer-New Officer	1.000	\$900		\$900	One desktop computer
PR	Office Supplies		\$200		\$200	General office supplies
PR	Professional Services		\$21,000		\$21,000	DRC Rent Space/Other
PR	Ref/Code Book	1.000	\$175		\$175	New Penal Code Reference Manual
PR	Incentives/PRCS/1170h		\$4,284		\$4,284	Bus passes, emergency housing, food, clothing
PR	Drug Testing		\$3,912		\$3,912	2013 average \$326/month
PR	Drug Testing Supplies		\$500		\$500	Testing supplies
PR	Travel-In County		\$1,104		\$1,104	Approximately \$92/month field/testing
PR	Travel-Out of County		\$3,500		\$3,500	AB109 legislative/procedural updates, EBP
PROBATION SERVICES/SUPPLIES			\$54,565		\$54,565	
PROBATION TOTAL REQUEST			\$201,845	\$10,334	\$266,147	

SO -- Wages/Benefits		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
SO	Deputy Sheriff II	3.000	\$124,111	\$85,000	\$209,111	SB678, 100% of Annual Wages & Benefits
SO	Correctional Officer II	3.000	\$112,699	\$54,442	\$167,141	SB678, 100% of Annual Wages & Benefits
SO	Holiday & Overtime + Benefits		\$13,913		\$13,913	
SO	UI/Comp/Liability		\$99		\$99	
SHERIFF/JAIL WAGES/BENEFITS			\$250,822	\$139,442	\$390,264	

SO -- Services/Supplies		UNITS	AB109 COST	OTHER/IN KIND	TOTAL	NOTES
SO	Inmate Food		\$4,500		\$4,500	
SO	Prescription/Pharmaceuticals		\$7,000		\$7,000	
SO	Electronic Monitoring		\$16,200	\$4,000	\$20,200	
SO	Medical/Dental Service		\$15,000		\$15,000	
SO	Overhead		\$811		\$811	
SO	Travel-Out of County		\$14,500		\$14,500	
SHERIFF/JAIL SERVICES/SUPPLIES			\$58,011	\$4,000	\$62,011	
SHERIFF/JAIL TOTAL REQUEST			\$308,833	\$143,442	\$452,275	

LITERACY / SECOND CHANCE -- Wages/Benefits/Services/Supplies		\$28,500		\$28,500	Educational services
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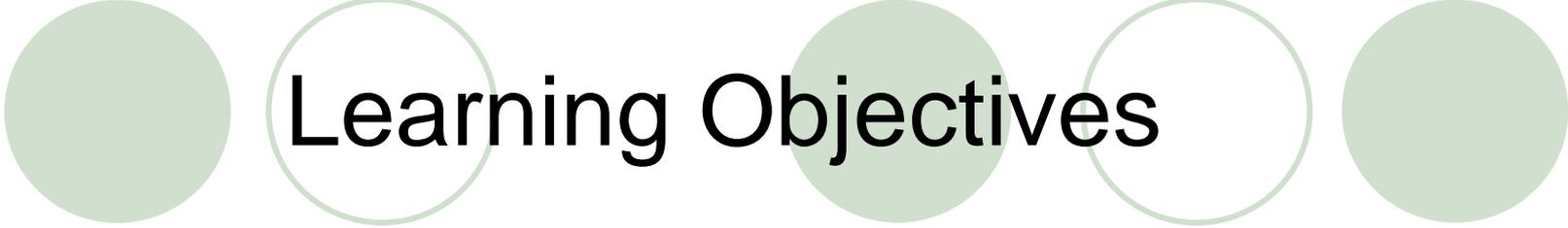
AB109 CONTINGENCY FUND		\$94,312		\$94,312	Unanticipated impacts of managing the realigned population
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TOTAL 2014 AB109 FUNDING REQUESTS: \$705,850

Matching Consumers with Evidence-Based Practices in the Affordable Care Act Era

PDH Presentation, April 8, 2014
Plumas County Alcohol and Other Drug Services

Louise Steenkamp, MBA, AOD Director
Charla A. Rush, MS, MRAS, CADDC-NV,
Substance Use Disorders Specialist II



Learning Objectives

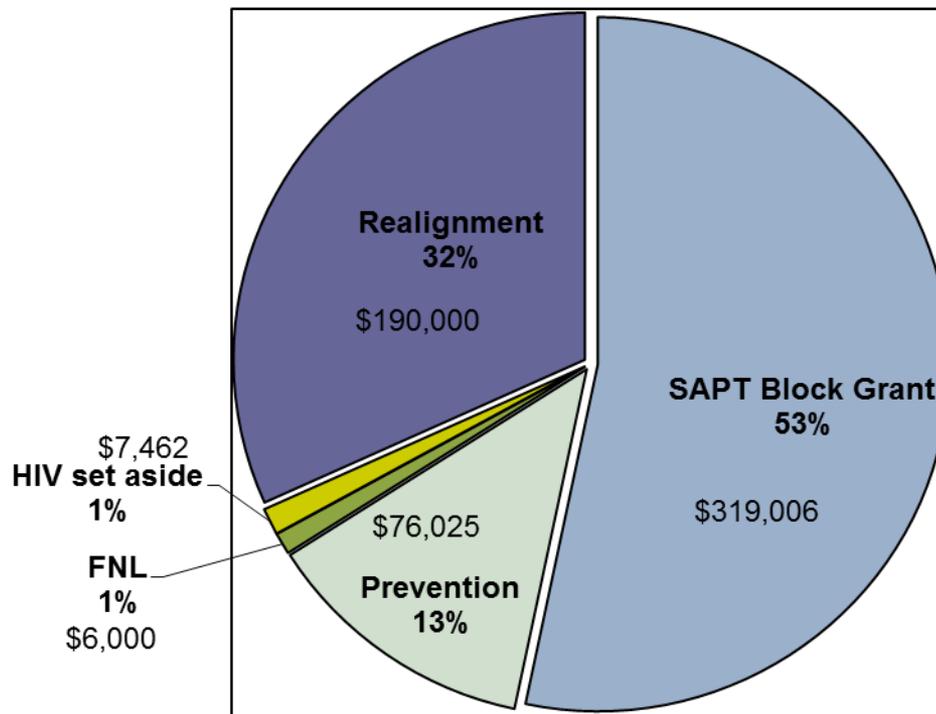
1. SUD Treatment and the Criminal Justice System
2. How to ensure smooth transitions for clients after detox
3. Engaging AOD services after clients self-admit for detox or overdoses



AOD Funding Sources

- ✓ **SAPTBG** Substance Abuse Prevention and Treatment Block Grant - funded at Federal level by SAMHSA
- ✓ **Discretionary grants** are special purpose grants that focus on emerging needs or special priorities
- ✓ **Realignment Funds** are State funds that were previously specific programs
- **Drug Medi-Cal** is a special type of Medicaid arrangement for Medi-Cal beneficiaries

Sources of Funds for Plumas AOD FY 2013-2014



Inter-department Fund Use:

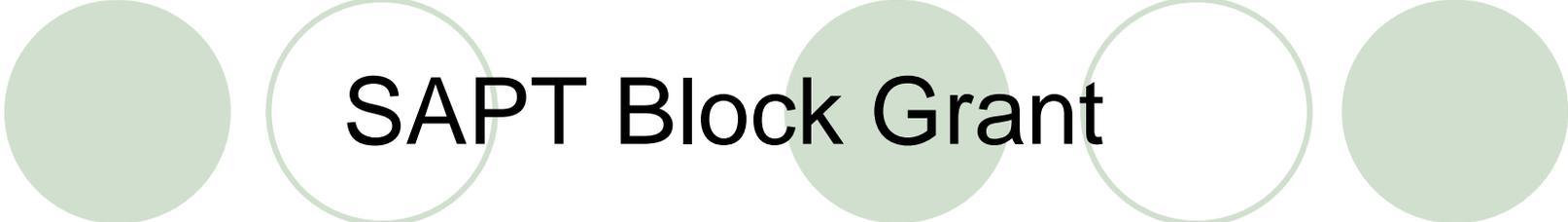
*Prevention & Fiscal by Public Health

*Realignment Funds:

- Probation (staffing, drug testing)
- DA's Office (Alternative Sentencing staffing, travel, other)

Subcontract:

*PCIRC for Friday Night Live/FNL program at Quincy High School



SAPT Block Grant

- In CA, about \$226 million were allocated to the 58 Counties in 2012-13; 70% of the funds spent by the Counties are for substance abuse treatment services; the remainder are for prevention and HIV-related services.
- The predominant mode of treatment provided under SAPT BG is drug-free outpatient counseling.
- Treatment services are provided primarily by County-operated or County-contracted treatment clinics.



Drug Medi-Cal Programs

- Drug Medi-Cal refers to the substance use disorders treatment programs that counties implement for Medi-Cal beneficiaries.
- A provider must be State-certified; Plumas is not currently eligible and intends to apply.
- Funds are provided by the State General Fund to match the Federal Government Centers for Medicare and Medicaid Services (CMS) funds (California 2007-08 total was about \$175 million).

Drug Medi-Cal SUD Benefits

Base DMC benefits:

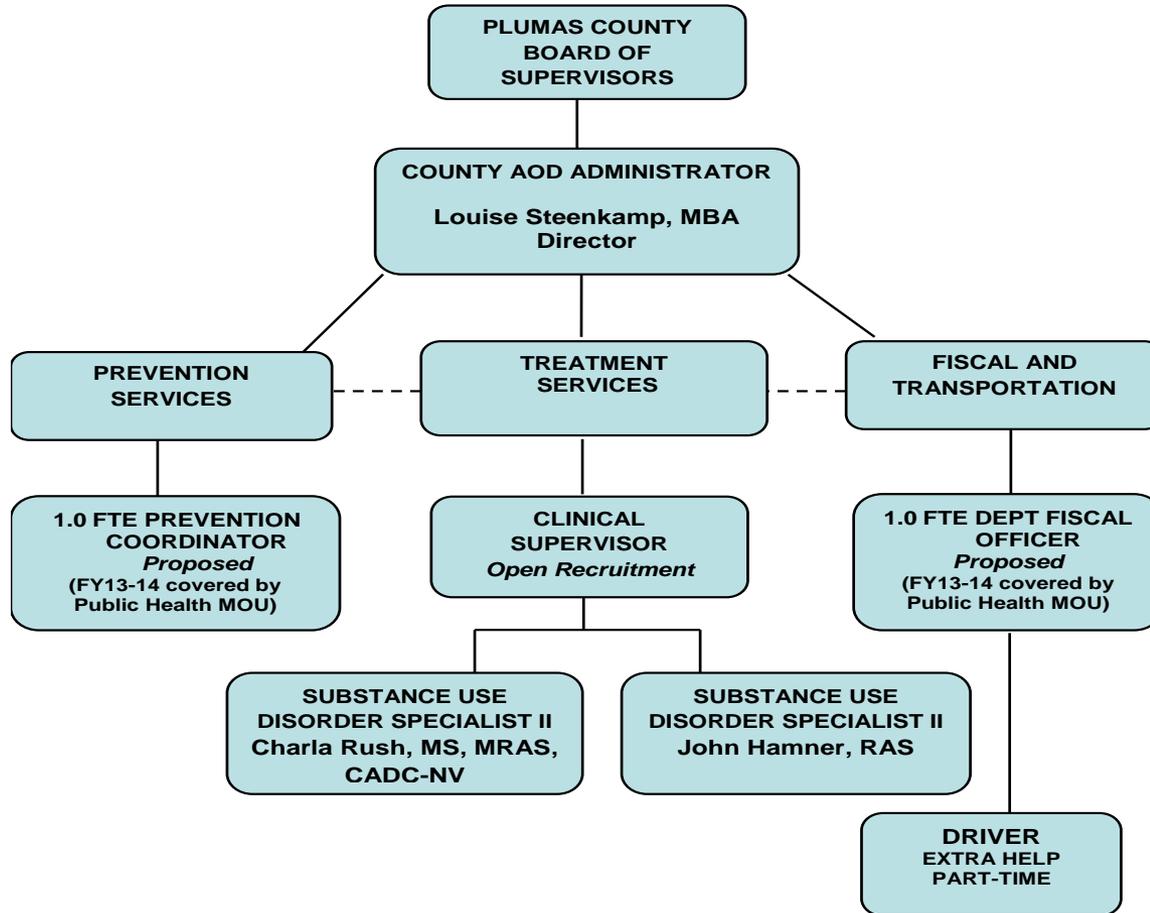
- NTP outpatient treatment (methadone)
- Outpatient naltrexone services
- Outpatient group counseling, limited individual counseling
- Perinatal intensive outpatient
- Perinatal residential services

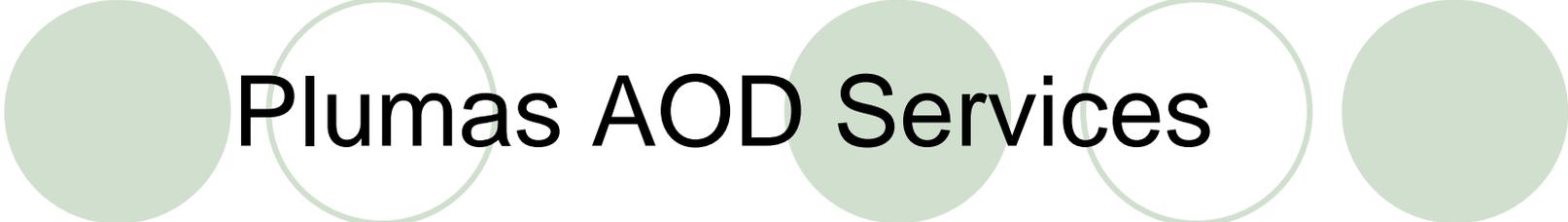
Expanded benefits from Affordable Care Act:

- Intensive outpatient, ALL adults
- Residential services, ALL adults
- Inpatient detox

AOD Organization Chart

Section 1 – Administration





Plumas AOD Services

Intensive Outpatient Treatment

- Individual and Group Sessions
- MRT Curriculum
- Matrix Curriculum
- Living in Balance Curriculum
- Relapse Prevention Therapy
- Conflict Resolution for recovery and relapse prevention (NAADAC)

Outpatient Treatment Services for Perinatal Women

- Individual and Group Sessions
- MRT Curriculum
- Matrix Curriculum
- Living in Balance Curriculum
- Relapse Prevention Therapy
- Healthy Steps to Freedom
- Conflict Resolution for recovery and relapse prevention (NAADAC)

Children of Addicted Parents

- Children's Program Kit: Supportive Education for children of addicted parents (SAMHSA)

Outpatient Treatment Services for Targeted Youth

- Individual and Group Sessions
- MRT Curriculum
- Individual counseling to achieve self-esteem, manage anger.....
- Journal-keeping for positive results
- Interactive Journaling
- Voices Curriculum
- Relapse Prevention Therapy
- Matrix Curriculum
- Seeking Safety
- Peer Support Services

Jail Programs

- Individual Substance Abuse Counseling
- Group Counseling
- MRT Curriculum
- Community Re-integration
- Relapse Prevention Therapy (various curricula)
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Plumas AOD Consumer Demographics

- 80-90% of consumers are involved in the legal system
- Current caseload of 82 consumers includes:
 - Proposition 36: 28
 - Drug Court: 11
 - Court-ordered/Probation/AB109 35
 - Child Protective Services-referred 2
 - Self-referred: 6
- Over the past 18 months, 200+ assessments were completed



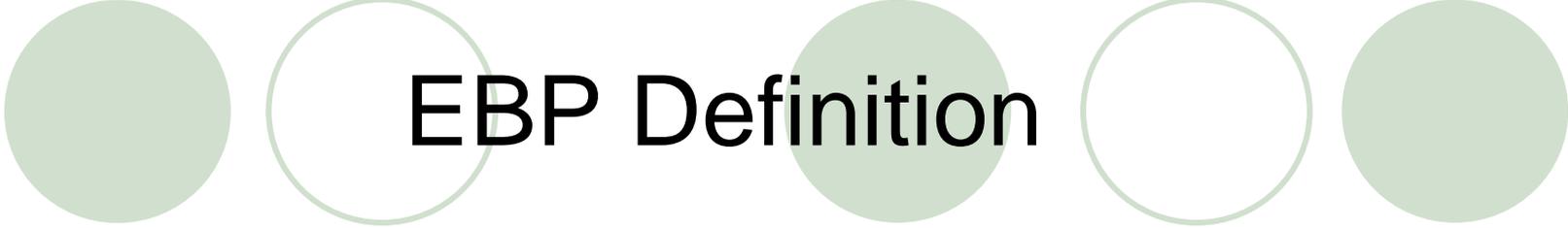
SUDS and Criminal Justice

- **Prop 36** provides community-based treatment to individuals convicted of nonviolent, low-level drug offenses in-lieu-of incarceration.
- **AB 109** enables newly-convicted low-level offenders without current or prior serious or violent offenses to stay in county jail to serve their sentences instead of state prison
- **CCP** refers to the county local planning team for AB 109 funds



Evidence Based Practices

- There is very little research evidence to state that one level of SUD treatment is superior to another in general.
- There is evidence to say that certain practices are superior (associated with better patient outcomes) than others. These practices are referred to as evidence-based practices.
- Regardless of the level of care, evidence-based practices should be employed when possible to achieve best treatment outcomes.



EBP Definition

Institute of Medicine (2001):

Evidence-based behavioral practice (EBBP) "entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses" (www.ebbp.org).

What are the Most Important EBPs?

Behavioral Approaches

- Motivational Interviewing/Brief Intervention
- Contingency Management
- Cognitive-Behavioral Coping Skills Training
- Couples and Family Counseling
- 12 Step Facilitation and 12 Step Program Participation

Medications

- Methadone
- Buprenorphine
- Naltrexone (oral and extended release)
- Naloxone (for overdose prevention)
- Acamprosate
- Antabuse



Motivational Interviewing

Motivational interviewing is a client-centered style of interaction aimed at helping people explore their ambivalence about their substance use and begin to make positive behavioral and psychological changes.



Contingency Management

- Basic Assumptions
 - Drug and alcohol use behavior can be controlled using operant reinforcement procedures
 - Incentives can be used for money or goods
 - Incentives should be redeemed for items incompatible with drug use
 - CM can be extremely useful in promoting treatment retention and promoting medication adherence
 - CM for drug free urine tests can be useful in decreasing drug use.



Cognitive Behavior Therapy

- CBT is used to teach, encourage, and support individuals about how to reduce / stop their harmful drug use.
- CBT provides skills that are valuable in assisting people to achieve initial abstinence from drugs (or to reduce their drug use).
- CBT also provides skills to help people sustain abstinence (relapse prevention).

Family and Couples Counseling

- There are a number of evidence-based family and couples treatment interventions for SUD.
- Although the intensity and specific techniques for working with couples and families, there is one overarching finding: Treatment programs that engage the significant others/families into the SUD treatment process result in better retention and outcomes for the individual in SUD treatment.

12 Step Facilitation Therapy

- Project Match and a number of other studies have demonstrated that 12 Step Facilitation Therapy (an approach that educates patients about the 12 Step program and promotes 12 step program involvement) can increase involvement in 12 Step program participation.

Medication Assisted Treatment

- Medications with evidence of efficacy.
 - Methadone
 - Buprenorphine
 - Naltrexone (oral and extended release)
 - Naloxone (for overdose prevention)
 - Acamprosate
 - Antabuse



Other EBP Principles

- Programs with poor rates of treatment engagement have poorer treatment outcomes
- For individuals with severe SUD, longer treatment episodes (across levels of care) are associated with better outcomes
- Residential programs that successfully “step patients down” to IOP or OP produce better long term outcomes.
- For patients with co-occurring psychiatric or medical disorders concurrent treatment of these conditions improves SUD outcomes



The Hospital Landscape

- 440 general acute care hospitals (GACH) in California
 - Provide medical/surgical in- and outpatient services
 - Approximately 800 hospital-based outpatient clinics (HBOC)
 - Hospitals are not required to have an emergency department
- 128 hospitals provide inpatient behavioral health care
 - 28 acute psychiatric hospitals (APH)
 - 100 dedicated inpatient units in GACHs
 - 6000 licensed acute behavioral health inpatient beds
 - 817 of these beds are licensed for chemical dependency
 - Most hospitals provide some level of outpatient treatment

Counties without Inpatient Psychiatric Services

1. Alpine
2. Amador
3. Calaveras
4. Colusa
5. Del Norte
6. Glenn
7. Imperial
8. Inyo
9. Kings
10. Lake
11. Lassen
12. Madera
13. Mariposa
14. Mendocino
15. Modoc
16. Mono
17. Nevada
18. Plumas
19. San Benito
20. Shasta
21. Sierra
22. Siskiyou
23. Sonoma
24. Tehama
25. Trinity
26. Yuba

Licensed Chemical Dependency Beds and Services

- 24 hospitals
- 817 beds
- 9 counties
 - Alameda
 - Contra Costa
 - Los Angeles
 - Orange
 - Riverside
 - San Bernardino
 - San Diego
 - San Francisco
 - San Joaquin

Lack of Medical Detox Services

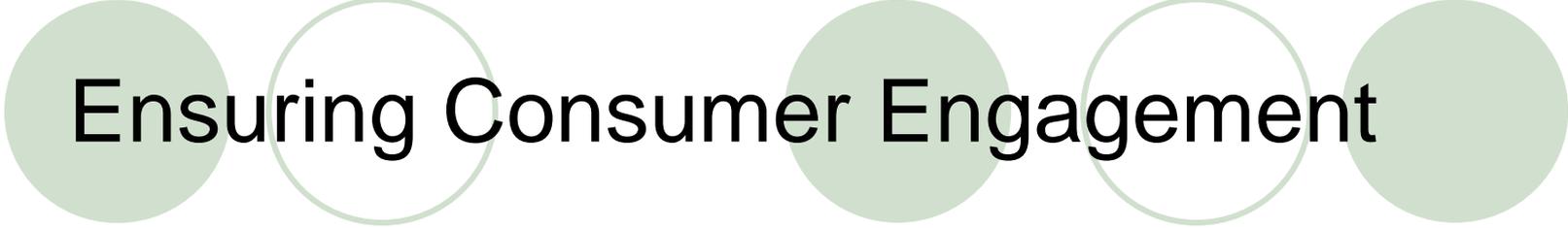
- Only 19 hospital-based facilities in Southern California and 5 in Northern/Central California offer medically supervised detoxification-

The Difficult Detoxifications

- Alcohol (with potential for delirium tremens or seizures) or with hepatic impairments
- Sedative/hypnotic/Benzodiazepines
- Opioids/Opiates (Methadone/buprenorphine in particular) chronic and acute pain management cases
- Polydrug dependency
- Pregnant Women
- Older Adults

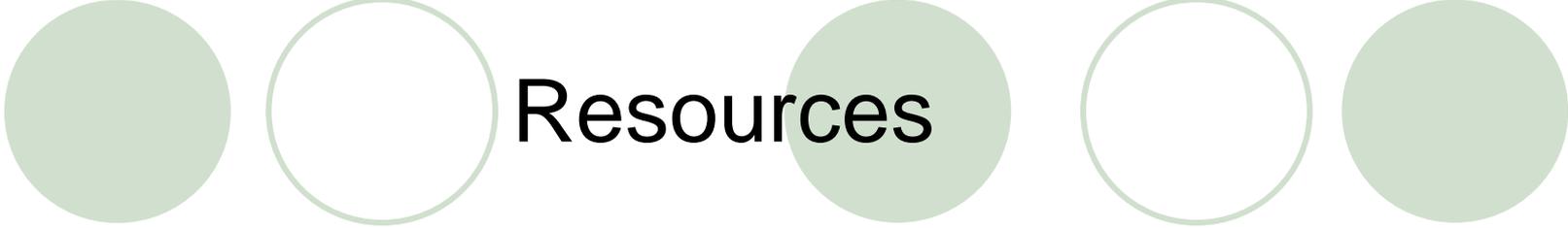
Smooth Transition for Clients from AOD Services to Detox/to AOD Services

- Referral process for AOD clients in need of detox services.
- Referral process for clients currently receiving detox services to be referred for AOD treatment services before leaving the hospital.
- Assisting in timely discharge when clients is transported to residential treatment.
- Assisting in medication for appropriate discharge to residential treatment.



Ensuring Consumer Engagement

- Time frame (window) for client's willingness to receive treatment for their substance abuse after admitted for detox services or overdose.
- Client receiving AOD information (Business cards, flyers, etc..)
- Working with clients "where they are" in their substance abuse use/history.



Resources

- Richard Rawson, PhD., Professor and Co-Director, UCLA Integrated Substance Abuse Programs, CADPAAC/DHCS Quarterly Meeting, March 26, 2014, presentation
- Sheree Kruckenberg, Vice President Behavioral Health, California Hospital Association, skruckenberg@calhospital.org, 916-552-7576, CADPAAC/DHCS Quarterly Meeting, March 26, 2014, presentation



Thank You

- Louise Steenkamp,
louisesteenkamp@countyofplumas.com
- Charla Rush,
charlarush@countyofplumas.com