

Community Corrections Partnership

AGENDA

Thursday, April 25, 2013
3:00pm - 5:00pm
City Hall, Room 305
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Note: *Each member of the public will be allotted no more than 3 minutes to speak on each item.*

1. Call to Order and Roll Call.
2. Public Comment on Any Item Listed Below as for Discussion Only.
3. Review and Adoption of Meeting Minutes of December 19, 2012 (discussion & possible action).
4. Presentation on the *San Francisco Women's Community Justice Blueprint* by Dr. Barbara Bloom (discussion only).
5. Progress Report on Implementation of Community Corrections Performance Incentives Act of 2009 (SB678), including Development of Inventory of Community Corrections Services in San Francisco (discussion only).
6. Overview of Affordable Care Act and Consideration of Local Opportunities (discussion only).
7. Update on Plans to Replace San Francisco County Jails #3 and #4 (discussion only).

CCP Executive Committee Business (all are welcome to participate in discussion)

8. Progress Report on Implementation of the Public Safety Realignment Act of 2011 (AB109), including Compliance of those under AB109 Supervision, and Opening of the Reentry Pod and Community Assessment and Services Center (discussion only).

9. Review and Discussion of Status of Recommendations of the *Performance Audit of the Adult Probation and Sheriff Departments' Implementation of Public Safety Realignment*.
(discussion only).

10. Review and Approval of 2013 Realignment Planning Process (discussion and possible action).

11. Discussion of Mental Health Treatment available in County Jail and in Community
(discussion and possible action).

12. Members' comments, questions, and requests for future agenda items (discussion only).

13. Public comment on any item listed above, as well as items not listed on the Agenda .

14. Adjournment.

SUBMITTING WRITTEN PUBLIC COMMENT TO THE COMMUNITY CORRECTIONS PARTNERSHIP

Persons who are unable to attend the public meeting may submit to the Community Corrections Partnership, by the time the proceedings begin, written comments regarding the subject of the meeting. These comments will be made a part of the official public record, and brought to the attention of the Community Corrections Partnership. Written comments should be submitted to: Jessica Flintoft, Reentry Division Director, Adult Probation Department, 880 Bryant Street, Room 200, San Francisco, CA 94102, or via email: jessica.flintoft@sfgov.org.

MEETING MATERIALS

Copies of agendas, minutes, and explanatory documents are available through the Community Corrections Partnership's website at <http://sfgov.org/adultprobation> or <http://sfreentry.com> or by calling Jessica Flintoft at (415) 553-1593 during normal business hours. The material can be FAXed or mailed to you upon request.

ACCOMMODATIONS

To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Jessica Flintoft at jessica.flintoft@sfgov.org or (415) 553-1593 at least two business days before the meeting.

TRANSLATION

Interpreters for languages other than English are available on request. Sign language interpreters are also available on request. For either accommodation, please contact Jessica Flintoft at jessica.flintoft@sfgov.org or (415) 553-1593 at least two business days before the meeting.

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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library, and on the City's web site at: www.sfgov.org/sunshine.

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Administrator
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place,
San Francisco, CA 94102-4683.
Telephone: (415) 554-7724
E-Mail: soft@sfgov.org

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Community Corrections Partnership

DRAFT MINUTES

Wednesday, December 19, 2012

2:00pm-4:00pm

One South Van Ness

San Francisco, CA 94102

Members in Attendance: Chief Wendy Still (chair), Matt Gonzales (alternate for Public Defender Jeff Adachi), Steve Good, Joshua Lachs (alternate for Deborah Alvarez-Rodriguez), Diana Oliva-Aroche (alternate for Paul Henderson), Sheriff Ross Mirkarimi, Craig Murdock (alternate for Jo Robinson), Karen Roye, Deputy Chief David Shinn (alternate for Chief Greg Suhr), James Whelley (alternate for Trent Rhorer), Sharon Woo (alternate for District Attorney George Gascón, arrived after Agenda 3).

1. Call to Order and Roll Call.

Chief Wendy Still called the meeting to order at 2:14. She welcomed members and the public to the meeting. Those present introduced themselves.

2. Public Comment on Any Item Listed Below as for Discussion Only.

Chief Still asked for public comment on any of the Agenda items listed for Discussion only. There was none.

3. Review and Adoption of Meeting Minutes of January 26, 2012 and Meeting Minutes of June 1, 2012 (discussion & possible action).

Chief Still asked members to review the meeting minutes, then offer a motion. Diana Oliva Aroche moved to adopt the minutes of January 26; Deputy Chief Shinn seconded. The motion carried. Karen Roye moved to adopt the minutes of June 1; Craig Murdock seconded. The motion carried.

4. Progress Report on Implementation of Community Corrections Performance Incentives Act of 2009 (SB678) (discussion only).

Chief Still explained that Senate Bill 678, sponsored by Senator Mark Leno in 2009, created the Community Corrections Performance Incentive Act, charging probation departments with implementing evidence based practices in order to reduce probation revocations to state prison. The legislature incentivized these practices by awarding funding to counties successful in reducing their probation revocations. This initiative, Chief Still explained, was a predecessor to Realignment. The San Francisco Adult Probation Department (SFAPD) has achieved a 70% reduction in state prison revocations over the last three years and has been awarded \$2.187 million in grant funding from the state. One hundred per cent of funding was dedicated to services for clients. Chief Still thanked 5 Keys Charter School and the Sheriff's Department for

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helping to establish the Learning Center at SFAPD and for contributing to its tremendous success.

In addition to reducing revocations to state prison, Chief Still explained that the overall probation population has dropped as a result of changes being made through all of the criminal justice and law enforcement agencies. Chief Still expressed appreciation for the District Attorney's Office for the implementation of the neighborhood courts program to keep more individuals out of the criminal courts and the criminal justice system as a whole. Chief Still pointed out that this success does not mean that San Francisco is ignoring crime. Rather, SFAPD is providing enhanced supervision and services to target high risk populations, and law enforcement partners are implementing community policing and smart on crime policies to effect change.

Karen Roye said that the work that has been done through the Community Corrections Partnership and SFAPD is phenomenal. She said that she is proud of this work and thinks it demonstrates the importance of holistic services provision. Chief Still said that the collaborative spirit and integrity of San Francisco has made all this possible.

5. Progress Report on 12 months of Public Safety Realignment Act of 2011 (AB109) (discussion only).

Chief Still then called members' attention to the Public Safety Realignment report. She thanked Lani Kent and Heather McDonald from the City Services Auditor at the Controller's Office for their contributions to the report. She also thanked Leah Rothstein and Jessica Flintoft from SFAPD for their contributions. Chief Still then walked the members and audience through the Realignment report, providing background on Assembly Bill 109, the Public Safety Realignment Act of 2011. Chief Still remarked that the original funding formula for realignment rewarded counties that relied heavily on state prison. Through her advocacy, the formula was changed to incentivize the behavior that the state wanted to see: utilizing alternatives to incarceration and local solutions instead of state prison. Chief Still said that San Francisco Superior Court judges are handing down split sentences at twice the rate of other counties, which demonstrates their recognition of the need for services, supervision, and community support.

Chief Still then asked Sheriff Mirkarimi to discuss the impact of Realignment on the county jail system. He said that San Francisco is distinct among county Sheriffs in tackling recidivism and management of this new population. Sheriff Mirkarimi said that he recently expanded the eligibility criteria for individuals exiting county jail to community programs because he was concerned about low engagement and about individuals who leave county jail with no supervision "tail." He also expressed concerns about the prevalence of mental health issues among the county jail inmate population.

Chief Still noted that in July 2013 the Superior Court will hear parole violations instead of the Board of Parole Hearings. Proposition 36 (2012) will also impact San Francisco, as probation departments will likely supervise those who are going to be released following resentencing under the Three Strikes Law. Chief Still anticipates that four years from now, counties will have full responsibility for all individuals being released from state prison.

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Chief Still then asked for Sharon Woo to discuss the impact of Realignment on the District Attorney's Office. Sharon said that AB 109 has forced the DA's office to identify new metrics for success. Traditionally District Attorneys haven't considered what happened upon release from state prison; the old metric for success was how long someone could be incapacitated in state prison. Under the new model, the DA's Alternative Sentence Planner makes a collaborative effort with Assistant District Attorneys to determine what the best outcome would be in a given case. The DA has also launched a Sentencing Commission to examine sentencing practices and trends in San Francisco, which is the first of its kind in California.

Chief Still asked Matt Gonzalez from the Public Defender's Office to describe Realignment's impact. Matt said that his office is very pleased with the changing attitudes in San Francisco. He reflected that, when he first started as a public defender in 1991, it was quite common to represent clients facing state prison sentences. Realignment and culture change have altered that norm. He noted that San Francisco is the only county that has due process rights in place for Post-Release Community Supervision clients facing a flash incarceration and that very few clients have asked for attorney presence during these proceedings. He finds that this is a good sign, as it indicates that individuals are taking responsibility for their actions. The upcoming challenge Matt anticipates will be representing clients in parole violations.

Sheriff Mirkarimi reiterated his commitment to offering services to clients who are not supervised by SFAPD. He indicated the desire to work more collaboratively to provide care for these individuals as they pass from one county agency to another. He said that the Reentry Pod will allow Sheriff's Department staff to work closely with SFAPD on intensive programming and case management.

Chief Still added that she appreciates the partnership with the San Francisco Police Department, because the police are the entry point to the criminal justice system and SFPD's commitment to community policing has been significant. She then asked for an update from the Human Services Agency about the impact of Realignment.

Jim Whelley said that HSA is pleased to work with SFAPD on rental subsidies for employed or job-ready individuals. Jim explained that the purpose of the subsidy is to help bridge the gap for individuals who are not yet able to afford to pay rent because they are starting in a new job or looking for a job. There is a great need for these services for individuals who have been disconnected from the community as a result of incarceration.

Chief Still then asked for an update from the Department of Public Health. Craig Murdock said that Housing and Urban Health, a division of DPH, has partnered with SFAPD to roll out stabilization housing for individuals who need housing stability in order to access treatment and other services in the community. Additionally, DPH interfaces with AB109 clients through team-based case management provided at the Behavioral Health Access Center at 1380 Howard with the goal of transitioning clients into community based care. There have been 209 admissions into these services since the inception of the funding and partnership, which is well over the funded level. Craig explained that DPH also operates Transitions Clinic, a primary care venue for individuals exiting incarceration. Twenty two clients have been referred to that clinic for primary care issues. DPH case managers have also enrolled a number of clients into Healthy SF and SF

Community Corrections Partnership

Path, San Francisco's health plans. Craig said that overall Realignment has led to fruitful partnerships.

Chief Still noted that AB 109 does not mandate data collection and reporting, unlike SB 678. San Francisco has been proactive by collecting and analyzing data since October 1, 2011. Chief Still said that parole violators have a huge impact on the county jail system and anticipated better results upon the transfer of hearings from Board of Parole hearings to SF Superior Court. Chief Still anticipated that San Francisco agencies will be better able to influence outcomes for these individuals because they will be represented by the Public Defender and recommendations will be made for their treatment in the community and alternatives to incarceration. Chief Still noted that 60% of the PRCS population is in compliance. This same population was failing at a 78% rate on parole supervision.

6. Members' comments, questions, and requests for future agenda items (discussion only).

Chief Still thanked everyone for their attendance and attention. She asked for comments from members. Members had no additional comments.

7. Public comment on any item listed above, as well as items not listed on the Agenda .

Rod Kearney from Fresh Start House expressed concerns about the disproportionate number of African Americans in the San Francisco criminal justice system and asked what attention is being paid to that population.

Chief Still said that SFAPD has opened an office in the Bayview district to bring services closer to its client population. She also explained that all contractors of SFAPD must demonstrate cultural competency per the request for proposals to which they responded. She also explained that the Justice Reinvestment Initiative is addressing this issue, and funding will be associated with phase two of that project so that strategies can be developed to address disproportionality.

Karen Roye said that the Department of Child Support Services recognizes that parents coming through child support also often are involved in the criminal justice system. Child Support staff conduct outreach in the county jails and modify payments and debt to address the needs of these mostly low income parents.

Julie Setele asked whether client success rates can be broken down by race. Chief Still said that this will be an agenda item for a future meeting.

Terry Anders commented on the Reentry Pod and asked when this will be opening. He said that jobs will be critical to this population. Terry expressed an interest in being at the table to discuss services for this population.

8. Adjournment.

Chief Still asked for a motion to adjourn. Craig Murdock moved to adjourn, Matt Gonzalez seconded. The meeting adjourned at 4:09pm.

Women's Community Justice Reform Blueprint Overview
City and County of San Francisco

A Gender-Responsive, Family-Focused Approach to Integrating Criminal and Community Justice
Adult Probation Department & Sheriff's Department

Barbara Bloom, PhD
Barbara Owen, PhD
April 25, 2013

Improving justice for all offenders

- Promotion of the least restrictive alternatives to custody consistent with public safety by utilizing community services and placements first
- Use of incarceration as the option of last resort
- Breaking the intergenerational cycle of incarceration by emphasizing community resources

Non-custodial and community-based placements offer advantages to our communities

- Integrating dual systems of criminal and community justice has the potential to serve women, children and families beyond limits of criminal justice custody and supervision
- Help break the cycle of intergenerational incarceration by serving women in the community, thus strengthening their bonds with children and family

Non-custodial and community-based placements offer advantages to our communities (cont'd)

- Strengthen communities by enhancing community resources available to all community members
- Create new opportunities for collaboration and public-private partnerships
- When custody is necessary, it should be invoked in the short-term and as a step toward moving women into community-based supervision and programming

Guiding Principles of Gender Responsive Approaches

- Gender: Acknowledge that gender makes a difference.
- Environment: Create an environment based on safety, respect, and dignity.
- Relationships: Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and community.

Guiding Principles of Gender Responsive Approaches (cont'd)

- Services and Supervision: Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally relevant services and appropriate supervision.
- Socioeconomic Status: Provide women with opportunities to improve their socioeconomic conditions.
- Community: Establish a system of community supervision and re-entry with comprehensive, collaborative services.

Gender-Responsive Research-Based Practices

- Gender-responsive theoretical foundation;
- Assessment and intensive case management;
- Services that address women's pathways;
- Transitional planning and community reintegration;
- Coordinated case management systems that are client (women) centered, including justice-involved women and peer mentors in the planning process;
- Staff trained in gender-responsive practice, significance of relationships, trauma-informed treatment; and
- Material needs, such as housing, transportation and childcare.

Strategies, Analysis, Implementation

1. Integrate criminal justice and community services and programs through a collaborative leadership structure that plans, coordinates and oversees the development of an evolving women-centered multi-agency system.
 - Jointly led by the Adult Probation and the Sheriff's Departments, and overseen by the Community Corrections Partnership

Strategies, Analysis, Implementation

2. Develop sentencing and pretrial alternatives by expanding non-custodial and community alternatives, including mother-child alternative sentencing programs
 - Place primary emphasis on community supervision, less on secure custody
 - Educate judges, prosecutors and defense attorneys
 - Repurpose WRC as alternative custody site

Strategies, Analysis, Implementation

3. Develop and enhance an intensive, coordinated continuum of care through integrated case management that follows women through every phase of the criminal justice process and into the community

- Begin integrated, coordinated case management at contact with criminal justice system through pre-trial services, and continue case management throughout criminal justice involvement and community reentry.

Strategies, Analysis, Implementation

4. Expand/enhance programming that creates a continuum across systems, combining criminal justice and community services that support women through successful reentry.

- Mentorship/peer support; Life skills, job training and job placement; Educational options as provided by Five Keys Charter School and higher education; Victim/survivor groups; Parenting programs; Family-focused services and counseling; Additional developmentally appropriate services for children; Reunification services; Outpatient wraparound services; Sober living/satellite housing; Transportation.

Strategies, Analysis, Implementation

5. Design an integrated data collection, evaluation and oversight process to monitor and improve system

- Partner with evaluation experts who have a proven track record in conducting research on women's programs within criminal justice and the community.
- Explore and encourage public/private partnerships to enhance resources for services and evaluation.

Going forward

- The proposed strategies are a first step in:
 1. reducing women's incarceration;
 2. expanding sentencing options;
 3. developing a collaborative case management system; and,
 4. enhancing programs and services.
- The next step is to create an implementation plan.



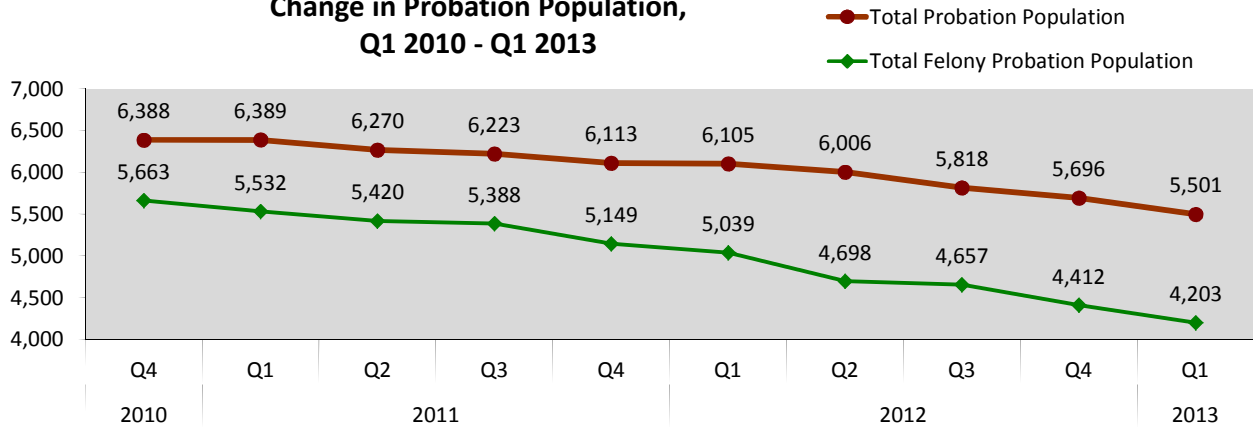
SB 678 Status Report

San Francisco Adult Probation Department

Q1 2010 - Q1 2013

The California Community Corrections Performance Incentive Act (SB 678), passed in 2009, provides incentives for using evidence-based practices in probation supervision. Funding from the State is provided based on reductions in the number of felony probationers sent to State Prison on revocations.

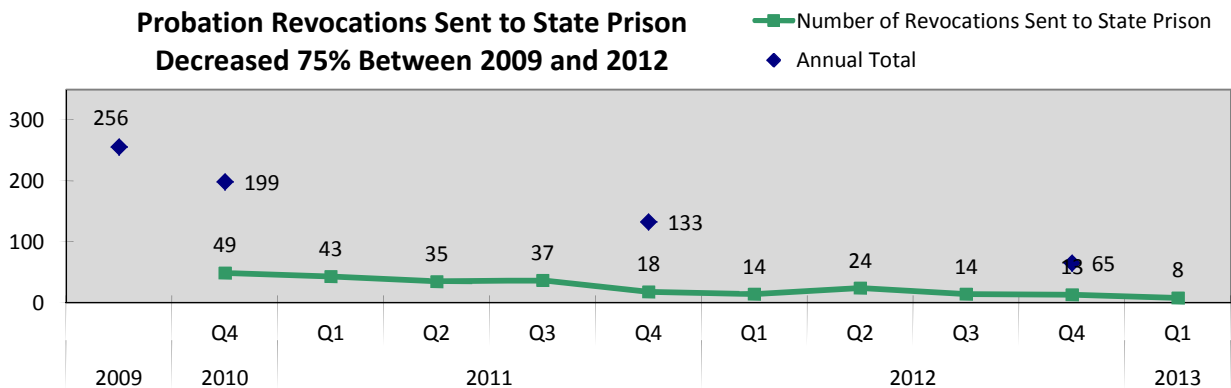
Change in Probation Population, Q1 2010 - Q1 2013



State Prison Revocations

Fiscal Year		Total Probation Population	Total Felony Probation Population	Number of Revocations Sent to State Prison	Annual Total	Percent Change by Quarter	Percent Annual Change Since 2009
2009					256		
2010	Q4	6,388	5,663	49	199		-22%
2011	Q1	6,389	5,532	43		-12%	
	Q2	6,270	5,420	35		-19%	
	Q3	6,223	5,388	37		6%	
	Q4	6,113	5,149	18	133	-51%	-48%
2012	Q1	6,105	5,039	14		-22%	
	Q2	6,006	4,698	24		71%	
	Q3	5,818	4,657	14		-42%	
	Q4	5,696	4,412	13	65	-7%	-75%
2013	Q1	5,501	4,203	8		-38%	

Probation Revocations Sent to State Prison Decreased 75% Between 2009 and 2012





SB 678 Status Report

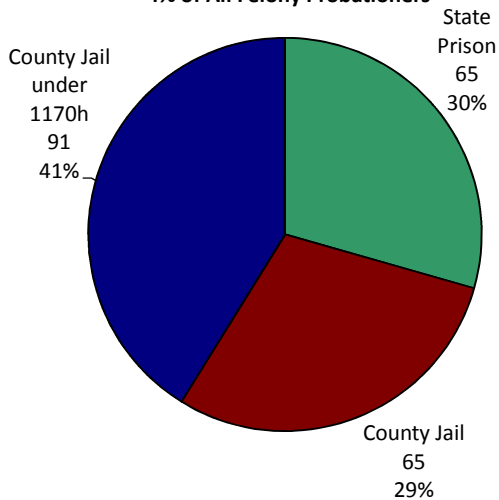
San Francisco Adult Probation Department

Q1 2010 - Q1 2013

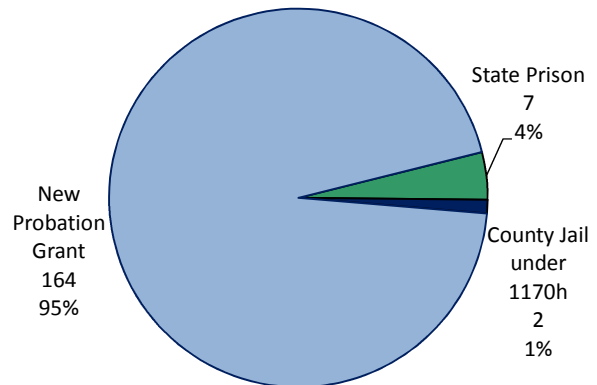
State Prison and County Jail 1170(h) Revocations

Fiscal Year		Number of Revocations Sent to State Prison	Annual Total State Prison Revocations	Number of Revocations Sentenced to County Jail under 1170(h)	Annual Total 1170(h) Revocations	Total of Revocations Sentenced to State Prison and 1170(h)	Percent Annual Change Since 2009
2009			256	NA	NA	256	
2010			199	NA	NA	199	-22%
2011			133	NA	NA	133	-48%
2012	Q1	14		19			
	Q2	24		33			
	Q3	14		19			
	Q4	13	65	20	91	156	-39%
2013	Q1	8		17		25	

Felony Probation Revocations by Sentence Type, 2012
 221 Revocations
 4% of All Felony Probationers



Felony Probationers with New Felony Conviction, 2012
 173 with New Convictions
 < 1% of All Felony Probationers





SB 678 Status Report

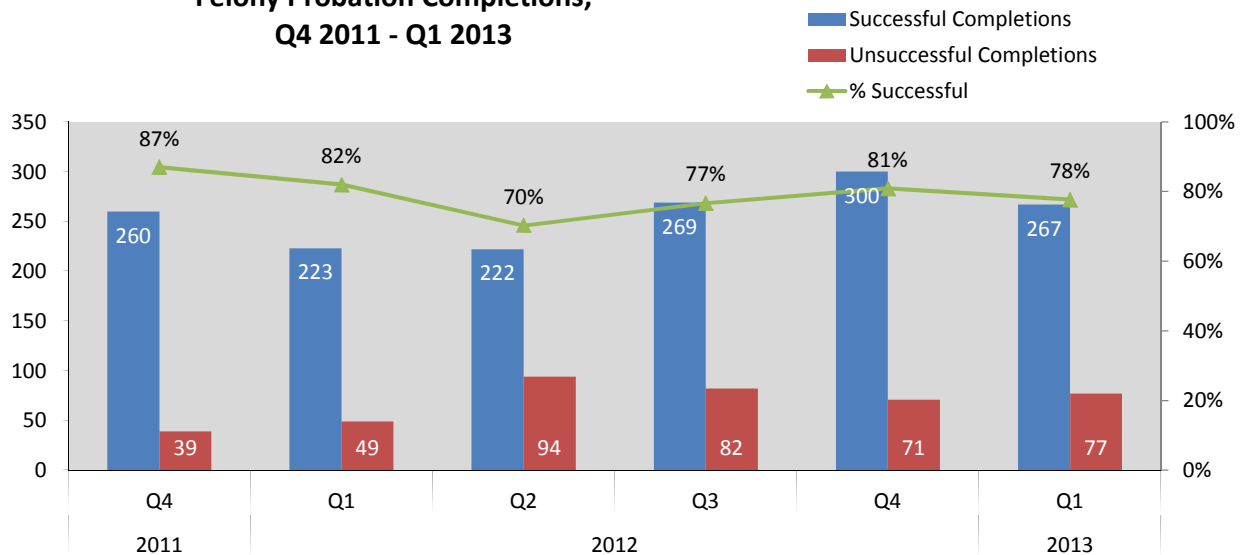
San Francisco Adult Probation Department

Q1 2010 - Q1 2013

Felony Probation Outcomes, 2012

Total Felony Probationers, beginning of 2012:		5,039
Total Felony Probationers, end of 2012:		4,412
Total Felony Probation Completions, 2012:		1,310
Successful Completions:	1,014	77%
Unsuccessful Completions:	296	23%

Felony Probation Completions, Q4 2011 - Q1 2013



Felony Probation Completions

Fiscal Year		% Successful	% Quarter-to-	
			Quarter Change	Quarter Change
2011	Q4	87%		
2012	Q1	82%	-6%	38%
	Q2	70%	-14%	65%
	Q3	77%	9%	-21%
	Q4	81%	6%	-18%
Annual Rate		78%		23%
2013	Q1	78%	-4%	17%

DUE Friday May 17, 2013 by 5pm
TO SUBMIT: By e-mail to: jessica.flintoft@sfgov.org

Survey of City Administered Services and Programs for People on County Probation, PRCS, or PC1170(h)5(b)

Community Corrections Partnership

Purpose of this Survey

The findings from this survey will be used to inform the Community Corrections Partnership about City administered services designed to serve adults on County Probation, Post-Release Community Supervision, PC1170(h)5(b) Mandatory Supervision. This will help us plan for better coordination of existing City administered services, and to identify gaps to prioritize in development of future services. Also, Reentry Division staff will utilize the information to update entries for City administered services that appear in the popular resource guide of the Reentry Council, *Getting Out & Staying Out: A Guide to San Francisco Resources for People Leaving Jails and Prisons*.

Instructions for Survey

- 1) Only City & County of San Francisco agencies should complete this survey.
- 2) Please complete this survey if your program exclusively or primarily serves people under local supervision (county probation, PRCS, or PC1170(h)5(b)). Please do not report on programs designed to serve people on state parole, federal probation, or other individuals not under community supervision.
- 3) Please complete one survey for each program that your agency runs or contracts out for, e.g., *APD Community Assessment and Services Center* and *APD New Roads Rental Subsidy Program* would complete separate surveys.
- 4) Please include City & County of San Francisco administered services and programs delivered in-custody, and out of custody at City and community based locations.

Have Questions? Call Jessica Flintoft, Reentry Division Director, at (415) 553-1593

1. YOUR INFORMATION

Name of person completing this survey:	
Title:	
Phone number:	Email:

2. PROGRAM & AGENCY INFORMATION

NAME OF PROGRAM:	Program Website:
NAME OF AGENCY:	Agency Website:

Check all funding sources that support the program:

- Federal grant or contract *Please describe:* _____
- State grant or contract *Please describe:* _____
- City/County funding *Please describe:* _____
- Private/corporate foundation *Please describe:* _____
- Individual contributions *Please describe:* _____
- Client fees *Please describe:* _____
- Other *Please describe:* _____

3. ABOUT THIS PROGRAM

How does this program further your agency's philosophy/mission?

Does this program maintain a waiting list? If so, please describe how this is administered.

Does the program conduct individualized needs assessments of clients? If so, how are these assessments used?

What is the maximum length of stay in this program?

What is the average length of stay in this program?

4. SERVICES, TREATMENT & HOUSING PROVIDED

Please list and describe the services, treatment, and housing provided by this program. **Include only the activities that this program provides directly. Do not list the activities provided by other programs to which you may refer clients.** Be sure to include point in time capacity information for each type of service provided. Please summarize as appropriate.

Services & Housing Provided

Current Capacity

(Number of Beds or Service Slots)

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

HOUSING & SHELTER

<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Hotel Vouchers
<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Rental & Move-in Assistance
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Other

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

BASIC NEEDS

<input type="checkbox"/> Access to Internet
<input type="checkbox"/> Assistance Getting Driver's License/Other ID
<input type="checkbox"/> Clothing
<input type="checkbox"/> Food/Prepared Meals
<input type="checkbox"/> Hygiene/Personal Care Items
<input type="checkbox"/> P.O. Box/Mail Service
<input type="checkbox"/> Phone/Voicemail
<input type="checkbox"/> Shower Facilities
<input type="checkbox"/> Storage Facilities
<input type="checkbox"/> Transit Vouchers
<input type="checkbox"/> Other

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

BEHAVIORAL & PHYSICAL HEALTH

<input type="checkbox"/> Mental Health Treatment
<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Co-occurring Disorder/Dual Diagnosis Treatment
<input type="checkbox"/> Medical Care
<input type="checkbox"/> Dental Care
<input type="checkbox"/> Vision Care
<input type="checkbox"/> Health & Wellness Education
<input type="checkbox"/> Other

Have Questions? Call Jessica Flintoft, Reentry Division Director, at (415) 553-1593

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SUPPORTIVE SERVICES

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Anger Management
<input type="checkbox"/> Community Education & Mediation
<input type="checkbox"/> Group Counseling/Therapy
<input type="checkbox"/> Intensive Case Management
<input type="checkbox"/> Individual Counseling/Therapy
<input type="checkbox"/> Mentorship
<input type="checkbox"/> Outreach
<input type="checkbox"/> Post-Incarceration Support
<input type="checkbox"/> Restorative Justice/Survivor Impact
<input type="checkbox"/> Trauma Recovery Services
<input type="checkbox"/> Victim/Survivor Services
<input type="checkbox"/> Other

EDUCATION

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Basic/Remedial Education
<input type="checkbox"/> College & Graduate Education
<input type="checkbox"/> Creative or Performing Arts
<input type="checkbox"/> English as a Second Language
<input type="checkbox"/> GED & High School Education
<input type="checkbox"/> Reading/Literacy
<input type="checkbox"/> Vocational Education
<input type="checkbox"/> Other

EMPLOYMENT & INCOME

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Assessment & Application for Food Stamps
<input type="checkbox"/> Assessment & Application for General Assistance
<input type="checkbox"/> Assessment & Application for SSI
<input type="checkbox"/> Credit Repair
<input type="checkbox"/> Employment Training
<input type="checkbox"/> Employment Placement
<input type="checkbox"/> Employment Retention
<input type="checkbox"/> Job Readiness/Life Skills
<input type="checkbox"/> Money Management/Personal Financial Education
<input type="checkbox"/> Representative Payee Services
<input type="checkbox"/> Other

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TO SUBMIT: By e-mail to: jessica.flintoft@sfgov.org

LEGAL SERVICES & ADVOCACY

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Clean Slate/ Conviction Expungement Services
<input type="checkbox"/> Inmate & Parolee Legal Issues
<input type="checkbox"/> Employment Law
<input type="checkbox"/> Family Law
<input type="checkbox"/> Housing & Eviction Defense
<input type="checkbox"/> Restraining/Stay Away Orders
<input type="checkbox"/> Voting Outreach & Education
<input type="checkbox"/> Other

FAMILY & CHILDREN

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Childcare
<input type="checkbox"/> Couples/Family Counseling
<input type="checkbox"/> Family Reunification
<input type="checkbox"/> Parenting Support/Education
<input type="checkbox"/> Services for Children
<input type="checkbox"/> Visits of Family Members in Jails & Prisons
<input type="checkbox"/> Other

5. ACCESS TO SERVICES & HOUSING

Address(es) of Service Sites: <i>If multiple sites, please list each service site.</i>	Days and Hours That Each Site Is Open:
--	--

Are clients *required* to have a referral from another entity? If so, from whom?

Client fees, if any. *Please explain rates in detail, including any sliding scale used to set fees, and any public assistance that is collected as part of client fees:*

What do clients need before getting into this program (*check all that apply*):

- State-issued ID Social Security card Proof of SF Residency TB clearance
 Other: _____

Will you assist entering clients in getting these? _____

Have Questions? Call Jessica Flintoft, Reentry Division Director, at (415) 553-1593

6. INTAKE PERSON (WHOM POTENTIAL CLIENTS SHOULD CONTACT):

Name:	Phone Number:
Position/Title:	Fax Number:
Specific intake days and times:	Email:

7. POPULATIONS SERVED

Please check the genders, family compositions, and ages of people served by this program.

- Men
 Women
 Transgender People
 People of Specific Ages: _____
 Pregnant Women
 Women with Children
 All Families (Any Adult/s with Children)

Please check as many populations as apply to describe the people who are served by this program. Please indicate if being part of each “population served” group is an **eligibility requirement** for participation in program, and/or if “population served” group is a primary population of the program.

POPULATIONS SERVED by this program	Describe criteria that apply to people served by this program.	ELIGIBILITY REQUIREMENT (Program is <i>limited</i> to serving this population)	PRIMARY POPULATION (Program <i>primarily</i> serves this population)
Families or Children of People involved in Criminal Justice System	<i>Note specific population(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
Defendants with a case in SF Superior Court	<i>Note specific collaborative court(s)/diversion program(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated in, or recently released from, SF County Jail	<i>Note specific program(s)/ facility(ies):</i>	<input type="checkbox"/>	<input type="checkbox"/>
On SF Adult Probation	<i>Note specific program(s)/ specialized probation caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
On SF Post-Release Community Supervision or 1170(h)5(b) Supervision	<i>Note specific program(s)/ specialized probation caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have Served in the U.S. Military	<i>Note if discharge must be honorable:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Currently be homeless	<i>What definition of homeless is used?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have a specific medical or mental health condition	<i>Note diagnosis or condition:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<i>Please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Have Questions? Call Jessica Flintoft, Reentry Division Director, at (415) 553-1593

DUE Friday May 17, 2013 by 5pm
TO SUBMIT: By e-mail to: jessica.flintoft@sfgov.org

Please check and describe all eligibility **restrictions** that apply to people served by this program.

ELIGIBILITY RESTRICTIONS	Describe all criteria that exclude people from participation in this program.	ELIGIBILITY RESTRICTION (Program does not serve these people.)
May not have criminal conviction for violent offense.	<i>Please describe:</i>	<input type="checkbox"/>
May not have criminal conviction for sex offense/be registered sex offender (PC290)	<i>Please describe:</i>	<input type="checkbox"/>
May not have criminal conviction for arson.	<i>Please describe:</i>	<input type="checkbox"/>
Other Eligibility Restrictions:	<i>Please describe:</i>	<input type="checkbox"/>

Thank You!

This information will be compiled and shared out to respondents.

Have Questions? Call Jessica Flintoft, Reentry Division Director, at (415) 553-1593



Implications of **The Affordable Care Act on People Involved with the Criminal Justice System**

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA).¹ Following the Supreme Court's June 2012 decision upholding the constitutionality of the most critical components of the law,² states have been focused on efforts to implement health care reform, including deciding whether to adopt the expansion of Medicaid to nondisabled adults earning at or below 133 percent of the federal poverty level (FPL). This brief provides an overview of the implications of the ACA for adults involved with the criminal justice system, as well as information about how professionals in the criminal justice field can help this population access the services now available to them.³

The Opportunity

The implementation of the ACA represents an important opportunity to increase access to community health care for people involved with the criminal justice system by removing financial barriers to obtaining health insurance. The majority of this population is currently uninsured, low-income, and has high rates of chronic and communicable illnesses, as well as mental health and substance use disorders.⁴ Under the provisions of the ACA, more than half of the 730,000 federal and state prisoners reentering the community each year are estimated to be newly eligible for either Medicaid or for federal subsidies to help buy health insurance from state health insurance exchanges (HIX).⁵ Large numbers of individuals in jail and on probation and parole will also be newly eligible for health insurance.

There is a clear opportunity for court and corrections administrators to be actively involved in connecting this population with the health care services now available to them through the ACA. Pre-trial or pre-release transition planning that

includes assistance in determining eligibility and enrolling newly eligible individuals for Medicaid or another health plan in the HIX, as well as a facilitating “warm handoffs” to local health care providers could be critical to the success of many of those returning to their communities after incarceration.

Court and corrections agencies also have a role in the dialogue and decision making related to the implementation of the ACA at the state and local level. By encouraging policymakers to target and prioritize the justice-involved population in their planning, criminal justice professionals will have a direct stake in the law's success. The effective implementation of the ACA has the potential to improve the overall health status of this population, which in turn will provide long-term public health benefits, as well as enhance public safety by reducing crime, revocations, and the social costs associated with unmet mental health and substance abuse needs.

What ACA Means to People Involved with the Criminal Justice System

The ACA includes a range of provisions that are especially relevant to people involved with the criminal justice system, including:

- State options to expand minimum income eligibility threshold for Medicaid
- Premium tax credits and cost-sharing subsidies in state health insurance exchanges
- Dependent coverage
- Protection for pre-existing conditions
- Coordinated medical and behavioral health care for chronic illnesses
- Essential Health Benefits

Beginning January 2014, states have the option to expand Medicaid coverage to adults under the age of 65, with incomes at or below 133 percent of the Federal Poverty Level (FPL) without having to meet disability requirements.⁷ For single adults, that is approximately \$14,856 per year.⁸ Many people involved in the criminal justice system will be included in this new eligibility group increasing their access to needed health care services.

The creation of state health insurance exchanges (HIX) is one of the key features of the ACA. These exchanges provide individuals and small businesses a way to easily purchase coverage from a range of options. The HIX also establish an individual's eligibility for subsidies including tax credits and cost sharing, which may be important to people reentering their community after incarceration who often are low income or lack employment. Dependent coverage is also a key feature of ACA, which allows for coverage of dependent children up to the age of 26, as is guaranteed coverage for pre-existing conditions, which are a significant concern for this chronically health-challenged population.

Essential Health Benefits are required for those newly eligible for Medicaid and for those plans offered in the HIX, and are defined broadly as ten

The Individual Mandate

The "individual mandate" is an ACA requirement that most individuals in the United States have a prescribed minimum level of health insurance coverage beginning in 2014. Among those exempt from the penalty associated with the individual mandate to carry a minimum level of coverage are people who are below the filing threshold for federal income taxes (set at \$9,750 for single individuals under age 65 in 2012), as well as people who are incarcerated.⁶ For those not exempt, penalties are assessed through IRS income tax filings, starting at \$95 in 2014, and rising to \$325 in 2015 and \$695 in 2016. Those with incomes of between 100 and 400 percent of the FPL will be eligible for financial assistance to purchase private insurance plans through state exchanges. For people with incomes of 100 to 133 percent of the FPL, premium contributions will be limited to 2 percent of their income.

categories of services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness and chronic disease management; and pediatric services, including oral and vision care. The inclusion of mental health, behavioral health, and substance abuse disorder services is of critical importance to this population. States have the option of establishing "Health Homes" as a means to provide comprehensive case management and coordination of community and social supports, for people with multiple chronic conditions including serious and persistent mental disorders.

The Role of Criminal Justice Agencies

Corrections and court personnel are in a unique position to help individuals access critical health care services, specifically by creating processes and training to:

- Determine eligibility for coverage as a step at intake to correctional agencies and review insurance status prior to release;
- Facilitate the application and enrollment of eligible individuals in Medicaid or other coverage through a HIX;
- Collaborate with state or local health administrators on protocols to connect these individuals with appropriate community health care providers.

Determine Eligibility

ACA requires U.S. Department of Health and Human Services (HHS) to develop a single streamlined application form people can use to apply for coverage through Medicaid, CHIP, qualified health plans, as well as premium credits for health coverage in the HIX. State Medicaid offices must enter into an agreement with a HIX to coordinate eligibility determination and enrollment. Eligibility for coverage for Medicaid or a HIX is based on two criteria: immigration status and income.⁹ People will be able to access the application online or at locations designated by the states' Medicaid Office. The submission of the application online, over the telephone, or by mail will trigger the electronic verification of an applicant's identity, citizenship, and whether his or her income meets eligibility requirements for Medicaid or some other form of assistance through the HIX. This verification is facilitated by a "data hub" that links information from the Social Security Administration and the Internal Revenue Service. The data hub will be operated by the Centers for Medicare and Medicaid Services (CMS), a division of HHS. Physical identification for verification of eligibility will not be required unless the electronic verification system is unable to verify the identification and citizenship information provided.

Regulations have allowed a 45-day limit on Medicaid eligibility determinations for non-disability applications. However, it is expected that the new streamlined process and on-line application will make real-time eligibility

determinations for many of those who are clearly eligible.

Facilitate Enrollment

After determining eligibility, enrollment or re-enrollment in Medicaid or other coverage on the HIX should also be a step in pre-trial processing for discharge and pre-release reentry planning. It is important to facilitate enrollment before discharge from pre-trial detention or incarceration, or immediately at the start of supervision in order to enable the swiftest connection to community health care. The earlier administrators initiate the enrollment process for eligible individuals and are able to select a provider that can meet their health care needs, the better the chances are of avoiding a lapse in care or treatment as they transition back to their communities.

If an individual loses his or her health coverage while incarcerated, re-enrollment is necessary prior to discharge or immediately at the start of supervision. While the re-enrollment process may vary from state to state, to re-enroll, all that is needed is the individual's personal information (i.e., Social Security number, date of birth, and legal name). The CMS data hub will verify income to confirm eligibility. A mailing address is still required, but a permanent home address is no longer a requirement. New rules also define residency as the state where the individual lives or intends to live.¹⁰

Collaborate

With sufficient staff and appropriate training, corrections and supervision agencies could effectively connect the more than 700,000 people returning to communities from state and federal prison to the critical health care services for which they are now eligible. The long-term public health and safety implications of these connections would be invaluable.

By providing assistance with enrollment prior to discharge from custody, prison and jail administrators can provide immediate benefit to the individuals transitioning to community supervision. As part of the facilitation of the enrollment process, corrections administrators should also have an efficient method for responding to requests for medical records or other

information from community health care providers. When possible, advance visits from community health care and treatment providers would allow for “warm handoffs” to minimize disruption of care, especially for those with chronic diseases and/or behavioral health disorders. This kind of collaboration and relationship building with community health care providers can also benefit corrections personnel by providing access to valuable information about medical and behavioral health disorders of individuals newly entering detention facilities, which can enhance safety and security.

Supervision agencies can play a significant role in promoting the health of the nearly five million adults on probation and parole¹¹ by confirming or initiating enrollment during an office visit or by referring clients to support services that can assist with enrollment in Medicaid or another plan on the HIX. Supervision agencies are also in a unique position to help the individual identify, access, and remain engaged with the health care services available to them, which may significantly improve chances for successful reentry and reduce recidivism.

Finally, criminal justice agencies can help ensure that the expansion of benefits results in improved

public health and safety outcomes by collaborating with policymakers in the implementation of the ACA at the state and local levels. To provide meaningful, impactful input in the planning process, criminal justice agencies should:

- Document the demographics and health care needs of individuals entering jails and prisons;
- Identify service gaps in the community specifically related to the population involved with the criminal justice system;
- Identify their own workforce training needs;
- Identify IT systems that require upgrades in order to link to Medicaid and HIX systems and other critical information infrastructure;
- Develop a financial statement demonstrating projected cost savings to criminal justice agencies under several scenarios (e.g., low, medium, and high participation in health care reform).

These efforts can help inform decision making, strengthen partnerships, and achieve public health and safety goals across multiple systems. In the future, criminal justice agencies should explore how ACA provisions may increase opportunities for diversion and promote continuity of care and treatment within their jurisdictions.

Illinois Prepares for Newly Eligible Medicaid Population in Corrections

The Illinois Governor’s office took early steps to prepare local and state agencies for the state’s estimated 200,000 individuals under correctional supervision that would be newly eligible for Medicaid. In March 2011, the Governor’s Health Care Reform Implementation Council formed the Workgroup on Justice Populations (WJP). The workgroup goals include establishing universal enrollment, screening, and connection to community medical and behavioral health treatment. This is expected to result in significant reductions in rearrests and future costs for incarceration. The workgroup was charged with developing a health reform implementation guide for justice-involved populations to assist system planning efforts in the county jail system, the court services system, the Illinois Department of Corrections, and the health and human services provider network. To achieve these goals, the WJP is considering options, such as expanding the Illinois Jail Data Link to cross match current Medicaid recipients with new inmates, improving the state’s capacity to share information within federal regulations, and streamlining processes for reengagement into Medicaid-funded services upon release from incarceration.

Early planning has also involved the development of pilot projects including one led by Illinois’ probation departments and a full implementation project in Chicago. Probation administrators in two counties are developing standardized processes to assist probationers with Medicaid applications and make referrals to human services providers and community health centers. In Chicago, Circuit Judge Paul P. Biebel, Jr. convened criminal justice and health system leaders at the Justice and Health Initiative. The goal is to align health reform resources across all points in the justice process, with a view to decreasing recidivism and creating options for jail diversion. Criminal justice and health agencies are building Medicaid enrollment processes and linkages to community medical and behavioral health services, leveraging Illinois’ early expansion of Medicaid (2010).

For more information, please contact Jennifer Koehler at jennifer.koehler@illinois.gov.

Conclusion

The ACA is the most significant reform in health care in 45 years and much of the implementation will depend on the states. Most of the processes and objectives discussed in this brief depend on each state's decision on whether, and how, to participate in Medicaid expansion and the availability and capacity of community health care providers to meet the health needs of those who are involved with the criminal justice system. States have a number of choices they can make that could lead to improved health outcomes for this population, including facilitating more effective community partnerships, planning better reentry programs, and improving

linkages to public health services. Should states successfully enable access to needed health services for people involved with the criminal justice system, it may be possible to reduce recidivism, decrease corrections expenditures for health care services, increase federal funding for health services delivered in the community, and decrease safety risks within the corrections system. Criminal justice administrators who emphasize at every opportunity the benefits of ensuring sufficient community health care have the potential to realize significant, measurable benefits within their own agencies.

Acknowledgments

The Council of State Governments Justice Center thanks Dr. Barbara DiPietro, Policy Director for the National Health Care for the Homeless Council, for her contribution to the development of this report. CSG Justice Center staff members Dr. Nicole Jarrett, Senior Policy Analyst, and Dr. Fred Osher, Division Director for Behavioral Health, advised on the project. The following experts provided valuable reviews and feedback: Dr. Lisa Braude, Senior Associate, DMA Health Strategies; Maureen

McDonnell, Director for Business and Health Care Strategy Development, Treatment Alternatives for Safe Communities; Gabrielle de la Gueronniere, Director of National Policy, Legal Action Center; Laurel Stine; Michelle Dirst, Director of Public Policy, National Association of State Alcohol and Drug Directors; and Steven Rosenberg, President, and Dr. Keith Barton, Medical Director, Community Oriented Correctional Health Services.



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The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. The Justice Center provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities.

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Endnotes

1. The ACA encompasses Public Laws 111-148 and 111-152. A consolidated version of the law can be found at <http://docs.house.gov/energycommerce/ppacacon.pdf>.
2. 567 U.S. (2012). *THE NATIONAL FEDERATION OF INDEPENDENT BUSINESS V. SEBELIUS* case was heard together with *FLORIDA V. DEPARTMENT OF HEALTH AND HUMAN SERVICES*. For more information, see: The Henry J. Kaiser Family Foundation, *FOCUS ON HEALTH REFORM, A GUIDE TO THE SUPREME COURT'S AFFORDABLE CARE ACT DECISION* (Menio Park: The Henry J. Kaiser Family Foundation, July 2012), available at <http://www.kff.org/healthreform/upload/8332.pdf>.
3. For more detailed information related to eligibility, financing, services, exemptions to the individual mandate, and enrollment, see: Barbara DiPietro, "Frequently Asked Questions: Implications of the Federal Health Legislation on Justice-Involved Populations," (New York: Council of State Governments Justice Center, 2011), available at http://www.reentrypolicy.org/jc_publications/faqs-implications-of-the-federal-legislation-on-justice-involved-populations/FAQs_Federal_Health_Legislation_on_Justice_Involved_Populations_REV.pdf.
4. For more information on health risks of incarcerated populations and people returning from jail and prison, see: the National Reentry Resource Center, "Frequently Asked Questions: Health, Mental Health, and Substance Use Disorders" (New York: Council of State Governments Justice Center), available at: <http://www.nationalreentryresourcecenter.org/faqs/health>; Kamala Mallik-Kane and Christy Visser, *HEALTH AND PRISONER REENTRY: HOW PHYSICAL, MENTAL, AND SUBSTANCE ABUSE CONDITIONS SHAPE THE PROCESS OF REINTEGRATION* (Washington: Urban Institute, 2008), available at <http://www.urban.org/url.cfm?ID=411617>; The National Center on Addiction and Substance Abuse at Columbia University, *BEHIND BARS II: SUBSTANCE ABUSE AND AMERICA'S PRISON POPULATION* (New York: Columbia University, February 2010), p. 35; Henry Steadman, Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels, "Estimates on the Prevalence of Adults with Serious Mental Illnesses in Jails," *PSYCHIATRIC SERVICES* 60 (June 2009): 761—65, available at <http://www.consensusproject.org/publications/prevalence-of-serious-mental-illness-among-jail-inmates/PsySJailMH-Study.pdf>.
5. Estimate is based on 100 percent state participation. Allison Evans Cuellar and Jehanzeb Cheema, "As Roughly 700,000 Prisons Are Released Annually, About Half will Gain Coverage And Care Under Federal Laws," *HEALTH AFFAIRS*, 31 no. 5 (2012): 931—938.
6. For more information on 2012 filing thresholds, see: Internal Revenue Service, "Your Federal Income Tax" Publication 17, 2012, available at <http://www.irs.gov/publications/p17/ch01.html#d0e1532>.
7. On June 28, 2012, the Supreme Court ruled that the federal government could not withhold Medicaid funding from states that opt out of the Medicaid expansion. Medicaid income eligibility will be based on modified adjusted gross income (MAGI) with no asset test. Special adjustments will bring the effective eligibility to 138 percent of Federal Poverty Level (FPL). Prior to ACA, states had to apply for a waiver to expand Medicaid coverage for non-disabled adults without dependents. States may choose to maintain their current income thresholds or set income thresholds at or higher than 133 percent FPL.
8. Based on 2012 FPL Guidelines for the 48 Contiguous States and the District of Columbia. Federal Register, Volume 77 Number 17, Thursday, January 26, 2012.
9. Medicaid financial eligibility will be based on monthly modified gross adjusted income (MAGI), as defined by the IRS, at the time of the application. There will be no asset/resource tests for eligibility. Eligibility for premium credits will be based on annual income.
10. 42 CFR §435.403.
11. L.E. Glaze and T.P. Bonczar, *PROBATION AND PAROLE IN THE UNITED STATES, 2010* NCJ 236019 (Washington: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, November 2011), available at: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2239>.



San Francisco Adult Probation Department AB109 Monthly Compliance Report

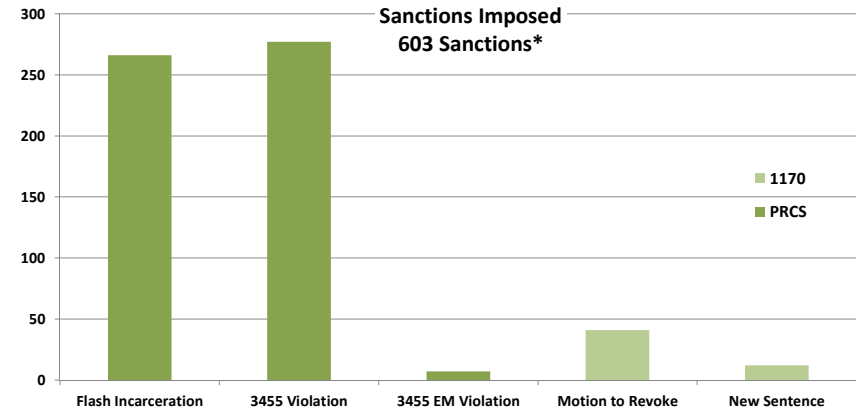
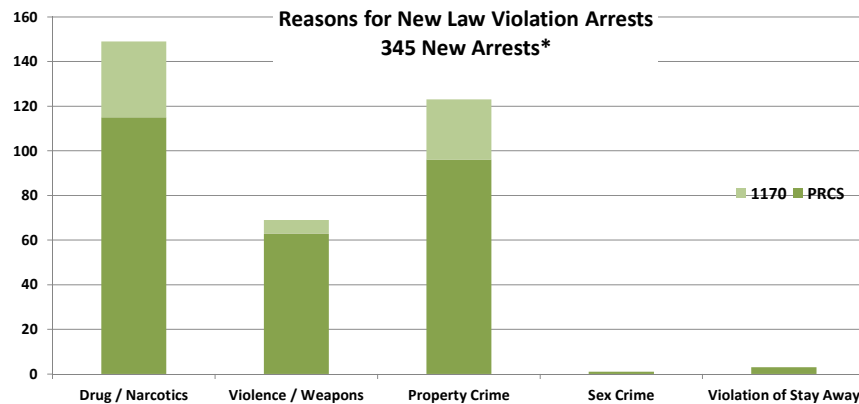
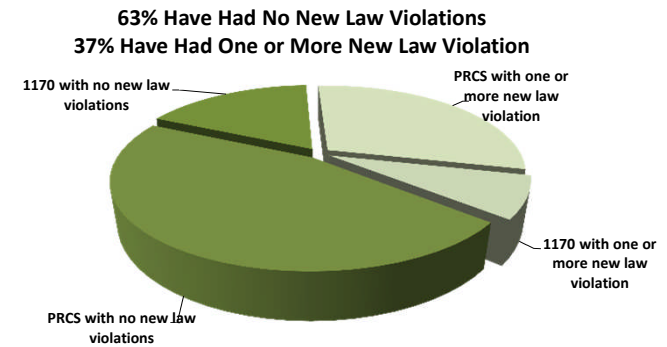
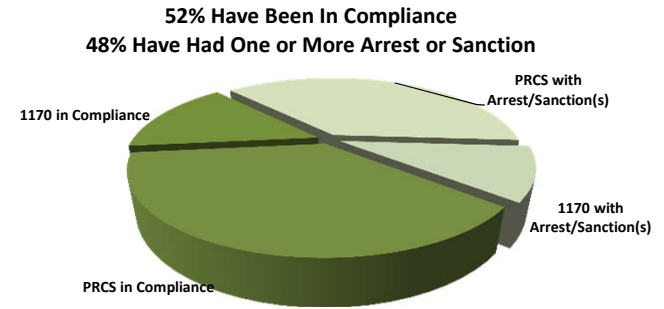
March 31, 2013

Total AB109 Population	Current Active Clients		Total Clients to Date	
	Number	% of Total	Number	% of Total
Post Release Community Supervision (PRCS)	381	75%	499	75%
1170(h) Mandatory Supervision (MS)	130	25%	165	25%
Total	511		664	

Compliance	Number	% of Total	Number	% of Total
In compliance (no new law violations)	300	59%	419	63%
In compliance (no sanctions or arrests)	239	47%	345	52%
One or more sanction / arrest	272	53%	319	48%
One or more new law violation	211	41%	245	37%

Reasons for New Law Violation Arrests*	Number	% of Total	Number	% of Total
Drug / Narcotics	129	44%	149	43%
Violence / Weapons	55	19%	69	20%
Property Crime	104	36%	123	36%
Sex Crime	0	0%	1	0%
Violation of Stay Away	3	1%	3	1%
Total New Law Violation Arrests	291		345	

Sanctions Imposed*	Number	% of Total	Number	% of Total
Flash Incarceration Imposed (PRCS only)	225	45%	266	44%
3455 Violation Imposed (PRCS only)	231	46%	277	46%
3455 EM Violation Imposed (PRCS only)	7	1%	7	1%
Motion to Revoke (MS only)	30	6%	41	7%
Sentenced on New Charge	5	1%	12	2%
Total Sanctions Imposed	498		603	



* Includes new arrests and sanctions occurring in San Francisco County only.

COMMUNITY ASSESSMENT AND SERVICES CENTER

San Francisco Adult Probation Department

INTRODUCTION

The San Francisco Adult Probation Department (SFAPD), in partnership with Leaders in Community Alternatives, Inc. (LCA), a San Francisco organization with 21 years of criminal justice experience, and an array of outstanding public and private/non-profit partners, will launch San Francisco's first-ever Community Assessment and Services Center (CASC) in June, 2013. Other core CASC partners are Anders and Anders Foundation, the Center on Juvenile and Criminal Justice, the Senior Ex Offender Program, and Community Works.

The CASC is a premier one-stop community corrections reentry center that will provide on-site APD supervision of clients, comprehensive case management, and will co-locate wrap-around support services including a charter school, vocational and employment readiness training, mental health, substance abuse services, space for presentations by other community partners, and cognitive behavioral interventions that help clients think practically and critically about changing criminal attitudes and behaviors. It will also reduce barriers to eligible client access to health and income benefits by providing dedicated office space for public sector partners like the San Francisco Department of Public Health and Health and Human Services Agency. CASC services will be exclusively for clients under the supervision of the SFAPD, and other criminal justice involved individuals.

The CASC's one-stop community corrections model integrates well researched, evidence based practices and interventions into its organizational design and services delivery. Clients will be engaged in highly structured daily and evening activities. This model tightly blends law enforcement and services into an approach focused on accountability, responsibility and opportunities for long-term change. The program will be open weekdays from 8:00am – 8:00pm, and (anticipated) from 9:00am – 1:00pm on Sat., and will serve 300 clients every six months.

The CASC will be led by a committed and highly-qualified leadership team and staff that collectively possess decades of experience in corrections, community corrections, criminal justice, and services. The CASC will incorporate principles of restorative justice and will be a model program which will help clients gain resiliency and the knowledge and skills they need to permanently exit the criminal justice system. The CASC will improve public safety, reduce victimization, maximize taxpayer dollars, and will contribute to community vitality.

CASC FACILITY

The CASC will be located at 564 6th Street (between Bryant and Brannan Street) as the CASC site. The location is a 17,500 square foot site that is comprised of two floors. APD supervision will be located on the 2nd floor, and will have a separate entrance. CASC services and classrooms will be located on the first and second floor. The CASC will be programmatically and architecturally accessible to individuals with the greatest range of abilities.

CASC STAFFING

Staffing: Up to 24 SFAPD peace officers will be on site to provide client supervision services at the CASC. Other key program staff will include a CASC Director and Assistant Director, Clinical Supervisor, Case Managers, Group Specialists, Job Developers, and regularly scheduled office hours for public/non-profit partners.

COMMUNITY ENGAGEMENT

The CASC model will become a neighborhood asset: 1.) It will expand neighborhood law enforcement visibility, 2.) It will develop an active Neighborhood Advisory Board to establish partnership opportunities with the community, and to ensure CASC and community transparency, and 3.) CASC clients will have opportunities to perform community services projects at the direction of the Neighborhood Advisory Board. The CASC team will launch the neighborhood engagement plan in May, 2013.

CONTACT

For more CASC information, please contact SFAPD Reentry Services Manager Lauren Bell at (415) 553-4919 or lauren.bell@sfgov.org, or CASC Program Director Melissa Gelber at (415) 546-5222 or mgelber@lcaservices.com.



Reentry Pod Status Report

San Francisco Adult Probation Department
San Francisco Sheriff's Department

As of April 22, 2013

The Reentry Pod, which opened on February 28, 2013, is a collaborative effort of the San Francisco Adult Probation and Sheriff's Departments to deliver intensive reentry planning and evidence-based interventions to individuals 60 to 120 days prior to release from jail. The Reentry Pod joins pre and post release programs to improve public safety, reduce recidivism and provide the necessary continuum of resources for a successful reentry into the community and the tools to complete community supervision productively. It provides focused reentry services, including but not limited to: educational credit through 5 Keys Charter School, substance abuse treatment, Thinking for a Change courses, case management, cognitive behavioral programs and access to other community based services and programs. Furthermore, the Reentry Pod allows easier access to probation officers as individuals prepare to be released back to the community.

The Reentry Pod is located in SF County Jail #2A, housing up to 56 individuals who will be released to Mandatory Supervision pursuant to PC § 1170(h)5(b) ("split sentence"), or Felony Probation who have been assessed as medium-high or high risk for recidivism. APD and SFSD plan to collaborate with CDCR, allowing individuals who will be released on Post Release Community Supervision to participate in the Reentry Pod, 60 - 120 days prior to their release dates.

Number of individuals in the Reentry Pod, as of 4/24/2013		24	
Type of Sentence:	1170(h) split sentence	4	17%
	PRCS violation	5	21%
	1170(h) Mandatory Supervision violation	2	8%
	Probation violation or CJ/felony probation	13	54%

Number of individuals in the Reentry Pod to date		40	
Type of Sentence:	1170(h) split sentence	14	35%
	PRCS violation	10	25%
	1170(h) Mandatory Supervision violation	2	5%
	Probation violation or CJ/felony probation	14	35%

Number of individuals who have exited the Reentry Pod	16
Average number of days in the Reentry Pod	20 days