AGENDA
DIVISION OF REHABILITATIVE PROGRAMS
Director's Stakeholder Advisory Group Meeting

Richard A. McGee Correctional Training Center, Room N-3
9850 Twin Cities Road, Galt, California 95632
October 29, 2013
10:00 A.M. – 4:00 P.M.
1-888-808-6929
Participant Code: 3248011

9:30 A.M.	I.	REGISTRATION
10:00 A.M.	II.	WELCOME AND INTRODUCTIONS Millicent Tidwell, Director (A) Division of Rehabilitative Programs
10:30 A.M.	III.	OVERVIEW – DIVISION OF REHABILITATIVE PROGRAMS Purpose and Goals of this Advisory Group Millicent Tidwell, Director (A)
11:00 A.M.	IV.	IN-PRISON PROGRAMS Kelly Medina, Chief, In-Prison Programs (A) Division of Rehabilitative Programs
11:15 A.M.	V.	CORRECTIONAL EDUCATION PROGRAMS Jennifer Winistorfer, Superintendent (A) Division of Rehabilitative Programs
11:30 A.M.	VI.	COMMUNITY PROGRAMS Colleen Curtin, Chief, Community and Reentry Services Division of Rehabilitative Programs
11:45 A.M.	VII.	LUNCH

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DIVISION OF REHABILITATIVE PROGRAMS
DIRECTOR'S STAKEHOLDER ADVISORY GROUP

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Mission Statement

The Director's Stakeholder Advisory Group (DSAG) was established in 2013 to ensure the creation of quality rehabilitation programs most capable of providing services to reduce recidivism in California. The DSAG is facilitated by the Director of the Division of Rehabilitative Programs (DRP), and seeks to improve relationships, maintain open lines of communication, and promote transparency in decision-making.

Purpose

The DSAG is designed to serve as an advising body to DRP on program and policy issues while member representatives act as liaisons to their organizations and communities. The DSAG addresses the critical issues facing rehabilitative programs for inmates and parolees, identifies barriers that may limit access to services, and provides feedback to the community. The DSAG will:

- Provide perspectives to DRP on trends and best practices of rehabilitative programs for inmates and parolees.
- Foster communication between various stakeholders and CDCR.
- Assist in developing high quality programs for inmates and parolees.
- Assist in developing policy recommendations.
- Advise on program decisions including outcome measures.

Membership

Membership on the DSAG is by invitation to specific organizations from the Director of DRP. Membership is determined on the basis of rehabilitative knowledge, expertise, and commitment to ensuring recidivism is reduced through rehabilitation efforts. Individual representatives sitting on the group are selected by their respective organizations. Membership of the DSAG includes DRP leaders, program providers, substance use disorder subject matter experts, state government, local government, law enforcement, county representatives, judicial officers, employment programs, and academia.

Meeting Frequency

The DSAG will meet quarterly, or as the need arises at the invitation of the DRP Director.

DIVISION OF REHABILITATIVE PROGRAMS
DIRECTOR'S STAKEHOLDER ADVISORY GROUP
List of Member Organizations and Representation

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ADMINISTRATIVE OFFICE OF THE COURTS
Honorable Stephen V. Manley,
Judge of the Superior Court of California,
County of Santa Clara
191 North First Street, Department 64
San Jose, California 95113
(408) 491-4840
smanley@scscourt.org

BOARD OF STATE AND COMMUNITY CORRECTIONS
Ms. Colleen Stoner, Field Representative
600 Bercut Drive
Sacramento California 95811
(916) 324-9385
colleen.stoner@bscc.ca.gov

CALIFORNIA ASSOCIATION OF ALCOHOL AND DRUG PROGRAM EXECUTIVES
Mr. Albert M. Senella, President
1127 11th Street, Suite 208
Sacramento, California 95814
(818) 996-1051
asenella@tarzanatc.org

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
Division of Adult Institutions
Mr. Xavier Cano, Correctional Administrator
1515 S Street
Sacramento, California 95811
(916) 445-7688
Xavier.Cano@cdcr.ca.gov

Division of Adult Parole Operations
Ms. Maritza Rodriguez, Chief Deputy Administrator
1515 S Street
Sacramento, California 95811
(619) 723-9185
Maritza.Rodriguez@cdcr.ca.gov

Division of Rehabilitative Programs
Ms. Millicent Tidwell, Director (A)
1515 S Street
Sacramento, California 95811
(916) 324-8743
Millicent.Tidwell@cdcr.ca.gov

Division of Rehabilitative Programs
Mr. Rodger Meier, Deputy Director (A)
1515 S Street
Sacramento, California 95811
(916) 445-7525
Rodger.Meier@cdcr.ca.gov

CALIFORNIA STATE ASSOCIATION OF COUNTIES
Ms. London Biggs, Legislative Analyst
1100 K Street, Suite 101
Sacramento, California 95814
(916) 327-7500 x 503
lbiggs@counties.org

CALIFORNIA STATE SHERIFFS' ASSOCIATION
Mr. Steve Moore, Sheriff
San Joaquin County
7000 S Michael N. Canlis Blvd
French Camp, California 95231-9781
(209) 468-4310
smoore@sjgov.org

CALIFORNIA WORKFORCE INVESTMENT BOARD
Mr. Ken Quesada
777 12th Street
Sacramento, California 95814
(916) 324 1250
Ken.Quesada@CWIB.ca.gov

CAL STATE SAN BERNARDINO REENTRY INITIATIVE
Dr. Carolyn Eggleston
1465 South D Street
San Bernardino, California 94208
(909) 327-2981
ceggleston@CSRIcenters.org

CENTER FOR EMPLOYMENT OPPORTUNITIES
Mr. Bill Heiser, Director of California Operations
1212 Broadway, Suite 1700
Oakland, California 94612
510-251-2240 ext 613
bheiser@ceoworks.org

CENTER POINT
Dr. Sushma D. Taylor, President/CEO
135 Paul Drive
San Rafael, California 94903
(415) 492-4444
staylor@cpinc.org

CENTER POINT
Alternate: **Mr. Marc J. Hering, Vice President**
135 Paul Drive
San Rafael, California 94903
(415) 492-4444
mhering@cpinc.org

CHIEF PROBATION OFFICERS OF CALIFORNIA
Ms. Karen A Pank, Executive Director
1415 L Street, Suite 1000
Sacramento, California 95814
(916) 447-2762
karen@warnerandpank.com

CHIEF PROBATION OFFICERS OF CALIFORNIA
Alternate: **Ms. Rosemary Lamb McCool, Deputy Director**
1415 L Street, Suite 1000
Sacramento, California 95814
(916) 447-2762
rosie@cpoc.org

COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS ASSOCIATION OF CALIFORNIA
Large County Representation
Mr. Brett O'Brien, Vice President
405 West Fifth Street, Suite 212
Santa Ana, California 92701
(714) 834-2011
bobrien@ochca.com

Large County Representation
Alternate: **Dr. Tom Trabin, ADP Administrator**
2000 Embarcadero, Suite 400
Oakland, California 94606
(510) 567-8100
ttrabin@acbhcs.org

Medium County Representation
Mr. Andy Williamson, AOD Administrator
2101 Courage Drive MS: 10-100
Fairfield, California 94533
(707) 784-2226
AMWilliamson@solanocounty.com

Medium County Representation
Alternate: **Ms. D.J. Pierce, OTR, MPA**
10 North San Pedro Road, Room 1015
San Rafael, California 94903
(415) 473-6652
dpierce@co.marin.ca.us

Small County Representation
Mr. Tony Hobson, Senior Program Manager
109 Parmac Road, Suite 2
Chico, California 95926
(530) 891-2850
THobson@buttecounty.net

MBA County Representation
Mr. Tom Waggoner, Program Manager
1187 E. South Street
Orland, California 95963
(530) 865-1146
twaggoner@glenncountyhealth.net

MBA County Representation
Alternate: **Ms. Tara Shepherd, Deputy Director**
441 North Main Street
Alturas, California 96101
(530) 233-6319
tarashepherd@co.modoc.ca.us

EXAMINED FOR ORIGINAL

DEPARTMENT OF HEALTH CARE SERVICES
Mental Health & Substance Use Disorder Services
Ms. Karen Baylor, Deputy Director
1501 Capitol Avenue, MS 4000
P.O. Box 997413
Sacramento, California 95811
(916) 440-7566
michele.taylor@dhcs.ca.gov

LIFE SUPPORT ALLIANCE
Ms. Vanessa Nelson-Sloane, Director
P.O. Box 277
Rancho Cordova, California 95741
(916) 402-3750
lifesupportalliance@gmail.com

OFFICE OF INSPECTOR GENERAL
Ms. Renee Hansen, Executive Director
3927 Lennane Drive, Suite 220
Sacramento, California 95834
916-830-3600
hansenr@oig.ca.gov

SACRAMENTO COUNTY OFFICE OF EDUCATION
Mr. Matt Perry, Assistant Superintendent
10474 Mather Boulevard
Sacramento, California 95826
(916) 228-2410
cmiller@scoe.net

UNIVERSITY OF CALIFORNIA LOS ANGELES
Dr. David Farabee, Professor-in-Residence of Psychiatry and Behavior Sciences
11075 Santa Monica Boulevard, Suite 100
Los Angeles, California 90025
(310) 267-5535
dfarabee@ucla.edu

WESTCARE
Mr. Shawn Jenkins, Senior Vice President
1505 South Chestnut Ave
Fresno, California 93702
(559) 237-3420
shawn.jenkins@westcare.com

HEALTH RIGHT 360
Dr. Vitka Eisen, CEO
1735 Mission Street, Suite 2001
San Francisco, California 94103
(415) 762-1558
veisen@healthright360.org

MENTAL HEALTH SYSTEMS
Dr. Alyce Belford
9465 Farnham Street
San Diego, California 92123
(858) 437-7166
abelford@mhsinc.org

OFFICE OF INSPECTOR GENERAL
Alternate: **Ms. Jana Boccalon**
3927 Lennane Drive, Suite 220
Sacramento, California 95834
916-830-3600
boccalonj@oig.ca.gov

SAN DIEGO STATE UNIVERSITY
Dr. Sheldon Zhang, Professor
5500 Campanile Drive
San Diego, California 92182-4423
szhang@mail.sdsu.edu

UNIVERSITY OF CALIFORNIA SAN DIEGO
Dr. Igor Koutsenok, Assistant Adjunct Professor of Psychiatry
5060 Shoreham Place, Suite 200
San Diego, California 92122
(858) 699-3809
ikoutzenok@ucsd.edu

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Approved by: Robert Downs
Robert Downs, Associate Director, Office of Program Accountability and Support

Division of Rehabilitative Programs
Executive Office
October 2013

Administrative Assistant
AGPA
Sherry Celio
065-227-5393-828

Division of Rehabilitative Programs
Director
Millicent Tidwell (A)
065-227-9370-001

Executive Assistant
Renae Chandler
065-227-1728-200
On Loan to DAI

AGPA/AA
Morgan Hughes
065-227-5393-xxx

Deputy Director
Rodger Meier
OOC 9/7/13 – 11/5/13
Vacant 4/2/13
065-227-0352-002

Executive Assistant
Carmen Lopez
065-227-1728-201

Office of Correctional Education
CEA III/Superintendent
Jennifer Valdez – OOC 7/1/12 – 9/30/13
VACANT 5/1/12 (G. Brooking)
065-230-7500-001

Office of Offender Services
CEA III/Associate Director
Millicent Tidwell
065-110-7500-002

Office of Program Accountability and Support
CEA III/Associate Director
Robert Downs
065-227-7500-001

Case Plan Pilot
CC III
Dorothy Smith (RA)
065-227-9902-916

Blueprint
Correctional Administrator
Debra Herndon (RA)
065-227-9645-916

Assessment Team
CC III
Karen Ligon (RA)
065-227-9902-916

Assessment Team
CC II (SP)
Debora Jett (RA)
065-227-9901-916

Assessment Team
CC II (SP)
Roy Thomas (RA)
065-227-9901-916

Assessment Team
CC II (SP)
Belinda Spriester (RA)
065-227-9901-916

Assessment Team
CC II (SP)
Cynthia Hebron (RA)
065-227-9901-916

Assessment Team
CC II (SP)
Jeffrey Price (RA)
065-227-9901-916

Assessment Team
CC II (SP)
Suzanna Aguilera-Marrero
065-227-9901-916

Reentry Hub
Correctional Administrator
Jill Brown (RA)
065-227-9645-916

Reentry Hub
CC III
Richard Cole (RA)
065-227-9902-916

Reentry Hub
CC III
Michele Gonzales (RA)
065-227-9902-916

Blueprint
Correctional Administrator
Velda Dobson-Davis (RA)
065-227-9645-916

Long-Term Offender
Captain
Michael Mott (RA)
065-227-9646-916

Sex Offender
Captain
Vince Bueno (RA)
065-227-9646-916

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Computer Literacy Learning Center Program (CLLC): A computer-based curriculum that focuses on basic proficiency in reading, writing, and math skills. Participants also have an opportunity to earn a General Education Diploma (GED).

Substance Abuse Treatment and Recovery (STAR): Offers substance abuse and relapse prevention education to parolees in a classroom-based setting. This 20 day program utilizes the Deciding, Evaluating, Understanding, Counseling (D.E.U.C.) curriculum model.

Employment and Reentry: The Office of Offender Services also supports partnerships with state and local agencies to provide services to inmates and parolees. Services include issuing California identification cards, job skills training, life skills education, and transitional employment. The goal is to assist parolees with successful reintegration into their communities. This is achieved through effective job placement and job retention, increasing public safety and reducing the risk of recidivism.

An Evidence-Based Approach

The Office of Offender Services promotes the use of evidence-based practices among all its service providers. Evidence-based practices are programs and practices proven by scientific research to reduce recidivism.

Office of Offender Services
P.O. Box 942883
Sacramento, CA 94283-0001

Tel: (916) 323-6125
www.cdcr.ca.gov

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Community-Based Programs for Parolees

A Guide to the Office of Offender Services

Division of Rehabilitative Programs
Community/Reentry Services

Community/Reentry Programs

Programs for All Parolees
The Office of Offender Services (OS) administers a statewide network of community-based services for parolees, including substance abuse treatment, employment training, job placement, literacy programs and more. Services include:

Substance Abuse Services Coordination Agencies (SASCA): Provides referral, placement, residential substance abuse treatment and case management services to eligible parolees.

Female Offender Treatment and Employment Program (FOTEP):
1) For female parolees with or without children.
2) FOTEP allows female parolees to live with their children in a community setting for up to 15 months.
3) Provides gender responsive treatment programming.

Parolee Services Network (PSN): Provides an array of community-based substance abuse treatment services for parolees. PSN is administered by OS and the Department of Healthcare Services (effective 7/1/13), via partnerships with 17 counties.

Parolee Service Centers (PSC): These facilities provide residency and support services to help parolees maintain employment. Contractors provide group and family reunification counseling and life skills training in areas such as: stress management, victim awareness, computer use, substance abuse education, money management, job readiness and resume writing, interview skills, and job search.

Residential Multi-Service Centers (RMSC): These facilities provide licensed, residential substance abuse treatment, and other life skills programs to help transition parolees back into their communities. Services include counseling, anger management, employment preparation, literacy training, parenting skills, money management, and aftercare services.

Day Reporting Centers (DRC) and Community Based Coalition (CBC): These non-residential programs include: counseling, transitional/sober living housing, HIV/sexually transmitted disease awareness, substance abuse education, anger management, domestic violence, cognitive life skills training, parenting and family re-integration, community service, education/GED studies, money management, job-readiness and job search, and referral services.

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Community and Reentry Programs for Parolees

Parolee Service Centers (PSC) – *Residential*

PSCs provide group and family reunification counseling, along with life skills training in areas such as stress management, victim awareness, community resources, computer operations, substance abuse, money management, job readiness, interview skills, and job search and employment. A 52-week certified domestic violence program is available. The expectation is that parolees will remain in the program, at no cost to the parolee, and save 75 percent of their net earnings once they become employed. Parolees are housed for an initial placement of 90 days, or longer pursuant to individual needs and CDCR approval, not to exceed 180 days.

Parolee Services Network (PSN) – *Residential and Outpatient*

The PSN provides residential community alcohol and drug treatment services for eligible parolees for up to 180 days. The PSN is a collaborative program between CDCR, Department of Health Care Services (DHCS), 17 county alcohol and drug program administration agencies, case management providers and community based organizations. The goal of PSN is to reduce substance abuse and criminal activity among its participants and encourage a reintegration into society with a clean and sober lifestyle.

Residential Multi-Service Centers (RMSC) – *Residential*

The RMSCs provide housing, substance abuse treatment and independent living skills to at-risk parolees to assist with their transition back into the community. Services include housing, drug counseling, literacy training, job preparation and placement, anger management classes, and individual and group counseling. The program (minimum of 180 days) consists of 5 phases, beginning with a 30-day orientation period and concluding with 60 to 90 days of aftercare. Participants may have an extension in the program for up to one year with CDCR approval.

Substance Abuse Services Coordination Agencies (SASCA) – *Residential and Outpatient*

SASCAs coordinate community-based treatment for parolees located throughout the state. Residential, outpatient and sober living environments are available to parolees through referral from the SASCA. The goal of the SASCA is to reduce the incidence of relapse and recidivism among participants, and to promote pro-social behavior that will enable the participants to exhibit satisfactory conduct within the facility and on parole, leading to a successful reintegration to the community. SASCAs refer, place and track parolees into continuing care programs. SASCAs also provide transportation from prison to the treatment facility. There are four SASCAs, one in each parole region. Each SASCA administers multiple sub-contracts with community-based service providers statewide.

Substance Abuse Treatment and Recovery Program (STAR) – *Classroom-Based*

The STAR program is available in select parole offices. STAR services consist of a 20-day education based program taught by California certified teachers that utilizes the Deciding, Evaluating, Understanding, Counseling, Education (D.E.U.C.E.) curriculum model. The goal for each STAR site is to provide substance abuse and relapse prevention to parolees in need of substance abuse education.

California Department of Corrections & Rehabilitation
1515 S Street, Sacramento, California 95811

Phone (916) 323-6125
www.cdcr.ca.gov

California Department of
Corrections & Rehabilitation

Office of Offender Services
Telephone: (916) 323-6125

Division of
Rehabilitative
Programs

Community and Reentry Programs for Parolees

Computer Literacy Learning Centers (CLLC) – *Classroom-Based*
CLLCs are computer labs located in select parole offices where certified teachers provide classroom instruction. The computer-based curriculum focuses on basic proficiency in reading, writing, and math skills. The goal for each CLLC site is to provide 800 hours of classroom instruction per month that: identifies the reading level of the enrolled parolees; offers participants the opportunity to progress to a GED; and provides training in life skills and employment competency.

Day Reporting Centers (DRC) and Community Based Coalition (CBC) – *Non-Residential*
DRCs and CBCs are "One Stop Shops" that address a parolee's needs through assessment and placement in designated classes and supportive services. Program components include individual and group counseling, transitional/sober living housing, HIV/sexually transmitted disease awareness, substance abuse treatment, anger management, domestic violence program, cognitive and life skills training, parenting and family reintegration, community service, education/GED preparation, budgeting and money management, job readiness and job search, and referral services. Transitional housing is available to parolees who participate in the DRC/CBC.

Female Offender Treatment and Employment Program (FOTEP) – *Residential*
The FOTEP provides residential treatment services for women and their children, including intensive substance use treatment, family reunification, career technical education (vocational training) and employment services. The FOTEP is a gender-responsive and trauma-informed program. Step-down into Sober Living Environment housing and outpatient services are available to women who complete an initial treatment episode.

Golden State Works (GSW) – *Non-Residential*
This program provides transitional employment and supportive services to parolees residing in the Oakland area. The goal is to assist parolees in achieving a successful reintegration into their communities upon release from prison through job placement and retention. The program replicates key elements of the New York-based Center for Employment Opportunities (CEO) model and provides life skills education, employment preparation, transitional employment, job placement, case management and retention services. GSW is a partnership between CDCR, CalTrans, and the City of Oakland.

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DRP COMMUNITY PROGRAM DIRECTORY

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DRP Community Program Directory: A Listing of Parolee Programs

August 2013

Computer Literacy Learning Center Program (CLLC): Located in parole offices, the CLLC (or Literacy Lab) is a computer-assisted instructional program designed to increase the literacy skills of parolees, resulting in increased employability and parolee success. Teachers provide classroom instruction which focuses on basic proficiency in reading, writing and math skills. Students are placed in the CLLC according to their ability and proceed at their own pace, receiving training in life skills and employment competency, with a progression toward earning their GED.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	*Modality	Gender	Facility Capacity
Literacy Lab	ALAMEDA	Angela Taylor	Tele: (510) 577-2407 Ext. 237 FAX: (510) 577-7555	Contra Costa County Office of Education (CCCOE) at: Oakland Parole Office	7717 Edgewater Drive, #200 Oakland, CA. 94621	ataylor@cccoe.k12.ca.us	Classroom	Coed	16 Slots
Literacy Lab	CONTRA COSTA	Lissa Taylor	Tele: (510) 412-5820 Ext. 226	CCCOE at: RICHMOND Parole Office	2555 El Portal Drive, Suite B Richmond, CA 94806	ltaylor@cccoe.k12.ca.us	Classroom	Coed	9 Slots
Literacy Lab	FRESNO	Laura McCullough	Tele: (559) 444-2400 Ext. 206 FAX: (559) 444-2405	CCCOE at: Fresno Parole Office	2222 G St. Fresno, CA 93706	l.mccullough@cdcprogram.org	Classroom	Coed	16 Slots
Literacy Lab	KERN	Arlene Walston	Tele: (661) 634-9620 Ext. 264 FAX: (661) 395-3837	CCCOE at: Bakersfield Parole Office	3400 Sillect Ave. Bakersfield, CA 93308	amckernan@cccoe.k12.ca.us	Classroom	Coed	16 Slots
Literacy Lab	LOS ANGELES	Craig Dahlberg	Tele: (626) 527-3005 Ext. 114 FAX: (626) 459- 4453 or 527-3020	CCCOE at: El Monte Parole Office	9900 Baldwin Place El Monte, CA 91731	Cdahlberg@cccoe.k12.ca.us	Classroom	Coed	17 Slots
Literacy Lab	LOS ANGELES	Maria Tarver	Tele: (661) 729-0530 Ext. 240 FAX: (661) 729-0790	CCCOE at: Antelope Valley Parole Office	43645 Pioneer Ct. Lancaster, CA 93534	mtarver@cccoe.k12.ca.us	Classroom	Coed	17 Slots
Literacy Lab	LOS ANGELES	Bonnie Kaplan	Tele: (213) 689-2150 FAX: (213) 623-7663	CCCOE at: Weingart Center	566 South San Pedro St., #721 Los Angeles, CA 90013	bkaplan@cccoe.k12.ca.us	Classroom	Coed	20 Slots
Literacy Lab	LOS ANGELES	Santiago Nieblas	Tele: (323) 238-1630 FAX: (323) 231-5819	CCCOE at: South Central Parole Office	2444 South Alameda St. Los Angeles, CA 90058	snieblas@cccoe.k12.ca.us	Classroom	Coed	17 Slots
Literacy Lab	LOS ANGELES	Frances Johnson	Tele: (818) 442-0544 Call teacher first FAX: (818) 901-5114	CCCOE at: San Fernando Valley / Van Nuys Parole Office	8100 Balboa Place Room 1022 Van Nuys, CA 91406	fjohnson@cccoe.k12.ca.us	Classroom	Coed	13 Slots
Literacy Lab	LOS ANGELES/ SAN BERNARDINO	Frederick Joachim	Tele: (909) 802-1020 Ext. 276 Fax: (909) 802-1050	CCCOE at: ONTARIO/POMONA Parole	971 Corporate Center Drive Pomona, CA 91768	fjoachim@cccoe.k12.ca.us	Classroom	Coed	13 Slots
Literacy Lab	ORANGE	Josh Wyper	Tele: (714) 688-4855 Ext. 286 FAX: (714) 688-4894	CCCOE at: Orange / Anaheim Parole Office	2911 East Coronado St. Anaheim, CA 92806	jwyper@cccoe.k12.ca.us	Classroom	Coed	18 Slots
Literacy Lab	RIVERSIDE	Jennifer Casals	Tele: (951) 782-4479 Ext. 270 Fax: (951) 782-4929	CCCOE at: Riverside Parole Office	1777 Atlanta Ave. Riverside, CA 92507	jcasals@cccoe.k12.ca.us	Classroom	Coed	14 Slots
Literacy Lab	SACRAMENTO	Todd Wolff	Tele: (916) 324-4141 Ext. 264 FAX: (916) 445-8864	CCCOE at: Sacramento Metro Parole Office	1103 North B Street, Suite E Sacramento, CA 95814	twolff@cccoe.k12.ca.us	Classroom	Coed	16 Slots
Literacy Lab	SAN BERNARDINO	Susie Martin	Tele: (909) 806-3516 Ext. 2053 FAX: (909) 384-7403	CCCOE at: San Bernardino Parole Office	303 West 5th St. San Bernardino, CA 92408	smartin@cccoe.k12.ca.us	Classroom	Coed	17 Slots
Literacy Lab	SAN DIEGO	Julie Eramo	Tele: (619) 476-3700 Ext. 237 Fax: (619) 476-3706	CCCOE at: Chula Vista Parole Office	766 Third Ave., #200 Chula Vista, CA 91910	jeramo@cccoe.k12.ca.us	Classroom	Coed	13 Slots
Literacy Lab	SAN JOAQUIN	Leah Clay	Tele: (209) 948-7652 Ext. 225 Fax: (209) 948-3826	CCCOE at: Stockton Parole Office	612 Carlton Stockton, CA 95203	lclay@cccoe.k12.ca.us	Classroom	Coed	14 Slots
Literacy Lab	STANISLAUS	Claudia Curtis	Tele: (209) 556-5010 Ext. 246	CCCOE at: Ceres Parole Office	1051 Partee Lane Ceres, CA 95307	ccurtis@cccoe.k12.ca.us	Classroom	Coed	14 SLots
Literacy Lab	TEHAMA	Dominique Davis	Tele: (530) 529-7700	CCCOE at: Red Bluff Parole Office	22835 Antelope Blvd. Red Bluff, CA 96080	ddavis@cccoe.k12.ca.us	Classroom	Coed	14 Slots

egend: Modality
s: Residential
n-Res: Non-Residential

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/ Reporting Centers (DRC) & Community-Based Coalition (CBC): DRCs and CBCs are "One Stop Shops" that address a parolee's needs through assessment and placement in designated classes and supportive services. Program nponents include individual and group counseling, transitional/sober living housing, HIV/sexually transmitted disease awareness, substance abuse education, anger management, domestic violence, cognitive and life skills ning, parenting and family reintegration, education/GED preparation, budgeting and money management, job readiness and job search, and referral services. Transitional housing is available to parolees who participate in the C/CBC.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
DRC	ALAMEDA	Angelito Kemp	Tele: (415) 496-5140 Fax: (510) 496-5146	Center Point, Inc.	3333 Telegraph Ave. Oakland, CA. 94607	akemp@cpinc.org	Non-Res	Coed	100 Slots
DRC	FRESNO	James Mills	Tele: (559) 237-3420 Ext. 239 Fax: (559) 485-7244	WestCare California, Inc.	611 East Belmont Fresno, CA 93701	james.mills@westcare.com	Non-Res	Coed	50 Slots
DRC	KERN	Pat Smith	Tele: (661) 861-6111 Ext. 17	Turning Point	1120 Union Ave. Bakersfield, CA 93307	Not Yet Open	Non-Res	Coed	Pending
DRC	LOS ANGELES	Chris Mays	Tele: (213) 250-0110 Fax: (213) 250-0115	Behavioral Systems Southwest, Inc.	1000 West Sunset Blvd. Los Angeles, CA 90012	cmays@behavioralsystemssouthwest.com	Non-Res	Coed	100 Slots
DRC	LOS ANGELES	James T. Weaver	Tele: (310) 348-3000 Fax: (561) 999-7644	Behavioral Interventions, Inc.	1295 E. Holt Ave. Pomona, CA 91768	Not Yet Open	Non-Res	Coed	Pending
DRC	ORANGE	Sara Woehler or Rachel Kienzler	Tele: (310) 348-3000 Fax: (561) 999-7644 Tele: (619) 204-8630	Behavioral Interventions, Inc.	1701 North Main St. Suite 100 Santa Ana, CA 92706	Not Yet Open	Non-Res	Coed	100 Slots
CBC	SACRAMENTO	Marc Nigel	Tele: (916) 228-3375	Sacramento County Office of Education	10170 Missle Way Mather, CA 95655	mnigel@scoe.net	Non-Res	Coed	100 Slots
DRC	SAN BERNARDINO	Elaine Zucco	Tele: (909) 327-2981 Cell: (909) 649-4700 Fax: (909) 327-2101	Foundation for California State University San Bernardino	1465 South D St. San Bernardino, CA 92408	ezucco@sbdrc.net	Non-Res	Coed	100 Slots
DRC	SAN DIEGO	Jackie Clausius	Tele: (619) 497-1100 Fax: (619) 497-1117	Behavioral Interventions, Inc.	3211 Jefferson St. San Diego, CA 92110	jackie.clausius@bi.com	Non-Res	Coed	100 Slots
DRC	SAN FRANCISCO	Wayne Garcia	Tele: (415) 762-1498 Cell: (213) 216-0236	Health Right 360	1885 Mission St. San Francisco, CA 94103	wgarcia@healthright360.org	Non-Res	Coed	25 Slots
DRC	SAN JOAQUIN	Crescencio (Chris) Castaneda	Tele: (209) 234-1087 Ext. 2227 Cell: (209) 587-0397 Fax: (209) 234-3801	Behavioral Interventions, Inc.	1003 West Matthews Rd. French Camp, CA 95231	Crescencio.Castaneda@bi.com	Non-Res	Coed	100 Slots
DRC	SANTA BARBARA	Katie Ward	Tele: (805) 560-0919, ext 301 Cell: (805) 320-6040 Fax: (805) 899-4601	Community Solutions	127 East Carrillo St. Santa Barbara, CA 93101	kward@csimail.org www.csi-online.org	Non-Res	Coed	Case Management
DRC	SANTA BARBARA (Santa Marie)	Liz Holly	Tele: (805) 347-0058, ext 302 Cell: (805) 904-3985 Fax: (805) 922-2988	Community Solutions	1775 South McClelland St. Santa Maria, CA 93454	lholly@csimail.org www.csi-online.org	Non-Res	Coed	Case Management

male Offender Treatment & Employment Program (FOTEP): The FOTEP provides residential treatment services for women and their children, including intensive substance use treatment, family reunification, career technical ucation (vocational training) and employment services. The FOTEP is a gender-responsive and trauma-informed program. Step-down into Sober Living Environment housing and outpatient services are available to women who mplete an intial treatment episode.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
FOTEP	FRESNO	Carrie Smithson / Alyce Belford	Tele: (559) 264-7521 (858) 437-7166	Mental Health Systems	2550 West Clinton Ave. Fresno, CA 93705	csmithson@mhsinc.org	Res	Female	84 Beds
FOTEP	LOS ANGELES	Sonia Crites	Tele: (626) 258-0300	Walden House, Inc.	12423 Dahlia Ave. El Monte, CA 91732	Scrites@healthright360.org	Res	Female	76 Beds
FOTEP	RIVERSIDE	Misty Mejia	Tele: (951) 845-0176	Mental Health Systems New Hope	210 West Sixth St. Riverside, CA 92223	mmejia@mhsinc.org	Res	Female	25 beds

gend: Modality
s: Residential
n-Res: Non-Residential

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DRP Community Program Directory: A Listing of Parolee Programs

August 2013

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
FOTEP	SACRAMENTO	Carole Joy-Ojeda	Tele: (916) 452-3073	Bridges Promise House	2727 P St. Sacramento, CA 95816	carolj@bridgesinc.net	Res	Female	17 Beds
FOTEP	SAN DIEGO	Delores Moreno	Tele: (619) 667-3922	Mental Health Systems Providence Place	4890 67th St. San Diego, CA 92115	dmoreno@mhsinc.org	Res	Female	52 Beds
FOTEP	SAN FRANCISCO	Renee Smith	Tele: (415) 217-8440	Health Right 360	Treasure Island 852 Avenue D San Francisco, CA 94130	rsmith@healthright360.org	Res	Female	63 Beds

Golden State Works Initiative Employment Services (GSW): The GSW will provide transitional employment, job placement and supportive services to recent parolees with the goal of achieving job placement and retention. Services to parolee participants will include life skills education (LSE), employment preparation, transitional employment, permanent job placement and appropriate case management and retention services.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
GSW	ALAMEDA	Michael Spencer	Tele: (510) 437-1155	Volunteers of America Bay Area	2364 East 15th St. Oakland, CA 94601	mspencer@vgaba.org	Non-Res	ALL	90
GSW	LOS ANGELES	Pending	Pending	Behavioral Systems Southwest, Inc.	1000 West Sunset Blvd. Los Angeles, CA 90012	Pending	Non-Res	ALL	100
GSW	SACRAMENTO	Pete Smith (Project Specialist II)	Tele: (916) 228-3371	Sacramento County Office Of Education	10170 Missle Way Mather, CA 95655	psmith@scoe.net	Non-Res	ALL	40
GSW	SAN BERNARDINO	Ric Lugo (Center Mgr)	Tele: (909) 327-2981	Cal State San Bernardino Reentry Initiative (CSRI)	1465 South D St. San Bernardino, CA 92408	Pending	Non-Res	ALL	16
GSW	SAN JOAQUIN	Daniel Lott (Job Developer)	Tele: (209) 234-1087	Pending	Pending	Daniel.lott@bi.caom	Non-Res	ALL	16

Parolee Service Center (PSC): **The PSC provides housing, support services, life skills training and job preparation to help parolees obtain and maintain a job while in the PSC and after their return to the community. PSCs offer cognitive and life skills training, group and family reunification counseling, anger and stress management, victim awareness, computer operations, money management, job readiness, interview skills, job search and employment, and community reentry planning. A 52-week certified domestic violence program is available. Parolees are expected to remain in the program and save 75% of their net earnings once they become employed.**

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
PSC	ALAMEDA	Carl Mason	Tele: (510) 261-1855 Fax: (510) 261-1856	Volunteers of America - Elsie Dunn	2344 East 15th St. Oakland, CA 94601	cmason@voaba.org	Res	Male	48 Beds
PSC	ALAMEDA	LaTony Cornier	Tele: (510) 419-0360 Fax: (510) 452-3125	Volunteers of America - West House	624 14th St. Oakland, CA. 94612	lcornier@voaba.org	Res	Male	72 Beds
PSC	FRESNO	Tony Montanez	Tele: (559) 264-5955 Ext. 13 Fax: (559) 233-1915	Turning Point Fresno	2369 South G St. Fresno, CA 93729	tpvrcpd@sbcglobal.net	Res	Coed	80 Beds
PSC	KERN	Vicki Sherlock	Tele: (661) 325-5774 Ext. 19 Fax: (661) 325-0528	Turning Point Bakersfield Reentry	1101 Union Ave. Bakersfield, CA 93307	vsherlock@tpocc.org	Res	Coed	125 Beds
PSC	LOS ANGELES	Arthur Rodriguez	Tele: (323) 461-2817 Fax: (323) 461-0441	BSS Hollywood Reentry	1831 North Vine St. Hollywood, CA 90028	arodriguez@BehavioralSystemsSouthwest.com	Res	Male	63 Beds
PSC	LOS ANGELES	Annie Negrete	Tele: (818) 780-5139 Fax: (818) 780-2540	BSS Orion	8141 Orion Ave. Van Nuys, CA 91406	amnegrete@BehavioralSystemsSouthwest.com	Res	Male	100 Beds
PSC	LOS ANGELES	Laquita Andrews	Cell: (909) 771-9645 Fax: (562) 602-0811	Community Education Centers, Inc.	2233 East 69th St. Long Beach, CA 90805	Laquita.Andrews@cecintl.com	Res	Coed	50 Beds
PSC	LOS ANGELES	Monica Stel	Tele: (562) 434-0036 Fax: (562) 434-5196	Hoffman House	940 Dawson Ave. Long Beach, CA 90804	msmonica@verizon.net	Res	Female	15 Beds
PSC	MONTEREY	Deborah Carrillo	Tele: (831) 422-9171 Fax: (831) 758-4492	Turning Point Salinas Reentry	116 East San Luis St. Salinas, CA 93901	dcarillotp@sbcglobal.net	Res	Coed	45 Beds

Legend: Modality
Res: Residential
Non-Res: Non-Residential

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PSC	SAN DIEGO	Shirley Wallace	Tele: (619) 234-6191 Fax: (619) 234-1917	W & B Rentry	1719 National Ave. San Diego, CA 92113	wbreentry@sbcglobal.net	Res	Male	45 Beds
PSC	SAN DIEGO	Leslie Lake	Tele: (619) 262-0868 Fax: (619) 262-9248	National Crossroads, Inc.	4991 Imperial Ave. San Diego, CA 92113	nationalcrossroads@gmail.com	Res	Female	40 Beds
PSC	SAN DIEGO	Mike Burreece	Tele: (619) 234-6218 Fax: (619) 234-0839	Volunteers of America - San Diego	650 11th Ave. San Diego, CA 92101	mburreece@voa-swcal.org	Res	Male	40 Beds
PSC	SAN FRANCISCO	Dionne Washington	Tele: (415) 346-9769, ext 77419 Cell: (415) 238-4074 Fax: (415) 346-0358	Geo Care, Inc.	111 Taylor St., Suite 310 San Francisco, CA 94102	dwashington@geocareinc.com	Res	Coed	65 Beds
PSC	TULARE	Nola Gholson	Tele: (559) 732-5550 Ext. 10 Fax: (559) 732-5574	Turning Point Visalia Reentry	1845 South Court St. Visalia, CA 93277	tpvrcpd@sbcglobal.net	Res	Coed	25 Beds

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Parolee Services Network (PSN): The PSN provides a continuum of community-based alcohol and drug treatment services for eligible parolees. The PSN is a collaborative among CDCR, the Department of Healthcare Services, 17 county alcohol and drug program administration agencies, case management providers and community-based organizations.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
PSN	ALAMEDA	Dave Abramson	Tele: (510) 567-8100 Fax: (510) 567-8130	Alameda County Behavioral Health Care Services	Multiple Locations	dabramson@acbhcs.org	Varies on Location	ALL	Varies on Location
PSN	CONTRA COSTA	Haven Fearn	Tele: (924) 335-3340 Fax: (925) 335-3310	Contra Costa County Alcohol & Other Drug Services	Multiple Locations	haven.fearn@hsd.cccounty.us	Varies on Location	ALL	Varies on Location
PSN	FRESNO	Ike Grewal	Tele: (559) 600-6051 Fax: (559) 600-6089	Fresno County Behavioral Health Substance Abuse Services Division	Multiple Locations	igrewal@co.fresno.ca.us	Varies on Location	ALL	Varies on Location
PSN	KERN	Felicia Skaggs	Tele: (661) 868-6808 Fax: (661) 868-6811	Kern County Mental Health	Multiple Locations	fskaggs@co.kern.ca.us	Varies on Location	ALL	Varies on Location
PSN	LOS ANGELES	Yanira Lima	Tele: (626) 299-3202 Fax: (626) 458-6084	Los Angeles County Department of Public Health - Substance Abuse Prevention and Control	Multiple Locations	ylima@ph.lacounty.gov	Varies on Location	ALL	Varies on Location
PSN	MARIN	Rob Reinhard	Tele: (415) 473-6409 Fax: (415) 473-7008	Marin County Health and Human Services	Multiple Locations	rreinhard@marincounty.org	Varies on Location	ALL	Varies on Location
PSN	NAPA	Jacqueline Loeks, MFT	Tele: (707) 253-4027 Fax: (707) 259-8039	Napa County Health and Human Services Agency	Multiple Locations	jacqueline.loeks@countyofnapa.org	Varies on Location	ALL	Varies on Location
PSN	ORANGE	Bhuvana Rao	Tele: (714) 834-2863 Fax: (714) 667-3968	Orange County Health Care Agency Alcohol & Drug Abuse Services	Multiple Locations	BRao@ochca.com	Varies on Location	ALL	Varies on Location
PSN	RIVERSIDE	Darwin Neidlinger	Tele: (951) 955-2105 Fax: (951) 955-8060	Riverside County Department of Mental Health - Substance Abuse Programs	Multiple Locations	deneidlinger@rcmhd.org	Varies on Location	ALL	Varies on Location
PSN	SACRAMENTO	Kathleen Macias	Tele: (916) 875-2040 Fax: (916) 875-2035	Sacramento County Department of Health & Human Services - Behavioral Health Services, Alcohol & Drug Services	Multiple Locations	maciaska@saccounty.net	Varies on Location	ALL	Varies on Location
PSN	SAN BERNARDINO	Vickie Baumbach	Tele: (909) 873-4434 Fax: (909) 421-9466	San Bernardino County Department of Behavioral Health	Multiple Locations	vbaumbach@dgh.sbcounty.gov	Varies on Location	ALL	Varies on Location
PSN	SAN DIEGO	Kenneth Barnes	Tele: (619) 584-5051 Fax: (619) 584-5080	San Diego County Behavioral Health Services - Alcohol & Drug Services	Multiple Locations	Kenneth.Barnes@sdcounty.ca.gov	Varies on Location	ALL	Varies on Location
PSN	SAN FRANCISCO	Annette Quiett	Tele: (415) 255-3442 Fax: (415) 255-3567	San Francisco County Department of Public Health Community Behavioral Health Services	Multiple Locations	Annette.quiett@sfdph.org	Varies on Location	ALL	Varies on Location
PSN	SAN MATEO	Denise Mosely	Tele: (650) 802-6424 Fax: (650) 802-6440	San Mateo County Behavioral Health & Recovery Services	Multiple Locations	dmosely@smcgov.org	Varies on Location	ALL	Varies on Location

egend: Modality
es: Residential
on-Res: Non-Residential

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Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
PSN	SANTA CLARA	Cheryl Berman	Tele: (408) 792-5680 Fax: (408) 947-8709	Santa Clara County Department of Alcohol & Drug Services	Multiple Locations	cheryl.berman@hhs.sccgov.org	Varies on Location	ALL	Varies on Location
PSN	SOLANO	Andrew Williamson	Tele: (707) 784-2226 Fax: (707) 425-4038	Solano County H&SS, Behavioral Health - Substance Abuse Services	Multiple Locations	AMWilliamson@solanocounty.com	Varies on Location	ALL	Varies on Location
PSN	SONOMA	Bonnie Lyon	Tele: (707) 565-7484 Fax: (707) 565-7487	County of Sonoma Department of Health Services Behavioral Health - SUD Services	Multiple Locations	blyon@cccoe.k12.ca.us	Varies on Location	ALL	Varies on Location

sidential Multi-Service Centers (RMSC): The RMSCs are certified substance abuse treatment facilitates, licensed by the Department of Healthcare Services, that provide housing, substance abuse services and independent living lls to at-risk parolees. Services include individual and group counseling, anger management, literacy training and GED preparation, AIDS/HIV education, job preparation and placement, budgeting and money management, and enting skills training.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
RMSC	FRESNO	Gary Knepper	Tele: (559) 304-5792 Fax: (559) 265-4823	WestCare California, Inc.	2772 South MLK Blvd. Fresno, CA 93706	gary.knepper@westcare.com	Res	Coed	85 Beds
RMSC	LOS ANGELES	Fred Walker	Tele: (213) 689-2157 Fax: (213) 488-3419	Weingart Center Association	566 South San Pedro St. Los Angeles, CA 90013	fredw@weingart.org	Res	Coed	85 Slots
RMSC	LOS ANGELES	Regina Slaughter	Tele: (619) 261-5032	Amistad de Los Angeles	3745 South Grand Ave. Los Angeles, CA 90007	rslaughter@amityfdn.org	Res	Coed	100 Beds
RMSC	LOS ANGELES	Tracey Bracey / Michael brenner	Tele: (213) 351-2829 (213) 351-3850	Health Right 360	2307 West 6th St. Los Angeles, CA 90057	tbracey@healthRIGHT360.org mbrenner@healthRIGHT360.org	Res	Coed	50 Beds
RMSC	LOS ANGELES	Francis Valenzuela	Tele: (562) 906-2686	Center of Alcohol & Drug Abuse	10425 Painter Ave. Santa Fe Springs, CA 90670	fvalenzuela@lacada.com	Res	Coed	50 Beds
RMSC	SAN DIEGO	Mike Burreece	Tele: (619) 819-1738 Fax: (619) 819-1739	Volunteers of America Southwest	120 Elm St., 2nd Floor San Diego, CA 92101	mburreece@voa-swcal.org	Res	Male	35 Beds
RMSC	YOLO	Lucas Robles	Tele: (530) 662-5727 x12 Fax: (530) 668-1198	Cache Creek Lodge	435 Aspen St. Woodland, CA 95695	lrobles@cachecreeklodge.com	Res	Coed	25 Beds

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gend: Modality
: Residential
-Res: Non-Residential

Substance Abuse Services Coordination Agency (SACSA): The Substance Abuse Services Coordination Agency is a statewide program that offers residential substance abuse treatment, sober living/transitional housing, outpatient treatment, and case management for up to 180 days for parolees (whether or not they participated in an In-Prison Substance Abuse Treatment program). There are four SASCAs, and each one maintains a network of community-based providers statewide.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
SASCA	ALAMEDA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	BUTTE	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	CALAVERAS	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	CONTRA COSTA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	DEL NORTE	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	EL DORADO	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	FRESNO	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	l.mccullough@cdcprogram.org	Varies on Location	Coed	Varies on Location
SASCA	HUMBOLDT	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	KERN	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	KINGS	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	LAKE	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	LOS ANGELES	Demetrius Andreas	Tele: (800) 380-0024 or (213) 741-3731	HeathRight 360	Multiple Locations	dandreas@healthright360.org	Varies on Location	ALL	Varies on Location
SASCA	MARIN	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	MENDOCINO	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	MERCED	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	NAPA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	Coed	Varies on Location
SASCA	NEVADA	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	ORANGE	Barry Lindstrom or Jonathan Beauregard	Tele: (619) 294-8151 Ext. 1040 Fax: (619) 294-9375 Tele: (909) 433-9555 Ext. 100 Fax: (909) 433-9339	Mental Health Systems	Multiple Locations	blindstrom@mhsinc.org jbeauregard@mhsinc.org	Varies on Location	ALL	Varies on Location
SASCA	PLACER	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location

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egend: Modality
es: Residential
on-Res: Non-Residential

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
SASCA	RIVERSIDE	Barry Lindstrom or Jonathan Beauregard	Tele: (619) 294-8151 Ext. 1040 Fax: (619) 294-9375 Tele: (909) 433-9555 Ext. 100 Fax: (909) 433-9339	Mental Health Systems	Multiple Locations	blindstrom@mhsinc.org jbeauregard@mhsinc.org	Varies on Location	ALL	Varies on Location
SASCA	SACRAMENTO	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	SAN BERNARDINO	Barry Lindstrom or Jonathan Beauregard	Tele: (619) 294-8151 Ext. 1040 Fax: (619) 294-9375 Tele: (909) 433-9555 Ext. 100 Fax: (909) 433-9339	Mental Health Systems	Multiple Locations	blindstrom@mhsinc.org jbeauregard@mhsinc.org	Varies on Location	ALL	Varies on Location
SASCA	SAN DIEGO	Barry Lindstrom or Jonathan Beauregard	Tele: (619) 294-8151 Ext. 1040 Fax: (619) 294-9375 Tele: (909) 433-9555 Ext. 100 Fax: (909) 433-9339	Mental Health Systems	Multiple Locations	blindstrom@mhsinc.org jbeauregard@mhsinc.org	Varies on Location	ALL	Varies on Location
SASCA	SAN FRANCISCO	Steven Jackson	Tele: (415) 456-6655 Ext 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SAN JOAQUIN	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	SAN MATEO	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SANTA BARBARA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SANTA CLARA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SANTA CRUZ	Steven Jackson	Tele: (415) 456-6655 Ext 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SHASTA	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	SOLANO	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	SONOMA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	STANISLAUS	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	SUTTER	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	TEHAMA	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	TULARE	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	VENTURA	Steven Jackson	Tele: (415) 456-6655 Ext. 22 or (951) 684-6604 Fax: (415) 457-2830	Center Point	Multiple Locations	sjackson@cpinc.org	Varies on Location	ALL	Varies on Location
SASCA	YOLO	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location
SASCA	YUBA	Don Smith	Tele: (559) 265-4800 Ext. 20109 Fax: (559) 455-5980	WestCare	Multiple Locations	dsmith@westcare.com	Varies on Location	ALL	Varies on Location

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gend: Modality
s: Residential
n-Res: Non-Residential

Substance Abuse Treatment and Recovery Program (STAR): Located in parole offices, STAR is a cognitive behavioral program that provides substance abuse and relapse prevention to parolees in need of substance abuse education. The 20-day program, offered on an open entry/exit basis, is taught by California certified teachers and utilizes the Deciding, Evaluating, Understand, Counseling, Education (D.E.U.C.E.) curriculum model.

Program Type	County	Contact	Contact Number	Provider	Address	Website or Email Address	Modality	Gender	Facility Capacity
STAR	ALAMEDA	Aster Tadesse	Tele: (510) 577-2000 Office Ext. 309 Fax: (510) 577-7597	Contra Costa County Office of Education (CCCOE) at: OAKLAND Parole	7717 Edgewater Drive, #100 Oakland, CA. 94621	atadesse@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	KERN	Victor Wedlow	Tele: (661) 634-9620 Ext. 258 FAX: (661) 395-3837	CCCOE at: BAKERSFIELD Parole	3400 Sillect Ave. Bakersfield, CA 93308	vwedlow@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	KINGS	Kathleen Rea	Tele: (559) 582-1969 Ext. 246 Fax: (559) 459-4453	CCCOE at: HANFORD Parole	344 West 5th St. Hanford, CA 93230	krea@cccoe.k12.ca.us	Classroom	Coed	15 Slots
STAR	LOS ANGELES	Danelle Spikes	Tele: (661) 729-0530	CCCOE at: ANTELOPE VALLEY Parole	43645 Pioneer Ct. Lancaster, CA 93534	dspikes@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	LOS ANGELES	Henry Contreras	Tele: (626) 527-3005 Ext. 274 Fax: (626) 459-4453	CCCOE at: EL MONTE Parole	9900 Baldwin Place El Monte, CA 91731	hcontreras@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	LOS ANGELES	Robert Duran	Tele: (909) 802-1030 Class Ext. 234 Fax: (909) 802-1050	CCCOE at: ONTARIO/POMONA Parole	971 Corporate Center Drive Pomona, CA 91768	aduran@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	LOS ANGELES	Michael Washington	Tele: (714) 688-4855 Ext. 261 Fax: (714) 688-4894	CCCOE at: ORANGE/ANAHEIM Parole	2911 East Coronado St. Anaheim, CA 92806	mwashington@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	LOS ANGELES	Jamayla Gray	Tele: (818) 442-0543 Fax: (818) 901-5125	CCCOE at: SAN FERNANDO VALLEY/ VAN NUYS Parole	8100 Balboa Place, Room 1013 Van Nuys, CA 91406	jgray@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	LOS ANGELES	Chukwuka (Chuck) Bandele	Tele: (323) 238-1639 Fax: (323) 231-5915	CCCOE at: SOUTH CENTRAL Parole	2444 South Alameda St. Los Angeles, CA 90058	cbandele@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	MONTERERY	Jacqueline Simon	Tele: (831) 422-6376 Fax: (831) 783-3032	CCCOE at: SALINAS Parole	365 Victor St., Suite P Salinas, CA 93907	jsimon@cccoe.k12.ca.us	Classroom	Coed	12 Slots
STAR	SACRAMENTO	Mitchell Rothbardt	Tele: (916) 324-4141 Ext. 308 Fax: (916) 445-8864	CCCOE at: SACRAMENTO METRO	1103 North B Street, Suite D Sacramento, CA 95814	mrothbardt@cccoe.k12.ca.us	Classroom	Coed	18 Slots
STAR	SAN BERNARDINO	Lynn Makey	Tele: (760) 241-3744 Ext. 141 Fax: (760) 241-0443	CCCOE at: SAN BERNARDINO Parole	14040 Park Ave., Suite A Victoville, CA 92392	Lmackey@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	SAN DIEGO	Marty Ellis	Tele: (619) 476-3700 Ext. 259 Fax: (619) 476-3706	CCCOE at: CHULA VISTA Parole	765 Third Ave., Suite 200 Chula Vista, CA 91910	mellis@cccoe.k12.ca.us	Classroom	Coed	15 Slots
STAR	SAN JOAQUIN	Geurin Walton	Tele: (209) 948-7652 Ext. 224 Fax: (209) 948-3826	CCCOE at: STOCKTON Parole	612 Carlton Stockton, CA 95203	gwalton@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	SAN MATEO	Marilee King	Tele: (650) 367-1444 Ext. 266	CCCOE at: REDWOOD CITY Parole	540 Price St. Redwood City, CA 94065	mking@cccoe.k12.ca.us	Classroom	Coed	20 Slots
STAR	SOLANO	Darryl Coachman	Tele: (707) 648-5379 Fax: (707) 648-5285	CCCOE at: VALLEJO Parole	1840 Capitol St. Vallejo, CA 94590	dcoachman@cccoe.k12.ca.us	Classroom	Coed	15 Slots

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Legend: Modality
Res: Residential
Non-Res: Non-Residential

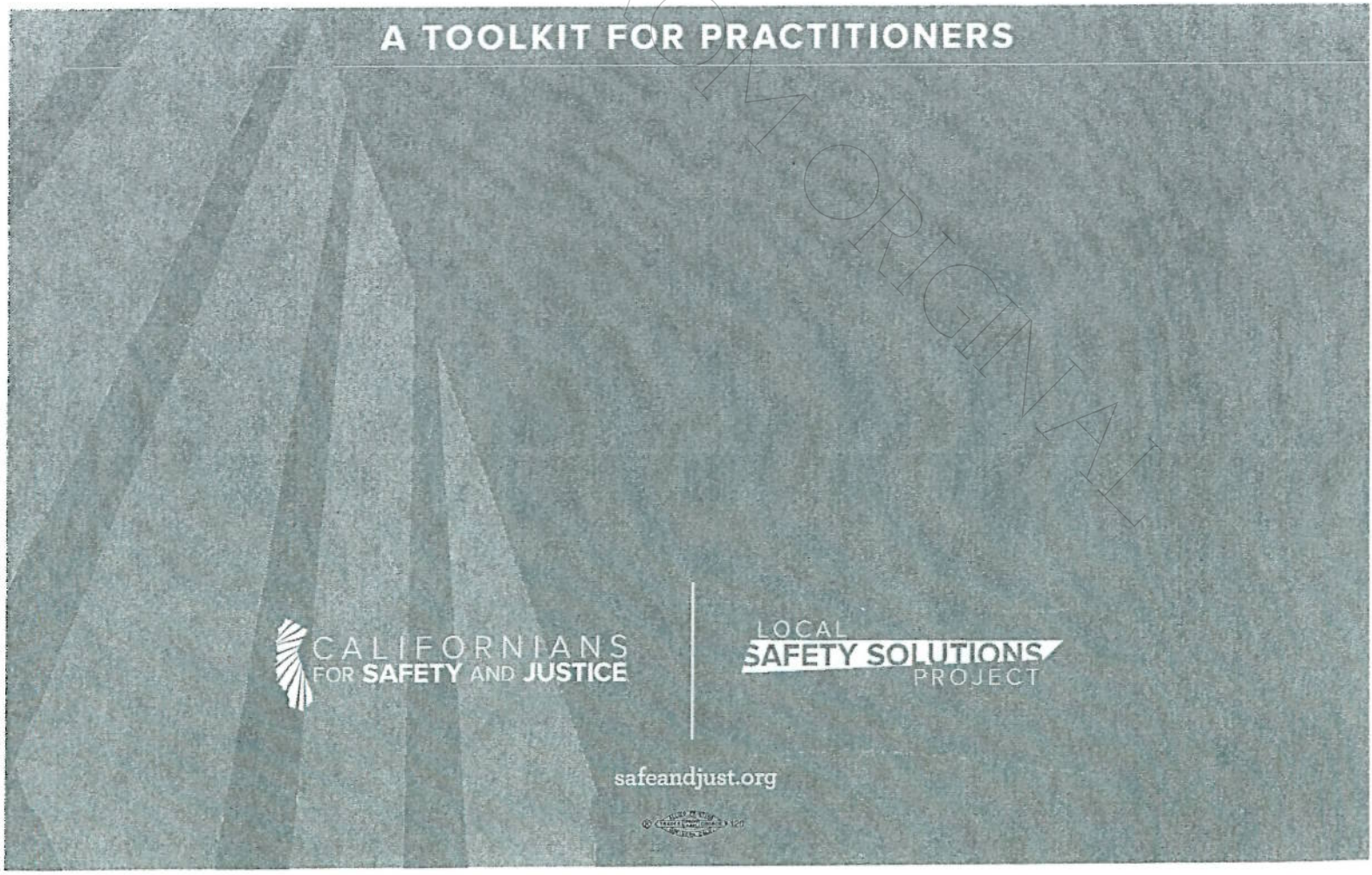
ENROLLING

COUNTY JAIL AND PROBATION POPULATIONS IN

HEALTH COVERAGE

SCANNED FROM ORIGINAL

A TOOLKIT FOR PRACTITIONERS



CALIFORNIANS FOR SAFETY AND JUSTICE

LOCAL SAFETY SOLUTIONS PROJECT

safeandjust.org

Californians for Safety and Justice

Californians for Safety and Justice is a nonprofit working to replace prison and justice system waste with common sense solutions that create safe neighborhoods and save public dollars. Through policy advocacy, public education, partnerships and support for best practices, we aim to stop cycles of crime and build healthy communities.

Local Safety Solutions Project

Partnering with experts from across the country, our Local Safety Solutions Project provides direct support to counties interested in using innovative approaches to increase safety and reduce justice system costs.

Acknowledgements

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Lois Davis of the RAND Corporation

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INTRODUCTION

What You Will Find in This Toolkit

Since 2010, both the nation's health care system and California's criminal justice system have undergone unprecedented reforms. This toolkit outlines what these two parallel transitions have to do with one another, and how California's counties can leverage them to reduce costs and increase public safety. Inside, public safety officials, county executives and community stakeholders will learn:

1. The basics of how federal and state health care coverage programs work;
2. How accessing health care programs for county criminal justice populations can reduce costs (for justice and health systems), reduce recidivism and alleviate county jail pressures; and
3. How the enrollment process works and options for expanding enrollment for criminal justice populations, including tips on how to design and implement an enrollment program.

The Affordable Care Act of 2010

In 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) – the most sweeping overhaul of the nation's health care system since the creation of Medicare and Medicaid in 1965. In addition to its goals of improving health care quality and reducing costs, the ACA also will increase access to affordable health coverage by prohibiting insurance companies from denying coverage based on pre-existing conditions, allowing young adults to stay on their parents' insurance longer, providing tax credits to help people pay for coverage, and allowing states to cover more people on Medicaid.

The changes in the law provide nearly universal access to health insurance for many populations that historically have not had such access. The ACA also requires health plans to cover mental health care and substance abuse treatment at levels similar to what must be offered for medical care coverage.

ACA Implementation in California

Health care reform is being implemented in phases. In California, some changes to health insurance programs have already been made, some are being established, and others are still subject to decisions that must be made by state lawmakers this year. The bulk of the ACA's implementation will be completed by January 1, 2014.

California Assembly Bill 109: Public Safety Realignment

A year after the passage of federal health care reform, California lawmakers enacted a different piece of historic legislation for the state's criminal justice system. "Public Safety Realignment" shifted the management of individuals convicted of specified nonviolent, non-sex, non-serious felonies from the state prison system to county jails and probation. It also shifted the supervision of most people coming out of state prison from state parole to county probation departments.

The law authorized local "Community Corrections Partnerships," chaired by county probation chiefs, to develop implementation plans for counties' new responsibilities. Lawmakers also committed to provide billions of dollars to counties to pay for these new responsibilities – and to give county officials flexibility to determine the best use of Realignment funds.

In part, lawmakers passed these reforms to alleviate severe state prison overcrowding and institute long-term reforms to sustain reductions in the prison population. The state was facing budget deficits, a federal court order (*Plata v. Brown*) to reduce prison overcrowding and improve medical and mental health care in the state prison system, and high recidivism rates for people leaving prison.

So far, the state prison population has dropped by more than 25,000 people. Counties are now working to manage these individuals in local systems through jail sentences, split sentences (jail and probation), rehabilitation programs and treatment. Despite some challenges, Realignment holds promise as a new strategy that can increase public safety by fostering local solutions to the justice system's overcrowded prisons and high recidivism rates. Counties have the opportunity to create new programs or strengthen existing ones that can reduce the number of people cycling in and out of the justice system.

Adapting to Both the ACA and AB 109: Leveraging Change to Increase Safety and Savings

In this era of ACA and Realignment implementation, new opportunities have emerged to strengthen the role of the health care system in creating safe communities. A large percentage of the individuals that cycle in and out of the justice system do not have health insurance and suffer from myriad of health problems, including mental illness and addiction issues. These unresolved health problems contribute to recidivism and high costs in the justice system.

Partnerships between criminal justice and health care systems can address the long-standing challenges caused by the prevalence of uninsured individuals with health problems in the justice system. This toolkit aims to help counties leverage both the increased opportunities for health coverage under the ACA and the increased flexibility and local responsibility under Realignment to increase both safety and savings.

County agencies (in collaboration with community stakeholders) can leverage potentially under-utilized health care resources, wholly or partially funded by federal dollars, to reduce:

- Jail operating costs;
- Jail population pressures;
- Health care expenditures by probation; and/or
- County general fund expenditures for health care and criminal justice.

Widespread enrollment of people in jails and on probation in health plans is an enormous opportunity. With the right information and partnerships, the public safety community can to play a critical role in coordinated enrollment efforts while furthering its mission to protect communities.

HEALTH CARE ENROLLMENT FOR INDIVIDUALS IN THE JUSTICE SYSTEM SAVES COUNTIES MONEY

- Health care enrollment reduces the high cost of delivering care to people in jail. **Medi-Cal may fully or partially reimburse the cost of medically necessary inpatient care**, like hospital or nursing facility stays, for people in jail.
- **Medi-Cal will also fully or partially cover certain inpatient and outpatient substance abuse and mental health treatments.** For some individuals, participating in such treatment can also serve as an alternative to jail stays before or after their trials – saving jail bed space and money.
- Being enrolled in health care before leaving jail, whether pre-trial or post-sentence, **improves individuals' continuity of health care** and access to preventative care, which makes it less likely that they will require costly emergency room care.
- Enrollment in health care also provides **an additional revenue stream for health care services** provided to individuals on probation that otherwise could be costs incurred by the county.
- Most importantly, access to care for people with addiction or mental health issues reduces the chance that they will end up back in the justice system in the future.

WORKING DRAFT

DEFINITION OF KEY TERMS

Federal Poverty Level (FPL), set annually, is used to determine eligibility for various government programs. This is the minimum income the federal government determines that an individual or family needs for food, transportation, shelter and other necessities.

Medicaid is a joint federal-state insurance program that provides health coverage, including mental and behavioral health benefits, for certain low-income families and individuals. It is financed jointly by the federal government and states, and administered by states and/or counties within broad federal guidelines. Under the ACA, states can expand their Medicaid program to provide coverage to all citizens 18-64 years old and certain lawfully present non-citizens with incomes up to 138 percent of the FPL.

Medi-Cal is California's version of the Medicaid program. California has opted to expand Medi-Cal coverage under the ACA.

Health Exchanges are marketplaces where people will be able to buy health insurance and access federal tax credits to subsidize the cost of insurance. Health insurance plans offered on the health exchanges are certified as meeting certain minimum standards and covering essential health benefits. States can elect to build a fully state-based exchange, enter into a state-federal partnership exchange, or default into a federal exchange. California has opted to create its own exchange.

Covered California is the state health exchange, a marketplace where people will be able to determine their eligibility for public health insurance or tax credits to help pay for a health plan, access tax credits and select and enroll in health coverage that takes effect January 1, 2014.

Essential Health Benefits (EHB) is the description of minimum benefits that must be included in all health plans offered by a health benefits exchange. According to federal guidelines, each plan must cover the following 10 categories of benefits: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; chronic disease management; and pediatric services, including oral and vision care. Each state must select a benchmark plan as the standard for benefits in those categories. California has selected the Kaiser Foundation Small Group HMO 30 plan. State Medicaid plans must also cover essential health benefits. (For more information about California's EHB benchmark plan, see page 23.)

Mental Health Parity and Addiction Equity Act of 2008 is a federal law that generally prevents health plans that provide mental health and substance abuse disorder benefits from imposing more limitations on those benefits than they do on medical/surgical coverage. Under the ACA, Medicaid and all health plans offered on the health benefits exchange must comply with this law.

TRENDS ORIGINAL

THE INTERSECTION OF HEALTH CARE AND CRIMINAL JUSTICE: HOW HEALTH ACCESS LEADS TO PUBLIC SAFETY

Prevalence of Health Problems in the Justice System

As many county leaders know, **the need for health insurance among people in the justice system is acute.** This population is more likely to suffer from physical, mental and/or behavioral health conditions than the general population.

A nationally representative, cross-sectional survey comparing the incarcerated population to other adults found that **jail inmates had a significantly higher prevalence of certain chronic diseases** (including hypertension, diabetes, heart attack, asthma, arthritis, cervical cancer and hepatitis.)[1]

There is also a high prevalence of mental health challenges among people in jails:

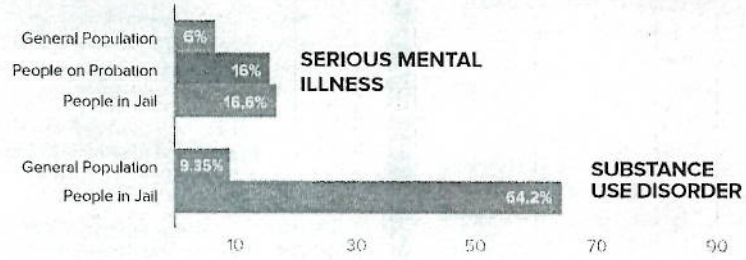
- A 2009 survey determined that the prevalence rate of serious mental illness for recently booked jail inmates was 16.6 percent – **almost three times the rate found in the general population.**[2]
- Less acute mental illness is even more common. The U.S. Bureau of Justice Statistics reported that 64 percent of jail inmates had a recent "mental health problem."[3]

Finally, many people in the justice system are suffering from addiction issues at much higher rates than the general population:

- Data collected in 2009 by the Office of National Drug Control Policy's Arrestee Drug Abuse Monitoring program showed that males 18 years and older in the justice system tested positive for recent use of drugs and admitted to that use at a far higher rate than is found in general population surveys, with **anywhere from 52 percent** (Washington, DC) **to 80 percent or more** (Chicago and Sacramento) of arrestees testing positive for the presence of at least one drug.[4]
- A federal report indicated that across the United States, **almost one in three probationers reports abusing alcohol, and one in six admits abusing methamphetamines.**[5]

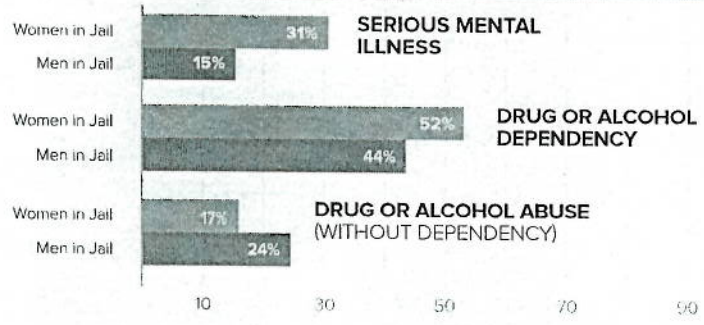
Once in jail, people with mental health problems tend to stay longer and are less likely to be placed on community supervision (in lieu of incarceration) compared to others charged with similar offenses. In addition to the costs of care while in jail, longer lengths of stay is one factor that makes incarceration of people with mental health problems significantly more expensive than the general population.

FIGURE A. RATES OF SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IN JAIL AND ON PROBATION



Sources: "The Numbers Count: Mental Disorders in America," National Institute of Mental Health, 2006. "Prevalence and Co-Occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders," National Institute of Health, 2006. "Substance Dependence, Abuse, and Treatment of Jail Inmates – 2002," Bureau of Justice Statistics, July 2006. "Characteristics of Parole and Probation Admissions Ages 18 or Over," *The TEDS Report*, Substance Abuse and Mental Health Services Administration, March 2011.

FIGURE B. RATE OF MENTAL ILLNESS AND SUBSTANCE ABUSE PROBLEMS IN MEN AND WOMEN IN JAIL



Sources: Steadman, H.J. Osher, F.C. Robbins, P.C. et al. "Prevalence of serious mental illness among jail inmates," *Psychiatric Services*, 60:761-765, 2009. "Substance Dependence, Abuse, and Treatment of Jail Inmates – 2002," Bureau of Justice Statistics, July 2005.

Health Coverage Rates in the Justice System

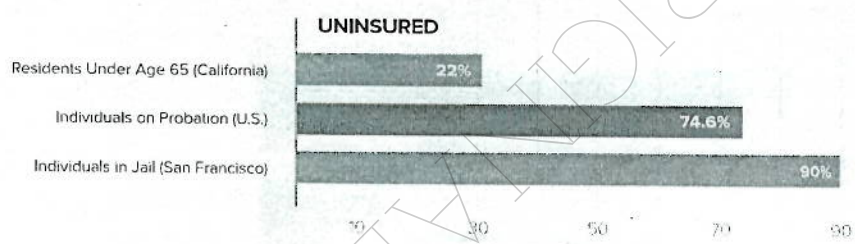
Compounding the fact that people in jails and on probation are less healthy than the general population, they are also far more likely to be uninsured.

Lack of health coverage is a particularly big problem in California: Almost one in four adults (ages 19-64) are uninsured.[6] Not surprisingly, a lack of health insurance has a critical impact on people's ability to access care and stay healthy. A comprehensive review on patterns of health care use showed that the uninsured are more likely to forego needed care and less likely to receive preventative services or the appropriate care to manage chronic illness.[7]

Lack of insurance is a far more severe problem for people in the justice system:

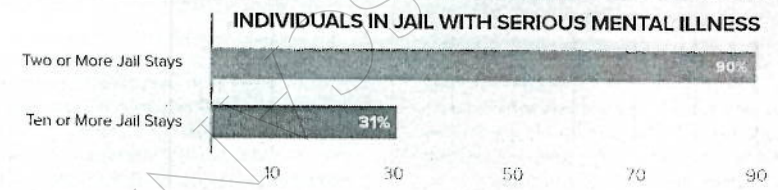
- **Nine out of 10** people detained and incarcerated in jails do not have health insurance or the financial resources to pay for medical care upon release.[8]
- Almost **three out of four** people on probation have no health insurance.[9]
- Like the rest of the uninsured population, people in jail or on probation are highly likely to experience **poor health outcomes** because of lack of access to health care.

FIGURE C. RATES OF NO INSURANCE IN GENERAL POPULATION, PEOPLE IN JAIL AND PEOPLE ON PROBATION



Sources: Francis, Paul. "California's Uninsured: Treating Water," California Health Care Foundation, December 2012. Wang, EA; White, MC; Jamison, R; Goldenson, J; Estes, M; Tulsey, JP. "Discharge planning and continuity of healthcare: finding from the San Francisco County Jail," *American Journal of Public Health*, 98:1163-64, 2008. "Characteristics of Parole and Probation Admissions Aged 18 or Over," *The TEDS Report*, Substance Abuse and Mental Health Services Administration, March 2013.

FIGURE D. INDIVIDUALS IN L.A. COUNTY JAILS WITH SERIOUS MENTAL ILLNESS



Source: "More Mentally Ill Persons are in Jails to Persons Than Hospitals," Treatment Advocacy Center and National Sheriff's Association, May 2010.

Incarcerated People Often Lose Their Coverage

Of the handful of California arrestees who have health coverage, many are enrolled in Supplemental Security Income (SSI), a federal income supplement program designed to help elderly, blind and disabled people who have little or no income. Once incarcerated, most people lose their SSI and Medi-Cal benefits, even though the Centers for Medicare and Medicaid Services has advised against Medi-Cal termination based on incarceration.

Terminating coverage disrupts access to health care and makes it more difficult to achieve a **"continuity of care"**: The delivery of care, without disruptions, where ongoing treatment is coordinated between providers. This is a critical approach for cost-effective, high-quality patient care.

Unaddressed Health Problems, Recidivism Rates and Costs

Unaddressed Health Problems and Recidivism

A lack of health coverage can increase recidivism rates. When the underlying drivers of crime remain undetected and/or untreated, the behaviors of people in the justice system often remain the same or worsen.

For many without access to physicians, therapy or medications, stints in jail or time on probation can represent inevitable stages in a cycle rooted in chronic and untreated behavioral and physical health disorders.

According to Marin County Chief Probation Officer Mike Daly, **"If we don't address the top drivers of crime – like untreated substance abuse issues – we are wasting our time and the public's money."**

There is burgeoning data that supports a link between health care enrollment and reduced recidivism rates.

A study of jail populations with serious mental illness in Kings County, Washington, and Pinellas County, Florida, found that individuals released from jail with Medicaid coverage had 16-percent fewer subsequent arrests.[10]

Unaddressed Health Problems and the Cost of Jail

High recidivism arising from untreated and chronic health conditions is also costly.

"Frequent flyers" are individuals who are most likely to continually cycle in and out of the justice system and account for a disproportionate percentage of the system's overall costs. It is important for counties to identify frequent flyers and any potential unaddressed health problems that may be contributing to these cycles.

When frequent flyers are sick or have addiction problems, they tend to stay in jail much longer and cost jails more money. A *New York Times* report on Rikers Island (New York City's jail) indicates that based solely on longer lengths of stays, costs for jailing people with mental illnesses are likely four times greater than for the average person.[11]

People with mental illness also often face additional challenges in jails, including higher suicide rates and high costs of psychotropic medications. When mentally or chronically ill individuals are released from jail without health coverage, they are also much more likely to end up in the emergency room.

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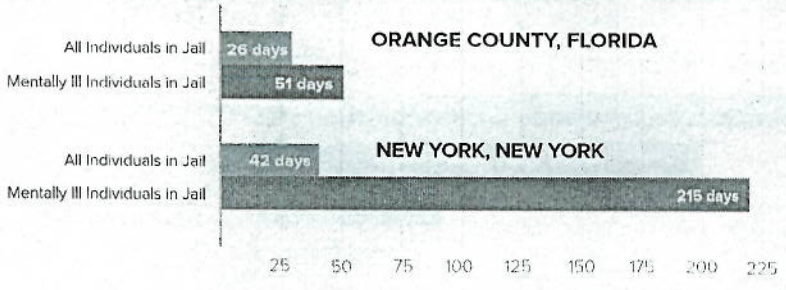
FIGURE E. MENTALLY ILL INDIVIDUALS HAVE LONGER AVERAGE LENGTHS OF STAY IN JAIL



Source: "More Mentally Ill Persons are in Jails or Prisons Than Hospitals," Treatment Advocacy Center and National Sheriff's Association, May 2010.

Unaddressed Health Problems and the Costs of Probation

Supervising people with mental illness or substance abuse issues also costs probation departments disproportionate sums. Probation departments may currently be devoting a portion of their budgets towards funding substance abuse treatment and behavioral and mental health programs that could be covered, in whole or in part, by Medi-Cal and other health coverage funding streams.

Now that a large percentage of probationers will be eligible for federally funded coverage through Medi-Cal, enrolling them can make a big impact on probation departments' bottom lines. Unlike in jail, treatment and medication obtained while an individual is on probation can be paid for with federal dollars. Enrolling probationers in Medi-Cal and probation-run treatment programs certified to bill Medi-Cal can stretch probation funds farther.

Probation caseloads filled with individuals convicted of non-violent offenses related to drug addiction reduces a probation officer's capacity to intensively supervise people with a higher risk of violence and more serious records. Helping nonviolent probationers struggling with addiction to enroll in health care and access treatment can reduce their recidivism, reducing probation caseloads and allowing probation officers to focus on other high-risk caseloads – and, ultimately, keep probation violations and jail populations down.

Unaddressed Health Problems' Negative Impact on Public Safety and County Budgets

Beyond the impacts to sheriffs' and probation departments' budgets, there are also public safety impacts to consider. People with untreated mental illness and/or addictions jeopardize public safety when they repeatedly commit crimes against property and persons.

County jails are housing a largely poor and increasingly sick population whose problems:

- Worsen from confinement without treatment;
- Lead to repeat arrests and jail stays; and
- Disproportionately strain criminal justice budgets.

Identifying ways to fund effective, community-based health care interventions is needed to break this damaging and costly cycle.

THE BASICS OF MEDI-CAL AND HEALTH COVERAGE IN CALIFORNIA

What is Medicaid?

Created by Congress in 1965, Medicaid is a public insurance program that provides health coverage to certain categories of low-income families and individuals, including children, parents, seniors and people with disabilities. Medicaid is funded jointly by the federal government and the states, with the proportion of federal to state funding based on the state's per capita income relative to the national average.[3]

Each state operates its own Medicaid program within federal guidelines. For example, every state Medicaid program covers a core set of federally **required** populations and services as well as a set of **optional** populations and services from which states pick and choose as they see fit. Because the federal guidelines are broad, states have a great deal of flexibility in designing and administering their programs. As a result, Medicaid eligibility and benefits often vary widely by state.

The ACA expands the populations eligible for Medicaid to include virtually all citizens 18-64 years old and certain legal non-citizens with incomes up to 138 percent of the Federal Poverty Level who were not previously eligible. **To incentivize states to expand Medicaid programs to cover this group, the federal government will reimburse the costs of covering this newly eligible population** at a rate of 100 percent from 2014 to 2016, then gradually decreasing to 90 percent by 2020 (the federal share for currently eligible Californians is 50 percent). The state will pay the non-federal share.

Medicaid is sometimes confused with Medicare, which is another public insurance program that provides health coverage to people over 65 years of age and certain people with disabilities. Unlike Medicaid, Medicare is federally administered and does not consider income as an eligibility factor. Some seniors and disabled people who also have low-incomes, called "dual-eligibles," are eligible to enroll in both Medicaid and Medicare.

What is Medi-Cal?

Medi-Cal is California's version of the federal Medicaid program, available to people:

- Who receive cash assistance from SSI/SSP (Supplemental Security Income/State Supplemental Program);
- In the CalWORKs (California Work Opportunity and Responsibility to Kids) or Refuge Assistance programs; and/or
- Who are low-income and under 21; 65 or older; blind or disabled; pregnant; or the parent or caretaker relative of a child under 21.

When Medi-Cal expansion becomes law in California, eligibility will expand to cover citizens 18-64 years old and certain lawfully present non-citizens with incomes up to 138 percent of the FPL who were not previously eligible.

Currently, Medi-Cal eligibility determinations and the benefits delivery system are managed by county social service agencies. Over the years, California has allowed counties to design and administer their own Medi-Cal programs within a flexible framework. Medi-Cal has gradually evolved into a number of distinct county programs that can be generally classified according to their respective provider payment method and/or managed care model.

County Payment Schemes for Medi-Cal

Fee-For-Service (FFS): In the once dominant but rapidly declining fee-for-service paradigm, health care professionals or facilities provide services and bill for each encounter at rates set by the state.

Managed Care (MC): Under managed care, the state sets a fixed monthly rate for each patient whose health care needs are managed by a public option or a private plan. Managed care counties fall into three major categories:

1. Two-Plan: Three million beneficiaries in 14 counties choose between a public "local initiative" health plan (which must include a county hospital in its provider network) or a commercial plan selected through a competitive bid process.

ANDIO WORKING DRAFT

2. County Operated Health System (COHS): One million beneficiaries in 14 other counties enroll in a locally administered health system that is mandatory for the entire county's Medi-Cal population, usually with a county hospital as the chief Medi-Cal provider.
3. Geographic Managed Care: Half a million beneficiaries in San Diego and Sacramento counties choose one of multiple commercial plans.

As shown in the figure below, Fee-For-Service, Two-Plan and COHS counties follow regional patterns across the state. "This arrangement will continue under health care reform, with a transition from fee-for-service to managed care for rural counties. California will implement the Medi-Cal expansion using a state-based approach under which the state would expand its existing state-administered Medi-Cal Program.

FIGURE F. MANAGED CARE COUNTIES – JULY 2011

Source: California Health Care Foundation

What Does Medi-Cal Cover?

Medi-Cal covers health care that is defined as "medically-necessary." This includes mental and behavioral health care as well as substance abuse treatment services. Services currently covered by Medi-Cal related to mental health and substance abuse treatment include:

A. Assessment and plan development;
B. Group or individual therapy and rehabilitation;
C. Collateral services (training or counseling for family members or significant others);
D. Case management (personal services coordination);
E. Medication support services;
F. Intensive day treatment and rehabilitation;
G. Crisis intervention and stabilization;
H. Residential treatment services;
I. Psychiatrist and psychologist services; and/or
J. EPSDT (Early and Periodic Screening, Diagnosis and Treatment) supplemental specialty mental health services for individuals under age 21.

Medi-Cal coverage for substance use disorders will be enhanced for both existing and newly eligible populations beginning January 1, 2014. Decisions about the scope of benefits are still being finalized, but will include residential recovery, de-toxification, and intensive outpatient treatment, among other services. Medi-Cal will continue to deliver speciality mental health and substance use disorder services through separately from the managed physical health plans, using "carve-out" programs that are administered by counties.

What is a Health Exchange?

In 2010, California was the first state in the nation to enact legislation to implement the provisions of the ACA by creating a state health exchange, **Covered California**, a state-run marketplace where qualified individuals, families and small businesses can access tax credits and purchase insurance that will be effective January 1, 2014. Eligibility determinations and applications for Medi-Cal will also be available online through Covered California.

People Serving Jail Sentences are Not Eligible: The ACA explicitly excludes people who are serving a jail sentence from eligibility for private health plans available on the exchange during the time they are incarcerated.

People Detained Pre-Trial are Eligible: The same provision states that people in jail awaiting the outcome of their charges will not be disqualified. This provision will likely allow eligible individuals in custody pending disposition of charges to enroll in a health plan offered through an exchange prior to conviction, or maintain coverage if they are already enrolled prior to arrest.

How do People in the Justice System Access Health Care Today?

Historically, most people in the criminal justice system were excluded from free or low-cost medical programs, like Medi-Cal, funded by the government. Even though most people in jails or on probation have low incomes, many did not fall into one of the specific categories covered by Medi-Cal.

Other coverage options were also usually not available to people in the justice system. For example, private health insurance obtained through an employer was often not available because the person was unemployed or was terminated due to the jail term. Buying an individual plan was too costly and maybe even impossible (especially when individuals had pre-existing conditions, like serious mental illness or a history of substance abuse).

Most of the time, people in the justice system in California access health care through their county's indigent health care programs. Under the state Constitution, California's counties are required to provide care to indigent residents who otherwise lack health coverage. Counties provide medical care, mental health services, substance abuse treatment and public health programs (e.g., communicable disease control, smoking cessation and family planning services). The state provides funds to help counties with the cost of providing indigent health services, and in return require counties to devote a specified proportion of their general fund revenues to this purpose.

There are two models within California for the delivery of indigent health care:

- **County Medical Services Program (CMSP):** The smaller and mostly rural counties (34 in total) banded together and contracted with the state to run their indigent care programs until 2005, when administrative responsibility was transferred to Anthem Blue Cross. CMSP coverage is similar to Medi-Cal, in terms of scope of benefits.
- **Medically Indigent Services Programs (MISPs):** Meanwhile, the 24 more populous counties administered their own programs with less state funding but total discretion in how they designed their programs. MISP counties with a public hospital-based delivery system provide some benefits to the uninsured indigent adult population, but most still fall short of offering a scope of benefits that is comparable to that of Medi-Cal.[14]

TABLE 1. ESTIMATING THE COST OF HEALTH INSURANCE PURCHASED THROUGH COVERED CALIFORNIA

Household Size	Annual Income	Yearly Cost of Health Insurance (Without Government Subsidy)	Yearly Federal Government Subsidy	New Yearly Cost of Health Insurance
4	$31,900	$12,300	$11,100	$1200 ($100/ month)
4	$88,800	$12,300	$3900	$8400 ($700/month
1	$27,000	$4,548	$2460	$2100 ($175/month)

Source: Covered California

THIS DOCUMENT IS UNDER REVIEW

FIGURE G. INDIGENT HEALTH CARE MODELS BY COUNTY

Source: http://www.cmspcounties.org/about/participating_counties.html

After the Medi-Cal expansion, counties will still be constitutionally required to provide indigent health care. There will be individuals and communities that remain uninsured despite health care reform, whether due to unaffordability, immigration status or other factors. In certain counties, these people are likely to continue seeking care through safety net providers, such as county health centers and community health clinics. Decisions being made by the state legislature this year will impact the degree to which indigent health care providers will be able to tap into Medi-Cal funds – and what level of state funding they will receive.

What is a Low Income Health Program (LIHP) and Who is Eligible?

To prepare for the expansion of Medi-Cal in 2014, California received a Medicaid waiver from the federal government that allows counties to establish and operate Low Income Health Plans (LIHPs). LIHPs offer health coverage based on income eligibility thresholds rather than categories. Under the waiver, up to half a million uninsured adults – drawn from the population that will become eligible for Medi-Cal in 2014 – will enroll in coverage through the LIHPs and will transition to Medi-Cal once it is expanded.

Single adults with income up to 138 percent of the Federal Poverty Level (currently $1,284 per month) are eligible for almost all county LIHPs.

The most recently available figures from the U.S. Bureau of Justice Statistics indicate that the average jail inmate's (pre-arrest) personal income is less than $1,000 per month. Currently, the Federal Poverty Level for a single adult is $931 per month.[14]

Additionally, the Substance Abuse and Mental Health Services Administration reports that on average 63 percent of people on probation are unemployed or not in the labor force, meaning they are also likely to have very low income.

Therefore, LIHPs create high rates of eligibility for people in the justice system in participating counties and an opportunity for those counties to begin immediately to draw down federal funds to pay for health care costs the county would previously have shouldered itself.

In addition to general medical care and treatment for chronic illnesses, LIHPs cover a range of inpatient and outpatient mental health services that would benefit many people in the justice system. At a minimum, that list includes:

- Up to 10 days per year of acute inpatient hospitalization in an acute care hospital, psychiatric hospital or psychiatric health facility;
- Up to 12 outpatient encounters per year (including individual or group therapy, crisis intervention, medication support and assessment);
- Psychiatric pharmaceuticals;
- Additional optional services such as case management, crisis stabilization, transitional residential and day rehab; and/or
- An option for the plan to expand services when a medically necessary reason for extended treatment exists.

At least 16 California counties currently offer additional mental health services in their LIHP plans that include case management, crisis stabilization, substance abuse treatment and residential rehabilitation. Those counties are: Alameda, Contra Costa, Kern, Los Angeles, Monterey, Orange, Placer, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz and Ventura.

As part of the Medi-Cal expansion, individuals enrolled in LIHPs will be transitioned onto the Medi-Cal program. LIHP enrollment processes vary by county. For more information see page 23.

Which Populations in the Justice System are Eligible for What Coverage?

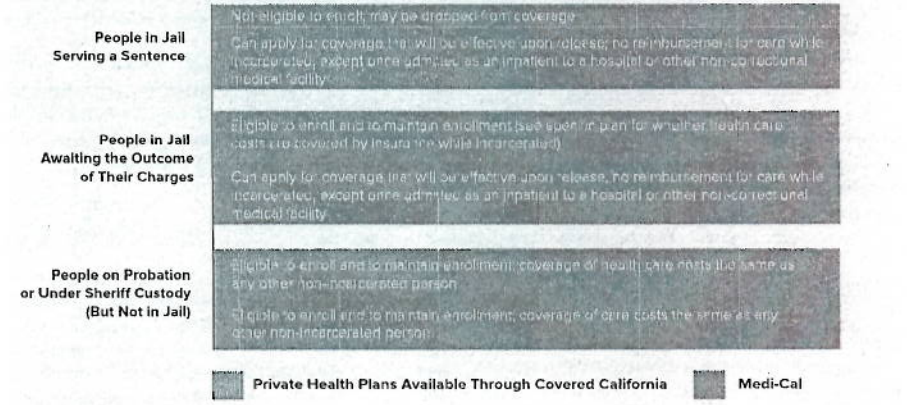
In the past, the opportunity for health care enrollment to help justice system populations was limited. First, most people in the justice system were not eligible for coverage in a government health program. Second, with respect to jails, a federal law referred to as the "inmate exception" prohibits a federal contribution to health services delivered while a person is involuntarily confined in a jail or prison.

The ACA does not change the inmate exception. However, there is an *exception to the exception* that states and counties have not widely taken advantage of: **Inpatient care of inmates *at hospitals* or certain other non-correctional health facilities is reimbursable by Medicaid.** Federal funding for inpatient health care takes on greater significance now that a much broader segment of the jail population will become eligible for Medi-Cal.

> Noting that federal money was being left on the table by the state prison system, the California legislature in 2010 passed a bill authorizing state prisons to seek to enroll inmates in Medi-Cal or a LIHP when they received inpatient treatment at a hospital.[15]

Counties can also reap savings by enrolling people in jail in Medi-Cal or LIHP and seeking reimbursement for inpatient health expenses. And if someone is supervised by the county — but not incarcerated in the jail (i.e., participating in electronic monitoring, day reporting or another non-jail-based program) — their outpatient care would be potentially reimbursable by Medi-Cal as well.

FIGURE H. 2014 HEALTH CARE ELIGIBILITY AND COVERAGE FOR PEOPLE IN THE JUSTICE SYSTEM



PUBLIC RECORDS

Possible Changes to Coverage in 2014

Under the ACA, all health plans offered on the California state exchange, including the expanded version of Medi-Cal, will have to cover "essential health benefits" (EHBs), which includes mental and behavioral health treatment and substance use disorder services – and provides a floor of minimum services.

Each state has some flexibility to interpret the EHBs and can design plans that augment the minimum benefits of the "benchmark plan." In California, the state legislature has selected the Kaiser Foundation Small Group HMO 30 plan as our state's benchmark plan. To comply with the ACA, plans must also provide benefits for mental illness and substance use disorders in no more restrictive way than all other medical and surgical procedures covered by the plan.

For more information about California's EHB benchmark plan, see page 23.

POST-REALIGNMENT CALIFORNIA: WHY INCREASING HEALTH ACCESS IS MORE IMPORTANT THAN EVER BEFORE

California's justice system is changing. For the first time in a generation, California's county jail and probation populations are growing faster than its state prison population.

Increased Local Responsibility

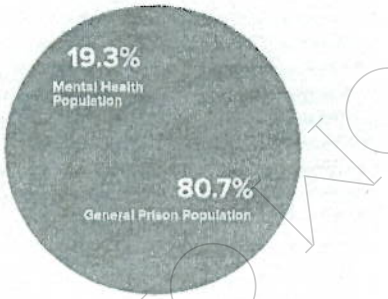
By shifting the management of individuals convicted of nonviolent, non-sex, non-serious offenses from the state to counties, Realignment has increased the number of people in local justice systems. Many of these individuals have chronic health problems and no insurance, thereby increasing justice system costs and contributing to recidivism.

Some of the realigned individuals also have acute mental illness and require significant supervision and treatment. For example, nearly 20 percent of those released from state prison to "Post-Release Community Supervision" at county probation departments were designated as having a diagnosed mental disorder when they were under the custody of the California Department of Corrections and Rehabilitation.

Increased Jail Pressures

The size of the realigned population varies widely across counties, as does the capacity of existing programs to accommodate them. These factors impact jail populations in different ways. Some counties are experiencing increased jail pressures as a result of Realignment, particularly certain counties that were already experiencing jail overcrowding or that had aging jail infrastructure.

FIGURE I. JUNE 2012 "POST-RELEASE COMMUNITY SUPERVISION" RELEASES FROM STATE PRISON



Source: Statewide Mental Health PRCS Program Dashboard, California Correctional Health Care Services, June 2012

Partly as a result of Realignment, **34 counties have expanded, are currently expanding or are planning to expand their jail capacity.** Jail expansion is expensive; not just in construction but also with long-term operating and maintenance costs.

As one way to reduce jail populations and costs, some counties are utilizing state-funded Realignment dollars to increase health treatment. For example, Contra Costa County has added more behavioral health and psychiatric positions in the county health department to work with realigned people and reduce their risk of re-offense.

Increased Funding Flexibility at the Local Level

The passage of Proposition 30 in November 2012 guarantees funding for public safety services realigned from the state prison system to county governments. State law allows local governments to utilize these funds in the best way each county sees fit.

This flexibility in funding can make Realignment dollars stretch farther. For example, such funds can be leveraged along with existing justice system dollars and new federally funded benefits to assist in enrolling people in health care. Together, these new funding streams can be directed to better address the health-related drivers of crime.

Several counties are seizing this new opportunity:

- **San Diego County Probation** has expanded its partnership with the county health department to provide substance abuse services and mental and behavioral health treatment for the realigned population at six regional recovery centers.
- **San Bernardino County Probation** assigned four probation officers to the county jail to assess the individuals who are serving split jail/probation sentences and secure treatment for those who will need it upon release. Because the San Bernardino Probation Department provides mental health and substance abuse services,they are getting a number of their Day Reporting Centers certified to accept Medi-Cal.

Lessons from Other States

California can also learn lessons from other states:

- **Washington State** achieved reduced crime, recidivism and jail costs when they **extended chemical dependency treatment similar to what may be covered by Medi-Cal and LIHP to low-income adults** – many of whom were in the justice system. Research shows that very low-income individuals who received treatment were arrested at rates 17- to 33-percent lower than individuals who needed but did not receive treatment.[17] Strikingly, the reduction held regardless of whether the individual successfully completed the treatment program.[18]
- **Cook County, Illinois**, provided intensive, **community-based mental health services** to people with mental illness in their justice system. A study showed that the annual savings associated with reductions in jail days for just 30 participants (calculated at $70/day) amounted to almost $160,000 – an average savings of more than $5,000 per participant per year.[19]
- **Massachusetts** established a state-based health insurance exchange, much like exchanges being developed under the ACA, in 2006. Middlesex County Sheriff Peter Koutoujian implemented a policy of **enrolling sentenced inmates onto a health plan to save the jail money** on health care costs and so that individuals will have health insurance coverage on the date of their departure. This practice saved the jail over $145,000 in direct costs in 2011 alone.[20]
- In **Minnesota**, jail inmates who spend a year or less in jail and who were previously enrolled in public health coverage (including Medicaid) can fill out a **request for re-enrollment that is much shorter than the full application.** Those who were not previously enrolled or who served a longer sentence receive assistance from correctional case managers in applying for coverage, and the state sends the enrollment card to the jail before the applicant is released.

HANDOUT FROM OPENING

TIPS FOR SETTING UP A HEALTH CARE ENROLLMENT PROGRAM FOR PEOPLE IN THE JUSTICE SYSTEM

Identify Sites to Enroll and the Stage at Which to Enroll

The first step in developing a health care enrollment program for individuals in local justice systems is to identify the location of enrollment, which can include:

- Shortly after arrest for diverted individuals or individuals cited out;
- At the county jail, during initial intake;
- At the county jail, post-arraignment and pre-trial;
- At the county jail, post-conviction;
- At the county jail, pre-release;
- In a pre-trial supervision program;
- In a diversion program;
- Through the probation department initial assessment;
- Through a Day Reporting Center during the period of probation; and/or
- Through a health clinic or treatment center where people receive care while on probation.

Different counties are implementing enrollment programs at different stages:

- **Alameda County** is currently operating a pilot program under a Medicaid Demonstration waiver that focuses on enrolling individuals in Medi-Cal and the county LIHP just after their release from jail to probation.
- **Marin County** has initiated an innovative reentry program with CDCR whereby the sheriff takes custody of individuals who will be on PRCS 60 days before their release. They will spend the end of their term in the county jail, where the jail's reentry coordinator and probation officers will work closely with them to prepare for their reentry into the community, including enrolling them in health benefits.

To determine the best time and location for enrollment, county justice officials can collaborate with county health officials to understand these entities' considerations and needs.

Key Considerations: Sites and Stages

- The number of people that will be reached at each stage and site, maximizing opportunities to reach as many people as possible in the most convenient sites as possible
- Initial infrastructure costs and requirements
- Proximity to – or co-location with – potential enrollees' sites of detention, release, probation appointments and reentry
- Nature of relationship between the on-site staff facilitating enrollment (i.e., public safety personnel, health care providers, county social services workers) and enrollees

Staff Smartly

Under the ACA, almost anyone or any entity can be trained and certified to enroll people in health coverage, including city and county agencies, nonprofit organizations, community clinics, tribes and labor unions.[81] Covered California is creating a process for conducting background checks of individuals who seek to assist with enrollment and may exclude those with a demonstrated history of abuse of personal information or other criminal offenses that may indicate potential propensity to abuse such information.

Staff who interact with inmates in correctional settings and know about eligibility guidelines and behavioral health options (i.e., ones covered by the county LIHP or other health plans) can act as invaluable intermediaries, encouraging inmates accustomed to self-medicating or suffering in isolation on the outside to seek services from culturally competent providers in the community upon release.

Examples of people who can staff an enrollment initiative:

- Contracted social workers
- Reentry staff
- Probation officers
- County health staff
- Staff of nonprofit social services agencies
- Trained probationers

If staffing is a concern, consider **Covered California's Assister Enrollment Entity** programs: the **Navigator Program** and the **Assisters Program**. Both provide funding to entities that have the capacity to provide outreach and assistance with applications for Covered California plans. Organizations eligible for funding include county human service agencies, nonprofits and other community entities with experience enrolling individuals into federal programs. These groups may be encouraged to participate in the program and could potentially assist with enrolling eligible individuals in jails or on probation.

It will be important to keep in mind that some serving as Assister Enrollment Entities may lack experience working with justice populations, making it critical to forge working relationships between these entities and public safety officials. County public safety agencies can also consider applying to become Assister Enrollment Entities themselves.[82]

Separate funding opportunities may also be available to help pay for Medi-Cal enrollment, which is not provided through the Navigator and Assister Programs.[83] The Assisters Program is currently identifying the types of entities that will eligible to receive funds to assist with enrollment. More information is available at http://www.healthexchange.ca.gov/Pages/OutreachandEdProg.aspx.

Finally, county probation departments might consider working with a community partner to run a vocational education program for probationers to train and certify them – the probationers – to help enroll people, and then place those probationers in jobs as "assisters" upon completion of the program.

Key Considerations: Staff

- Targeted and sufficient staff training based on sound information
- Familiarity and rapport with the people in the justice system (language barriers and trust issues can stand in the way of securing cooperation and consent)
- Location of facilitators (logistically station and equip staff at opportune points of contact to maximize jail referrals and enrollment figures)
- Utilize the Navigators and Assisters Programs through Covered California

Take Advantage of Technology

Prior to the ACA, enrollment in publicly supported health care systems was cumbersome and involved heavy paperwork. Part of the vision of the ACA was to not only expand the number of people with health care coverage but also streamline and simplify the application process.

California will implement a system that allows people to apply online, in person, by phone and by mail for Medi-Cal and premium credits (for coverage purchased in the state exchange), using an application that requires an average of 15-20 minutes. Jails and probation departments will have the option to assist people to apply for health plans online through Covered California and get real-time eligibility determinations, rather than sending paper applications to the county social service department (and waiting anywhere from weeks to months for a decision).

Health plans that will provide coverage beginning on January 1, 2014, will be available on the exchange by the end of 2013. Medi-Cal enrollment will also be available online through the exchange.

Justice system officials should work with county and state health officials to explore ways to use technology to streamline enrollment. Examples include:

- County jails that have already collected information needed to make eligibility determinations for a health plan can explore with the state or county health department the possibility of making that data available to automate eligibility determinations.
- County jails that have tablets and/or laptops with wireless capabilities can work with inmates to apply online even when security issues make inmate movement difficult.

In addition, developing a system to track enrollment and outcomes on a consistent basis will enable public safety officials to evaluate the success of an enrollment initiative and make improvements. Here are some examples of how enrollment tracking can occur:

- The sheriff or probation department can track who applies for coverage as part of the enrollment initiative and the outcome of each application. The sheriff or probation department can collect and analyze data on what refusal rates are, what the rate of successful applications is, how

WORKING DRAFT

long the process takes, and what the recidivism rates are for people who are or are not enrolled.

- Within the budget for the department, a sheriff can track how much money the department saves by billing Medi-Cal for inpatient health care.

KEY CONSIDERATIONS: TECHNOLOGY

- Building IT capacity
- Relaying pertinent or required documentation to enrollment facilitators in a timely fashion
- Tracking integration into the health care system and its cumulative effect on the jail's budget and population

Facilitate Access Beyond Enrollment

As county officials know, enrollment is an essential first step to having reliable access to health care. But enrollment alone is not enough to capture all the gains in terms of reduced jail pressures and increased public safety.

Equally important is making sure people actually access health care and treatment. Many people, especially those who are newly enrolled in a health plan, may not know the health system well enough to understand how to find a doctor and obtain care. Providing basic information and referrals to enrollees can be very helpful.

Partnership between public safety and county health care systems is crucial to ensure that newly enrolled individuals access needed health treatment programs. Through long-standing working relationships and more recent phenomena like the Community Corrections Partnerships, some public safety officials already know the health officials in their county well and run programs together to support individuals in the justice system. Others are still learning and exploring how the two might work together.

Here is a list of questions that justice system officials can ask health agencies to better understand available programs in each county:

- Does the county have a Low Income Health Program? If so, what services are provided as part of the LIHP to people with serious mental illness or addiction issues? What providers offer those services as part of the LIHP?
- What are the providers in the county who accept clients in the justice system?
- How can we coordinate with community providers to ensure continuity of care when people are released from jail?
- How can public safety agencies and county health departments facilitate information sharing?
- Where should we refer people who are not eligible for Medi-Cal or enrolled in other health coverage?

KEY CONSIDERATIONS: FACILITATING ACCESS

- Existing county programs that may provide health care for people in the justic system
- Cultural competency of area providers (i.e., their ability to speak the language and understand cultural needs of specific people)
- Capacity of local providers (i.e., if there is a wait to receive treatment – and how long)
- Certifying treatment programs provided within or in partnership with the justice system to be Medi-Cal providers

TIPS FOR ADDRESSING BARRIERS TO JAIL-BASED ENROLLMENT

Because jail-based enrollment is not a well-trod path at this point, certain barriers may need to be addressed in order to streamline and maximize participation in these programs.

Short Length of Most Jail Stays

The vast majority of people who are booked into a county jail are released within three days. The use of the new online application process will go a long way to speed the enrollment process. Also, incorporating enrollment at multiple points in the process can help ensure that populations with both long- and short-term stays participate. Sharing information about enrollment between sheriff and probation departments can also help. Those individuals who are not enrolled in jail before they are released to a pre-trial or post-sentence community supervision program may be enrolled through the probation department.

KEY CONSIDERATIONS: SHORT STAYS IN JAIL

- Potential reach of enrollment initiatives at different points in the jail stay
- Use of online application to speed enrollment process
- Coordination with probation departments and community supervision programs

Uncertainty Surrounding Likely Release Dates

Enrolling everyone by the time of their release can be a challenge when those dates are not known. One way to address this challenge is to identify and enroll eligible individuals in jail at intake or shortly thereafter. The sooner the enrollment process begins, the more likely that it will be completed and the individual will be able to access care upon release.

KEY CONSIDERATIONS: UNCERTAIN RELEASE DATES

- Improving data integrity and accuracy of release dates information in the system
- Researching when counties, the state or the Social Security Administration will accept an application prior to release date
- Starting the enrollment process as early as possible

Lack of Required Documentation

Some people in jail may not have available all of the documentation needed for enrollment. For example, they may not have government-issued identification or might not have had their identification on them at the time of arrest. To help address this issue, county public safety officials may be able to work with county health departments to develop a streamlined application for incarcerated individuals that uses alternate means to verify eligibility.

The ACA will help address this issue as well. Because the online application process (available through Covered California) will have access to electronic data from the IRS, Social Security Administration and Department of Homeland Security in real time to determine eligibility, lack of documents may pose less of a challenge. People who may still need to produce documents are those applying for Medicaid on the basis of disability, rather than income, and those who supply information through the online application that does not match the data obtained from government databases.

KEY CONSIDERATIONS: LACK OF REQUIRED DOCUMENTATION

- Enrolling people online through Covered California will minimize the need for paper documentation
- Working with county health departments

Difficulty Obtaining Consent

Some people in the justice system may be reluctant to enroll in health coverage, for various reasons. At booking, the person may feel that enrollment might undermine their effort to keep a low profile due to delinquent child-support payments or prior gang involvement.[24] If enrollment is attempted post-release at the jail, the individual may not be prepared to stay the extra time it would take to complete the paperwork. Probation departments may have difficulty enrolling the subset of people who abscond. Some individuals who are not citizens may be concerned that application for benefits could reveal or impact their immigration status.

FROM ORIGINAL

To address difficulties in obtaining consent, it is important to track the rates of consent for different enrollment tactics and sites, and to uncover the underlying reasons individuals are reluctant to enroll. Some of these reasons can be addressed by giving the individual accurate information about the enrollment process. Others might be addressed by making an attempt at a different stage in the individual's path through the justice system.

Shortage of Staff to Conduct Screening, Enrollment

Certain jail or probation staff may be able to incorporate enrollment activities into their existing responsibilities, especially if they are already focused on health care services or reentry programs. When designing an enrollment initiative, it may be a good idea to start by examining existing jail intake, pre-trial screening, discharge and supervision processes to identify the places that it would be simplest to incorporate health plan enrollment.

Still, after conducting this analysis, you may not feel your staff has the capacity to enroll eligible individuals in health plans. Agency leaders should research funding opportunities such as Coverage California's Navigator or Assisters Programs to get help paying for staffing.

Key Considerations: Shortage of Staff

- Research funding opportunities for health care enrollment
- Consider setting up a program that trains people in jail or on probation to enroll others in health coverage
- Partner with community organizations or other enrollment entities

CONCLUSION

This toolkit describes how public safety officials can increase access to health care, including mental health and addiction treatment, to increase public safety and decrease jail costs and population pressures in the immediate term and into the future.

California's county justice systems are facing new challenges, but changes in state policy and the new health care environment present opportunities for counties to tap into federal funding streams to offset costs and partner with county health programs to reduce recidivism. Seizing those opportunities, in partnership with county health officials, will reduce costs and increase public safety in our communities.

> "With approximately 85 percent of our sentenced population struggling with addiction and/or mental illness...leaving the jail with health care coverage and a health care provider can mean the difference between maintaining a healthy path of rehabilitation or reoffending due to a lack of mental health treatment."
>
> – SHERIFF KOUTOUJIAN OF MASSACHUSETTS

Additional Resources

- For more information about California's benchmark plan (the Kaiser Foundation Small Group HMO 30 plan), visit: http://cciio.cms.gov/resources/EHBBenchmark/california-ehb-benchmark-plan.pdf
- For local Low Income Health Plan contacts, visit: http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Local%20LIHP%20Contacts%20for%20Consumers.pdf
- For county LIHP listings with links on how to enroll, visit: http://www.health-access.org/item.asp?id=221
- To see what other public assistance benefit options are available in your county, visit: https://www.benefitscalwin.org/CountySelection.aspx
- For Medi-Cal, CMSP, CalFresh and CalWORKs applications specific to your county, visit: http://benefitscal.org/

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TWO-WAY STREET

ISSUE 11 ● October 2013

Rehabilitation Today!

California Department of Corrections and Rehabilitation, Division of Rehabilitative Programs (DRP)
Millicent Tidwell, Director (A)

L to R: Paul Landman, L.C.S.W, Supervisor and Clinician, A. Graham, Teacher, Millicent Tidwell, Director (A), DRP, C. Kumar, Teacher, Dr. Shama Chaiken, Chief of Mental Health, Dr. D. Hamad, Principal (A), Inmate Cooper, Tim Virga, Warden, Nettie Sabelhaus, Governor's Office.

EOP Success at SAC!

California State Prison–Sacramento (SAC) recently held another graduation ceremony. Like other graduation ceremonies, this had friends and staff in attendance. Unlike other graduation ceremonies, just one student received his High School diploma, which was achieved under extraordinary conditions.

Inmate Kevin Cooper attended classes through SAC's Enhanced Outpatient Program (EOP). EOP includes General Population inmates who can program with modification, usually counseling, medication and/or reduced hours of programming. Tasks, like school work, can be a big challenge for these inmates.

The small EOP class meets weekly as part of the Voluntary Education Program. Each new student takes academic tests, then meets with the teacher to set their education goals for the quarter. Inmate Cooper needed to finish Algebra to earn his diploma. Math is a daunting challenge for many students. Inmate Cooper faced this challenge, committed to completing his diploma and worked very hard to meet his goal, with extra support from staff.

DRP congratulates Inmate Cooper and SAC staff for reaching this milestone!

[***Ed. Note: As this newsletter goes to press, we have learned that Inmate Cooper is being transferred to a lower security institution!***]

Please contact Dr. D. Hamad, Principal (A), California State Prison-Sacramento, dale.hamad@cdcr.ca.gov

"Inmate Cooper's enthusiasm is infectious. He is planning to enroll in our college program and has started to write out his goals for his post-incarceration career. His family is excited about his achievement and the new direction his life is taking."
Dr. D. Hamad, Principal (A), SAC

Update: Reentry Hubs

Reentry Hubs are tracking to be fully operational in 2014 in support of CDCR's Blueprint, due to fast and furious work by DRP teams:

Thanks to the fast and furious work by various DRP teams, currently four Reentry Hubs are operational: California Men's Colony (CMC), Ironwood State Prison (ISP), Central California Women's Facility (CCWF) and California Institution for Women (CIW). The remaining nine Hubs are on schedule for an early 2014 start date.

High Desert State Prison (HDSP) has been selected as the 13th Reentry Hub. The relocation of a Reentry Hub to HDSP will expand programming opportunities to higher level inmates. California Rehabilitation Center (CRC) and California Correctional Institution (CCI) will continue with stand-alone Substance Abuse Treatment programs.

Inmate artists created this rehabilitative mural to launch the Reentry Hub at California State Prison-Los Angeles!

In September 2013, Reentry Hubs started accepting CAL-ID applications. The CAL-ID program will ensure eligible inmates have a California Identification Card upon release, which will help with their successful integration back into society.

The pre-release Transitions program, which provides inmates with critical job-finding and personal financial skills, has just been launched at Central California Women's Facility (CCWF), Folsom Women's Facility (FWF) and Valley State Prison (VSP).

Please submit any stories or comments to rehab.today@cdcr.ca.gov

Rehabilitation Today!

...the right inmate in the right program at the right time

Academic Programs
Increase inmate reading levels to minimum 9th grade level with G.E.D. and accredited college courses also available

Career Technical Education
Prepares inmates for viable vocational career paths upon release by training to industry certification levels

Cognitive Behavioral Therapy
Provides evidence-based treatment for Substance Abuse, Anger Management, Family Relationships and Criminal Thinking

Offender Mentor Certification
Trains and certifies long-term inmates as interns by California Association of Alcohol and Drug Abuse Counselors (CAADAC) to assist as mentors in various substance abuse treatment programs

Pre-Employment Transition
Provides job readiness skills including job search, resume, interviewing, financial skills, access to one-stop career centers

California Identification Card
Assists in obtaining state-issued I.D. cards assist in securing employment, housing, bank accounts, travel, and more

Reentry Hubs
Provide relevant training and services to eligible and interested inmates within 4 years of release

Step-Down Pilot Program
Provides alternatives to criminal gang lifestyle to reduce confinement in Security Housing Units (SHU)

Watch for New Programs:
- **Long-Term Offender Program**
- **Sex Offender Treatment**

...and...right outside the gate!

Community & Reentry Services
A growing network of focused evidence-based programs and partnerships emphasize substance abuse treatment, life skills, career development and education, to help offenders transform their lives and successfully reintegrate into society

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For Inmates by Inmates

Inmates and Associate Warden Kimberlyn Young at California State Prison-Solano (SOL), developed a creative solution when the third watch yard program was suspended in 2011 due to staff budget cuts: the In Building Self Help Program (IBSHP). This outside-the-box voluntary rehabilitative program educates Level II inmates about making better choices, transparency therapy, communication techniques, soul searching, anger management and personal transformation, positive thinking, yoga, meditation classes aging population, book club programs, movie review, writing and public speaking. More than 50% of the curriculum is written by the inmates, and 100% is taught by inmates. Courses are offered in early evening (the third watch) and keeps inmates occupied and motivated.

When the third watch yard resumed in 2012, inmates chose to continue with IBSHP classes with the support of yard building officers who witnessed positive behavioral changes. Several hundred inmates on each Level II yard currently participate in this program and it has become common to hear at the Board of Parole Hearings, "Are you involved in the Level II In Building Self Help Programs?"

Participants of this program cite the community support and information access as key ingredients of their success; several have shared how the program has helped them to become more respectful and productive citizens. Associate Warden Young shared that more SOL Level II inmates are getting parole dates. As one inmate, Cotton Jones put it, "this program has changed many lives, and more likely than not, saved many lives".

Please contact Dr. Kenya Williams, Office of Correctional Education, kenya.williams@cdcr.ca.gov

Keith Lane, Butte County Office of Education, Colleen Curtin, Chief, DRP Community Reentry Services (CRS), Trent Manning, Caltrans Statewide Litter Abatement Manager , Regina Banks, Manager II, DRP CRS, Jake Meehan, Vice President, Northern California Construction and Training (NCCT) at launch of Fresno's Litter Abatement Partnership program.

Win-Win with Caltrans and CDCR

The Caltrans – CDCR joint initiative that provides transitional employment to parolees is expanding into more California communities! The Caltrans Parolee Program (CPP), initially developed by Sacramento's Community Based Coalition (SCBC) and expanded into Oakland through the Golden State Works (GSW), is also operating in Stockton, Los Angeles and San Bernadino. On September 19, Caltrans, CDCR and Westcare America (CDCR's provider of community reentry services in Fresno) officially launched Fresno's version of this program, called the Litter Abatement Partnership Program.

Parolees work in teams to clear trash and debris from major roadways. Parolees are encouraged to develop a combination of life and work skills through team work, individual performance and attendance. Upon completion of this paid, full-time, 90 day program, the parolee can apply for employment with Caltrans. The SCBC reports 5% recidivism for parolees during the time they are participating in the Cal Trans Work Crew program, and more than 70% of the participants found full or part-time work, or returned to school, upon completing this program!

Please contact Regina Banks, Community and Reentry Services, regina.banks@cdcr.ca.gov

"Everyone wins with this program. Parolees are being productive as they reintegrate into their communities. Caltrans gets the help they need, and California's taxpayers enjoy cleaner highways while saving money."
Dan Stone, Director, Division of Adult Parole Operations