



San Mateo County  
Public Safety Realignment (AB109)  
Local Implementation Plan  
Executive Summary  
March 13, 2012

**DRAFT**



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary

*The San Mateo County Local Implementation Plan (LIP) was developed by the Community Corrections Partnership (CCP), with support from Resource Development Associates (RDA).*

## San Mateo Community Corrections Partnership (CCP) Members

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*Board of Supervisors*

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## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary

### Executive Summary:

The California Legislature in April 2011 passed the Public Safety Realignment Act in an effort to reduce the number of offenders incarcerated in the state prison system and to assist in alleviating the state's fiscal crisis. The Act transfers responsibility for supervising inmates convicted of specific low-level crimes and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties.

The enabling legislation, Assembly Bill 109 (Chapter 15, Statutes of 2011), Assembly Bill 117 (Chapter 39, Statutes of 2011) and Senate Bill 678 (Chapter 608, Statutes of 2009) changed the California Penal Code and sentencing laws to keep lower level felony offenders from being committed to state prison. In addition, it tasked the local Community Corrections Partnership (CCP) with recommending an implementation plan to the County Board of Supervisors. The plan includes efforts to improve successful reentry and reduce recidivism.

### Key Facts

Assembly Bills 109 and 117 “realigned” three major areas of the criminal justice system, shifting responsibilities from the state to counties:

- Inmates in state prison for specific non-violent, non-serious and non-high-risk sex offenses will be released to the supervision of their county of legal residence, not state parole. This population is referred to in the legislation as “Post Release Community Supervisees.”
- Individuals newly convicted of non-violent, non-serious, non-sexual offenses and do not have prior convictions for serious, violent or sex offenses will no longer serve their terms in state prison.
- Parolees who violate the terms of their parole cannot be revoked and sent to state prison but can instead be revoked and sent to county jail for up to 180 days.

### San Mateo County Realignment by the Numbers

When fully implemented, realignment will result in a number of new populations being served by San Mateo County.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary

### Post Release Community Supervisees

Since Realignment began in October 2011, San Mateo County has received approximately 173 post release community supervisees from the state system. The County expects the supervisee population to peak at 600 from October 2012 through April 2013. This is the population released from a state facility who, regardless of past offenses, did not serve a current state prison commitment for a serious, violent or high-risk sex offense.

### Local Incarceration

Individuals newly convicted of non-violent, non-serious, non-sexual offenses after October 1 – and have no prior conviction for serious, violent, or sexual offenses – will be sentenced to county jail instead of state prison. At the Court's discretion, some newly convicted individuals may also serve "split sentences"—jail time and Probation supervision. Alternatives to custody, such as electronic monitoring, can also be used.

From October 2011 to January 2012, 66 inmates were sentenced to San Mateo County jail rather than committed to state prison as prior to Realignment. The average sentence length of this population is nearly 240 days. In comparison, the average sentence of individuals in San Mateo County jail is 55 days.

### Parolee Revocations

Realignment shifts the responsibility for specified state parolees to the county. As a result, parolees who violate the terms of their parole can only be incarcerated in county jail. Although this number is difficult to predict, it will create an additional workload and caseloads for all county departments impacted by Realignment. It will also put additional pressure on the capacity of the county jail system. In addition, starting on July 1, 2013, parole revocation hearings for the realigned population will be heard by the courts instead of the State Board of Parole Hearings.

#### *Profile of post release community supervisees:*

- *Over 80 percent are male.*
- *Most are mid 20's and mid 30's.*
- *Over 80 percent have substance abuse problems.*
- *100 percent do not have health insurance, of these 1 in 5 is eligible for Medi-Cal and 4 in 5 are eligible for County Low-Income Health Plans.*
- *Most have been on probation before and failed.*



## **San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary**

### **The Community Corrections Partnership**

The Public Safety Realignment Act requires each county's Community Corrections Partnership (CCP) to develop a local implementation plan that specifies a countywide strategy for serving and supervising the realigned population. Chaired by the Chief Probation Officer, the CCP recommends this plan for consideration and adoption by the Board of Supervisors.

While the plan is intended to meet the needs of the realigned population, it also serves as a roadmap for future community corrections and in-custody programming activities for similar populations in the county.

In San Mateo County, CCP members worked together to determine the county's realignment priorities and identify unmet service needs.

Through its deliberations, the CCP has affirmed that the plan must:

1. Protect public safety through appropriate custody, supervision, and law enforcement activities.
2. Create opportunities for rehabilitation and recovery.
3. Provide case management, substance abuse, mental health, vocational and housing support services.

Building upon the county's prior collaborative reentry and public safety efforts, the CCP approached planning with the philosophy that individuals successfully reenter the community when they are engaged as early as possible upon release from jail or prison.

The CCP has identified that the service and program needs of this population can be best met through a multidisciplinary team approach, which begins with a multidisciplinary review of all supervisees' and offenders' results of a validated assessment tool. Both the planning process and the plan itself are multidisciplinary.

### **CCP Mission Statement**

The San Mateo County Community Corrections Partnership (CCP) is a body of governmental and community leaders collaborating to develop, implement, and evaluate a comprehensive and coordinated public safety realignment plan that reduces recidivism and crime in the realigned population.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary

### Vision Statement

Through the work of the CCP, formerly incarcerated persons will not engage in criminal behavior, thus reducing victimization, and will become healthy and productive members of their communities and families.

### Goal of Realignment

The Local Implementation Plan is built around the following goal identified by the CCP:

#### **Reduce crime and re-incarceration among the realigned population.**

To meet this goal, the CCP presents the following plan for San Mateo County based on four critical practices:

- Community-Based Supervision
- Community-Based Services
- In-Custody Supervision and Support
- Collaborative Public Safety Operations

Each domain includes specific strategies for implementation guided by evidence-based practices. These practices use current research and data to guide policy and practice decisions that support the CCP's goals of reducing crime and re-incarceration among the realigned populations.

### Defining and Measuring Recidivism

One of the primary goals of AB 109 is to reduce recidivism in the State of California. Recidivism can be measured in a variety of ways, depending on how it is defined and on what question is being asked. As part of the implementation of SB 678, the Chief Probation Officers of California (CPOC) established and adopted the following definition of recidivism: “as a subsequent criminal adjudication/conviction while on probation.” The majority of California counties have agreed to use the above definition in order to create statewide baseline definitions by which all Counties can be compared. As part of

*Recidivism is defined as a  
subsequent criminal  
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## **San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary**

the local implementation of Realignment in San Mateo County, the Community Corrections Partnership will also measure recidivism based on the above definition for purposes of reporting to the State. However, the County will also use measures for local reporting and evaluation purposes, as described later in this plan.

### **The Plan Uses Evidence-Based Practices in Community Corrections**

Evidence-based practice (EBP) is the use of current research and data to guide policy and practice decisions, such that outcomes for stakeholders are improved. In community corrections, stakeholders include offenders, victims, survivors, and communities. This diagnostic approach, originally used in the health care and social science fields, focuses on the use of empirically tried-and-tested practices with data to show effectiveness rather than through anecdote or professional experience alone.

Senate Bill 678, the legislation that created the Community Correction Partnership, also created a new statutory emphasis on the use of EBPs within community corrections. The Public Safety Realignment Act repeats this emphasis, explicitly requiring by law the use of EPBs. The Act calls on counties to provide “evidenced-based correctional sanctions and programming other than jail incarceration alone or traditional routine probation supervision.”



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan Executive Summary

### Funding

Counties received funding to support AB109 programs and services through Vehicle Licenses Fees and revenues from State sales tax. Each county received a one-time allocation planning grant from the State, and will receive a permanent allocation through a 2011 Local Realignment Fund. During the first year of realignment (2011-2012), San Mateo County will receive the following allocations for a nine-month period beginning October 1:

| 2011-2012 Allocations   | Purpose  | Funding Allocations |
|---|--|---------------------|
| <b>AB109 Programs</b>   | Funding for supervision and in-custody and out-of custody services and programs for PRCS and 1170's      | <b>\$4,222,902</b>  |
| <b>District Attorney/Private Defender Activities (revocation)</b> | Funding for revocation hearings  | <b>\$151,371</b>    |
| <b>One-time start-up grant</b>                                    | Funding for staff hiring, training, retention, and data/IT work to fulfill the county's realignment plan | <b>\$297,975</b>    |
| <b>One-time planning grant</b>                                    | Funding to develop a local implementation plan   | <b>\$150,000</b>    |
| <b>Total</b>  |  | <b>\$4,822,248</b>  |





## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### Public Safety Realignment Act: Local Implementation Plan for San Mateo County

San Mateo County's Local Implementation Plan is designed to comply with the Public Safety Realignment Act with a goal of reducing recidivism and crime rates. Assembly Bills 109 and 117, also known as The Public Safety Realignment Act, were signed into law to shift the jurisdiction of supervising specified lower level felony offenders from state to local control to serve their sentences and supervision. Individuals convicted of specified non-violent, non-sexual, non-serious offenses (non/non/nons) will now be sentenced to county jail or another local sentencing option rather than to state prison. In addition, individuals who have spent time in state prison for non/non/non offenses will now receive post-release supervision under the authority of county probation departments rather than state parole. Individuals who are revoked back to custody for violating the conditions of parole will serve their parole revocations in county jail, unless they were previously sentenced to a life term.

The Plan consists of 12 strategies by which to implement the Act. These strategies include individual-level strategies for supervising and serving Post-Release Community Supervisee (PRCS) and locally-sentenced 1170(h) populations. These strategies are supported by process flow diagrams illustrating how individuals enter and exit the County's system of supervision, custody, and services. (These process flows appear in the Appendix.) The plan also includes systems-level strategies to more effectively integrate county and city programs and services. Each strategy includes a rationale, populations affected, a lead agency and supporting agencies. The plan also includes evaluation measures and a logic model, which shows the connection among AB109 resources, activities, and outcomes.

#### The CCP's Philosophy

The San Mateo County CCP's philosophy is based on a collaborative approach that seeks to reduce recidivism and ensure public safety by coordinating services and in- or out-of-custody supervision. In this approach, multidisciplinary teams (MDT) work together to engage supervisees **as early as possible** and ensure that supervision and services are complementary in order to help supervisees succeed. One of the CCP's core values is the recognition of relapse as a part of recovery, and that responses to non-compliance should be tied to the severity of the crime or incident. The CCP believes that appropriate sanctions should be used, which should not compromise public safety. Where incarceration is necessary or appropriate, jail time should include opportunities for rehabilitation. The CCP also affirms that the County has an obligation to acknowledge the harm caused by offenders, and the impact on victims and families.



## **San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan**

To facilitate the success of the realignment effort, information-sharing through the MDTs and collaborative public safety operations, involving the Probation Department, the Sheriff's Office, and local law enforcement agencies, is necessary. The CCP will also monitor progress in implementing the plan, evaluate its outcomes, and when necessary, revise the plan as part of a process of continuous quality improvement.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### Individual-Level Supervision and Services

#### Strategy #1: Supervise individuals upon release.

Populations: Post release community supervisees (PRCS) and the locally sentenced population under mandatory supervision

Lead Agency: San Mateo County Probation Department

In addition to being required by law, evidence-based probation practices have been shown to reduce recidivism. A number of supervision practices are proven particularly effective, including

- use of validated risk and need assessment tools
- stratified supervision based on risk level
- targeted intervention based on need
- graduated sanctions, including positive reinforcement and immediate response to infractions



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #2: Provide *post-release* services to high- and moderate-risk supervisees.**

Populations: Post release community supervisees (PRCS) and locally sentenced population under mandatory supervision

Rationale: Research has shown that the appropriate services, when combined with supervision and targeted to an individual's risk level and criminogenic needs, significantly reduce the risk of reoffending. Criminogenic needs are *modifiable* needs and behaviors that are associated with recidivism, such as antisocial behavior, antisocial personality, criminal thinking, criminal associates, dysfunctional family, employment and education, leisure and recreation, and substance abuse. The services that are most important to meet these needs are

- vocational training and job placement
- alcohol or drug treatment
- cognitive behavioral therapies,

In addition, research has shown that higher-risk offenders require early engagement and a high proportion of structured time. During the initial three to nine months on post-release supervision, 40 – 70% of their free time should be clearly occupied with delineated routine and appropriate services (e.g., outpatient treatment, employment assistance, education, etc.).

Lead Agencies: Probation Department

Support Agencies: Health System, Human Services Agency, Community-Based Providers



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #3: Organize multidisciplinary teams to ensure that health and social services provided are tied to recovery and rehabilitation.**

**Populations:** Post release community supervisees (PRCS) and locally sentenced population

**Rationale:** Multidisciplinary teams (MDTs) serve several important purposes in San Mateo County's efforts to reduce recidivism. Having a multidisciplinary group of practitioners review *all* supervisees' Correctional Assessment and Intervention System (CAIS) assessments and make service recommendations will ensure a coordinated and holistic approach to addressing their needs. Based on information shared at the initial MDT meeting, the different departments will be able to begin the process of determining supervisees' eligibility for various entitlement benefits in order to maximize resources available for service provision. MDTs will use plan-do-study-act (PDSA) cycles, an evidence-based process for improving case planning, to review supervisees' progress, and refine case plans and programming to address unmet service needs and goals. Finally, where appropriate, ongoing MDTs will minimize service duplication through service coordination, and will share information to inform appropriate responses to relapse and supervision non-compliance.

**Lead Agency:** Probation Department (out-of-custody); Sheriff's Office (in-custody)

**Support Agencies:** Health System, Human Services Agency, Community-Based Providers



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan**

**Strategy #4: Organize pre-sentencing multidisciplinary reviews to provide information to the Court in making appropriate sentencing decisions.**

Populations: Individuals newly convicted of non-violent, non-serious, non-sexual offenses

Rationale: Having an MDT review defendants' criminal histories and service needs will give the Superior Court as much information as possible to inform sentencing decisions. Increasing the information available to judges, along with multidisciplinary sentencing recommendations, will provide the Court with the information necessary to take advantage of unique sentencing options as part of Realignment.

Lead Agency: Probation Department

Support Agencies: District Attorney's Office, Private Defenders Office, Sheriff's Office, Health System, Human Service Agency, Community-Based Providers



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

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### Strategy #5: Prepare locally incarcerated individuals for successful re-entry.

Populations: 1170(h) population and parole revocators

Rationale: Preparing inmates for reentry while they are in jail is essential for ensuring their success at home upon release. In addition, the same processes that prepare individuals for reentry also provide them with the opportunity for rehabilitation, in accordance with the CCP's philosophy. In-custody reentry planning will include connecting individuals with a variety of in-custody programming, such as job readiness, vocational training, education, gender-specific programs, treatment, and cognitive behavioral therapies, which research shows will increase the likelihood of successful reentry and reduce recidivism. The reentry planning process will also involve collaboration with the Probation Department and various non-custodial services to ensure continuity between reentry case plans and post-release case plans.

Lead Agency: Sheriff's Office

Support Agencies: Health System, Human Services Agency, Probation Department, Community-Based Providers



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan**

**Strategy #6: Place and supervise inmates in custody alternatives, as appropriate within statutory guidelines.**

Populations: Locally-sentenced population

Rationale: San Mateo County has a long history of using custody alternatives as a means to better transition inmates from custody to release. Placing inmates in transitional facilities and in work programs creates a continuum of services and stability from complete custody to complete release in order to better prepare them for successful reentry. The Sheriff's Office will continue to use its authority to place appropriate inmates in a variety of custody alternatives,

Lead Agency: Sheriff's Office

Support Agencies: Superior Court, Probation Department, Health System, Human Services Agency, Community-Based Providers





## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### Systems-Level Strategies

#### **Strategy # 7: Develop an integrated county-wide data management system.**

**Rationale:** For the purposes of sharing information between County agencies and measuring the impact of Realignment programs and services, San Mateo County will require a single data system. This data system will be necessary for tracking service utilization data and supervisee outcomes at set follow-up intervals. This system will also allow for better county-wide collaboration and operations, and help to inform future resource allocation.

**Lead Agency:** County Manager's Office

**Support Agencies:** Superior Court, Probation Department, Health System, Human Services Agency, Sheriff's Office, Local Law Enforcement Agencies, District Attorney, Private Defender's Office



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy # 8: Increase collaboration across county and city agencies and with community-based providers by sharing appropriate and timely information.**

Rationale: Appropriate information-sharing among partners is essential for an effective collaboration. Different types of information are important for different aspects of the collaboration. MDT participant agencies need to share information about supervisees' treatment and supervision compliance, setbacks or relapse, and successes or failures in order to appropriately respond to their progress. They will also need to share information with the community-based providers who are providing services to supervisees. At the Operations level, the Probation Department, the Sheriff's Office, and local law enforcement agencies need to share information related to crime trends, supervisee reoffending, and abscondance by effective intelligence lead policing strategies to promote on-going public safety.

Lead Agency: Probation Department

Support Agencies: Sheriff's Office, Local Law Enforcement Agencies, Health System, Human Services Agency, Community-Based Providers



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #9: Increase collaboration with cities to avoid duplication of efforts and maximize services and resources.**

Rationale: The effects of Realignment will vary across different cities in San Mateo County, with some cities being home to more PRCS and 1170(h) individuals. In addition, different cities have different programs and resources already dedicated to reentry efforts. By collaborating with cities, the CCP will make sure that the County's realignment efforts are tailored to the specific dynamics of San Mateo County's diverse communities. This collaboration will also ensure that services are streamlined and supervisees are not underserved or overserved.

Lead Agency: County Manager's Office

Support Agencies: Probation Department, Sheriff's Office, Local Law Enforcement Agencies, Health System, Human Services Agency



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #10: Support the capacity of community-based providers to serve the realigned population through funding opportunities.**

**Rationale:** Community-based providers require dedicated and sufficient funding to provide direct services to supervisees. Out-of-custody community-based organizations (CBOs) and service providers will be working with supervisees and with County agencies on a regular basis to provide Court and Probation-mandated services and to help achieve the goals of MDT case plans. Similarly, in-custody CBOs will provide reentry services and other programming to county inmates. Providing effective, evidence-based services requires money and training, and successfully reducing recidivism will depend on providers' ability to obtain the funding necessary to provide these services. The appropriate County Departments will hold relevant provider contracts; for example, the Health System will be responsible for health-related service contracts to take advantage of federal reimbursement leveraging power, reducing health costs for the County.

**Lead Agencies:** Probation Department, Health System, Human Services Agency, Sheriff's Office (for in-custody services)

**Support Agencies:** Community-Based Providers



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #11: Build upon the competence of the current and future community corrections workforce and direct service providers.**

**Rationale:** Under Realignment, San Mateo County’s community correction workforce and community-based service providers will be serving and supervising a larger and more treatment-resistant population. Effectively supervising and serving this population will require upfront and ongoing training in current best practices in supervision and service delivery. In addition, ensuring the effective collaboration of the various partner agencies and organizations will require cross-training in the best practices of partner disciplines. The Court, the District Attorney’s Office, the Private Defender’s office, and the Sheriff’s Office will also require training in the effects of Realignment on sentencing as well as the parole revocation process and should collaborate with Probation in the design of processes to assure adherence to principles of due process as they evolve in the context of Realignment.

**Lead Agency:** Probation Department

**Support Agencies:** Health System, Human Services Agency, Local Law Enforcement Agencies, Sheriff’s Office, Superior Court, District Attorney’s Office, Private Defender’s Office, Community-Based Providers



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

### **Strategy #12: Assess plan effectiveness through regular outcome reporting and a comprehensive impact evaluation, and make changes where appropriate.**

Rationale: Ongoing outcome measurement is a hallmark of evidence-based practices. This is as important at the system-level as it is at the individual level. Outcome reporting and evaluation are necessary to understand whether or not the plan is having its intended impact and, if not, what is not working and what to change. Regular outcome reporting will keep CCP partner agencies and the County aware of interim outcomes, while a comprehensive impact evaluation will provide a broad assessment of what is working and what is not, so that the County can make changes to the plan as necessary.

Lead Agency: Probation Department, CCP, County Manager's Office

Support Agencies: Health System, Human Services Agency, Local Law Enforcement Agencies, Sheriff's Office, Superior Court, District Attorney's Office, Private Defender's Office, Community-Based Providers

On the following page is a list of proposed process and outcome measures for the purposes of evaluating the effectiveness of the LIP.

## Evaluation Measures

### Process Measures (Did we implement activities as planned?):

#### *Supervision and Services*

- % of supervisees and locally sentenced 1170(h) inmates receiving assessments
- % of assessment results that were reviewed by multi-disciplinary teams
- Caseload of probation officers, by level of supervisees' risk
- % of supervisees receiving direct services, by type of service
- # of direct service hours per services recipient
- % of inmates going through reentry planning
- Costs per services recipient; costs per services provided
- % of contracted service providers using evidence-based practices
- % of supervisees assigned to a peer mentor

#### *Training Impacts*

- Number, topic, and dates of discipline-specific staff trainings
- Number, topic, and dates of cross-department staff trainings
- Number of participants per staff training, by agency or organization
- Knowledge gains among training participants immediately following trainings, and retained in 3 months
- Percentage of staff applying what they learned in their jobs in 3 months

### Outcome Measures (How did people being supervised and served change from our activities?):

- % of PRCS individuals successfully completing supervision in 6 months
- % of 1170(h) mandatory supervisees successfully completing supervision within court-ordered timeframe
- % of PRCS individuals revoked to custody
- % of 1170(h) mandatory supervisees revoked to custody
- % of released individuals rearrested
- % of released individuals rebooked into the jail
- % of released individuals returned to custody for a revocation
- % of released individuals convicted of a new offense
- % of custody alternative participants rearrested
- % of custody alternative participants rebooked into the jail
- % of custody alternative participants returned to custody for a revocation
- % of custody alternative participants convicted of a new offense



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

- % of supervisees achieving the goals of their case management plans
- % supervisees successfully completing mental health or substance use treatment
- % of supervisees placed in jobs
- % of supervisees who experienced reductions in their mental health symptoms
- % of supervisees who experienced reductions in their alcohol and other drug use
- % of supervisees retaining jobs after 3, 6, 9 months
- % of supervisees in stable housing after 6 months
- Arrests for three years following release, including offense description and date
- Subsequent criminal adjudications/convictions for three years following release, including offense description and date of conviction
- Probation/parole violations
- Warrants or remands
- New open charges





## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan

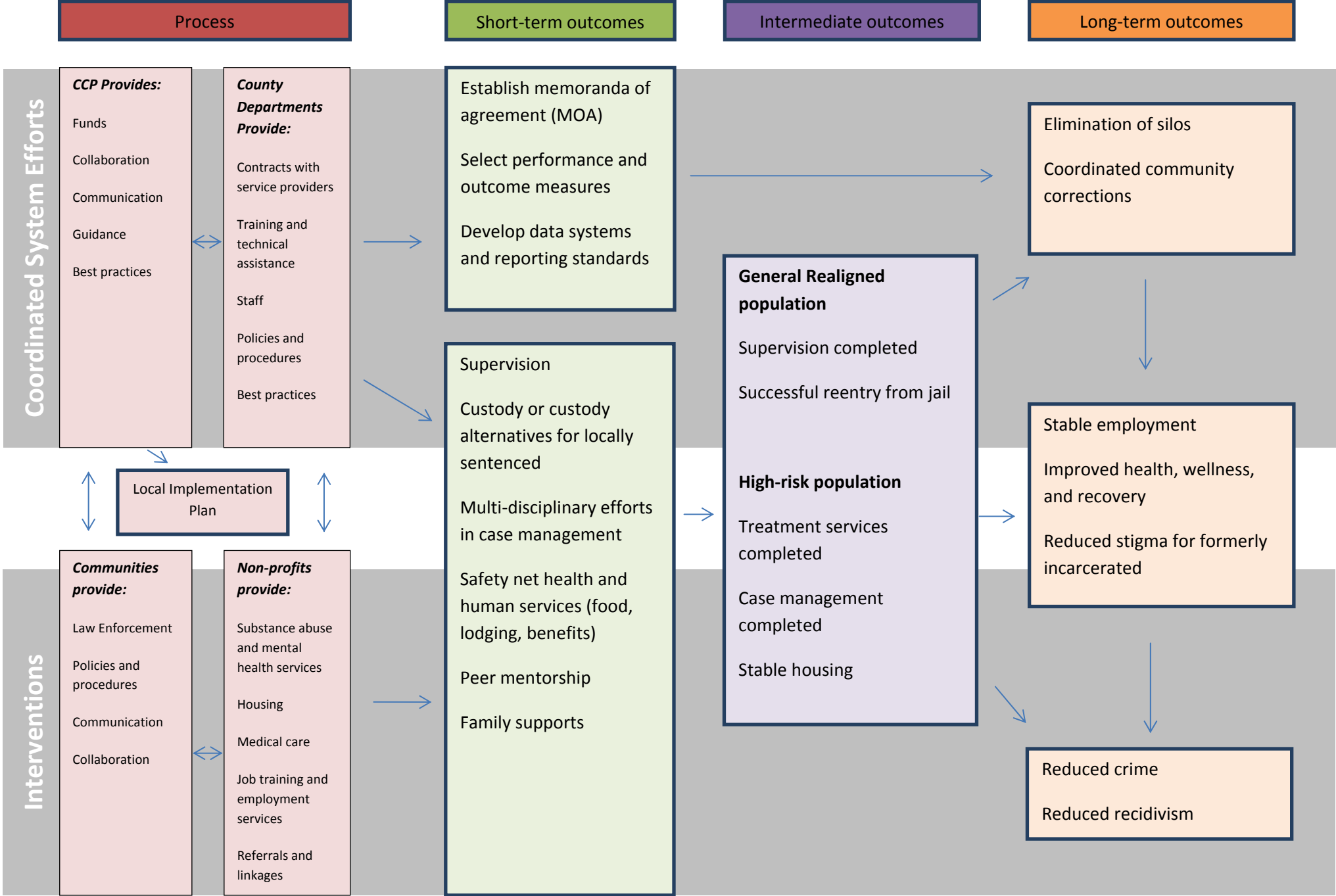
- ### San Mateo County Implementation Logic Model

The following logic model illustrates San Mateo County's local implementation plan (LIP) of the Public Safety Realignment Act. The logic model shows the processes involved at the system-wide management level as well as on the individual intervention level. The model also connects these processes to short-term, intermediate, and long-term outcomes which result as a product of the LIP and the execution of its processes.

At the start of the model, the process items include resources and action steps provided by the CCP, county departments, communities, and service providers. Upon the successful utilization of these resources and completion of these action items, outcomes are produced. Some outcomes such as the development of data systems and reporting standards are attained at a quicker pace than intermediate outcomes such as successful reentry from jail. Outcomes also build upon one another, often occurring as a result of achieving a prior outcome.

Over time, the combination of these processes, action steps, and maintenance of short-term and intermediate outcomes eventually lead to the long-term outcome and ultimate goal: attainment of reduced crime and reduced recidivism.

# San Mateo County: Realignment Implementation Logic Model





## **Appendix A: Report Back on the CBO Forum**

### *Who are our non-profit stakeholders, and what are their service needs?*

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On November 3<sup>rd</sup>, the CCP sponsored a forum for community-based organizations to learn more about realignment, and provide their input to the CCP regarding the development of the LIP. Over 50 participants attended and participated in the workshop. They represented 38 non-profit organizations, government agencies, and the County Board of Supervisors. The list of participating organizations and agencies appears below.

#### **Participating Organizations**

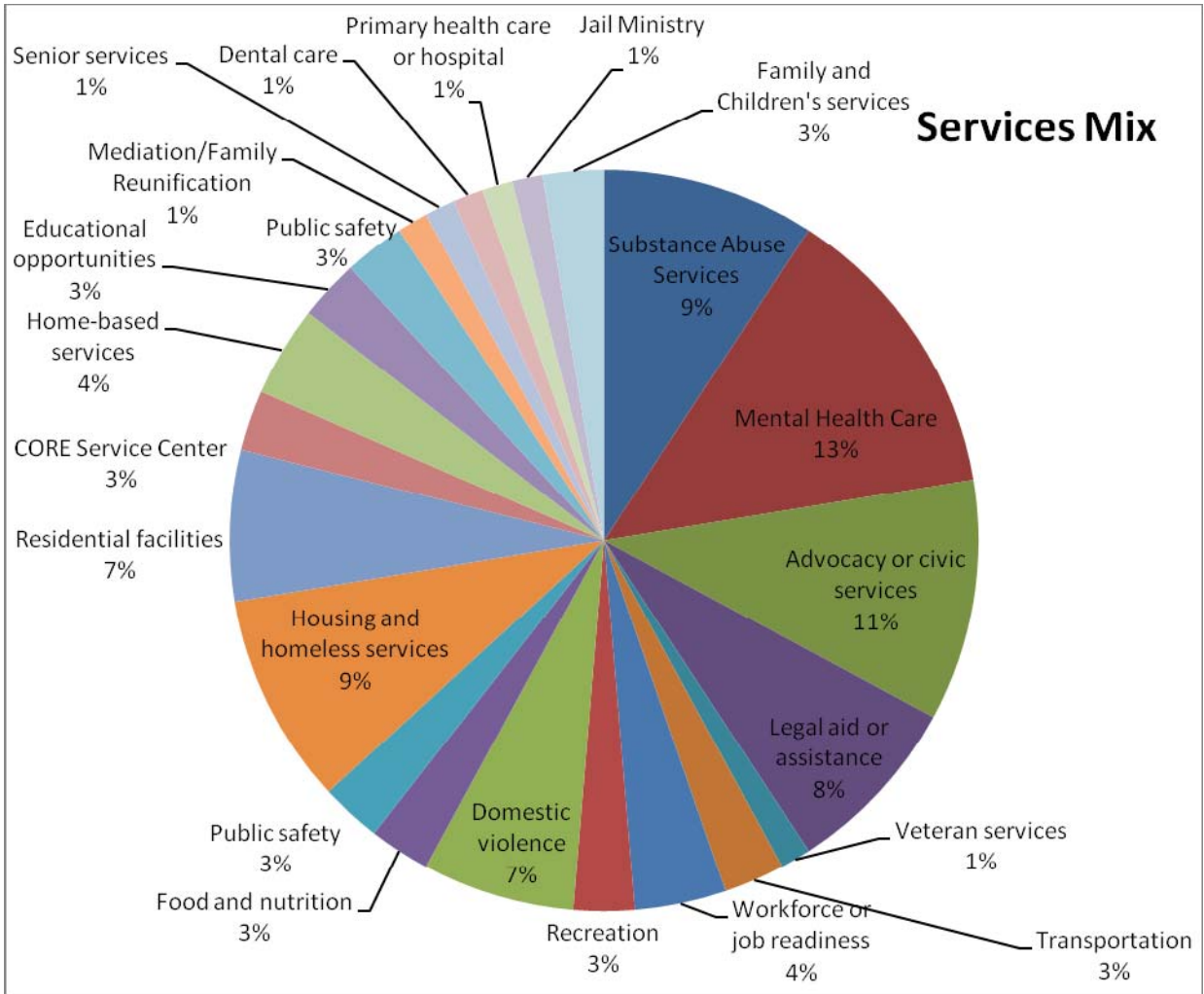
|  |  |
|--|--|
| AARS Inc. San Mateo Youth  | San Mateo Board of Supervisors         |
| ACLU of North Peninsula  | San Mateo County Human Services Agency |
| ACLU of Northern CA  | San Mateo Probation Department         |
| ACLU, Mid-Peninsula  | San Mateo County Victim Center         |
| American Federation of State County and Municipal Employees (AFSCME) | Job Train                              |
| Born Again Christian Center (BACC)                                   | Mental Health Association              |
| Bay Area Legal Aid   | Pacifica Resource Center               |
| San Mateo County Board of Supervisors                                | Peninsula Conflict Resolution Center   |
| Caminar  | Project Ninety                         |
| Children’s Collaborative Action Team (CCAT FSH)                      | Project We Hope EPA                    |
| Community Overcoming Relationship Abuse                              | Pyramid Alternatives                   |
| Daly City Community Services Center Core                             | Ravenswood Family Health Center        |
| Department of Children and Social Services (DCSS)                    | Sitike Counseling Center               |
| Edgewood   | St. Vincent De Paul Society            |
| El Concilio of SMC   | Star Vista                             |
|  | Workforce Investment Board (WIB)       |
|  | Women’s Recovery Association (WRA)     |



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**

**Services that Participating Organizations Provide**

Among the non-profit organizations in attendance that completed the sign-in sheet, below is a breakout of the types of services that their organizations provide. Note that many CBOs in attendance report providing more than one type of service.



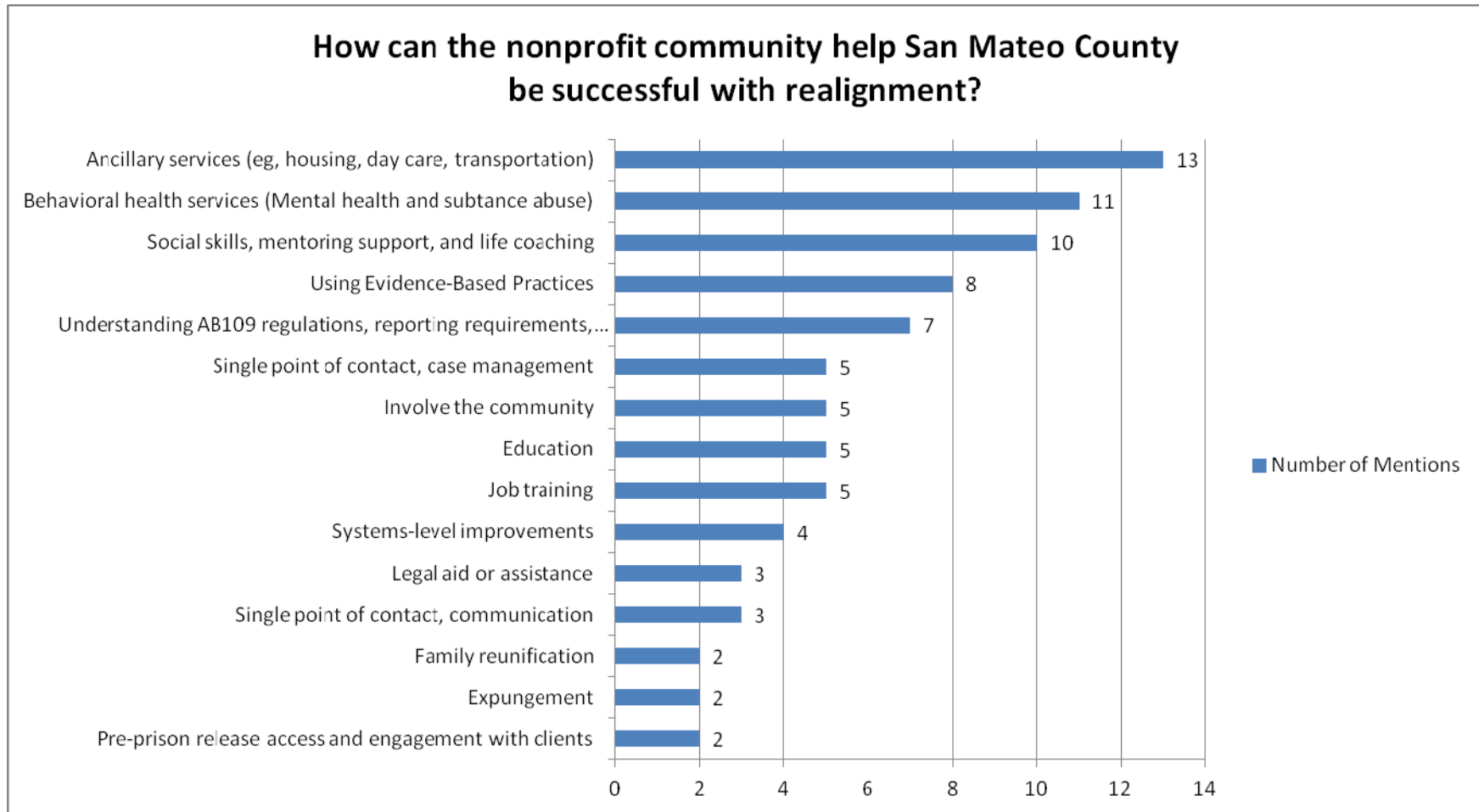
**Small group discussions**

At the end of the forum, participants were divided into small groups, and responded to a series of discussion questions through a half-hour long facilitated activity. These questions included:

1. How can the nonprofit community help San Mateo County be successful with realignment?
2. What are CBO's needs to build capacity?
3. Nonprofit recommendations to the County's CCP Plan?



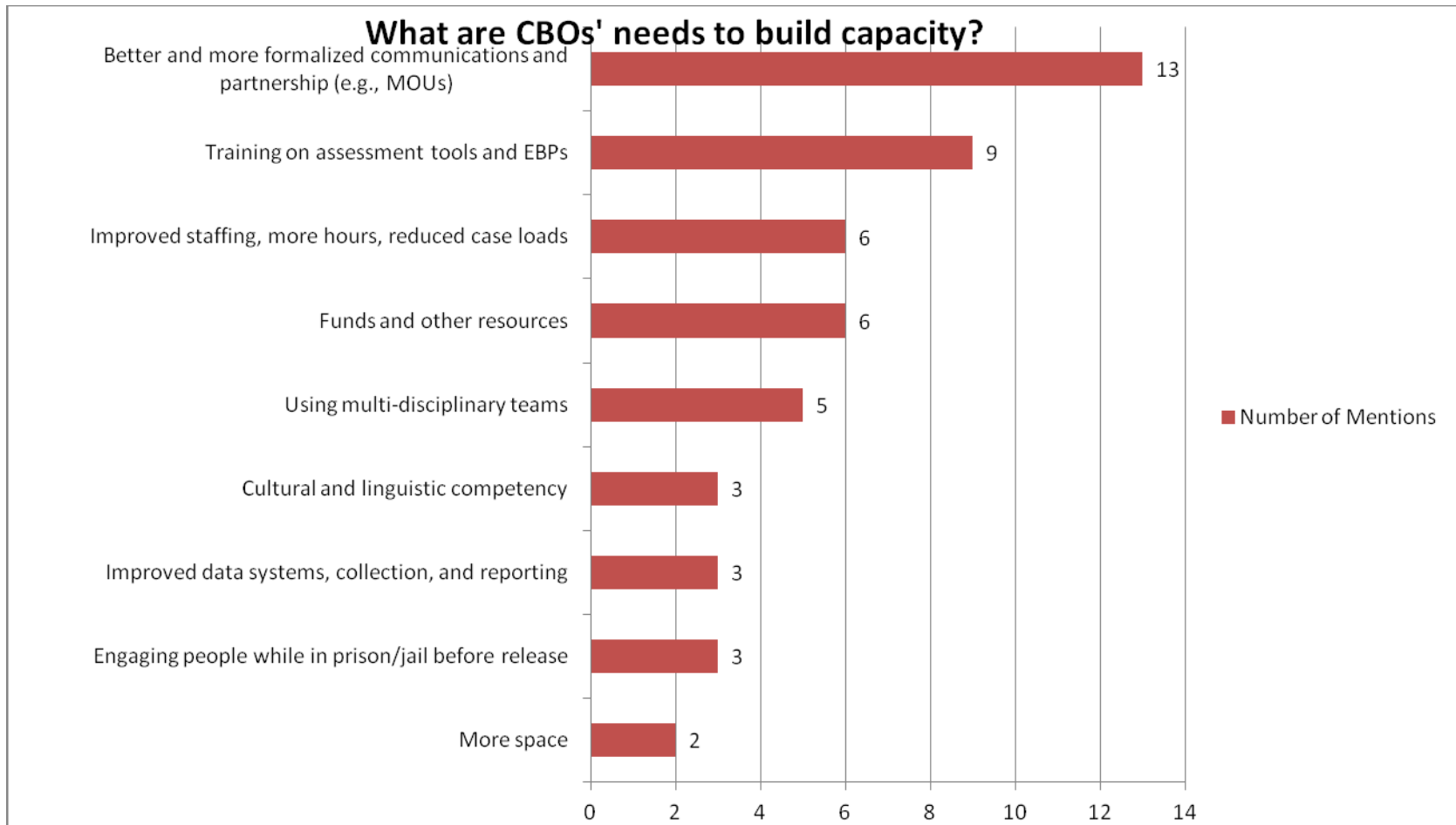
**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**



**Note:** Participant responses were coded and categorized, and all responses that at least two participants stated are reflected in the graph.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices



**Note:** Participant responses were coded and categorized, and all responses that at least two participants stated are reflected in the graph.



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**

**Nonprofit recommendations to the County’s CCP Plan**

**Housing and Facilities**

- Close old Maguire and tear down WCC provide office space for programming and nonprofit
- Day reporting center (one stop shop) county wide North, Central, South Counties
- Invite real estate developers for creating housing for poor families
- Create relationships w/ temporary shelters and agreements (housing, emergency shelters)
- Ensure housing is in place
- County develop own transitional housing

**Address the whole person, not individual problems**

- Trackable-understand underlying problems
- Keep in mind everyone has more than just one problem

**Create a Community Advisory Board**

- Community advisory board

**Improve jail/prison programs**

- Take funds for jails to programs
- Start services in jail
- Include undocumented inmates in jail division programs
- In-jail batterer intervention program (increase)



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**

**Nonprofit recommendations to the County’s CCP Plan  
(continued)**

**Provide an orientation and single point of contact for resources and services**

- Orientation of services PACT
- Facilitate transition to community
- Information on how to navigate systems
- Point person coming to agency
- Orientation of CBOs sources i.e. PACT meeting w/in first 2 weeks of release

**Reduce stigma among the PRSC population**

- Reduce stigma for the PRCS population
- Normalization process

**Treatment and Health Care Services**

- Serious case management
- Develop a mental health preventative program
- Expertise in AOD frontline

**Other Recommendations**

- Fix juvenile justice system
- Personal finance supports
- Transportation
- Monitoring programs
- Look for federal grants, RFP process put San Mateo on the map
- Early diversion including pre-booking for detox/drunken tank, MH issues (serious)
- Include periodic job success assessment
- Partner with the VA to provide services to vets
- Strengthen existing programs





## Nonprofit recommendations to the County's CCP Plan (continued)

### How to Develop the Plan

- Decide what kind of imprint to leave in the county
- Need to have measureable outcomes that can be tracked
- Consider public-private partnerships
- Look at lessons learned and put those into practice
- Keep it simple
- Educational component
- Figure out new financial and human resources
- High bar success=transformation
- Plan as lay document-accessible
- Establishing communications plan
- Increase plan development pace: don't be afraid to peek at other counties
- CBO group-feedback on CCP before it goes to Board



## Appendix B: Overview of CCP Half Day Workshop and Key Informant Interviews

*How will we work collaborative to achieve the goals of Realignment?*

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### I. CCP Half Day Workshop

Resource Development Associates (RDA) convened a half day workshop with the Community Corrections Partnership (CCP) to discuss key substantive issues, explore and analyze how to successfully achieve the goals of realignment, and understand the needs and recommendations of non-profit service providers to inform the development of the Local Implementation Plan (LIP). Additionally, the CCP discussed and determined its mission statement and principles to guide the plan. The CCP established the top priorities for realignment in the County of San Mateo in order to ensure that public safety and social services collaborate to develop and implement the LIP. Below is an overview of the agenda items from the workshop:

- Definition of Recidivism
- Review of Evidence-Based Practices
- Role of CCP
- Proposed Mission Statement
- Priorities for Inclusion in the LIP
- Report back on the CBO Forum
- Discussion of How to Achieve the Goals of AB 109

The culminating activity of the workshop was a round-table discussion of ways that public safety and social services could successfully work together to achieve the goals of AB 109, specifically reducing recidivism. The table below summarizes CCP members’ responses to the question, as posed by RDA:

| Process  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Multi-Disciplinary Teams (MDTs)</li> <li>• Consistently communicate and share information</li> <li>• Review outcomes</li> <li>• Recognize populations’ challenges</li> <li>• Prioritize needs of community</li> </ul> | <ul style="list-style-type: none"> <li>• Select EBPs to use</li> <li>• Do not duplicate services</li> <li>• Solicit input from partners</li> <li>• Provide incentives for collaboration</li> </ul> |
| Funding  |  |
| <ul style="list-style-type: none"> <li>• Effectively use resources</li> <li>• Target clients appropriately</li> <li>• Do not duplicate services</li> </ul>   | <ul style="list-style-type: none"> <li>• Review/Analyze costs and savings</li> <li>• Provide Probation with resources to advise Courts during sentencing</li> </ul>                                |
| Plan Development   |  |
| <ul style="list-style-type: none"> <li>• Include input of formerly incarcerated individuals, families, and service recipients</li> </ul>   | <ul style="list-style-type: none"> <li>• Establish protocol for data collection and tracking</li> </ul>  |



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Determine how EBPs will be linked to data</li> <li>• Establish terms of conditions of supervisees</li> <li>• Establish/Encourage buy-in from all providers/agencies</li> <li>• Share success and challenges</li> <li>• Identify and report out on indicators/outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Follow a “one-stop-shop” model/approach</li> <li>• Address issues of clients failing/relapsing</li> <li>• Collect restitution</li> <li>• Follow a reentry model</li> <li>• Develop a collective response to challenges/failures</li> </ul> |
| <b>Public Safety</b>  |   |
| <ul style="list-style-type: none"> <li>• Understand the offenses of those being employed</li> <li>• Acknowledge the experience of victims</li> <li>• Ensure accountability</li> </ul>   | <ul style="list-style-type: none"> <li>• Public safety is a collective effort</li> <li>• Continue to use alternatives to incarceration</li> <li>• Transform communities, break the inter-generational cycle of incarceration</li> </ul>   |
| <b>Health and Social Services</b>   |   |
| <ul style="list-style-type: none"> <li>• Use aggressive, immediate treatment</li> <li>• Establish a continuum of care</li> <li>• Provide people with the tools they need</li> </ul>   | <ul style="list-style-type: none"> <li>• Identify the right “dose” of interventions</li> <li>• Include law enforcement as part of health and social services</li> <li>• Early communication</li> </ul>  |
| <b>Other Comments</b>   |   |
| <ul style="list-style-type: none"> <li>• Prioritize clients’ success</li> <li>• Develop community level strategies</li> </ul>   | <ul style="list-style-type: none"> <li>• Acknowledge different communities are differentially affected</li> </ul>   |

## II. Key Informant Interviews

To prepare for the half-day workshop and inform the development of the LIP, RDA spoke individually with CCP members through semi-structured interviews on the topic of realignment. Below is a summary of common ideas and issues that were discussed during these interviews. Please note that these statements do not imply consensus on the topic discussed, nor do they indicate agreement on pending policy decisions. They will instead be used to help guide the CCP’s development of the LIP.

### How can San Mateo County best meet the goal of reducing recidivism through AB 109?

- ❖ **Partnerships.** CCP members highlighted the need for meaningful, effective partnerships between different CCP-member agencies as well as between CCP-members agencies and community-based service providers. These partnerships should be based on mutual respect and on the understanding that realignment will only be successful if all stakeholders are involved. Models of effective interagency partnerships may include: the BRIDGES Program, the Pathways Program, Achieve 180, the Gang Task Force, and Homeless Outreach Teams.
- ❖ **Information Sharing.** Partner agencies involved in the AB 109 planning and implementation must be willing to share information across existing silos in order to better serve the AB 109 population.
- ❖ **Assessment and Engagement.** The AB 109 population must be engaged in services that have been shown to reduce recidivism and that are tied to a validated needs assessment. This engagement must be immediate and intensive, in recognition of the instability of this population and the short supervision window of the AB 109 legislation.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

### ❖ **Other suggestions for reducing recidivism:**

- Low probation caseloads for AB 109 population
- Engage formerly incarcerated individuals to help build trust between CCP agencies and AB 109 population
- Realistic/affordable collection of criminal justice debt
- Focus on job placement, not just job training
- Accept relapse as part of recovery
- Work with local law enforcement as frontline responder
- Immediate responses to violations, minor incidents for proactive prevention/intervention

### What are priorities for inclusion in the Local Implementation Plan?

- ❖ **Protocols for Collaboration and Information Sharing.** The plan must clearly delineate the responsibilities of various partner agencies in implementing the Local Implementation Plan and serving the AB 109 population. This delineation must include protocols for sharing information and, where necessary, Memorandums of Understanding (MOUs) must be developed.
- ❖ **Balance Sticks and Carrots:** The plan must rely on a combination of sanctions and incentives to reduce recidivism among the AB 109 population. These sanctions and incentives should be used to compel program participation as well as to deter from criminal involvement. Different agencies are differentially equipped to provide sanctions and incentives and will need to work together to do so effectively.
- ❖ **Expand Resources:** Services cost money. The CCP must be willing to invest resources into expanding the capacity of community-based service providers to serve the AB 109 population, including training in EBPs and building capacity for more and harder to serve individuals.
- ❖ **Other priorities to include in the LIP:**
  - Clear definitions and measures for recidivism, violations, and absconding
  - Supervision conditions that include services
  - Supervision conditions that include search and seizure
  - Clear delineations of alternative sentencing options
  - Create funded contracts with CBOs that provide EBPs
  - Partner with local businesses to hire people
  - Victim's notification policies and procedures
  - Ongoing collection of restitution
  - Coordinated networks of support: day reporting centers or other regional one-stop centers for a variety of services



**San Mateo County Community Corrections Partnership –  
Realignment Local Implementation Plan, Appendices**

## **Appendix C: Overview of Town Hall Meeting**

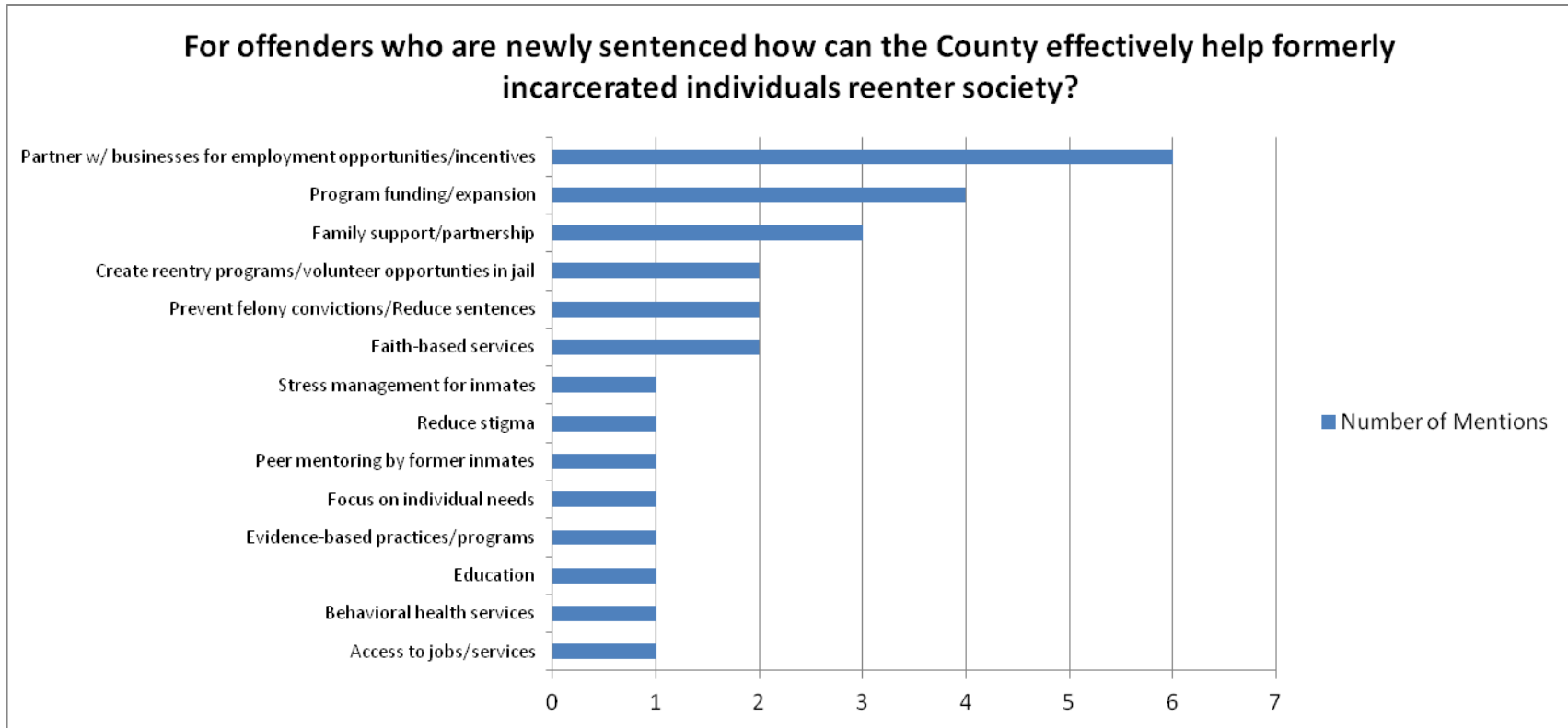
### *What recommendations do community members have for the CCP?*

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The CCP, in partnership with Resource Development Associates (RDA) and the San Mateo County Manager's Officer, convened a Town Hall Meeting on January 10, 2012 to present to members of the public an overview of AB 109. The meeting also created forum for concerned community members to share input on the development of the Local Implementation Plan (LIP). Over 50 participants were present. After sharing public comments in a large group format, and listening to a CCP information panel, participants were engaged in small groups to respond to a series of key questions on public safety realignment. The following graphs summarize participants' responses, as categorized by RDA:



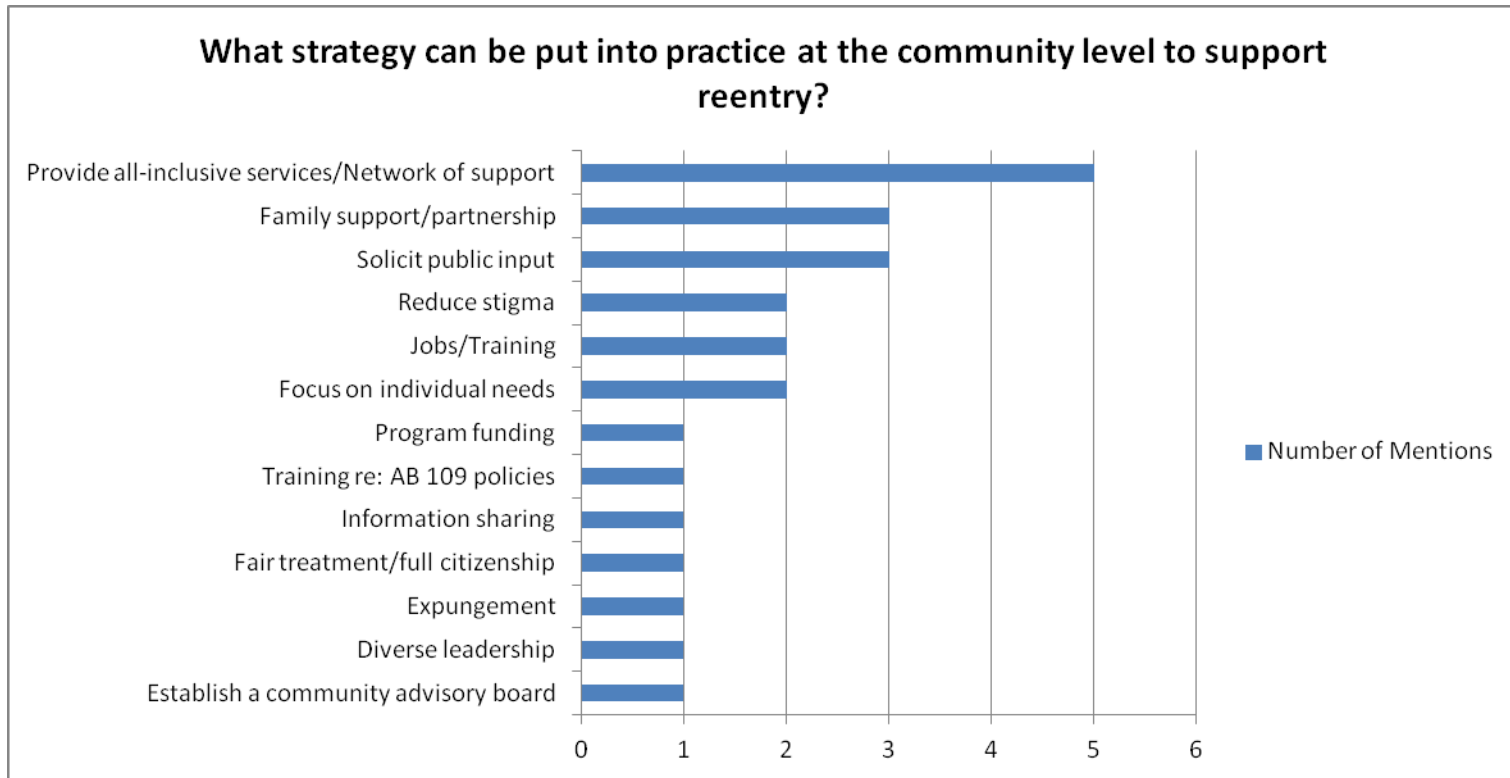
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**Note:** Participant responses were coded and categorized.



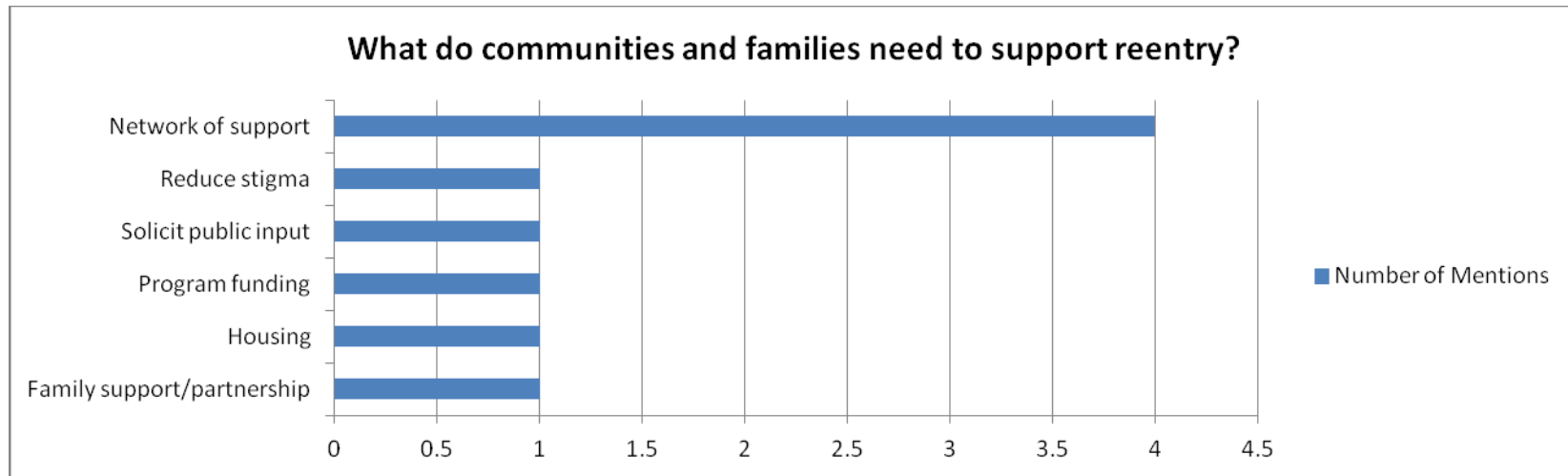
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**Note:** Participant responses were coded and categorized.



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Realignment Local Implementation Plan, Appendices**

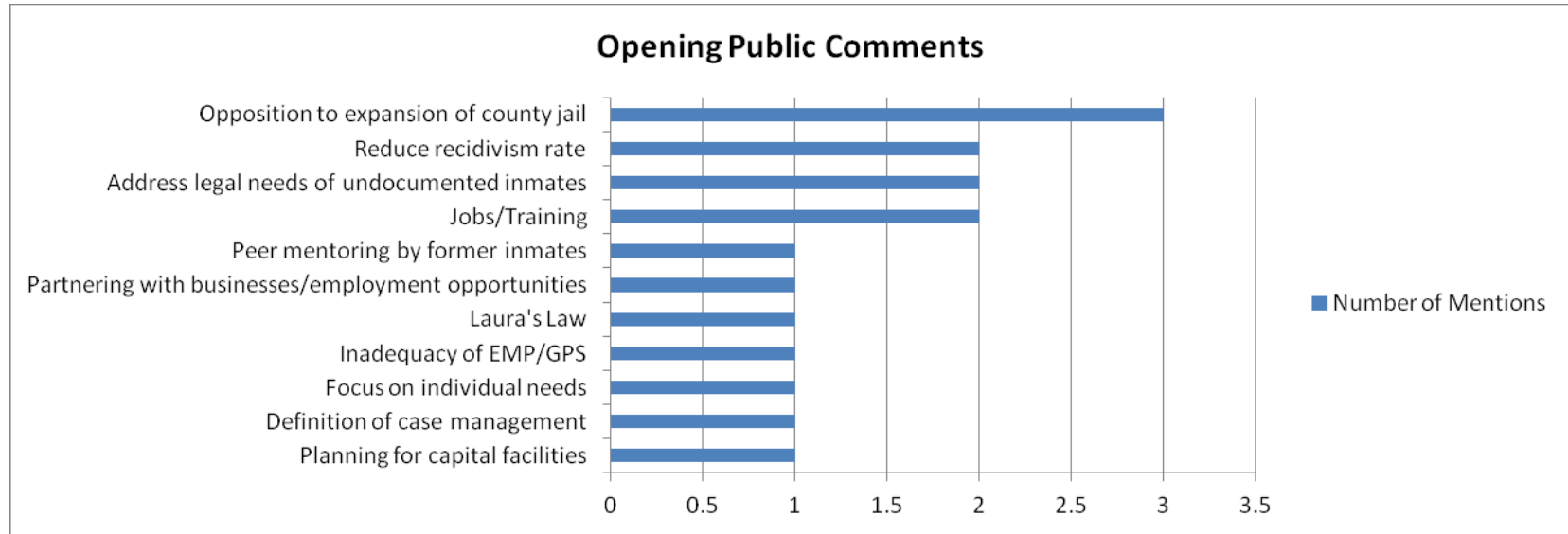


**Note:** Participant responses were coded and categorized.





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**Note:** Participant responses were coded and categorized.

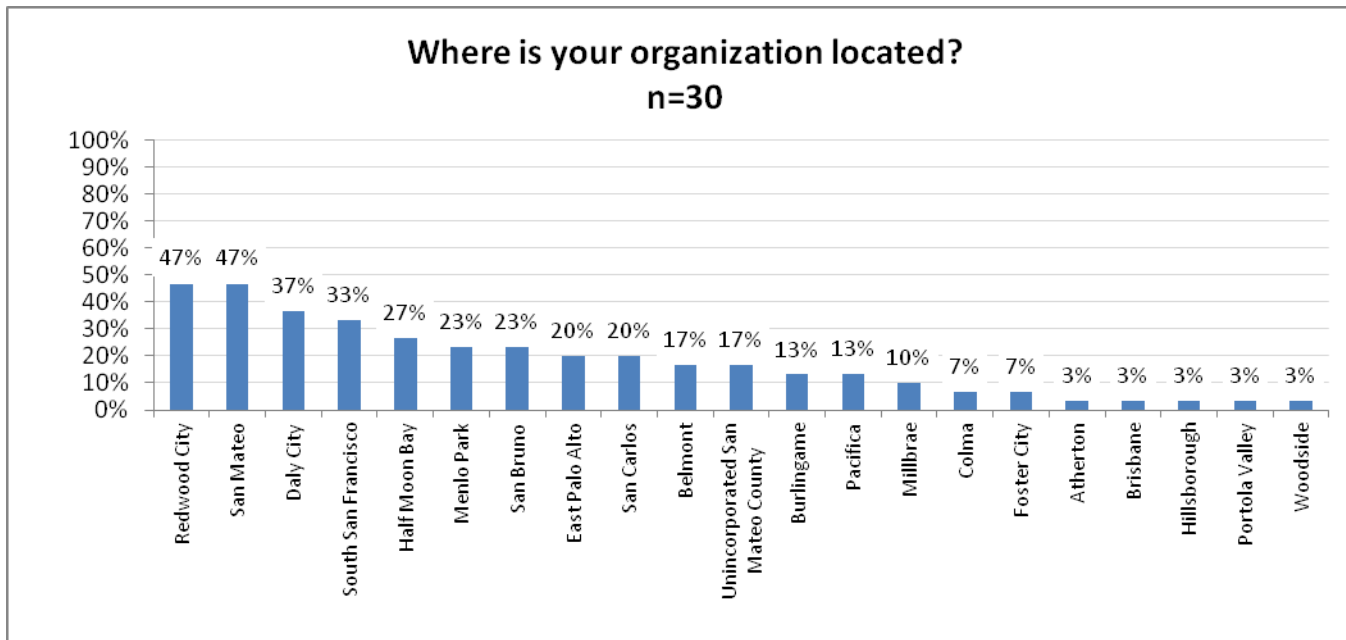


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Realignment Local Implementation Plan, Appendices**

## Appendix D: Overview of Results from Rapid Service Gap Online Provider Survey

### *What are the unmet service needs of the Realignment population?*

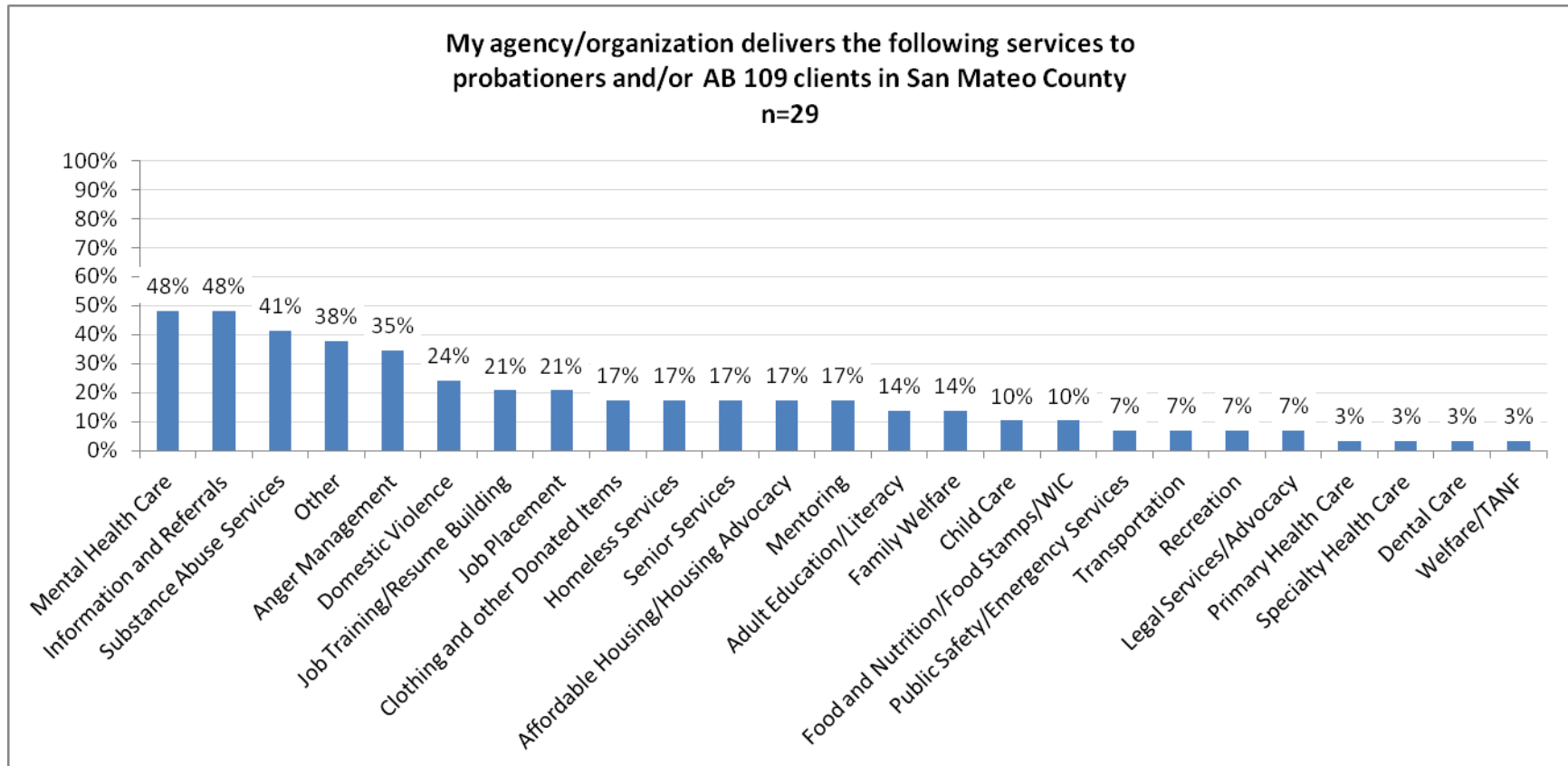
In collaboration with the Community Corrections Partnership (CCP), Resource Development Associates (RDA) developed an online survey that was administered to service providers from San Mateo County. The goal of the survey was to solicit input from service provider in identifying: 1) Service needs of San Mateo County's probationers and individuals under local supervision as a result of the passage of AB 109; 2) Service delivery strengths and gaps; and 3) Strategies to more effectively meet the service and treatment needs of the AB 109 population. The following figures highlight the most pertinent results from the survey. In total, 30 respondents from San Mateo's non-profit community completed the survey.



**Note:** Participants selected more than one response.



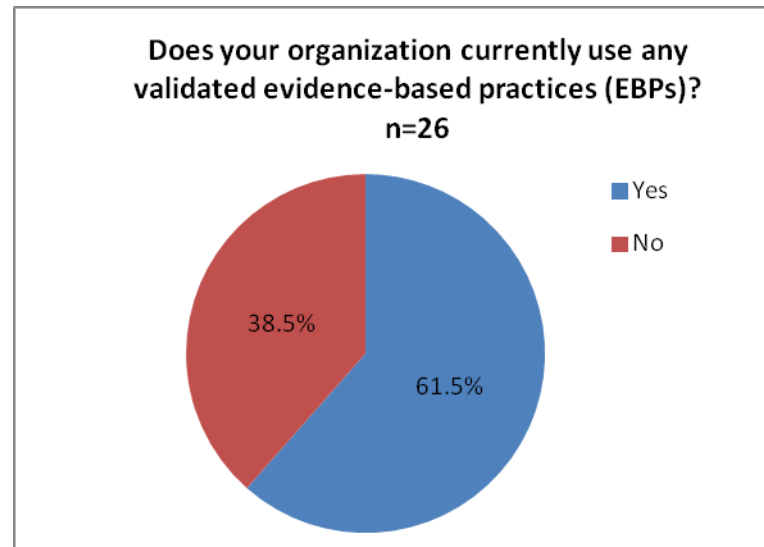
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**Note:** Participants selected more than one response.



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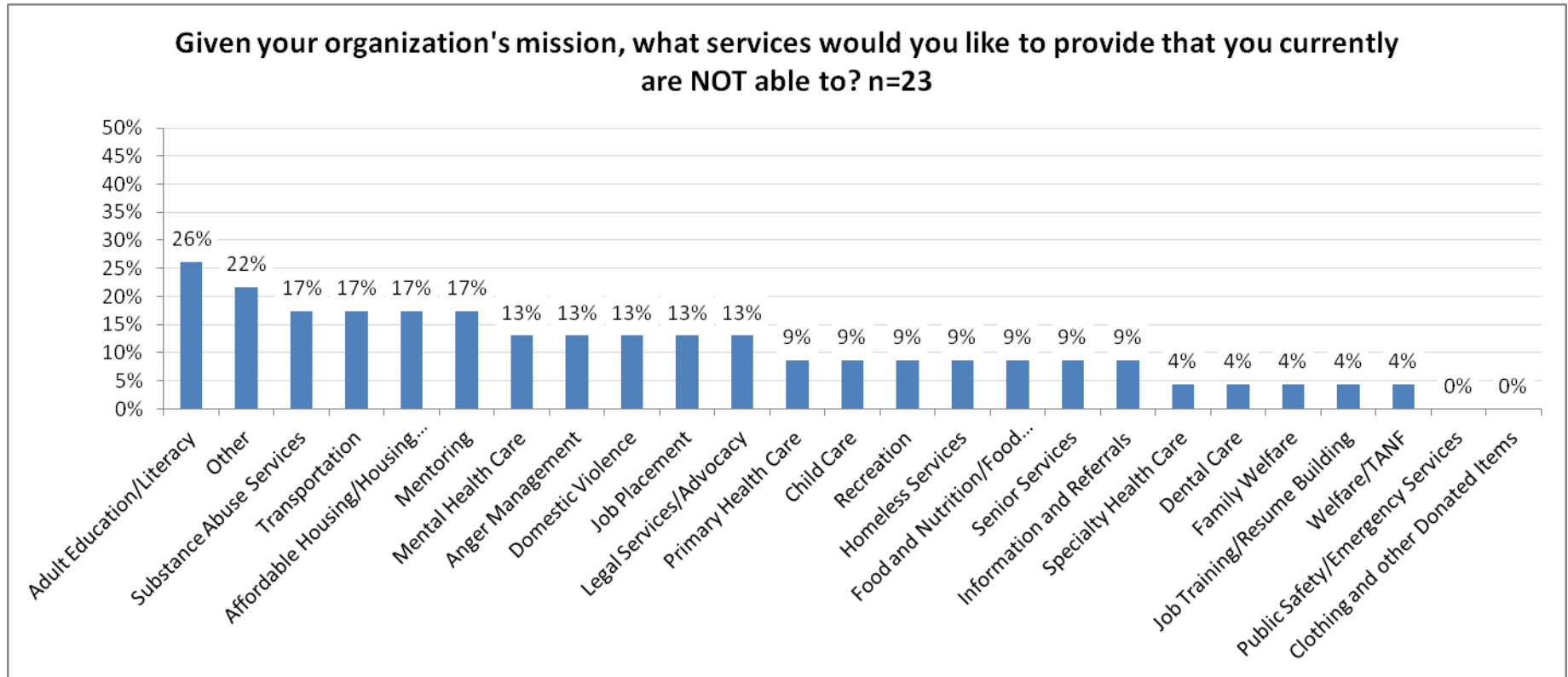


Those that responded “yes,” provided the following examples of EBPs that are currently used by their organization:

- 12 Step Recovery Model
- Assertive Community Treatment (ACT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Helping Women Recover and Beyond Trauma
- Motivational Enhancement Therapy (MET)
- Multidimensional Family Therapy (MDFT)
- Seeking Safety
- Therapeutic Behavioral Services (TBS)
- Trauma-Focused CBT
- Wellness and Recovery Action Plan (WRAP)



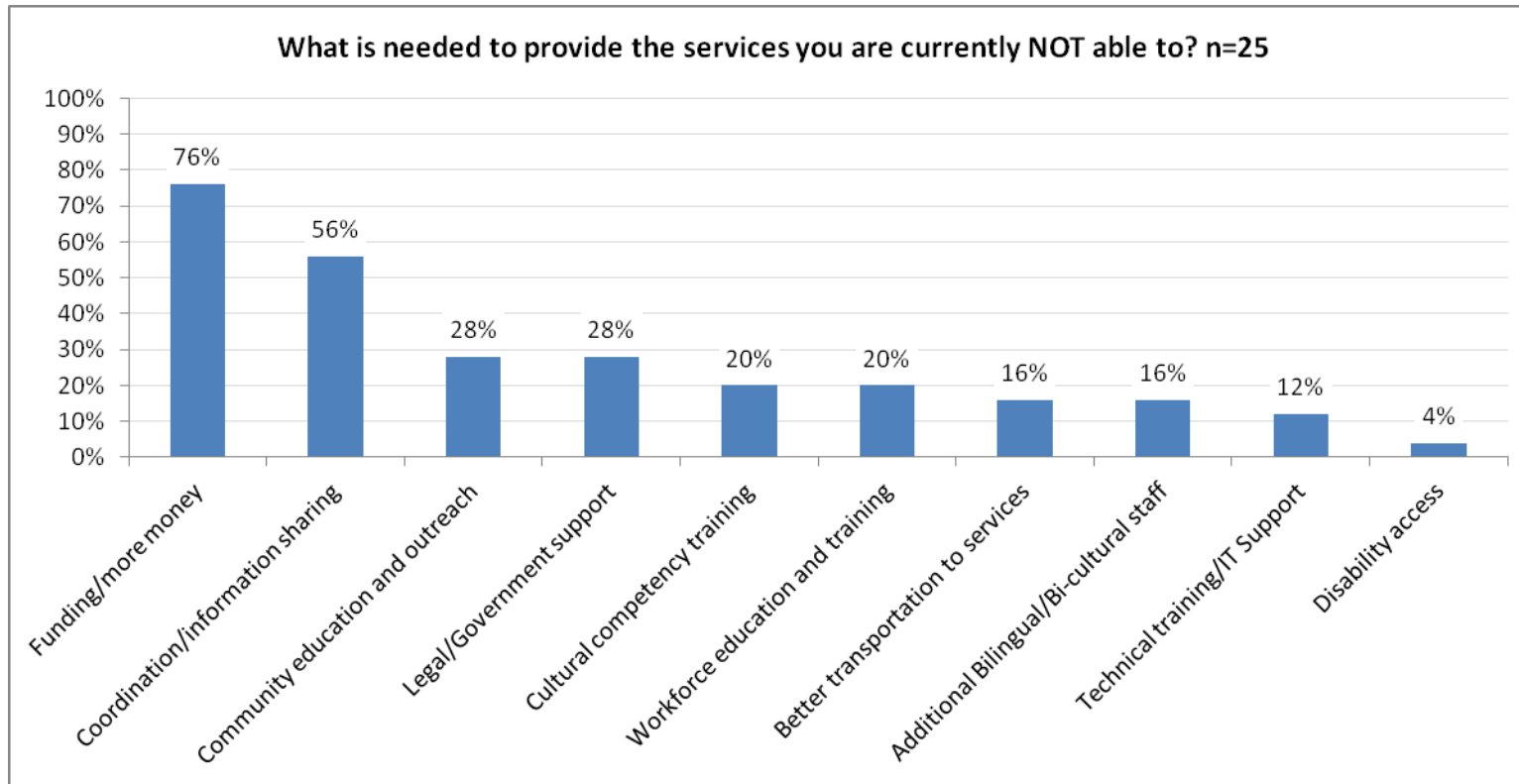
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**Note:** Participants selected more than one response.



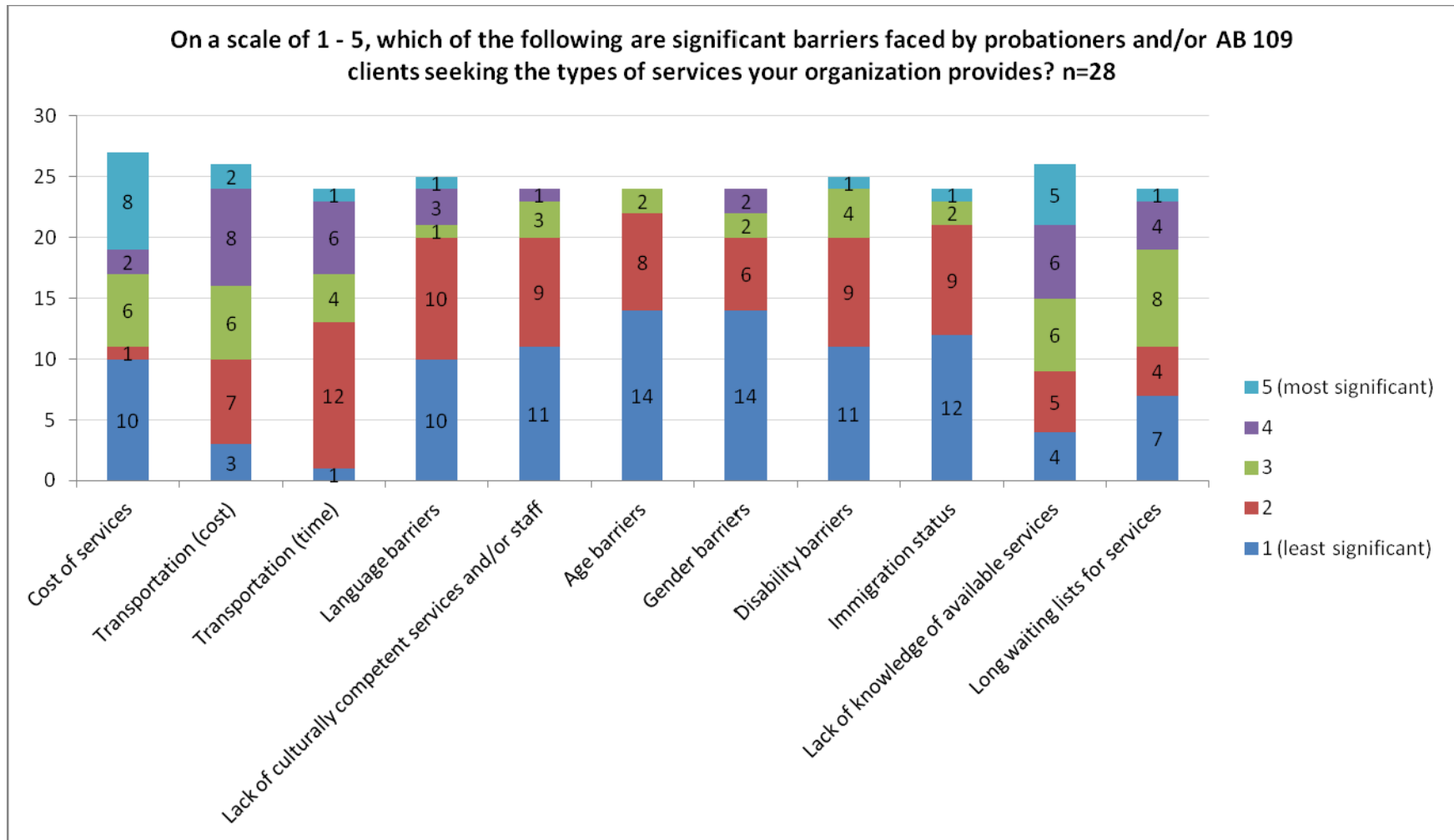
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**Note:** Participants selected more than one response.

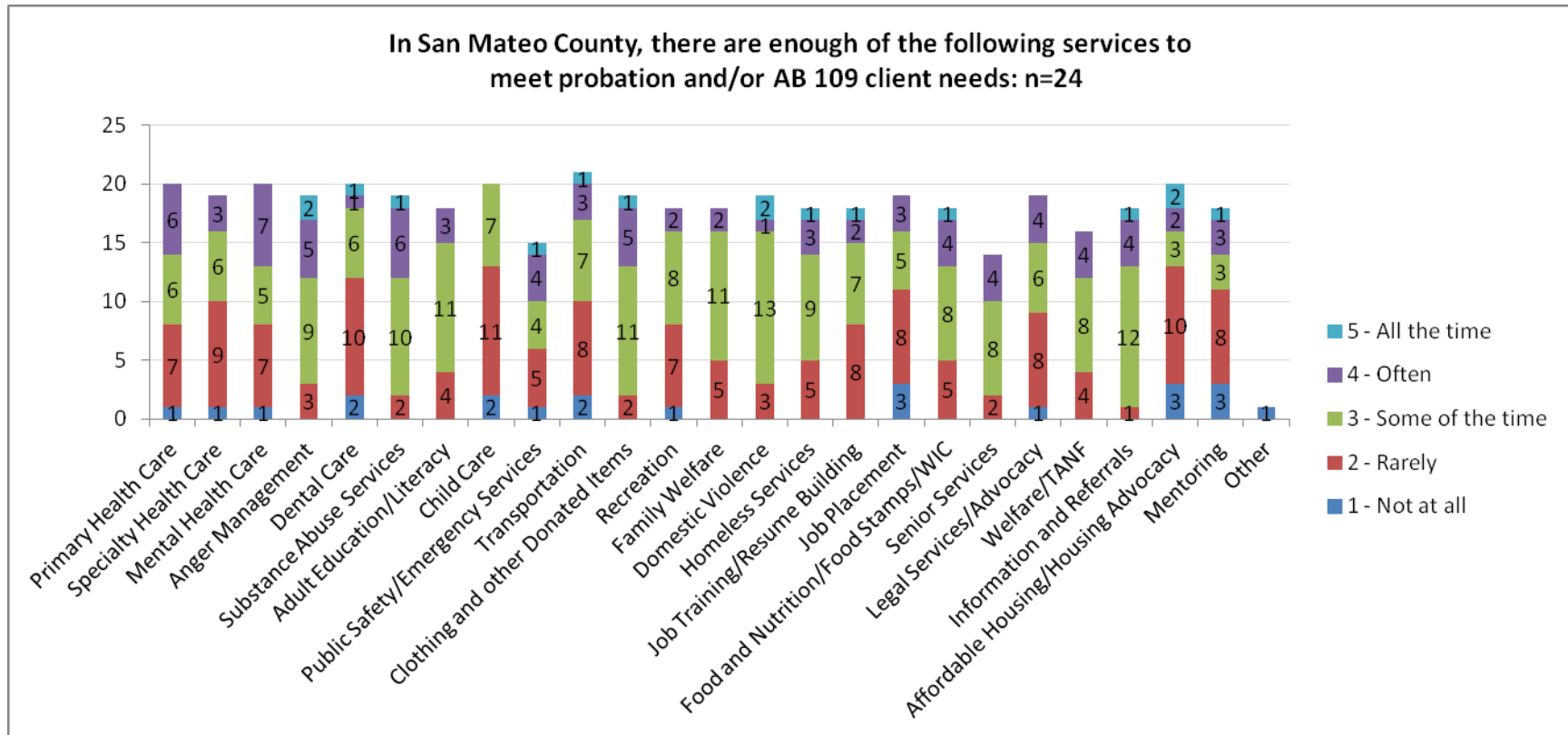


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Realignment Local Implementation Plan, Appendices**







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**Respondents also provided the following recommendations to address the human services needs of San Mateo County probationers and/or AB 109 individuals:**

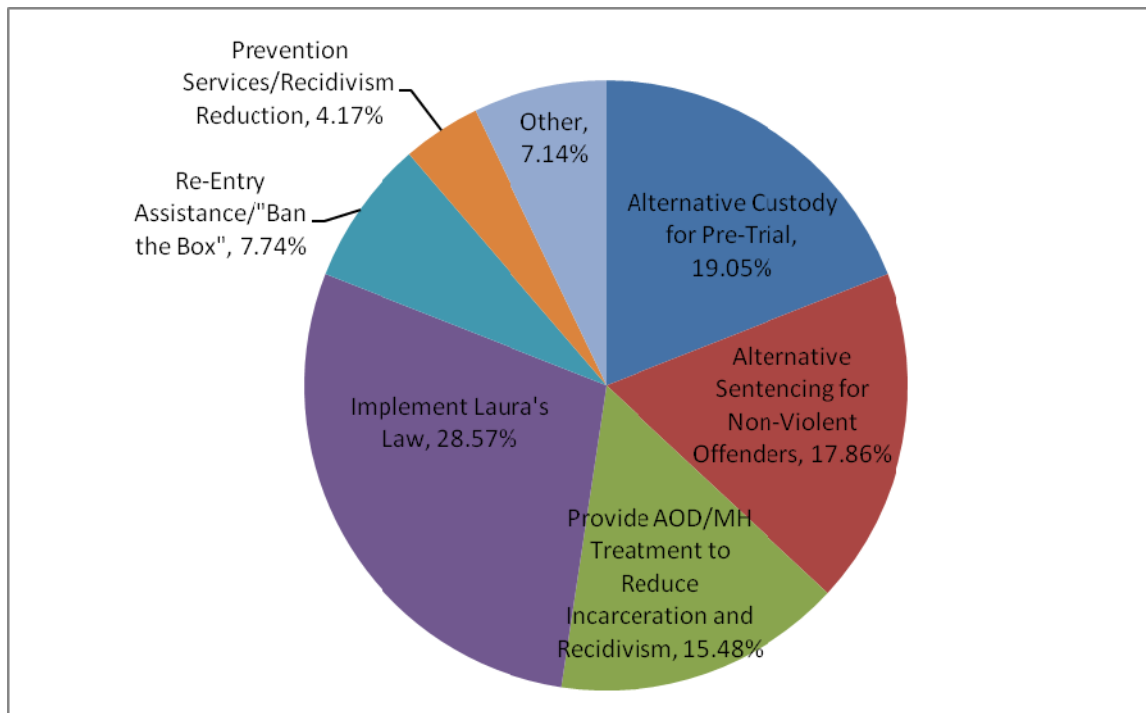
- ❖ Develop a clear protocol for educating and supporting probationers, their families, and service providers regarding re-entry and complexities of this process
- ❖ Use available funds more efficiently.
- ❖ Provide more mental health, domestic violence counseling, and substance abuse treatment services
- ❖ Create a one-stop center or a monthly fair where community resources table and clients can access services at one place.
- ❖ Provide guidance on skill development, job search and job placement. Without an income, it's impossible for probationers and AB 109 clients to find housing and become more stable.
- ❖ Encourage more information sharing between service providers.
- ❖ Focus more on prevention such as long-term one-on-one youth mentoring.
- ❖ Identify a service coordinator that brokers services with other providers and follows clients' progress toward self sufficiency
- ❖ Provide affordable housing to clients.
- ❖ It is critical that we consider the impact of these changes on victims' experience/safety, there is concern regarding lack of emergency services for them once this is all in place.
- ❖ Close contact with probation officers and shared plans with shared supervision and coordination have been the most effective in working with probationers.



## Appendix E: Overview of Public Comments

### *How did San Mateo County residents respond to the draft LIP?*

The following chart represents an overview of the types of public comments that were submitted online by community members. A total of 105 comments were submitted by community members. The majority of respondents (29% and 19%, respectively) commented on and/or provided suggestions about implementing Laura’s Law and alternative custody for pre-trial. About 18% of respondents also commented on the need to provide alternative sentencing for non-violent offenders, and 15% of respondents indicated a need to provide alcohol and other drug and mental health treatment to reduce incarceration and recidivism in San Mateo County.



The following table includes all of the comments that were submitted online by community members. A total of 80 public comments were received. Comments marked with an asterisk (\*) were submitted multiple times by different individuals and appear only once in the table; the number of times the comment was submitted is included in parenthesis.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

### Public Comments

- 1. I am a Daly City resident concerned with realignment. I have read the plan in its entirety, and have some concerns that I want to share with CCP. First, I would like to state that we should not be talking about any proposal or plan to expand the San Mateo County Jail Facilities in Redwood City. On the bottom of page 36, there is mention of a "Jail Replacement Project" to address the "current over-crowding". As a taxpayer, I am extremely concerned that my dollars are not going into funding services and treatment centers, programs that keep people out of jail, but rather to continue to feed all those who are profiting off incarceration. If the women's jail is decrepit, then we should be looking at alternatives to incarcerating women, especially those poor women who cannot afford bail, which I believe over 70% of the incarcerated population in San Mateo County are inside for being too poor to post bail. I strongly urge the CCP to not recommend the construction of any jail facility, or any extension of our current jail without sincerely exploring other alternatives that have worked in other parts of the country. I also strongly urge the CCP to be transparent with the public, about any consideration, discussions, or proposals regarding jail expansion in San Mateo County. Who is lobbying for a new jail behind the scenes? Second, we have to look at alternate approaches to substance-abuse, mental health and other treatments for people inside, as well as for those being released that is independent of corrections. If we want successful, objective "evidenced-based" approaches, it behooves the County to employ practices that are independent of vested interested groups, such as the sheriff, probation. What I mean by this is that we need to be looking at people inside as PEOPLE, not offenders, inmates, or clients, BUT PEOPLE. The only way any County will be genuinely successful in reducing their incarcerated population in their jails is to begin to treat people, who have made mistakes or their mistake is being black or brown or poor, as people. People should be the operative word in ANY spaces, discussions regarding incarceration. Finally, we firmly believe that if we cannot persuade CCP, San Mateo County, or anyone else/entity working within the criminal "justice" system to refer to us, and think of us, and begin to treat us as people, then any and all our efforts at reform and change is seriously compromised.*
- 2. San Mateo County Community Corrections Partnership (CCP), As a former employee of a San Mateo County non-profit, I am aware of the social and political issues that face San Mateo County. I am also invested in these issues because I have a large community of friends living and working in San Mateo County. After reviewing the San Mateo County Local Implementation Plan, I implore the CCP to consider two dire suggestions that will reduce the size of the prison population, as well as reduce rates of recidivism. First, San Mateo County and courts must insist on pre-trial alternatives to incarceration. Approximately 73% of the county jail population is being held pending a trial or hearing because they cannot pay bail - this is a shameful waste of space that must be eliminated. Many people being held and awaiting trial would otherwise be released to their homes could they afford the cost of bail; therefore it is crucial that these people be released to their homes and reduce the jail population by an enormous 73%. Second, the county must make efforts to increase "alternative sentencing" for the newly arrested and sentenced. "Alternative sentencing" means providing more sentencing options outside of imprisonment, especially for the newly sentenced and for those with non-violent offenses. "Alternative sentencing" should be prioritized over jail time, as our jails are extremely crowded. My suggestions are informed and reflect an investment in the well-being and forward-thinking of San Mateo County.*
- 3. Dear CCP, I think the plan is pretty vague and only lays the ground work for future UNNECESSARY and expansive jail expansion. I think more resources need to be directed to community based alternatives. Additional suggestions include: We could avoid costly jail expansion in San Mateo County if we provide more drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems instead of imprisoning them. Expand the county's pre-trial release program to allow defendants to be released on their own recognizance. This is far less expensive than jail. Almost 3/4 of those held in California jails have not been convicted and sentenced. We could avoid costly jail expansion in San Mateo County if we expand alternative sentencing and alternatives to imprisonment for people who have been convicted of low level offenses. San Mateo County should prioritize funding for Community Based Organizations, not the Sheriff and Probation departments, to provide these services. Ban The Box on employment applications, greatly reducing recidivism for those coming home from lock-up and reducing overall imprisonment in our county. Channel savings from reducing the jail population into community services that increase community well being and reduce crime. Provide funding for front-end services such as education, employment and housing. Jurisdictions that spend more money on education, employment, drug treatment, health care, childcare, vocational and parental training, transportation vouchers and the availability of affordable housing experience lower crime rates. Spend county funds on community mental health services rather than incarcerating those with mental health or substance abuse problems. Reduce the number of crimes for which jail time is the expected punishment. Establish alternatives to criminalization and incarceration such as restitution, restorative justice, and community service. Less resources to the Sheriff and Probation and more to ALTERNATIVES!!*
- 4. Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. Provide drug treatment and/or mental health counseling for newly-*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

*sentenced individuals with addiction problems. Employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution.\* (This comment was submitted by 12 individuals.)*

- 5. Dear Community Corrections Partnership Members, I have been a proud resident of the City of San Mateo since 2008. Starting on September 14, 2011, I have attended nearly every CCP/CCP Executive Committee meeting. I am deeply grateful to the many caring public agency representatives who have dedicated their time to creating this CCP plan. Because I love my community, I am writing you to offer my gratitude and to request that you continue to improve the CCP Plan. Among its goals, the CCP plan "creates opportunity for health and recovery through treatment and ancillary services..." Locally-incarcerated individuals need health and social services throughout their sentences to become productive, functioning, non-reoffending members of our society. The January 24, 2012 draft of implementation strategies (prepared for the January 26, 2012 CCP meeting) included Action Step 2.6.2: "Provide appropriate health and social services in jail: The Sheriff's Office and its in-custody service provider will work with AB109 inmates to develop case plans and link AB 109 inmates to appropriate health and social services, based on their needs indicated." At the January 26 meeting, CCP members requested that this action step be deleted. They were concerned that the action item would imply that the County is not currently complying with state- and federally-mandated health or social service requirements in the jail. Health and social services are crucial for locally-sentenced inmates, so restore this action step, but use clearer language. Give yourselves credit for the services you currently provide, and commit to providing them to AB 109 detainees. I recommend you reintroduce the Action Step with slightly different wording: "Continue to provide and expand appropriate health and social services in jail: The Sheriff's Office and its in-custody service provider(s) will work with AB109 inmates to develop case plans and link AB 109 inmates to appropriate health and social services, based on their indicated needs." You have worked hard to do right by our community. Unfortunately, this is only the beginning of a long process. As you know all too well, once San Mateo County's CCP plan has been approved, you and the County must follow through on these action items. I look forward to seeing you fulfill the CCP's mandates and accomplish its mission. Sincerely, Sara Matlin Chair, American Civil Liberties Union-North Peninsula Chapter (ACLU-NP)*
- 6. Dear CCP members: Thank you for the opportunity to offer feedback on the Local Implementation Plan. As a resident of the city of San Mateo, I appreciate the chance for community members to provide input. In the five months that I have attended CCP meetings, the Community Corrections Partnership has accomplished excellent work. There is a lot in this plan to be proud of: a commitment to evidence-based practices, assessment of inmates for custody alternatives, and inclusion of employment services and housing. However, there are several areas where the plan falls short of its full potential. The plan must address services for those sentenced to county jail. That section was struck from the draft plan during the January 26th CCP meeting, but it should be restored. Although individual re-entry plans are essential for an inmate's post-release success, some inmates will need services long before they are released. The Sheriff's Office should continue to provide and expand mental health services and drug treatment programs for those in custody. Furthermore, I am concerned about the location for services provided to recently-released offenders. In many discussions with CCP members, they have made the assumption that services will be provided at the proposed new jail. However that jail is years away from being built. The plan needs to deal with the service space currently available. Finally, I ask you to remain committed to this plan and the action items it sets forth. When the Board of Supervisors adopts this plan in April, that is just the beginning of the next phase. I appreciate the hard work you have invested in the Community Corrections Partnership and our community's Local Implementation Plan. Sincerely yours, Jay Laefer, Vice-Chair American Civil Liberties Union - North Peninsula chapter*
- 7. Dear Members of the CCP, As a lifelong resident of San Mateo County, I am deeply concerned about the CCP Prison Realignment Local Implementation Plan. I urge you to prioritize providing services, especially alcohol and other drug treatment and employment training, to both newly-sentenced offenders and people who have been recently released under the Prison Realignment Act. These services are essential to creating safer communities. I'm also wondering where these services will be provided, both for the newly-sentenced offenders and people who have been recently released? It seems to be assumed that these services will be provided in the proposed new jail. I am very concerned about this because there is no guarantee that the proposed new jail will ever exist and if it does it will take years to complete. The CCP plan should not rely on the new jail as a space to house services that are needed and required today. Instead, the CCP plan should utilize only the space that is currently available. These services must be provided to people in jail now, we cannot wait for if/when the new jail is completed. Thank you for your consideration. Sincerely, Emily Lehr-Anning*
- 8. Dear CCP members: I have lived in Daly City since 1979 and have been interested in criminal justice issues in San Mateo County. In my opinion, high recidivism rates are caused by a lack of employment possibilities upon re-entry to the community. With alternative sentencing, such as job training and drug treatment, more offenders would be able to rejoin the community with a better possibility of remaining out of jail. Given the fact that there is already a shortage of space and resources, it seems that keeping many pre-trial detainees in jail would unnecessarily continue overcrowding. Using alternatives like "own recognizance" (ROR) or home detention would also increase safety at the jail. I hope this input from*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

*the community helps you arrive at a better plan. Michael Levinson*

- 9.** *As a voter residing in San Mateo County, I am concerned about the money and lost economic opportunity of keeping non-violent offenders, and people awaiting trial, in jail. Please use this opportunity to expand the county's pre-trial release program. Defendants who pose little or no threat to public safety should be released on their own recognizance (OR), or should be monitored/supervised electronically while awaiting trial. They should not be put in jail. Please include in your plans drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. Please employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of non-violent offenses. Jail time should not be the primary means of sentencing non-violent offenders.*
- 10.** *As a longtime San Mateo County resident, I have concerns about some parts of "LIP." I understand that most of the prison population is there pending trial or hearing simply because posting bail is not a possibility, even though they are no threat to the community. In addition, now that the County is responsible for providing adequate facilities, where will the current and future prison populations be held? Greater capacity appears to be years away. It seems to me, an effort to prevent high recidivism rates should be an important priority.*
- 11.** *1. Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. 2. Provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. 3. Employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution. San Mateo County cannot afford to lock up poor people in jail just because they are too poor to afford bail. Please consider these other cost-effective and humane alternatives."*
- 12.** *We could avoid costly jail expansion in San Mateo County if we provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems instead of imprisoning them. We could avoid costly jail expansion in San Mateo County if we expand the county's pre-trial release program to allow defendants to be released on their own recognizance. This is far less expensive than jail. We could avoid costly jail expansion in San Mateo County if we expand alternative sentencing and alternatives to imprisonment for people who have been convicted of low level offenses. San Mateo County should prioritize funding for Community Based Organizations, not the Sheriff and Probation departments, to provide these services. San Mateo County needs to Ban The Box on employment applications, greatly reducing recidivism for those coming home from lock-up and reducing overall imprisonment in our county.*
- 13.** *An effective way to keep people out of trouble and help them stay on track to avoid more jail time, would for those with either substance abuse, substance abuse and mental health disorders or just mental health disorders would be to put them in an outpatient commitment program such as Laura's Law. New York city has cleaned up its street with out Megan's Law and the same thing could happen in San Mateo county if Mental Health Service Act funds which is also called the Millionaires tax, were used to implement the outpatient commitment program known as Laura's Law. Many of the inmates in jails and prisons have serious substance abuse issues, psychiatric disorders that haven't been successfully treated because many do not comply with medication, no support or housing in the community so jail is used as the fallback which is an expensive way to keep people off the streets with could with help live in the community and stay out of trouble. Some people may be concerned with taking away someone's rights but what about the rights of the public to live in a safe community without fear of harm? It has to be weighed very carefully and look to the lessons learned in New York with Megan's Law.*
- 14.** *A critical piece of safety in the community is the implementation of Assisted Outpatient Treatment or more commonly referred to as Laura's Law. It is effective in saving lives and saving money which should be a major concern thinking of the dollars spent on the persistent, severely mentally ill in this county,...or more commonly referred to as "Frequent Flyers." While their numbers are small their costs are enormous. The time has come to implement AB 1421. It works in Nevada Co., and in LA County. Why not here in San Mateo County?*
- 15.** *Action Step 1.3 seems to be a duplication of Action Step 6.5 and 11.4. Discrepancy in the language in Action Step 6.2 and 7.1, one being a hallway handoff and the other a warm handoff. Why is the community-based organization not included in the MDT in Action Steps 8.1 and 13.1 if they are providing the direct service? Inconsistencies in what you call community-based organizations throughout the LIP. They are referred to as community-based service providers, service providers, community-based organizations, community agencies and community based providers. If all these references are referring to community-based organizations, suggest you use one name throughout the document.*
- 16.** *I am concerned about increasing our county jail population when the potential inmates awaiting trial pose little to no threat to our community's physical safety. Surely it would be much less expensive to rely on electronic ankle monitors and home arrest. Releasing non-violent offenders on their own recognizance is another way to both save money and to avoid jail overcrowding. There is no reason to lock up someone on a non-violent misdemeanor or impose bail money far in excess of any penalty he or she might receive at trial. One other solution, which I know is probably unpopular, but nonetheless*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

would be more effective and arguably far more human, is to not jail drug use offenders or people with treatable mental health issues at all. Instead, use the money earmarked for the jail to provide counseling and rehabilitation programs for addicts, and counseling and medical treatment for the mentally ill. These are people who can live productive, crime-free lives if we switch from punishing them to providing them the assistance they need (and in the case of the mentally ill, should have received long before their problem required the intervention of law enforcement).

- 17.** *I am a resident of San Mateo County. In light of San Mateo County Community Corrections Partnership's (CCP's) overarching goals of reducing the prison population and recidivism I have the following two comments regarding the Local Implementation Plan (LIP). First, the LIP must provide evidence-based alternatives to incarceration for newly-sentenced offenders. In order to achieve meaningful reform, the CCP must avoid doing more of the same programs unless the CCP can support existing programs with data showing that they are effective. Second, while the LIP's list of action items is a positive first step, the CCP and the County must execute and follow-through with the action items. Developing a plan for implementing the action items is essential for the LIP's success. I appreciate your time and consideration.*
- 18.** *I believe implementing Laura's Law is a good way to make the community safer by reducing crime. Laura's Law will increase public safety, increase the safety of those law enforcement officers who protect us and save the money now being spent on a system of multiple hospitalizations and incarcerations. Laura's Law promotes treatment for individuals for whom no other community services have been successful. Laura's Law provides people with mental illness intensive treatment services in the community that prevents the crimes that leads to their arrest and incarceration. Nevada County has fully implemented Laura's Law in its mental health system and has found economic savings to law enforcement, the courts and the mental health system. A law similar to Laura's Law was implemented in New York over a decade ago and it shows that Laura's Law will reduce homelessness, arrest, incarceration, violence and suicides.*
- 19.** *I am urging San Mateo County to adopt Laura's Law because from personal experience I know that had it been adapted back in 2003 it might have prevented my only child from going to jail instead of the hospital. Dr Cameron Quenback has presented very good evidence to your county and to San Francisco ( where I am on the Laura's Law committee) that it would save both money and lives. In New York Kendra's law has been so successful that the state legislature has reinstated it with funding for another 10 years. If you can use MHSAs funds of approximately 25k per year for the PREP program you can also dedicate some of the MHSAs funds for a trial Laura's Law program. In SF parents such as myself are told that the jails have very good psychiatric services and that our Behavioral Health Court works wonders, thus no need for Laura's Law. My son wound up in jail in 2007 after being psychotic and manic for 6 months but because the standard for 5150 keeps being raised due to lack of acute care inpatient beds he never met criteria for admission to the hospital and on Jan 7 2007 he attacked me. Although I was not hurt and refused to press charges the police arrested him instead of taking him to the hospital. He was accepted into our behavioral health court but during his three months in jail his fellow inmates encouraged and taught him how to use crack, meth and heroin. He left jail and immediately followed their advice and now is a dual diagnosis patient whose mental illness has only gotten worse. Laura's law would allow people to get the proper treatment BEFORE they go to jail or prison or before they loose all of their civil rights by being placed under conservatorship. It would prevent families from abandoning their loved ones to the street.*
- 20.** *I have attended a number of meetings regarding the issue of realignment and the possible construction of the new county jail. I want to start off by stating that I am a formerly incarcerated person who still lives in a community where large numbers of people who have been to prison and jail return. I think that I must state in the strongest terms possible I do not want San Mateo County to construct a new jail this year, next year or in the future. We must focus on real alternatives to jails and prisons and incarceration makes that possibility less likely. In the discussions about realignment is missing real input from the people who are either in jail or prison, who are returning from such places or who have been successful at re-entering. It's like going to see a doctor and he never ask you a question and decided immediately to operate or provided you with medication. What does the evidence indicate in this situation since I hear people talking about evidence base programming. I also need to say that I do not find the process legitimate because for the most part the meetings were never held in the communities where the majority of people were being rounded up or returning. I think we should demand to see how many people are completing programs and getting jobs, housing, remain drug free and are able to put their lives back in order after being convicted of a crime. What does re-entry mean when we have elected to maintain structural discrimination in place. What policy changes have you fought for in my interest? What does your policies reflect as the county, city or state. What does your hiring policies reflect as service providers. Have you really listened to how you talk about formerly incarcerated or convicted people. I do not believe you seriously do. The way you describe us as a class will make anyone listening less likely to help us. You seem to only have ability to describe the bottom rung of the ladder. We have no abilities, we are un-educated and we certainly have nothing meaningful to contribute. There is nothing about us that you describe as value added. If I were from another planet this would be the last group of people that I would be willing to assist if I listened only to government officials or service providers. The very people who are being paid to help. I need to also state that I am not angry but sometime my status as a formerly incarcerated person and a black person make*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

people think because I disagree strongly that I am somehow angry. Or maybe it is simply easy to dismiss what is being raised if you attribute it to a feeling and not conscious thought. I have been thinking about re-entering since I was twelve and now I am sixty.

21. I am a resident of San Mateo County and I thank you for publishing this Local Implementation Plan. I noticed that the plan is basically a list of action items. This plan will only be effective in solving jail over-crowding and providing more effective crime prevention if these action items are carried out. A promise is not enough - the CCP and San Mateo County as a whole must commit to carrying out this plan. I would not want to see this document simply filed away and forgotten. Secondly, the County must provide addiction treatment and employment training services to newly-sentenced offenders - not just to those who have been released. Newly-sentenced offenders need to be given every possible support to insure that they become productive citizens and do not continue to cycle in and out of incarceration. These approaches, if carried out, will go a long way toward effectively solving the jail over-crowding problem, and will greatly improve the quality of life and fiscal health of San Mateo County. Thank you for considering my input.
22. I did a project at San Jose State for a Master of Science degree in Cybernetic systems. The subject was a model to determine assistance to poor inmates to estimate reduction in recidivism. I will share a printed copy of my thesis if you wish. I was a social worker with the City and County of San Francisco at the time, working in the SF County Jails on a pre-release program for General Assistance after inmate release. The project lasted one year. John F. Kohler 217 Fairlawn Avenue Daly City, CA 94015, T0-756-7191elephone 65
23. I have had some experience with the program in San Francisco with Drug Court and I know it has helped several young men change their lives for the better. The Drug Diversion Program provided testing and counseling for those individuals which has kept them out of jail and returned them to tax paying citizens. The San Mateo County Probation in SSF worked with the SWAP in San Francisco with one person who cleared probation and drug testing with no problems.  
[http://sfhomeless.wikia.com/wiki/Sheriff%27s\\_Work\\_Alternative\\_Program\\_%28SWAP%29](http://sfhomeless.wikia.com/wiki/Sheriff%27s_Work_Alternative_Program_%28SWAP%29) We have not allowed judges to have the discretion to recommend punishment or to recommend the ability to participate in an educational program similar to the San Francisco, 5 Keys Charter School Program, with particular focus on ex-offenders.
24. I support the suggestions of the ACLUNC as stated below: 1. Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. 2. Provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. 3. Employ alternative sentencing - such as home detention with electronic monitoring - for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution.
25. I suggest that you expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. Provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. I suggest that you employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution. Every dollar spent on incarceration is a dollar that is not available to fund education, health care and urgently-needed social services.
26. I strongly believe we should reduce funding for the county jails and use them to fund additional drug treatment and mental health counseling. There are far too many people being held in jails who are not a threat to the public, and who would benefit from more constructive public spending.
27. I want the Public Safety Realignment's Local Implementation Plan to include implementation of Laura's Law, AB1421 a "vital public safety program" in itself. A pilot program initiated in Los Angeles County, supported by the Board of Supervisors, has successfully stabilized and reintegrated participants back into the community.
28. I would like this plan to include the implementation of Laura's Law.
29. I want the San Mateo Criminal Justice Realignment Plan to include implementation of Laura's Law. So many lives can be saved with this law, and many lives can be restored from what mental illness has stolen.
30. I urge the CCP to not invest in new jails or upgrades. Rather, pursue alternatives to the dehumanizing incarceration like ankle brackets, daily call ins, and reentry programs like life skills and job training modeled after Delancey Street, where those with troubled lives work together, side by side, as team in a for-profit business, building self esteem and a work ethic.
31. Instead of locking up so many people who cannot afford bail while they wait for trial, we should put our tax dollars to better use with effective drug/alcohol addiction treatment and creative alternative sentencing. Let's limit the use of lock-ups to violent criminals who are truly a threat to citizens and communities. Let's help folks who need treatment, re-direction, and help getting their lives together.
32. In late 1999-2000, I worked with the San Jose County Jail system to modernize their computer system to make it easier to



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

release defendants on their own recognizance. I strongly encourage San Mateo County to expand their pre-trial release program to allow those defendants who pose little or no threat to public safety to be similarly released on their OR, or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. For those convicted of a low-level non-violent crimes, alternative sentencing should be used (e.g., home detention with electronic monitoring) as this will not only save the county money, but prevent individuals from "learning" about crime from other inmates. Finally, for those with drug addiction or other mental health problems, it's vital that those problems be treated directly, or they will be back in front of a judge sooner rather than later. Prevention here is better than punishment.

33. it is well known marijuana causes brain damage and psychosis. we can not afford to legalize anything that will make the brains and minds of our citizens worse!!!
34. Implementing Laura's Law is a sound thing to do--help people and save money at the same time.
35. Include Resolution to implement Laura's Law in Public Safety Realignment Plan. This story from 5/12/10 SF Chronicle shows why From San Francisco to Los Angeles, groups of doctors, patients and police officers have been forming for the past year with one goal: Persuading every county in the state to take advantage of a little-used law to compel the mentally ill to take medications. There are few hotter buttons in the field of mental health. But these groups say that with cuts looming in mental health funding and homelessness rising, it is time to reform the system. "What we've got isn't working, and we want it fixed," said Carla Jacobs of Los Angeles, a mental health advocate who is helping lead the Lanterman-Petris-Short Act Reform Roundtable in its efforts to tighten California's defining mental health law. "There is never enough money to do everything we want to do in this field, but there is also never enough money to waste money by not doing the right thing," Jacobs said. The Lanterman-Petris-Short Act, passed in 1967, cut back drastically on institutionalization of the mentally ill in favor of letting them care for themselves at home or in housing with access to counselors. Medications had recently been developed that enabled the mentally ill to function without plunging them into a stupor, and the law gave patients the right to use or refuse them as they saw fit. The trouble was that as many mental hospitals closed, funding for community psychiatric services intended to replace them was sharply curtailed. Many patients ended up on the street. More than one-third of homeless people in California today are believed to be mentally ill, which means there are 50,000 people wandering the alleys in need of psychiatric help, according to the National Alliance to End Homelessness. That number is bound to grow. The National Law Center on Homelessness and Poverty said last month that the U.S. homeless population has gone from 3 million before the recession to nearly 5 million today. Trying to change law Jacobs' group, which has more than 50 mental health advocates and clients, judges, doctors and law-enforcement officials as members, is trying to craft legal refinements, including some to make it easier to get the mentally ill into programs. A major goal is pushing for statewide implementation of Laura's Law, enacted in 2003 to make it easier for authorities to force patients to take medications quickly. Under Lanterman-Petris-Short rules, a patient must be determined by a judge to be a danger to himself or others before being ordered to undergo involuntary psychiatric treatment. Most stays, however, are only 72 hours, and it can take two years of legal maneuvering before a longer stay is ordered. Laura's Law allows a judge to order a patient to take medication under supervised treatment much faster. The trouble with Laura's Law, said Jacobs, is that it allows each of California's 58 counties to decide if it wants to use it. Only two are using it: Nevada County - where a demented man shot college student Laura Wilcox to death in 2001, inspiring the law - and Los Angeles. Rights of mentally ill Resistance to Laura's Law elsewhere comes from patients and community agency workers who say it would violate the civil rights of the mentally ill and be too expensive. The existing system works fine at its best, and the solution is to create more services, they say. Roundtable members counter by pointing to examples such as the nonfatal stabbing last month of a man in the Tenderloin. Police say the suspect, Robert Lee Turner, had spent nearly a decade in state mental hospitals after killing a woman in San Francisco and had stopped taking his medication. They say Laura's Law affects only a handful of mentally ill people - the 5 percent or fewer who are so troubled they don't know they need medication. Ad hoc groups pushing for Laura's Law - with medical and law enforcement memberships similar to the roundtable's - have also formed in nearly a dozen counties including San Francisco, Contra Costa and Marin. Read more: <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/05/11/MN2P1DA30D.DTL#ixzz1mV5WXhNJ>
36. In light of the current shortage of funds and over-crowding of our local jails, I urge that more attention be given to diverting low risk offenders with drug and alcohol addictions to programs dealing with those addictions and those with mental health problems to agencies designed to treat mental health issues. Neither of these conditions are likely to improve by housing individuals with the general jail population.
37. It is imperative that in our community do all it can to right the wrongs of a society that is slanted against the poor and the underserved. Please please expand the county's pre-trial release program especially for the people who are in for non-violent crimes. There is a movie everyone should see: The House I Live In that talks about the inequities of the system that incarcerates poor and people of color in such large numbers as to be ridiculous. Please use less expensive methods for keeping track of prisoners--OR or electronic monitoring or other kinds of supervision. These people don't need their lives to be thrown off track AGAIN and lose any footing they may have to keep their lives afloat. They need treatment not more





## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

*incarceration! In fact under NIXON! the funds were used 2/3 to provide services--and now we just lock people up. Please consider doing the right and less expensive route. Also what about alternative sentencing which rich people get all the time! Doe the right thing so more can be spent on health, education and positive ways of contributing to people's lives. Thank you reading this and doing the work you do!*

- 38.** *Lets make San Mateo county a model for the entire nation: Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is \*far less expensive\* than jail. Provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. Employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution. Every dollar spent on incarceration is a dollar that is not available to fund education, health care and urgently-needed social services. All of which can dramatically reduce the instances of people doing something stupid enough to require incarceration.*
- 39.** *Laura's Law has saved Nevada County \$1.81 for every dollar they invested from state and federal funds for mental health services without them having to put in one penny of county funds. This is important, but more importantly is that AOT reduces violence, suicide, first responder expense, law enforcement expense, court expense. AND, it saves lives of people with mental illness and the people around them. For more information regarding Assisted Outpatient Treatment see <http://treatmentadvocacycenter.org/lauras-law>*
- 40.** *Laura's Law provides people with mental illness intensive treatment services in the community that prevents the crimes that leads to their arrest and incarceration. Laura's Law helps people get well and stay well in the community. Laura's Law allows courts to order mentally ill people who have a past history of violence to stay in treatment as a condition for staying in the community. Laura's Law reduces Law enforcement costs, first responder costs, court costs and mental health costs by reducing 5150s, hospitalizations, crimes, incarcerations and trials.*
- 41.** *Let's give Laura's Law a try! It keeps mentally ill out of jail, which is not set up to treat mentally ill people. it provides safety for the public, the m.i., and the police. And it has proven to save counties money when they have implemented it. it is the smart, humane thing to do. But it will take courage to try something new! Please do!*
- 42.** *Laura's law is essential to help families dealing with mental illness and the victims of mental illness. A humane approach to filling a need and being accountable.*
- 43.** *Laura's Law is a good choice for the individual suffering from mental illness, for families suffering from the non-compliance of the relative who is ill, and for the community who is suffering from an ineffective mental and behavioral health care system. Laura's Law will help mandate care for individuals who do not perceive they have a neurobiological disorder (anosognosia) and therefore cannot possibly make an informed choice about receiving treatment and/or adhering to medications. It is unethical, immoral, & inhumane to keep individuals from receiving appropriate medical care just because they lack poor insight/ judgement due to their illness on the grounds that their civil rights are being infringed upon! Laura's Law will help prevent criminalization of individuals who are suffering from a brain disorder and prevent further decompensation in environments such as jails and our city streets. Laura's Law has already been mandated in California...let San Mateo lead the way to improved Mental & Behavioral Health Care by fully implementing Laura's Law in our system of care. If Nevada County can do it, so can we! Laura's Law will help prevent clients from experiencing the "revolving door" syndrome and save the time, the money and the energy of care providers at all levels of public (and private) service, as well as renew the energy and productivity of the individual with a brain disorder through mandated treatment. Let us be pro-active, rather than reactive and, instead, put our time, money and energy into improving the quality of our services (vocational rehabilitation, etc).*
- 44.** *Jail should be the solution of last resort. Funds are much better spent on anti-addiction programs, education, job training, mental health counseling, and electronic monitoring for low-level nonviolent suspects and convicts. Too often, jail turns petty criminals into hardened, violent criminals.*
- 45.** *Please consider: 1) Expanding the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial since this is far less expensive than jail. 2) Providing drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. 3) Employing alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution for these offenders.*
- 46.** *Please include the implementation of Laura's Law in the San Mateo County LIP.*
- 47.** *Our mental health system is terribly flawed due to the constraints of the Lanterman-Petris-Short Act. Implementation of an Assisted Outpatient Treatment program like Laura's Law is an essential tool in getting people with serious mental illness the treatment they need and deserve. Many of our seriously mentally ill people do not know that they are so ill that they need*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

treatment. This is a condition called Anosognosia. For a county not to recognize this condition and to simply bow to the statements of the mentally ill person that they do not want or need treatment, is irresponsible, and the people of this State are beginning to question why treatment is not the norm, given the tragedies that have occurred because a seriously ill person has not been treated. Laura's Law saves money and lives. It should be implemented as soon as possible.

**48.** please implement Laura's Law. To continue with a broken and 100% voluntary mental health care system is not working! From a mother's heart—please help our loved ones who are incapacitated, delusional, and unable to have their best interest at heart. Stop listening to civil liberty groups like Disability Rights California! They do not represent the severely mentally ill who are incapable of seeking voluntary treatment. Please listen to the families who are tired of watching our loved ones end up incarcerated, homeless, victimized, and brain damaged from untreated psychosis.

**49.** Please implement Laura's Law. The citizens of this state have waited long enough! We voted this law in 2002, and our loved ones keep landing into the criminal justice system. What is a crime is allowing someone to deteriorate and become so debilitated they could commit a crime!

**50.** My name is Charisse Domingo and I am a part of the Albert Cobarrubias Justice Project of Silicon Valley De-Bug. Led by the very families and individuals affected by the criminal justice system, the goal of Silicon Valley De-Bug's Albert Cobarrubias Justice Project is to put an end to racist criminal justice policies that target people of color and destroy families. Even though our organization is based in San Jose, we have families from East Palo Alto, Redwood City, and South San Francisco who have loved ones in San Mateo County and are fighting their charges in the system. The families whom we work with, all low-income families of color -- share very similar experiences, and it is from these experiences that we offer our opinion on the County's realignment plan. We strongly believe that the criminal justice system cannot be looked at independently of poverty, that a defendant facing charges cannot be seen in a vacuum outside of his/her community. We have seen some of the harshest sentences imposed on San Mateo County defendants, and on the front end, some of the most extreme charges placed on people that will almost always guarantee a plea bargain. Compounded by this is ICE's Secure Communities Program that has entangled immigration and criminal justice laws, and turned every police officer into an ICE agent. We have seen immigrants with ICE holds beat their charges or could have been eligible for drug programs like Prop 36 but because of their ICE holds have been sent away to federal detention facilities. As the county decides on how to implement realignment, we hope that we use this opportunity as a way to rethink the county's measures that punish people because they are poor or are immigrants. Our county can't control ICE; our county can't control mandated sentences. But we can control how we administer justice through prosecutorial discretion, by taking a compassionate stand of offering much needed services and pathways out of their situation to people who are convicted of non serious, non violent and non sexual offenses. IN particular, implementation strategy 3 of supporting community based organizations is an excellent and critical strategy. Funding from the county would help fill the gaps that organizations need to keep their doors open and provide needed services. We would even propose the idea of community-based peer probation officers -- staff or volunteers from community-based organizations who can work one on one with AB 109 eligible clients and ensure successful completion of their social service plan. These people have the vested interest to ensure their clients succeed because they are returning to the communities these organizations serve. This can also lift the burdens from an overworked probation department and recognizes trusted community organizations as partners. There are already excellent community mentors who already fulfill these roles. Also, we would also advocate that for AB 109 clients, the District Attorney consider adopting a collateral consequences policy similar to the one most recently adopted by Santa Clara County District Attorney Jeff Rosen. His policy, the first in the nation, looks at immigration issues as one of the collateral consequences of a plea or conviction, and empowers his line attorneys to exercise prosecutorial discretion in handling cases. We know firsthand that if this policy were in place, there would be San Mateo County fathers coming home to their families after beating their cases or completing their drug programs instead of serving time at a federal detention facility. On a very personal level, our organization knows lives that would've been saved had AB 109 implementation programs been in order. An East Palo Alto mother came to us about two years ago because her son was facing an immense amount of charges, including gang enhancements on a gang that the community well knows does not exist. Her son ended up taking a plea that, if AB 109 were in place, would have made him eligible for much needed support that would help him go to school, receive employment training, and social services such as counseling to help him deal with serious trauma he experienced when his brother was killed. However, he was sent to state prison, and weeks upon his return, he was killed. I truly believe had he received a comprehensive and coordinated set of services, he would still be alive today. All that said, I believe an approach that takes the community as a partner will indeed save lives. Thank you very much for considering our comments. Sincerely, Charisse Domingo on behalf of Albert Cobarrubias Justice Project Silicon Valley De-Bug

**51.** Please minimize the incarceration of victim-less and non-violent criminals. This money can be well spent in other areas.

**52.** The county should do the following: 1. Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. 2. Provide drug treatment and/or



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

mental health counseling for newly-sentenced individuals with addiction problems. 3. Employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution.

- 53.** *The Local Implementation Plan should include a resolution for the board of supervisors to adopt Laura's Law (AB-1421). This would increase public safety, increase the safety of law enforcement officers, and save the criminal justice system money. As this survey of LEOs shows, dealing with people with severe mental illness has become a major resource drain on California police and sheriff resources: <http://lauras-law.org/states/california/biasotticastats.html> 115 LEOs have been killed by people with severe mental illness: <http://mentalillnesspolicy.org/crimjust/120LEOSkilledbyMentallyIll.htm> There have been a number of officer involved shootings of people with mental illness in Fullerton, Seal Beach, Mendocino, and elsewhere. The same thing could happen in San Mateo. Implementing Laura's Law would send care and treatment of people with mental illness back to the mental health system, rather than allowing them to continually offload them to the criminal justice system. That is why multiple California police departments support implementation of Laura's Law. <http://lauras-law.org/states/california/lauraslawsupporters.html> So does the National Sheriff's Association: <http://mentalillnesspolicy.org/crimjust/National-Sheriffs-Association.html> Laura's Law allows courts to order mentally ill people who have a past history of violence to stay in treatment as a condition for staying in the community. The mental health department can fund the implementation of Laura's Law with Prop 63/Mental Health Services Act money: <http://lauras-law.org/states/california/tac-mhsa-ok-4-ll.pdf> Nevada County mental health department did not want to implement Laura's Law but were forced to and are now glad they did. Mental Health Director Michael Heggarty found incarceration was reduced 66% and emergency contacts were reduced 44%. They found it saved \$1.81-\$2.52 for every dollar invested mainly due to lower arrest, trial, incarceration costs. <http://lauras-law.org/states/california/nevada-aot-heggarty-8.pptx.pdf> Nevada County Judge Tom Anderson is now urging all counties implement Laura's Law <http://lauras-law.org/states/california/judgeandersonletter.pdf> When LA County implemented Laura's Law they found it reduced incarceration 78%. <http://lauras-law.org/states/california/lauraslawlosangelesstudy.html> The mental health department will not voluntarily implement Laura's Law because they prefer keeping the ability to offload the most seriously ill to the criminal justice system while they focus on their efforts on 'reducing stigma'. With this in mind, I hope you will encourage the San Mateo Community Corrections Partnership Executive Committee to include Laura's Law in their realignment implementation plan. Laura's Law was implemented 15 years ago in NYC, and taken statewide 10 years ago and has cut homelessness, arrest, incarceration and suicides. (See <http://mentalillnesspolicy.org/kendras-law/research/kendras-law-studies.html>). It keeps LEO safer and helps people with mental illness. The mental health system has largely turned care and treatment of most severely ill to the criminal justice system. Laura's Law helps turn it back to the mental health system. Please feel free to contact me if you have any questions or need any research. Thank you. I also encourage you to contact Chief Michael Biasotti VP NYS Chiefs of Police. He can tell you how the law has made a difference in NYS. Thank you for all you do. DJ DJ Jaffe Executive Director Mental Illness Policy Org <http://lauras-law.org>*
- 54.** *Realignment is only successful to the degree that the State of California passes through funding to support the programs on a local level. This was not the case with mental health realignment years ago and many state mandated programs still remain unfunded. Local governments cannot continue to support the state's burdens without funding. Furthermore, the entire post-Prop. 13 state taxation structure should be revisited before more "bandaid" realignment patches go into effect.*
- 55.** *"Thank you for the opportunity to comment on the CCP Plan. 1. Evidence-Based Practices – measuring effectiveness We acknowledge the expectation of evidence-based practices in various sections of the Plan including the description of the Key Elements of the CCP, and throughout the Plan e.g., Action Step 3.1, 4.1, 7.6, etc., and methods for assessing this. We recommend the additional specification of evidence-based practices in the Action Steps for Implementation Strategies, e.g., #6, 7, 8, 9, as well as for the various references to the graduated response continuum to relapsed clients, as well as job training/job placement. 2. Collaboration among the governmental agencies partnering for implementing the CCP Plan We are pleased that the plan includes increased collaboration across county and city agencies, and with community-based providers (Implementation Strategy #1). We recommend that provisions be included in the plan for additional all-partnership meetings on an appropriate recurring basis. These collaborative meetings should include all of the partnering governmental agencies so that the experiences, outcomes and concerns will be reviewed. This will reduce the "silo" effect, and agencies will be more aware of, and benefit from, the outcomes and experiences of their partnering agencies. In addition, we suggest that the collaborations described in the plan, e.g., Action Steps 1.1, and 1.2, 2.1, consider inclusion of other agencies that could contribute to, and benefit from, the deliberations of that partnership. The partnering agencies should determine on which other groups they should have a representative. Consideration should be given to existing collaborative groups (e.g., Realignment Public Safety Operations Group (RPSOG), Service Connect, etc.) to include representatives from other partnering agencies. These should be considered by the CCP for inclusion in the Plan. 3. Citizens Advisory Group – The realignment program will have a significant community-wide impact, and will take advantage of a*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

*broad array of community service organizations. The experiences of these organizations and individuals affected by the program can provide a valuable source of experiential information, as well as evidence for effectiveness of various programs. As was recommended by several groups and individuals in the public comment at various CCP meetings, we believe that a citizens advisory group should be formed to provide input from the various non-governmental agencies involved in providing services to the clients addressed by the CCP. We recommend that this advisory group include previously incarcerated individuals who have had a demonstrated positive outcome. Further, we recommend that a mechanism be included in the plan for review of input from the advisory group by the CCP participating agencies."*

- 56.** *The United States has 5% of the world's population and 25% of the world's incarcerated population. Source: <http://en.wikipedia.org/wiki/Incarceration> "The house I live in". 2012 Sundance Grand Jury Documentary Winner, [thehouseilivein.org](http://thehouseilivein.org) We don't need more incarcerates, but new thinking on rehabilitation and prevention.*
- 57.** *Schools not jails! Specially for non violent offenders*
- 58.** *Thank you for the work you are doing and for your leadership in San Mateo County. I feel that in the area of family re-unification, I would strongly encourage you to consider existing well established models and strategies that have proven successful, for example: - Re-entry Family Group Conferencing - Family Mediation There are also well-coordinated efforts for engaging a diverse target community that could support the integration of additional re-entry activities. No need to reinvent the wheel. I'd be happy to provide more information/examples to these points. Thank you*
- 59.** *Thank you for opening the LIP to public comment. One key part of your plan that is missing is a commitment to "banning the box" in San Mateo County. This would mean eliminating the box that people have to check on employment applications to show that they have a criminal record, which leads to intensive discrimination against formerly incarcerated people. The cities of Boston and San Francisco have model programs on how to do this. San Francisco, in fact, has developed a more comprehensive program that bans discrimination against formerly imprisoned people, period. As you probably know, people with arrest or conviction records face discrimination in housing, welfare, and employment--the very three areas that are necessary to stop people from going back to jail or prison. Due to bad and violent experiences with probation officers, police and prison and jail guards, most former prisoners and their communities do not trust these figures. Community-based programs, like mental health, drug treatment, housing and job placement, which you admirably include as a central part of your plan, should be non-correctional based. As you know, most people in your jail are currently there for misdemeanors or pretrial detention. Those who are or will be in jail for felony convictions are largely there for drug use. As your plan states, these are not people that require intensive supervision. Therefore, you should remove the police and probation aspects to the community-based programs, which will allow the programs and organizations to build more trust and stronger relationships, and therefore better results with people who are re-entering the community or those have been sentenced outside of the jail system. On this note, I did not see the budget for realignment money in your plan. I hope that you are following the lead of counties like Alameda and San Francisco who are using a large proportion of their funding for alternative sentencing and community based programs. Housing, Healthcare, Job Training and Placement, Mentoring and Counseling, and Drug Treatment should absolutely take priority over pouring more resources into the Sheriff's budget. On this note, as a long time San Mateo resident, I deeply oppose the proposed jail expansion in San Mateo County. While I know this plan doesn't speak to this directly, shouldn't all of the ways that you are planning to reduce recidivism eliminate any supposed need for a new costly jail that will drain our county resources? I would like to see more alternative sentencing options, not more jail cells.*
- 60.** *"The Plan includes the legislation, our local programs, and a list of action steps. The mission and goals are buried on page 12. It would be useful to first set forth the philosophy of the County with regards to AB 109 and what we wish to accomplish and how we are going to measure our accomplishments. Since AB 109 is reentry, why isn't the AB 109 Plan part of the County's Reentry Strategic Plan that every person released from incarceration will succeed in the community? San Mateo's Reentry Strategic Plan Goals are: To improve community safety; and to increase the successful reintegration of the formerly incarcerated person into the community. The Plan does not have any population projections. This is important in terms of where we should be putting our resources. For example, between October and January 2012, there are 65 1170(h) commitments and there were 56 parole revocations in the month of January. It would be helpful to list outcome measures. What do we want to measure and what do we consider successful in addition to recidivism data? Should we include measures on the quality of life for AB 109 clients such as: # and % of clients maintaining sobriety as evidenced by UAs # and % of clients with appropriate housing # and % of clients working full-time and part-time # and % of clients enrolled in MediCal etc. etc. It would be useful for the Plan to discuss alternatives to incarceration in greater depth. How are we going to deal with more offenders? Can we look at the pre-trial population again and look to freeing up jail-bed space? The new group, parole violators, 3056's, need to be given greater attention in this Plan. As previously mentioned, in January 2012, the Sheriff's Office received 56 revocations. It seems we should have Parole at the table since they are the ones making the decisions of who will currently be in our jails. One of the reasons the State prisons were so overcrowded was because of parole violators. If policies and practices remain the same, the local jurisdictions will have the*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

same problem as the State. The Department of Child Support should be included as many of the formerly incarcerated have child support issues and may be in need of assistance with family reunification. The following are some specifics on the actual text: P. 8 Major typo -- should be: non sex offenders for individuals released from prison under county level supervision P. 22 definition of recidivism "A subsequent criminal adjudication/conviction while on probation" Although adopted by CPOC, why should we limit it to "on probation?" There will be clients who will serve out their term without probation and then there are those who will be on parole. Suggest scratching last 3 words. This also begs the question of how do we measure recidivism. Contra Costa County's plan lists the following recidivism outcomes for AB 109 clients that seems reasonable: Number of: Arrests for technical violations; Arrests for new law violations; Convictions for technical violations; Convictions for new law violations; Flash incarcerations; Days detained in jail for flash incarcerations; County jail sentences for new law violations; Days sentenced in county jail for new law violation; Probation revocations; Clients completing probation; Clients sentenced to state prison P.24 On Achieve 180 I would note that a validated tool, CAIS (Correctional Assessment Intervention System), is used. Also scratch "peer" from the mentor description in two places. Would also add Shelter Network to the last sentence on the page. P.29 Would omit from the Key features of PACT the line: "Development of pre-release information and planning/assessment." This is a post-release effort to connect parolees to community resources. P.30 In the Reentry Workgroup add Achieve 180 in first sentence of that section. P.48 Action Step 6.1 Specify that CAIS is used. It is also at this point that if the individual is low risk, we should note that they are moved to minimal supervision. It is in the flow chart but should also be in the narrative. P.49 Action Step 6.5 We need to include the Department of Child Support and get them involved with this population as is done with the Achieve 180 population. P.55 Action Step 9.1 and Step 9.2 Perhaps substitute Achieve 180 for Service League because this work will only take place while there is funding for Achieve 180. Also is it appropriate to mention a CBO by name in this document? P.57 Action step 10.1 We should use some type of assessment tool, such as the ASI (Addiction Severity Index), to identify appropriate inmates for treatment programs and then, if they are appropriate, recommend modifying their sentences. It would also be useful to include BHRS as one of the supporting agencies. P58 Action Step 10.4 Replace Service League with either Community-Based Organizations or Achieve 180 P59 Action Step 11.4 Perhaps add working with the Department of Child Support as a separate Action Step as part of a reunification of families approach Lastly, it is not clear to me that each moderate to high risk client will have a case manager in addition to a PO. A dedicated case manager would definitely be an asset."

**61.** To: San Mateo Community Corrections Partnership Fr: The Rev. Anna Lange-Soto Vicar, El Buen Pastor Episcopal Church, Redwood City As the State of California proceeds with its plans to move low-security inmates from the state's correction facilities to those of the county, we have a moment in which we can effect imprisonment policies for a long time to come. At the outset, the new policy seems to be a challenge for our jail capacity and the already-strained services provided to its inmates - services that will hopefully enable them to re-enter their communities to serve their families and their communities. But there is another way to work with people accused (pre-trial) or convicted of low level, nonviolent crimes. In many cases, the best way to re-integrate people with their communities is to leave them there in the first place - to leave them in their homes, able to work and to interact with their families. Electronic monitoring makes that possible. With a relatively simple electronic system, low-level and nonviolent offenders can avoid going to jail and their families can benefit from their presence and their contribution. I would hope that the savings garnered from this "house arrest" vs prison could be used for rehabilitation programs such as anger management, family counseling, and drug use prevention. Electronic monitoring has a number of benefits, among them: 1. Saves money 2. Opens jail space for violent criminals who need separation from the community and more intensive treatment, without increasing the cost of incarceration. 3. Makes law enforcement officers available to the community, where their presence can help prevent crime, stop crimes, and apprehend offenders. 4. Keeps people who have been convicted with their families - raising and maintaining a relationship with their children and, with the help of community programs, learning to deal more effectively with their issues. 5. Keeps people in the workforce so that they continue to support or help support their families, and so that they continue to grow those work skills that will keep them employed over the long term. Their financial support for the benefit of the family will also help keep the family out of poverty and lessen the family's need for social and financial support from the government and other community resources. To the contrary, the person will be able to contribute taxes for the common good. 6. They will be able to make positive contacts with churches and community groups which can help them and their families in the changes that they need to make in order to be contributing members of their communities for a long time to come. 7. Their children will avoid the trauma and stigma of a parent in jail. This in and of itself may help prevent the children from becoming tomorrow's criminals. Thank you for your attention to my appeal for an appeal for a more innovative response to people who have committed low-level and nonviolent crime. Please let me know if you have any questions or if I may be of any assistance. Faithfully, The Rev. Anna Lange-Soto, Vicar El Buen Pastor Episcopal Church

**62.** We are spending too much money on jails in San Mateo County. Please consider these options for reducing costs: Expand the county's pre-trial release program to allow all defendants who pose little or no threat to public safety to be released on



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

their own recognizance (OR), or into electronic monitoring or other appropriate supervision program while awaiting trial. This is far less expensive than jail. Provide drug treatment and/or mental health counseling for newly-sentenced individuals with addiction problems. Employ alternative sentencing – such as home detention with electronic monitoring – for people who have been convicted of low level non-violent offenses. The county shouldn't treat jail as the primary solution. Thank you.

- 63.** Wednesday, February 8, 2012 1016 Lassen Drive Belmont, California 94002 San Mateo County Community Corrections Partnership c/o Ms. Melissa Wagner San Mateo County Probation Department Hall of Justice 400 County Center, 5th Floor Redwood City, CA 94063 Re: San Mateo County Public Safety Realignment (AB 109) Local Implementation Plan Draft of February 3, 2012 Dear Partnership Members: Thank you for providing me with the opportunity to comment upon the February 3 San Mateo County Public Safety Realignment Local Implementation Plan Draft (LIP Draft). Supervisees and locally sentenced defendants are individuals who need tangible physical and monetary incentives to become productive members of their families and our community. Even if they do not live with mental illness or abuse substances, the mere presence of readily available hashish like medical marijuana is an unnecessary distraction for supervisees and locally sentenced defendants that risks complicating their re-entry into their families and our community. Please amend the LIP draft to explicitly recommend that the San Mateo County Board of Supervisors adopt a resolution banning the sale and distribution of marijuana which is capable of being made into hashish from facilities that are commonly called medical marijuana dispensaries. Very truly yours, Martin T. Fox
- 64.** Why should LEOs ask Boards of Supervisors to implement Laura's Law? Laura's Law keeps officers safer and reduces officer involved shootings of and by people with untreated serious mental illness. It saves departments money through reduced homelessness, substance abuse, arrest, trial, and incarceration of mentally ill. Laura's Law reduces the number of people entering the criminal justice system and helps ensure those leaving it don't come back. LEOs only step in when one condition has been met: the mentally ill person has been abandoned by the mental health system. At that point, the individuals may be dangerous and are certainly time-consuming. Implementing Laura's Law is formally supported by The California Peace Officers' Association, the California State Sheriffs' Assoc., and various local Police Chiefs because: Laura's Law would reduce the 5150, EDP, Suicide and Revolving Door calls that are placing a tremendous time burden on law enforcement resources (Approximately 250,000 incarcerated individuals in CA have severe mental illness. A person with mental illness in CA is 3.8 times more likely to be incarcerated than hospitalized). Laura's Law would keep LEOs safer. (LEOs are more likely to be killed by a person with a mental illness [13%] than by assailants who had a prior arrest for assaulting police or resisting arrest [11%]. Nationwide, over 115 LEOs have been killed by people with untreated mental illness. People with mental illnesses killed LEOs at a rate 5.5 times greater than the rest of the population.) Laura's Law can help ensure those released as a result of Brown v. Plata and realignment receive the care they need. 1000 homicides a year are attributable to severe mental illness Laura's Law could reduce officer-involved shootings of people with mental illness. (People with severe mental illnesses are killed by police in justifiable homicides at a rate nearly four times greater than the general public. These incidents also create friction between police departments and the communities as recent events in CA show.) Laura's Law returns treatment of people with severe mental illness back to the mental health system (20% of San Mateo jail population has a serious mental illness). Laura's Law saves criminal justice money (When NV County implemented Laura's Law, 521 days of pre-AOT incarcerations fell to just 17 days post-AOT--a 97% reduction in incarceration days. With the cost amounting to approximately \$150 per day, the cost savings in this small county from decreased incarcerations amounted to \$75,600.) Does Laura's Law work? New York City introduced Kendra's Law (the model for Laura's Law) over fifteen years ago. Because of its success, it was taken statewide over ten years ago. A study in Psychiatric Services found the odds of arrest for a violent offense were 8.61 times greater before participants entered Kendra's Law than after. "(B)oth the general public and people (in AOT) benefit—the former through a reduction in crime and violence and the latter through a reduction in experienced coercion and all of its untoward consequences." Nevada County, CA found Laura's Law reduced use of incarceration 97% (504 days); hospitalization 61%; Number of Emergency Interventions (44.%) and the savings from reduced incarceration, hospitalization, were estimated to be \$1.81-\$2.52 for every dollar spent. Los Angeles County found Laura's Law reduced incarceration 78 percent from 388 days during the six months prior to enrollment in AOT to 85 days during the six months after. Why is Laura's Law needed? There is a small group of people with severe mental illness who are so ill, they don't believe anything is wrong with them ("anosognosia"). For example, they don't "believe" they are Jesus, or the FBI planted a transmitter in their head--they "know" it. A subset of this group rejects treatment, then experiences hallucinations and delusions and becomes needlessly homeless, hospitalized, arrested, incarcerated, dangerous or suicidal. 5150 interventions require dangerous behavior. Laura's Law prevents it. It is the only community-based program for individuals with mental illness who refuse treatment. Why hasn't Laura's Law been implemented in each county? California is far behind the rest of the nation. Similar laws exist in 42 states. Counties may implement it only after the Board of Supervisors passes a resolution (enc.) to do so. Mental Health Departments have not recommended it to supervisors, perhaps because they fear it would require them to prioritize the most severely ill--



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

those who refuse treatment. Supervisors could implement it based on the recommendation of the law enforcement communities, but so far law enforcement officials have failed to communicate their support or the resolution to the supervisors. Is Laura's Law expensive? No. Laura's Law does not provide any services individuals are not already entitled to. It does help ensure the mental health system gives the severely ill the same services they offer others who are less ill. Incremental costs are the relatively small court costs to ensure individuals receive due process protections and these are offset by savings in arrest, trial, incarceration, and parole for the criminal justice system; and reductions in hospitalizations for the mental health system. Nevada County saved \$1.81 for every dollar invested including \$346,950 of hospitalization costs. Judge Tom Anderson is a big supporter. Whatever expenses there are, will be with Mental Health System. The Criminal Justice System will save money through reduced number of interventions, reduced arrest, reduced jail, reduced court, and reduced incarceration costs, not to mention reduced homelessness and substance abuse. Where will the money come from? Voters passed Prop 63/Mental Health Services Act (MHSA) specifically to provide funding for "severe mental illness". The county mental health departments have accepted this funding, but not the requirement to spend it on the most severely ill. California DMH ruled MHSA funds can be used for patients regardless of whether they have voluntary or involuntary status but some mental health officials are reluctant to do so. Nevada and LA Counties do fund their Laura's Law programs with MHSA funding. They supplement it with private insurance, Medicaid, Medi-Cal, and patient fees. It is also possible that Sec. 118 funds can be used.

65. You need to implement Laura's Law. It will help people who are being ignored by the system and keep all of us safer. thank you.
66. We would like to see implementation of Laura's Law. The law helps people get well and stay well in the community. Laura's Law allows courts to order mentally ill people who have a past history of violence to stay in treatment as a condition for staying in the community.
67. Wednesday, February 8, 2012 1016 Lassen Drive Belmont, California 94002 San Mateo County Community Corrections Partnership c/o Ms. Melissa Wagner San Mateo County Probation Department Hall of Justice 400 County Center, 5th Floor Redwood City, CA 94063 Re: San Mateo County Public Safety Realignment (AB 109) Local Implementation Plan Draft of February 3, 2012 Dear Partnership Members: Thank you for providing me with the opportunity to comment upon the February 3 San Mateo County Public Safety Realignment Local Implementation Plan Draft (LIP Draft). The following comments are best understood from the point of view that the LIP Draft was prepared in the context of a California Charter County that missed the opportunity to create a Community Corrections Partnership before the last of the two bills known collectively as The Public Safety Realignment Act (The Act) was signed into law less than a year ago. The comments should also be understood from the point of view that the opportunities to provide input to the Community Corrections Partnership (CCP) were limited to a six month period in which meetings were held in facilities which could only be accessed by negotiating metal detectors, x-ray machines and security guards, who were supported by law enforcement officers. Additionally the comments should also be understood from the point of view that the former county manager resigned following a series of events which displayed a disregard for The Act's plain meaning. Consistent with local needs and resources, a local 2011 public safety implementation plan may include recommendations to establish and maintain day reporting centers, drug courts, residential multiservice centers, mental health treatment programs, electronic and GPS monitoring programs, victim restitution programs, counseling programs, community services programs, educational programs and work training programs. Pen. Code §1230.1 Funds allocated to probation pursuant to The Act shall be used to provide supervision and rehabilitative services which may include expanding the availability of evidence-based rehabilitation programs including, but not limited to, drug and alcohol treatment, mental health treatment, anger management, cognitive behavior programs, and job training and employment services. Pen. Code §1230 (b)(3)(D) The Deputy Director of the San Mateo County Health System reported that half of the post release community supervisee population that were interviewed following their release from incarceration were known to have mental health treatment needs before they were remanded to the custody of California Department of Corrections and Rehabilitation (CDCR), during the CCP Executive Committee meeting on Wednesday, December 7. In other words, the voluntary mental health services provided by the CDCR and the San Mateo County Health System have not and do not meet the needs of half the adult felony offenders released to probation. Consequently there is an admitted need for expanding the availability of evidence-based mental health treatment and rehabilitation programs which are accessible for supervisees who do not have the insight needed to enter them voluntarily. The County Budget Director advised that \$11 million in Mental Health Services Act (MHSA) funds were available for the 2011 – 2012 Fiscal Year at the close of the Board of Supervisors budget hearings in June, 2011. MHSA funds are being and may continue to be used to establish and maintain involuntary services like the Assisted Outpatient Treatment mental health court (Laura's Law) in Nevada County. <http://www.mentalillnesspolicy.org/states/california/dmapprovesnaot.pdf> Consequently there are financial resources available to meet the need for expanding the availability of evidence-based mental health treatment and rehabilitation programs which are accessible for supervisees and locally sentenced defendants who do not have the insight needed to



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

enter them voluntarily. The LIP Draft draft reflects that there are only voluntary mental health treatment and rehabilitation community based programs that benefit those with sufficient insight to recognize their need for treatment voluntarily. Therefore the LIP Draft should recommend expanding the availability of evidence-based mental health treatment and rehabilitation programs to include ones that meet the needs of those supervisees and locally sentenced defendants without the insight into the factors affecting their behavior by providing involuntary mental health treatment services accessible by collaborating with family members, members of religious organizations and veterans groups, in addition to members of law enforcement. Laura's Law reduces recidivism and saves money, according to Nevada County's presiding judge. <http://www.mentalillnesspolicy.org/states/california/judgeandersonletter.pdf> The nature and extent of the misstatements and misrepresentations made by those who spoke first during a hearing on October 18 reflect a willful commitment to preventing supervisees and locally sentenced defendants who live with mental illness, complicated by lack the insight into how it affects their behavior from accessing mental healthcare which will actually reduce their recidivism. Therefore please explicitly recommend that the San Mateo County Board of Supervisors adopt a resolution implementing Laura's Law. Very truly yours, Martin T. Fox

68. Wednesday, February 8, 2012 1016 Lassen Drive Belmont, California 94002 San Mateo County Community Corrections Partnership c/o Ms. Melissa Wagner San Mateo County Probation Department Hall of Justice 400 County Center, 5th Floor Redwood City, CA 94063 Re: San Mateo County Public Safety Realignment (AB 109) Local Implementation Plan Draft of February 3, 2012 Dear Partnership Members: Thank you for providing me with the opportunity to comment upon the February 3 San Mateo County Public Safety Realignment Local Implementation Plan Draft (LIP Draft). The Supervisors agreed to pay \$14.5 million to the San Mateo County Bar Association for criminal defense legal services this fiscal year. The San Mateo County Sheriff's Department and the District Attorney's office advised me that it typically takes thirty or more days to have an incompetent defendant transferred to a state facility this past November. Please amend the LIP Draft to explicitly recommend that the San Mateo County Board of Supervisors adopt a resolution requiring the San Mateo County Bar Association to seek mental health treatment for defendants found to be incompetent to stand trial by sending a motivational letter to the California Department of Mental Health, which cites Oregon Advocacy Center v. Mink (2003) 322 F.3d 1101 for the proposition that an incompetent defendant is entitled to treatment and the state hospital is required to make a bed available within seven days of an incompetency commitment, which is accompanied by an order from the committing judge stating a date by which the defendant must be transported by the county and a date by which the state hospital must receive the defendant. Very truly yours, Martin T. Fox

69. You know it's really sad that the jails and prisons are overcrowded simply because there are not enough jobs, housing, programs to assist people. That is why the recidivism rate is like is. Put the money into housing, programs, jobs. The people who are in agreement about another jail, need to remember what if the issues that people returning from home face, hit home for them. Think about it people. You are only a step away yourselves.

70. WE NEED LAURA'S LAW i am writing this since i have been part of a clients which were force into state hospitals in the 70's-early 90's which when state hospitals where closed due to being forced to stay for years . with a stigma that we would never amount to anything or be able to accomplish recovery and live normal lives . since 2000 we have come a long way although what they did is forced us to become criminals and sit in prisons and jails for long lengths of time instead of hospitalization and outpatient treatment . in 2004 a bill was passed prop 63 which gave money to help get new programs to develop our skills and abilities However due to recent budget cuts and facilities closing many are now in limbo or cannot be served due to getting legal documents to not being critical enough until they have been criminalized. then and only then are they forced to do jail prison or end up in our new offenders programs. which with Laura's law would keep your rights and you would have a say in what you want and expect as well as if you have medications or not. however in jails and prison they give you some or more then you need to medicate your behavior remember when there was an access of 30-50 racial on seraqil which due to the high number of deaths from this drug being administrated in our prisons and jails it is now banned and now they are limited to how a client is sedated so they have control. I also have seen many whom due to refusal of voluntary services due to miss treatment and or bad reactions . I am a walking example of how and what works. i got it explained to me this way when we are young we are forced to attend school then forced as an adult to get a job and pay bills and follow laws which are enforced" meaning Forced treatment of society" or serve the consequences however, due to a mental illness we are sometime not capable or willing to comply yet they give us a choice which takes all our rights and dignity including

71. Please add Laura's Law to the San Mateo County Local Implementation Plan. It is proven to save lives and money. Early intervention is critical to saving the brain cells that are needed for a recovery. To deny treatment to those who can not make this decision themselves due to the severe symptom of their illness is to deny them a right to a recovery. I know this works because my own son is now 28 and enjoying a recovery that would not have been possible had treatment been left up to his impaired cognitive reasoning. Now, with improved insight to his condition, he does not want to risk losing what he has gained while in recovery by not being compliant to treatment. He is loved and he is loving. He is able to contribute to





## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

the household. He does not have to suffer the trauma and drama on the streets or in jails. He does not have to be a slave to his inner voices telling him to commit crimes against others. He is safe and so is society. Thank you.

72. If San Mateo had Laura's Law, maybe these would not have happened. Tell the board of supervisors to pass a resolution forcing the mental health dept to implement Laura's Law, so police can focus on crime instead of picking up after them. POTENTIALLY PREVENTABLE TRAGEDIES IN SAN MATEO Following is a small sampling of interactions between people with untreated severe mental illness and San Mateo LEOs. It is not clear if Laura's Law would have prevented all of these incidents. The person had a mental illness, prior history, and in most cases was not receiving treatment, either because there was not a law to compel them to do so or because the mental health system failed them. These are the types of individuals Laura's Law helps. (PDF Version) 2/2011 San Mateo, San Mateo, CA Robert Caron, 35, was fatally shot by police in his backyard on 2/28/11 when he opened fire on them. The incident began when police were called to a CVS where employees said a man with a gun was threatening them. Officers found Caron in the front yard of a nearby house. When he opened fire on the officers they returned the fire. Caron's mother said he was schizophrenic. 8/18/2010 Burlingame, San Mateo, CA Edgar Aristondo, 20, of Burlingame was shot by officers outside his home after he threatened them with a "large, serrated steak-type knife". His mother said he suffered from depression and had been refusing to take his medication. This was not the first time she had to call authorities about her son. 6/9/2010 Hillsdale Shopping Center, San Mateo Gregory Alarms shot community leader David Lewis of East Palo Alto as he got out of his parked car. Elarms slept in the trunk of his car and covered the windows in his house "to keep people from getting to him." Police said, "His concerns appear to be a "delusional product of his mental illness." 8/2003 Daly City, San Mateo, CA Jerry Cabonce, a 41-year-old cab driver, attacked two SF police inspectors with a knife on 8/11/03, after they came to his Daly City home to question him about shooting a mother and her 3-year old son. Cabonce was diagnosed with schizophrenia in 1984 and was frequently hospitalized and released 72 hours later. His mother said Cabonce stopped taking his medication about four months before the incident. She also said she had called his doctor at San Mateo County Mental Health Services and was told that Cabonce had stopped seeing him and that he was powerless to do anything. His brother said when they called the police in the past, they told him that until he hurts himself or others, authorities could not intervene. 2/2007 Redwood City, San Mateo, CA Michelle Denise Robinson attacked San Mateo County Sheriff's Deputy Samia Khoury on February 4, 2007 at the Women's Correctional Center, as she was being taken back to her cell. Robinson grabbed Khoury's head and hair, threatened her, and tried to take Khoury's cell keys. During the fray, Robinson stabbed Khoury in the cheek with a pencil. Her defense attorney said she suffered from bipolar disorder for which she is now receiving medication. "She is no longer hearing voices." 9/2006 San Mateo, San Mateo, CA Stanley Wong, 49, was shot by a San Mateo police officer on 9/5/06 in a parking lot near B Street and Fifth Ave. Wong was harassing customers at a store and wielded a pocketknife at the officer, who fired his Taser. The officer attempted to retreat while calling for help. He eventually shot Wong and then called paramedics. The shooting was the last in a long string of encounters Wong had with police and mental health workers. He was previously identified as one of the San Mateo's top 12 "core homeless" who could benefit from a Homeless Outreach Team. It's not clear how much help, if any, Wong received through the program, which individuals are allowed to refuse. He was hospitalized and released 3 times prior to the incident. 4/1998 Millbrae, San Mateo, CA Marvin Patrick Sullivan, 44, a man suffering from paranoid schizophrenia, murdered Millbrae Police Officer Dave Chetcuti, during a routine traffic stop on Highway 101 in April, 1998. Sullivan was not competent to stand trial. Sullivan had a history of threatening and violent behavior. In 1995, he was hospitalized for five months after sending a threatening letter to Court clerks in Tracy, CA. In 1997, he was again found incompetent to stand trial after it was discovered that he had concealed a bayonet during a shoplifting incident. 7/2002 East Palo Alto, San Mateo, CA Robert B. Sidicane, 41, led police on a 70-mile chase, setting the scene for a standoff that closed southbound U.S. 101 in East Palo Alto, CA for four hours on 7/5/02. Sidicane poured gasoline over himself after officers surrounded his car. His family said he suffers from schizophrenia and wasn't taking his medication. Sidicane's stepsister said she was surprised to hear that her stepbrother was in the Bay Area. He had been in Tennessee last week, she said. "If he's there, he doesn't have his medications." 3/2005 Redwood City, San Mateo, CA Fernando Cazares died while police were attempting to subdue him during a lengthy struggle in Redwood City on 3/15/05. Cazares' mother called police and told the dispatcher that her brother had come home acting strangely and was screaming, "I'm the master. I'm the master." She was afraid of her son, and she locked herself in a bedroom. When two officers arrived, Cazares threatened to kill them and refused to be subdued. Three other officers responded to help the first two. Together, the group continued fighting until Cazares was cuffed. He went limp and was pronounced dead at Kaiser Hospital. Blood and urine showed recent cocaine use as well as a drug prescribed for schizophrenia. 10/2003 San Carlos, San Mateo, CA Vitin Ajani Cruz, 30, a man with a history of mental illness, fatally stabbed Alfonso Ruiz on October 27, 2003 in San Carlos. The two were sitting next to each other at the WorkCenter Vocational Rehab Center when Cruz suddenly stabbed Ruiz several times. Schizophrenia medication and other signs of psychiatric problems were found at Cruz's home, and police and the DA noted Cruz had a history of serious psychiatric problems. 9/2004 San Mateo, San Mateo, CA Matthew Deger, a man with schizophrenia, was taken to jail on 9/14/04 after injuring a nurse in the shoulder with a felt-tipped pen at San



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

Mateo County Medical Center in San Mateo, CA. Deger, 33, had been taken to the hospital two weeks earlier for psych treatment after threatening to detonate a bomb in his apartment. When police arrived, he said he had a nitro-glycerin gun. 6/2002 Daly City, San Mateo, CA On June 15, 2002, Daly City, CA, police found an emaciated mentally ill woman living in a parked van wearing a soiled diaper with cuts and bruises on her face, and bound with packing tape. The woman was diagnosed with schizophrenia, is now living in a nursing home, where her health has improved significantly. 7/2001 San Mateo, San Mateo, CA Lisa Snyder, 41, a woman with schizophrenia, was arrested on 7/4/01 for setting fire to her former psychiatrist's office in San Mateo and threatening to kill the doctor on several occasions, sometimes while committed in a hospital. 8/2000 East Palo Alto, San Mateo, CA A woman with bipolar disorder who was off her medication was raped by a man who lured her back to his home in East Palo Alto. The victim said she hadn't taken her medication for possibly up to a week before the attack. 7/1999 Redwood City, San Mateo, CA Juan Escalante, a 44-year-old man with a history of schizophrenia set fire to a condo in Redwood City, CA in a purposeful attempt to kill himself and his family. The July 1999 fire destroyed at least 11 units and killed an 81-year-old woman who lived above. Escalante rigged the condo to cause an intense fire by soaking the unit with gas and lighter fluid and using rope to act as a fuse. 7/1996 Redwood City, San Mateo, CA Eric Ayran Umali, of Redwood City slashed Bertha Valencia, a nine-year-old-girl. Shel suffered more than 30 cuts and her intestines exposed. Umali had a history of mental illness and served time in two state mental hospitals.

73. I very much hope that our VERY GOOD SMCO Board of Supervisors support the "LAURA'S LAW" program that supports the great IMPORTANCE of providing mental health treatment to those in the criminal justice system who have these needs.
74. I urge San Mateo County to pass Laura's Law. I have a son with Schizophrenia and he is not able to make good decisions regarding his medications on his own. There have been far too many deaths that could have been avoided if mentally ill patients would have been on medication. The mentally ill need the stay on medication to remain stable and to be able to function in our society. The family of the mentally ill need help in keeping their mentally ill family members out of jails, and or from becoming suicidal. Please help us and them. Without Laura's Law we are just going to see more and more Arizona and Berkeley incident's. Thank you for your immediate consideration.
75. I am a psychiatrist who has 15 years of experience working with those who have serious mental illness in both jail and acute psychiatric settings. In my opinion, the current Local Implementation Plan (LIP) for San Mateo County is not comprehensive as it does not address the 20% of those who comprise the jail and prison population with a serious mental illness (schizophrenia, schizoaffective disorder, and bipolar disorder). Those with a serious mental illness, if not receiving proper medical treatment for their condition, are at increased risk of criminal arrest and recidivism. The treatment proposed in the current LIP suggests vocational training, alcohol & drug treatment, and cognitive behavioral therapies for those with "antisocial behavior, antisocial personality, criminal thinking, criminal associates, ..." These approaches can be effective for the subset of current and incoming jail inmates whose criminal behavior is motivated by antisocial thinking and substance misuse. I am concerned about the lack of any proposed new interventions for inmates with a serious mental illness whose untreated symptoms lead to criminal behaviors. San Mateo County can, with Board of Supervisors approval, choose to implement an Assisted Outpatient Treatment ("Laura's Law") program, which targets persons with a serious mental illness at risk for arrest. Assisted Outpatient Treatment reduces involuntary commitments, arrests, and jailings by providing intensive, court-mandated treatment in the community. Nevada County, California has fully implemented an Assisted Outpatient Treatment (AOT) program that has been so successful it has received awards from the California State Association of Counties and the National Association of Counties. Days of incarceration for participants in Nevada County's AOT program dropped 97% after entering the program (521 days pre-AOT to 17 days post-AOT). Nevada County's program is saving general fund monies by preventing lengthy jailings and costly psychiatric hospitalizations. Based on these results, Los Angeles County's Mayor, Mike Antonovich has called for wide expansion of their AOT pilot program. The United States Department of Justice is currently certifying Assisted Outpatient Treatment as an "Effective Crime Prevention Strategy," based on the success Assisted Outpatient Treatment has had in New York in preventing arrest and jailing of the seriously mentally ill. There is no financial reason not to implement Assisted Outpatient Treatment. The clinical services provided in the program can be fully covered by Medi-Cal, Medicare, and Mental Health Services Act funding. The legal costs would be negligible because those who would be eligible for an Assisted Outpatient Treatment program would otherwise incur legal expenses in the criminal justice system and in civil commitment (conservatorship) proceedings. I am confident that would that the County would realize benefits across multiple systems if an Assisted Outpatient Treatment program were implemented: Fewer inmates with a serious mental illness in the jail; Fewer seriously mentally ill defendants declared "incompetent to stand trial," which results in lengthy jailings and commitments for treatment; Less police time spent on mental health-related "5150" calls; Less need for hospitalization on our acute psychiatric unit, shorter lengths of stay, and decreased need for mental health conservatorships. Providing structured psychiatric treatment in the community with Assisted Outpatient Treatment is much more cost-effective than what we are currently doing with the seriously mentally ill who refuse treatment. The costs of housing and treating the seriously mentally ill in jail, acute psychiatric units, and in subacute placements (Cordellaris Mental Health Rehabilitation Center) are very expensive, in the tens of millions annually.



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

*A significant percentage of these costs are covered by County general funds and realignment money. San Mateo County is known across the state and country for innovation. I suggest the Community Corrections Partnership committee include Assisted Outpatient Treatment in the Local Implementation Plan to more effectively address our residents with a serious mental illness who are involved in the criminal justice system or are at risk for criminalization.*

- 76.** *To whom it may concern, San Mateo County needs LAURA'S LAW to be implemented like other counties have done for sometimes & give proof that it works for those who are too sick to care for themselves. In the many Years I have attended the meetings offered by NAMI ( National Association for the Mentally Ill) at the county HOspital, I have so many family members in distress feeling helpless with their loved ones affected with such devastating disorder. Please have LAURA's LAW implemented in our County. Sincerely. A concern citizen. Monique Baury*
- 77.** *Laura's Law saves money and lives. If we had been able to help my sister through a Laura's Law intervention, the county would have saved hundreds of thousands of dollars it spent on her trial, incarceration and additional medical costs.*
- 78.** *Please implement Laura's Law or some form of involuntary treatment. It saves lives. Thank you.*
- 79.** *Want a free way to reduce suicides, crime, arrests, trials and incarceration? All it takes in adding a single sentence to the realignment plan. Then, when that plan is approved by the Board of Supervisors this single sentence will force the mental health department to stop transferring seriously mentally ill to the criminal justice system. The cost and people to implement the sentence comes out of the mental health budget, not your budget. And they have tons of Mental Health Services Act money they can use for it. The San Mateo mental health department will never do this on their own. They want to offload the seriously ill to you. Tell them to stop. Put this magical sentence in your plan so the Board of Supervisors will approve it: NOW THEREFORE, BE IT RESOLVED, the Board of Supervisors of San Mateo County, California does hereby authorize the use of Laura's Law and certifies that no voluntary mental health treatment program serving adults or children is to be reduced as a result of implementing "Laura's Law"*
- 80.** *please impliment Lauras Law as part of your plan. please-its inhumane to not have a program for patients who unable to access the voluntary system of mental health care due to being incompassitated with their illness. Lauras law is for those patients who who are high risk and unengaged in any medical treatment and repetatively fail the voluntary system of care-they are the highest risk for homelessness, incarceration, suicide and brain damage. As a mother who loves her son, please help us. Give him a chance to start medical treatment involuntarily in hopes he can then continue recovery after he has been stabelized.*
- 81.** *Please include in the plan the implementation of Laura's Law. Laura's law will increase public safety and the safety of the law enforcement officers who protect us. It will also save the money now being spent on a system of multiple hospitalizations and incarcerations. Laura's Law also promotes treatment for individuals for whom no other community services have been successful.*
- 82.** *I want to see LAURA'S LAW passed--to save the county money from paying for the very seriously mentally ill going in and out of the hospital several times within two years, to save our streets from the seriously mentally ill homeless out of control (as was one lady reported in SF Chron who deficated everyday on the street) and to give these people the chance of leading a better life and contributing to society. Laura's Law does not require forced medication but rather a plan for Assisted Outpatient Treatment (AOT) that costs less than hospitalization and helps the sick person see the need for treatment. The statistics reported from counties across the county (including NY where Kendra's Law has been a big success) show the success of this law when implemented. Thank you.*
- 83.** *Laura's Law offers an effective program to care for people who otherwise would end up incarcerated for violent crimes caused by their delusions due to mental illness. It saves money and saves lives and offers a humane and respectful way to care for people who do not recognize their illness, but are threatening to others and themselves in serious ways. There is no downside to implementing this legislation in the county!*
- 84.** *Please opt into Laura's Law in San Mateo county. This law works to save lives. Recovery is possible for people with even severe mental illness. To help them, their families and communities we must confront the reality of severe mental illness. Laura's law does that, in New York, Nevada County, and doZens of states that have AOT laws. Please do this for our community and society.*
- 85.** *Thank you for arranging for a San Mateo County residential property tax payer for almost 30 years like me to comment on the Local Public Safety realignment plan draft. San Mateo County's Health System only provides wrap around mental health treatment to indigent persons that cannot provide their own food, shelter or clothing at great expense to the taxpayer. Those persons living with mental illness who don't think they are sick are ignored and left to deteriorate to the point of homelessness when they could be restored to health, lead productive lives and pay taxes if the Board of Supervisors implemented Laura's Law. Instead, the public and its law enforcement protectors are exposed to the behavior typical of persons living with untreated mental illness and its associated costs. Please give our law enforcement officers the tools they need to provide the community with long term public safety, persons living with mental illness the chance to recover*



## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

sooner, including the ones being released from our prisons and jails, and the taxpayers by drafting a plan that calls for the implementation of Laura's Law.

- 86.** I strongly suggest that San Mateo county adopt Laura's law as it is the most effective way of keeping severely mentally ill people out of prison in the first place. More than 30% of the prison population suffers from untreated mental illness
- 87.** I propose that Laura's Law be implemented as part of this plan.
- 88.** Your Plan should include Laura's Law. "Laura's Law," W.I.C. 5345 et seq, is an "assisted outpatient treatment" program ("AOT") designed for treatment-refusers, named for a young woman who was killed by one. Laura's Law was adopted by the California legislature after it commissioned a study by the Rand Corporation that showed multiple benefits of AOT in multiple states. Laura's Law was modeled on New York State's successful Kendra's Law, which, according to peer-reviewed studies, has saved public funds by reducing hospitalization by 77%, arrests by 83%, and incarceration by 87%; promoted public safety by reducing violence toward others by 47% and property destruction by 43%; and helped treatment-refusers by reducing homelessness by 74%, suicide attempts by 55%, and substance abuse by 48%. Though only two California counties have adopted Laura's Law, their statistics are as impressive as New York's. Nevada County has saved \$1.81-\$2.52 for every dollar spent on Laura's Law, through a 46% reduction in hospital days, 65.1% reduction in incarceration days, and 44.1% decrease in emergency interventions. In Los Angeles, costs for this patient population decreased by an estimated 40% due to a 78% reduction in days of incarceration, an 86% decrease in days of hospitalization, and a 77% reduction in hospitalization even after Laura's Law discharge.
- 89.** Please read the two articles and view the local television report about Laura's Law, then reconsider implementing the law for the benefit of seriously mentally ill residents and their families. <http://www.eastbayexpress.com/ebx/emergency-call/Content?oid=3139339> <http://www.nbcbayarea.com/video/#!/news/local/What-Could-Lauras-Law-Have-Done-135635838> <http://www.santamariasun.com/cover/7410/look-into-lauras-law/>
- 90.** I support Laura's Law and its implementation in legislation and regulations. I request that Laura's Law be implemented.
- 91.** The LIP Draft's Philosophy statement says that it is based on a collaborative approach that seeks to reduce recidivism and ensure public safety by coordinating services. Implementing an innovative involuntary mental health treatment, like the Assisted Outpatient Treatment available under Laura's Law in San Mateo County would provide an evidence based recidivism reducing service. The only services for formerly incarcerated persons living with mental illness however, are the pre-existing, voluntary services identified in Appendix A. Those pre-existing, voluntary services helped produce the recidivism the Community Corrections Partnership (CCP) seeks to reduce, are nothing new and offer little if any chance of reducing recidivism.
- 92.** Please implement Laura's Law. It will reduce arrests and incarcerations.
- 93.** Sunday, March 11, 2012 1016 Lassen Drive Belmont, California 94002 San Mateo County Community Corrections Partnership c/o Ms. Melissa Wagner San Mateo County Probation Department Hall of Justice 400 County Center, 5th Floor Redwood City, CA 94063 Re: San Mateo County Public Safety Realignment (AB 109) Local Implementation Plan, Version 2 (Draft) of March 2, 2012 Dear Partnership Members: Thank you for providing me with the opportunity to comment upon the March 2 San Mateo County Public Safety Realignment Local Implementation Plan Draft (LIP Draft). 1. The LIP Draft's Philosophy statement says that it is based on a collaborative approach that seeks to reduce recidivism and ensure public safety by coordinating services. Implementing an innovative involuntary mental health treatment, like the Assisted Outpatient Treatment available under Laura's Law in San Mateo County would provide an evidence based recidivism reducing service. The only services for formerly incarcerated persons living with mental illness however, are the pre-existing, voluntary services identified in Appendix A. Those pre-existing, voluntary services helped produce the recidivism the Community Corrections Partnership (CCP) seeks to reduce, are nothing new and offer little if any chance of reducing recidivism. 2. The LIP Draft's Philosophy statement also says that non-detention solutions should be used, as long as they do not compromise public safety and are appropriate. Implementing a non-detention mental health treatment, like the Assisted Outpatient Treatment available under Laura's Law in San Mateo County would provide a higher level of public safety than existing services. The only non-detention services for formerly incarcerated persons living with mental illness now are the voluntary services identified in Appendix A. Those pre-existing, voluntary services helped produce the recidivism the Community Corrections Partnership (CCP) seeks to reduce, are nothing new and offer little if any chance of reducing recidivism. 3. Additionally, the LIP Draft's Philosophy statement affirms that the County has an obligation to acknowledge the harm caused by offenders, and the impact on victims and families. Empowering a formerly incarcerated person's family members with a mental health treatment they could initiate, like the Assisted Outpatient Treatment available under Laura's Law in San Mateo County would provide the victim's family members with a greater sense of satisfaction than having to rely solely upon law enforcement resources to prevent recidivism. 4. The LIP Draft's Vision Statement provides that through the work of the CCP, formerly incarcerated persons will become healthy and productive members of their communities and families, and have reduced future contact with criminal justice agencies. Families of formerly incarcerated persons living with mental illness, including veterans, however, have only ineffective and



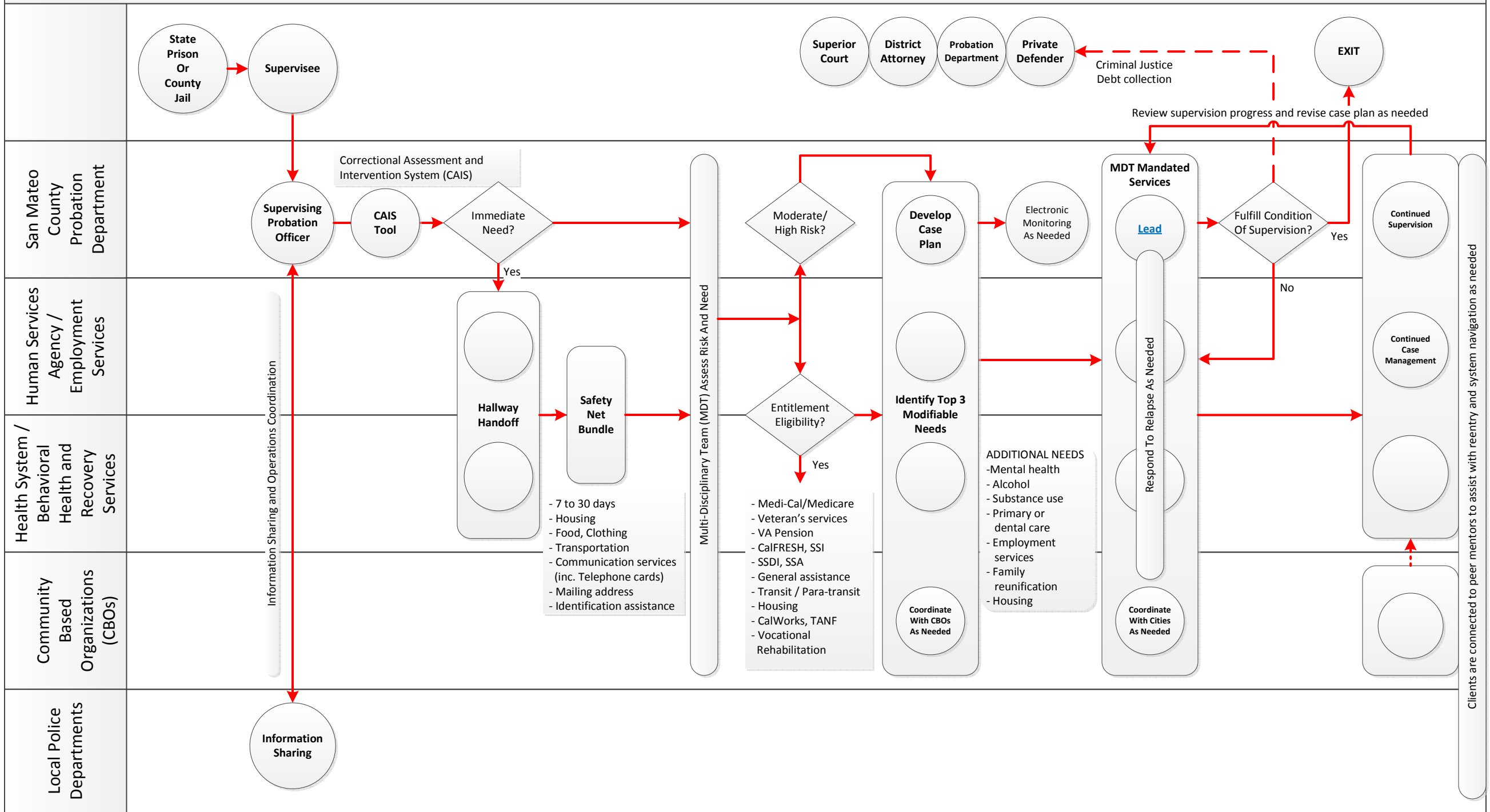
## San Mateo County Community Corrections Partnership – Realignment Local Implementation Plan, Appendices

indirect access to obtaining mental health treatment for their treatment-resistant loved ones even if they contact law enforcement. “Family reunification” is noted on the post release flow chart, but is not connected to any process. The families of formerly incarcerated persons living with mental illness should be engaged in the post-release process, not ignored and the implementation of Assisted Outpatient Treatment available under Laura’s Law in San Mateo County would provide them with an opportunity to be engaged in the post release process. 5. The provide post-release services to high and moderate-risk supervisees strategy, #2, says that high-risk formerly incarcerated persons should be clearly occupied with services like outpatient treatment for a substantial part of their time starting early and continuing throughout the first three to nine months of their supervision. Implementing Assisted Outpatient Treatment available under Laura’s Law would be effective for those formerly incarcerated persons who lack the insight needed to recognize the role their mental illness plays in antisocial behavior and antisocial personality for which pharmacological and psychosocial therapies are more effective than relying on cognitive behavioral therapies exclusively. In other words, relying exclusively on reasoning approached based cognitive behavioral therapies ignores the need to treat those formerly incarcerated person who do not believe they are ill. 6. The increase collaboration across county and city agencies and with community-based providers sharing appropriate and timely information strategy, #8, says that at the Operations level, there is a need to share information related to crime trends, supervisee reoffending and abscondance in order to ensure effective policing and ongoing public safety. Implementing Assisted Outpatient Treatment available under Laura’s Law would be effective for those formerly incarcerated persons who lack the insight needed to recognize the role their mental illness plays in antisocial behavior and antisocial personality, are treatment-resistant and reside with or near family members who want to be engaged in their successful reentry and are not served by the exclusively voluntary services provided by community based organizations. In other words, San Mateo County’s community based organizations provide voluntary services that do not reach formerly incarcerated persons who are treatment resistant because they lack the insight needed to recognize the role their mental illness plays in antisocial behavior and antisocial personality. 6. The build upon the competence of the current and future community corrections workforce and direct service providers strategy, #11, implies that the community correction workforce and community-based service providers are competent to provide all needed services. Implementing Assisted Outpatient Treatment available under Laura’s Law would provide the involuntary services to formerly incarcerated persons living with mental illness that lack the insight needed to recognize the role their mental illness plays in antisocial behavior and antisocial personality, are treatment-resistant and able to provide their own food, clothing and shelter, i.e. not gravely disabled. The community-based service providers are competent to provide voluntary services to formerly incarcerated persons living with mental illness who volunteer for treatment, but not those who refuse treatment. In other words, persons living with mental illness who lack the insight needed to recognize their need for treatment fall into a historic service gap that the LIP seeks to perpetuate. Put another way, you can’t build on something that is not there to begin with. 7. The LIP Logic Model diagram suggests that non-profits provide both voluntary and involuntary mental health services to formerly incarcerated persons living with mental illness without addressing the need for Assisted Outpatient Treatment for persons living with mental illness who lack the insight needed to recognize the role their mental illness plays in antisocial behavior and antisocial personality, are treatment-resistant and able to provide their own food, clothing and shelter, i.e. not gravely disabled. The United States Department of Justice Office of Justice Programs recognized that Assisted Outpatient Treatment is an Effective Solution to Crime recently. Laura’s Law is an efficient, effective and economical mental health treatment delivery program that should be implemented as part of the LIP. Very truly yours, Martin T. Fox

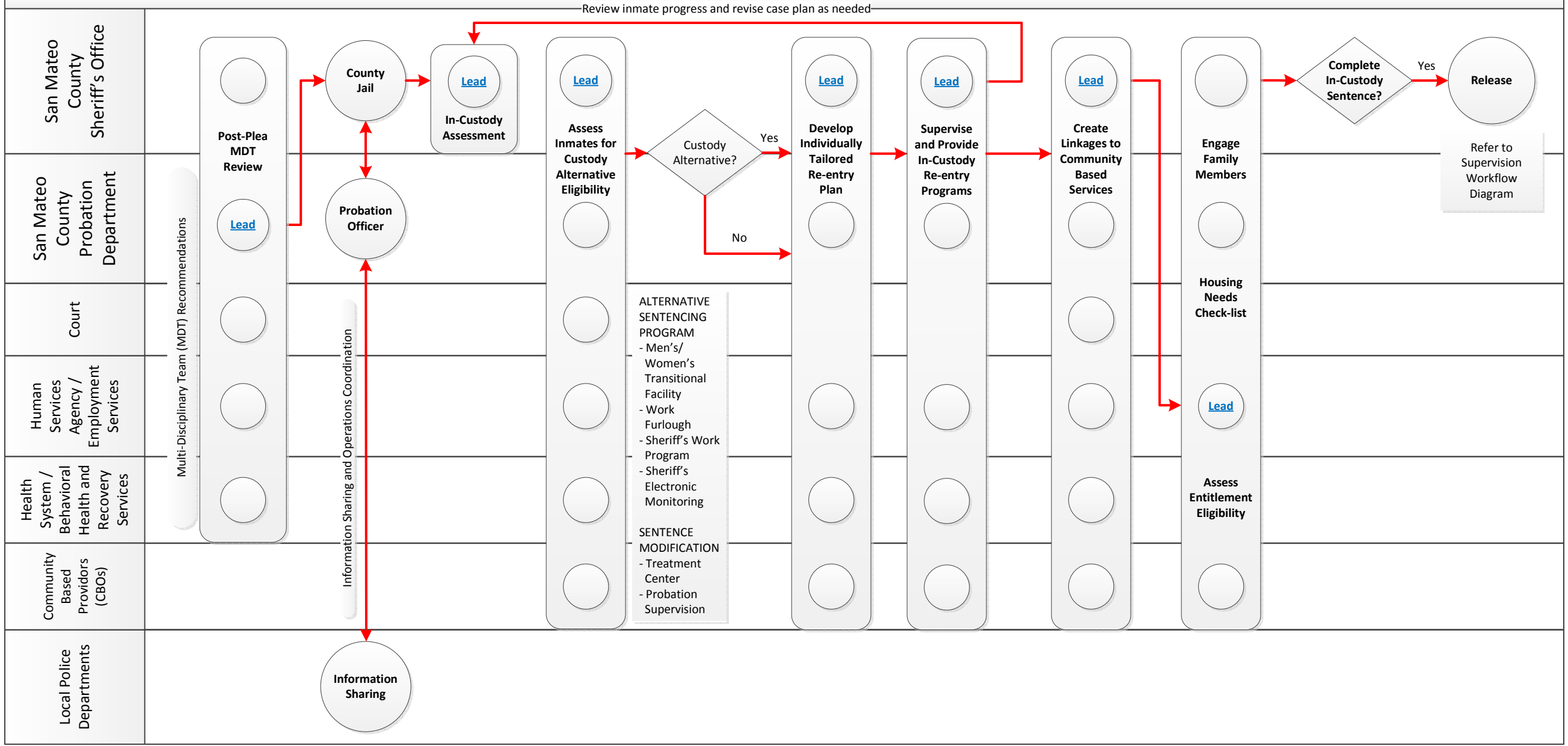
94. To whom it may concern I have been attending meetings offered by the National Association for the Mentally Ill for several years. I have met so many family members in distress about their loved ones, being picked up by police for various reasons & taken to jail when what they really needed was to go to the hospital for evaluation & treatment. Those afflicted with such unfortunate disorders are unable to think clearly & defend themselves. They don't know what is wrong with them & many times they are fearfull of police. One of them who later got crush by a train, ran when a policeman wanted to talk to him & the kid got hurt in the process. One Mom does not know where her son is, & that for many years. Laura's law has been voted in 2002, it's unconceivable that it's left to the whim of counties officials to have it implemented, as there is proof that it works, Nevada county, San Diego & Los Angeles counties are using it with success. Please have that law for those who cannot help themselves be implemented in San Mateo county. SAN MATEO COUNTY NEEDS VERY MUCH THAT LAURA'S LAW BE IN PLACE FOR US ALL. a VERY CONCERN CITIZEN.  
Monique Baurly

# Post Release Supervision and Services Process Flow (PCRS & 1170(h) Mandatory Supervisee)

Prepared by Resource Development Associates, "Post Release Process Flow v007 20120319.vsd"



# 1170(h) In-Custody Process Flow



**Attachment II  
Community Corrections Partnership (2012-03-29)**

|   |   |                   |                  |                    |  |                   |                    |
|---|---|-------------------|------------------|--------------------|--|-------------------|--------------------|
| <b>County of San Mateo</b>              |   |                   |                  |                    |  |                   |                    |
| <b>AB109 Proposed Budget</b>            |   |                   |                  |                    |  |                   |                    |
| <b>As of March 15, 2012</b>             |   |                   |                  |                    |  |                   |                    |
|   |   | <b>FY 2011-12</b> |                  |                    |  | <b>FY 2012-13</b> |                    |
|   |   | <b>#FTE</b>       | <b>Budget</b>    | <b>% of Budget</b> |  | <b>#FTE</b>       | <b>Budget</b>      |
|   |   |                   |                  |                    |  |                   | <b>% of Budget</b> |
| <b>Probation Department</b>             |   |                   |                  |                    |  |                   |                    |
|   | Salaries & Benefits                       | 10.50             | 709,158          |                    |  | 11.50             | 1,398,764          |
|   | Operating Costs                           |                   | 316,427          |                    |  |                   | 417,456            |
|   | Client Needs & Services                   |                   | 126,543          |                    |  |                   | 193,085            |
|   | <b>Probation - Total</b>                  | <b>10.50</b>      | <b>1,152,128</b> | <b>27.3%</b>       |  | <b>11.50</b>      | <b>2,009,305</b>   |
| <b>Health System</b>                    |   |                   |                  |                    |  |                   |                    |
|   | Salaries & Benefits                       | 2.20              | 119,791          |                    |  | 2.20              | 243,944            |
|   | Operating Costs                           |                   | 88,276           |                    |  |                   | 121,995            |
|   | Client Needs & Services                   |                   | 875,191          |                    |  |                   | 1,010,321          |
|   | <b>Health System - Total</b>              | <b>2.20</b>       | <b>1,083,258</b> | <b>25.7%</b>       |  | <b>2.20</b>       | <b>1,376,260</b>   |
| <b>Human Services</b>                   |   |                   |                  |                    |  |                   |                    |
|   | Salaries & Benefits                       | 4.50              | 249,624          |                    |  | 4.50              | 462,216            |
|   | Operating Costs                           |                   | 99,391           |                    |  |                   | 152,042            |
|   | Client Needs & Services                   |                   | 953,229          |                    |  |                   | 1,023,439          |
|   | <b>Human Services - Total</b>             | <b>4.50</b>       | <b>1,302,244</b> | <b>30.8%</b>       |  | <b>4.50</b>       | <b>1,637,697</b>   |
| <b>Sheriff's Office</b>                 |   |                   |                  |                    |  |                   |                    |
|   | Salaries & Benefits                       | 0.00              | 0                |                    |  | 9.00              | 1,873,935          |
|   | Operating Costs                           |                   | 0                |                    |  |                   | 200,503            |
|   | Client Needs & Services                   |                   | 0                |                    |  |                   | 1,025,561          |
|   | <b>Sheriff - Total</b>                    | <b>0.00</b>       | <b>0</b>         | <b>0.0%</b>        |  | <b>9.00</b>       | <b>3,100,000</b>   |
| <b>Competitive Grant Program</b>        |   |                   |                  |                    |  |                   |                    |
|   |   |                   | 0                |                    |  |                   | 1,004,653          |
|   | <b>Grants - Total</b>                     | <b>0.00</b>       | <b>0</b>         | <b>0.0%</b>        |  | <b>0.00</b>       | <b>1,004,653</b>   |
| <b>Program Evaluation</b>               |   |                   |                  |                    |  |                   |                    |
|   |   |                   |                  |                    |  |                   | 502,326            |
|   | <b>Evaluation - Total</b>                 | <b>0.00</b>       | <b>0</b>         | <b>0.0%</b>        |  | <b>0.00</b>       | <b>502,326</b>     |
| <b>Staff Training &amp; Contingency</b> |   |                   |                  |                    |  |                   |                    |
|   | Training / Local Law Enforcement*         | 1.00              | 225,730          |                    |  | 1.00              | 129,822            |
|   | Contingency                               |                   | 459,542          |                    |  |                   | 286,463            |
|   | <b>Training &amp; Contingency - Total</b> | <b>1.00</b>       | <b>685,272</b>   | <b>16.2%</b>       |  | <b>1.00</b>       | <b>416,285</b>     |
|   | <b>AB109 Budget - Total</b>               | <b>18.20</b>      | <b>4,222,902</b> | <b>100.0%</b>      |  | <b>28.20</b>      | <b>10,046,525</b>  |
| *Includes Crime Analyst Position.       |   |                   |                  |                    |  |                   |                    |



**PROBATION DEPARTMENT**  
Stuart J. Forrest, Chief Probation Officer



**Realignment Update  
Post-Release Community Supervision (PRCS)  
March 29, 2012**

**Introduction**

Probation's monthly report to the Community Corrections Partnership provides an update on the PRCS/MS unit and analysis of CAIS data. Please refer to the Sheriff's report for additional information regarding 1170(h) inmates, custody time, PRCS inmates (flash incarceration), and parole revocations.

**PRCS/MS Unit**

As of 02/29/2012, approximately 187 individuals are supervised in the PRCS unit. This figure includes clients who have ICE holds, pending transfers, holds, and/or those who have been deported. Officers in the PRCS unit are responsible for managing all accepted cases even if the clients have not physically reported to Probation. As of February 29, 2012, 6 new arrest warrants were filed and 8 offenders were arrested on existing warrants. Five revocation petitions were filed in February. The unit is supervising 25 offenders under mandatory supervision.

**Correctional Assessment and Intervention System (CAIS) (n=132)**

A total of 132 CAIS assessments have been completed and entered into the database as of 02/29/2012. An analysis of the CAIS data reveals important, though early, indicators of how this population will impact the community, the Department and its collaborative partners.

The table below shows the CAIS results for 132 clients assessed to date:

| CAIS Supervision Classification           | High                      |          | Moderate                  |           | Low                     |          | Total                       |
|---|---------------------------|----------|---------------------------|-----------|-------------------------|----------|-----------------------------|
|   | Male                      | Female   | Male                      | Female    | Male                    | Female   |                             |
| <b>Casework Control (CC)</b>              | <b>26</b>                 | <b>0</b> | <b>18</b>                 | <b>6</b>  | <b>0</b>                | <b>0</b> | <b>50</b>                   |
| <b>Limit Setting (LS)</b>                 | <b>19</b>                 | <b>0</b> | <b>30</b>                 | <b>0</b>  | <b>0</b>                | <b>0</b> | <b>49</b>                   |
| Environmental Structure (ES)              | 4                         | 0        | 2                         | 0         | 0                       | 0        | 6                           |
| Selective Intervention -Treatment (SI-T)  | 2                         | 0        | 10                        | 6         | 3                       | 1        | 22                          |
| Selective Intervention-Situational (SI-S) | 0                         | 0        | 1                         | 0         | 3                       | 1        | 5                           |
| <i>Subtotals</i>                          | <i>51</i>                 | <i>0</i> | <i>61</i>                 | <i>12</i> | <i>6</i>                | <i>2</i> | <b>132</b>                  |
| <b>Total</b>                              | <b>51</b><br><b>(39%)</b> |          | <b>73</b><br><b>(55%)</b> |           | <b>8</b><br><b>(6%)</b> |          | <b>132</b><br><b>(100%)</b> |

***Risk Level***

Compared to the general adult population, 94% of the PRCS population is either moderate or high risk; whereas, 62% of the general adult population falls into these two levels. Though the number of PRCS clients is significantly smaller compared to the general adult caseload (assessed over almost 3 years), it is likely that the risk level proportion for the PRCS population will remain consistent.

***Classification***

As stated in the last report, the CAIS classification breakdown is important for the CCP and its partners to understand. The CAIS classifications identify key supervision techniques for officers based on five categories of offender characteristics. Two classifications that represent very challenging clients are Casework Control (CC) and Limit Setting (LS) offenders. Clients in either of these categories present complex and challenging needs areas and behavior. Generally, the officers spend more time and effort monitoring the behavior and compliance of CC and LS clients. Caseloads disproportionately heavy in CC and LS clients draw more time and effort from officers than a caseload with a balance of CAIS classifications. As of February 29, 2012, three-quarters (75%) of the PRCS clients are classified as CC and LS. As a result, the officers in the PRCS unit do not have caseloads in which clients are distributed across the classification spectrum and we anticipate this will impact the staff-to-client ratio of the unit. Before the enactment of AB109, we anticipated a staff-to-client ratio of 1:60; however, our experience in the first 4 months of serving this population indicates that a ratio of 1:40 is more realistic to ensure adequate supervision of AB109 clients.

## AB-109 In-Custody Monthly–February 2012

**PC 1170(h): 17 inmates**

Note: Release dates for PC1170 inmates are frequently revised due to resentencing, recalculation of credits, etc. The “total days to be served” for all PC1170 inmates has accordingly been updated with CJIS information current as of 02/29/2012.

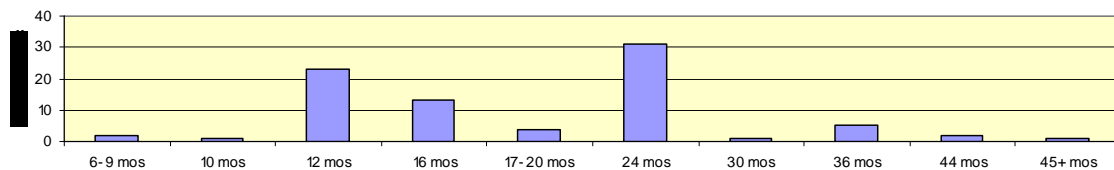
|   | Current Month<br>(Feb 2012) | Prior Month<br>(Jan 2012) | Total since<br>Oct 2011 |
|---|-----------------------------|---------------------------|-------------------------|
| <b>Number of sentenced cases</b>                        | <b>17</b>                   | <b>19</b>                 | <b>83</b>               |
| <b>Total days to be served</b>                          | <b>2,172</b>                | <b>4,088</b>              | <b>14,612</b>           |
| <b>Non-PC1170 total days to be served</b>               | <b>4,840</b>                | <b>5,302</b>              | <b>27,165</b>           |
| <b>Percent increase in sentenced days due to PC1170</b> | <b>45%</b>                  | <b>77%</b>                | <b>54%</b>              |

17 inmates (12 men, 5 women) were sentenced to the County jail under PC 1170(h) during February. The average sentence imposed was 498 days or about 16 months. After credits, these inmates are expected to serve a total of 2,172 days, or on average 128 days each. 15 of these inmates have split sentences.

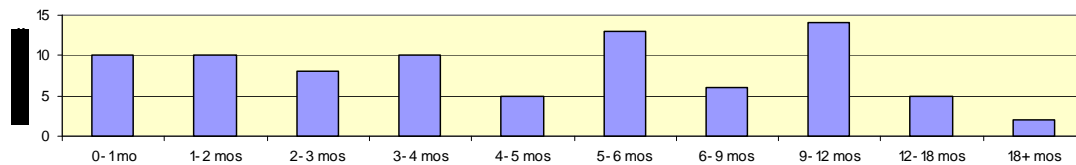
For comparison, 101 persons were sentenced to terms in the San Mateo County jail exclusive of the PC 1170(h) cases. The average sentence imposed was 135 days or about 4 months. After credits, these inmates are expected to serve a total of 4,840 days, or on average 48 days each.

Cumulatively, the 83 PC 1170(h) inmates sentenced October 2011-February 2012 account for a 54% increase in the sentenced bed-days that must be planned for. (There have been 10 additional PC1170(h) defendants who did not serve any in-custody time after sentencing.)

**PC1170(h) Length of Sentence Imposed, Oct 2011-Feb 2012**



**PC1170(h) Actual time to be served, Oct 2011- Feb 2012**



**Post-Release Community Supervision: 5**

There were 5 PRCS cases active in February which totaled 28 days in custody. The cumulative total for PRCS cases since October 2011 is 35 cases who served 250 days.

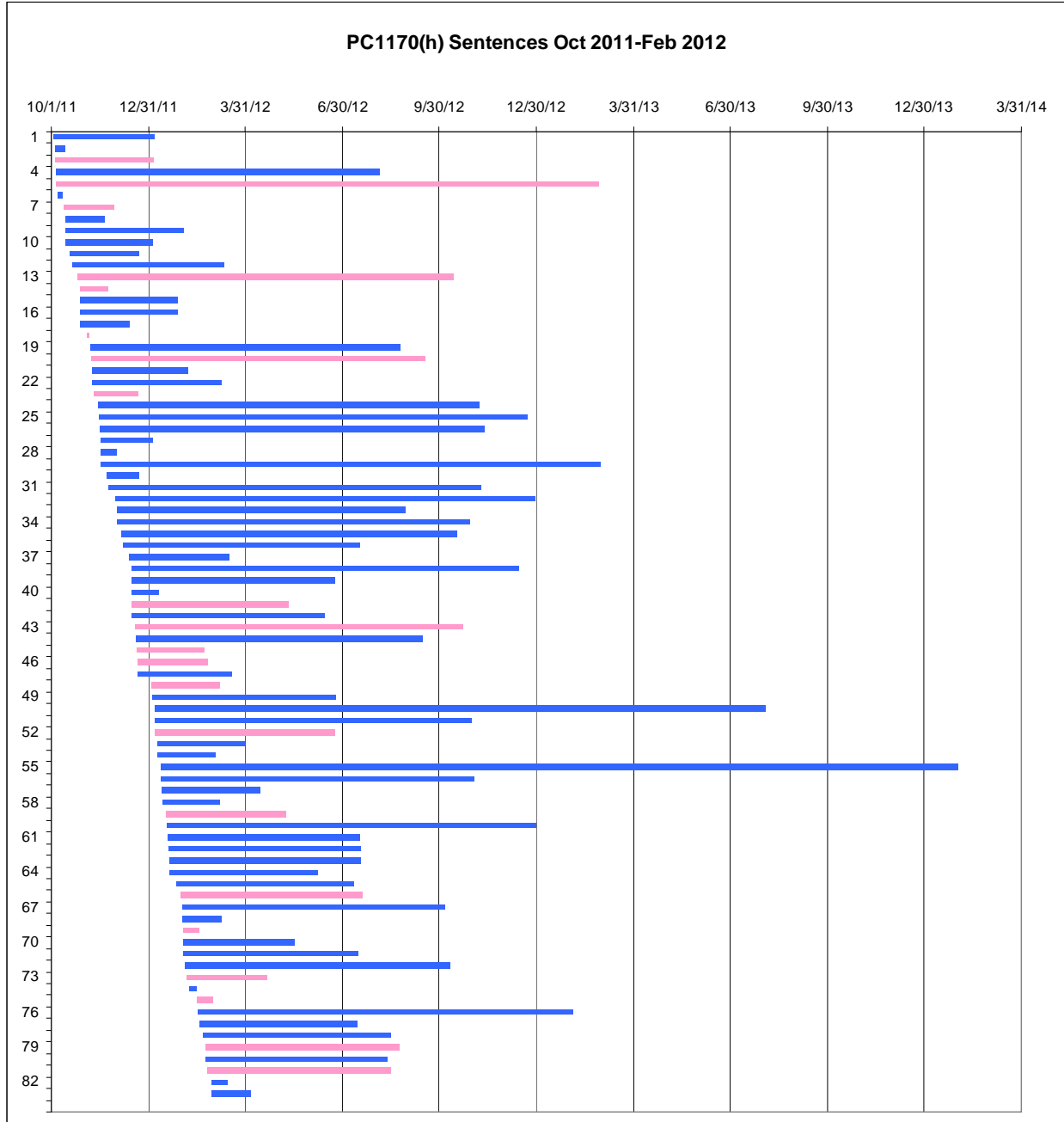
**Parole Revocation: 54 inmates**

There were 54 parole revocation cases resolved in February. Inmates are expected to serve a total of 2,042 revocation days in custody, or on average 38 days each. The cumulative total for revocation cases since October 2011 is 205 cases which are expected to serve a total of 7,937 days.

**Attachment IV**  
**Community Corrections Partnership (2012-03-29)**

In summary, adding 14, 612 jail days incurred for 1170(h) plus 7,937 days for 3056 revocations plus 250 days for PRCS equals a total of 22,799 jail days that would normally be charged to CDCR and will now be housed in our correctional facilities until release. **All populations of AB 109 cases total 323 since October 2011.**

**Attachment IV  
Community Corrections Partnership (2012-03-29)**



This chart shows the sentencing and release date for each PC 1170(h) inmate. Blue bars are men, pink are women.

**Attachment V  
Community Corrections Partnership (2012-03-29)**



# Service Connect:

A project of the San Mateo County Human Services Agency and Health System

San Mateo County Human Services Agency  
Reporting Period – October 1 – March 16, 2012 \*\*

| Factor  |   | Number     | Note  |                  |    |                           |    |                           |    |
|---|---|------------|---|------------------|----|---------------------------|----|---------------------------|----|
| Total "Post Release Client"/Parolees seen to date           |   | <b>109</b> |   |                  |    |                           |    |                           |    |
| Open/Active Cases   |   | 89         |   |                  |    |                           |    |                           |    |
| <b>Immediate Need</b>                                       |   |            |   |                  |    |                           |    |                           |    |
| Temporary housing (Hotel/Motel) Referrals (by instance)     |   | 74         | 296 total number of days of hotel             |                  |    |                           |    |                           |    |
| Long Term Housing Solution                                  |   |            |   |                  |    |                           |    |                           |    |
| Requesting long term housing assistance (by client)         |   | 60         |   |                  |    |                           |    |                           |    |
| Referrals to Shelter Network/Maple St. (by instance)        |   | 10         | 2 beds occupied, 1 bed vacant, 6 exited       |                  |    |                           |    |                           |    |
| At a Treatment Center                                       |   | 7          |   |                  |    |                           |    |                           |    |
| Transportation Assistance (Bus Pass or One-Way Ticket)      |   | 122        | 72 with one way tickets, totaling 222 tickets |                  |    |                           |    |                           |    |
| \$20 Savers Clothing Voucher                                |   | 66         |   |                  |    |                           |    |                           |    |
| \$25 Safeway Gift Card                                      |   | 119        |   |                  |    |                           |    |                           |    |
| \$10 Phone Card   |   | 23         |   |                  |    |                           |    |                           |    |
| \$25 Gas Card   |   | 5          | Will provide at a future appointment          |                  |    |                           |    |                           |    |
| <b>Eligibility Services</b>                                 |   |            |   |                  |    |                           |    |                           |    |
| Economic Self Sufficiency Program Appointments              |   | 84         |   |                  |    |                           |    |                           |    |
| <b>Emergency Food Stamps</b>                                |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 1 | Approved   | 54  | Denied           | 11 | Not Requesting and/or N/A | 19 |                           |    |
| <b>Food Stamps</b>  |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 4 | Approved   | 28  | Denied           | 26 | Disc'd                    | 8  | Not Requesting and/or N/A | 19 |
| <b>General Assistance</b>                                   |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 0 | Approved   | 32  | Denied           | 13 | Disc'd                    | 9  | Not Requesting and/or N/A | 22 |
| <b>Medi-Cal</b>   |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 2 | Approved   | 4   | ACE/MCE Referral | 51 | Pending                   | 12 | ACE/MCE Approved          | 43 |
| <b>CalWORKs</b>   |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 0 | Approved   | 0   | Denied           | 1  | Disc'd                    | 1  | Not Requesting and/or N/A | 73 |
| <b>SSI – Working with DSA</b>                               |   |            |   |                  |    |                           |    |                           |    |
| Pending   | 8 | Approved   | 3   | Denied           |    | Applied by them self      | 10 |                           |    |
| <b>Case Planning Long Term Supportive Services Interest</b> |   |            |   |                  |    |                           |    |                           |    |
| Economic Self Sufficiency Program Assistance                |   |            |   |                  |    |                           |    |                           |    |
| GED Educational Services                                    |   | 17         |   |                  |    |                           |    |                           |    |
| Vocational Training Services                                |   | 42         |   |                  |    |                           |    |                           |    |
| Employment Job placement services                           |   | 68         |   |                  |    |                           |    |                           |    |
| Career Interest Assessment                                  |   | 7          |   |                  |    |                           |    |                           |    |
| Educational Assessment                                      |   | 5          |   |                  |    |                           |    |                           |    |
| VRS Referral  |   | 26         |   |                  |    |                           |    |                           |    |
| Community Mentor  |   | 76         |   |                  |    |                           |    |                           |    |
| Support Groups  |   | 58         |   |                  |    |                           |    |                           |    |
| Supportive Services (Miscellaneous financial assistance)    |   | 18         |   |                  |    |                           |    |                           |    |
| Additional \$25 Safeway Gift Card                           |   | 33         |   |                  |    |                           |    |                           |    |
| Additional Month(s) of Bus Pass                             |   | 51         |   |                  |    |                           |    |                           |    |
| Additional Savers   |   | 12         |   |                  |    |                           |    |                           |    |
| Child Support Services Repayment Plan (Referrals)           |   | 10         |   |                  |    |                           |    |                           |    |
| <b>Other Characteristics</b>                                |   |            |   |                  |    |                           |    |                           |    |
| Total SSI Applications (by self or other)                   |   | 19         |   |                  |    |                           |    |                           |    |



# Service Connect:

A project of the San Mateo County Human Services Agency and Health System

**San Mateo County Health System**  
Post-Release Community Supervision Client Update  
October 1, 2011 to March 21, 2012

|  |                            |  |
|--|----------------------------|--|
| <b># of Client Information Sheets (CIS) received from Probation Department</b> | <b>177</b>                 | Only includes verified PRCS population, not locally-sentenced population |
| <b>Health Need</b>   | <b>CDCR estimated need</b> | <b># of clients previously known to Health System</b>                    |
| Alcohol & Other Drug needs   | <b>91</b>                  | <b>22</b>  |
| Mental Health needs  | <b>11</b>                  | <b>81</b>  |

|   |               |  |
|---|---------------|--|
| <b>Total Post Release Supervision Clients Seen by Health System Staff</b> | <b>94</b>     | This does not include locally sentenced population, which has been seen                    |
| <b>AOD Services</b>   | <b>Number</b> | <b>Note</b>  |
| AOD assessments* completed  | 62            | Not all clients consent to ass't   |
| Additional AOD assessments* scheduled                                     | 2             |  |
| # of clients indicated for treatment                                      | 37            |  |
| # of treatment referrals  | 43            | Referrals include treatment, sober living and detox. Not all supervisees accept referrals. |
| <b>Mental Health Services</b>   | <b>Number</b> | <b>Note</b>  |
| Mental Health screenings* completed                                       | 78            | Policy is to screen all clients  |
| Mental Health assessments completed                                       | 27            |  |
| Mental Health Treatment Indicated   | 27            |  |
| <b>Medical Services</b>   | <b>Number</b> | <b>Note</b>  |
| # of clients with Medical condition(s)                                    | 43            | All clients are given a health screening   |

\*Validated assessment instrument used is the Addiction Severity Index and for Mental Health Screen is the AC-OK.

\*\*Our databases are periodically cross-referenced for service history, but since CIS are continuously received, there is a lag in data updates.

DRAFT: 3/23/2012

Note: Data collection procedures are still being worked out. Please send questions to:  
Crispin Delgado, cdelgado@smcgov.org