

**El Dorado County Community Corrections Partnership
Public Safety Realignment Strategic Plan Update
Launch Workshop Meeting Notes
May 3 and May 4, 2023**

Attendance:

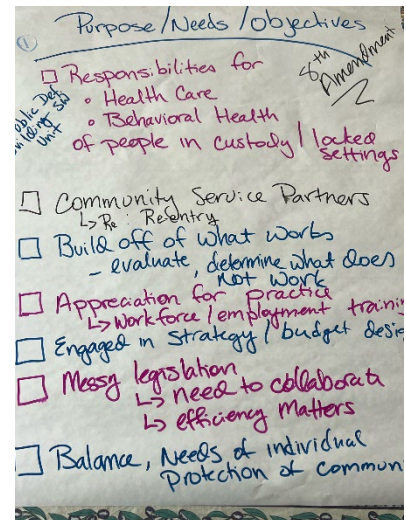
Name	Title	Agency
Brian Richart	Chief Probation Officer	Probation
Nikki Moeszinger	Probation CFO	Probation
Gary Romanko	Deputy CPO	Probation
Andrew Craven	Deputy CPO	Probation
Tasha Thompson	Captain - EDSO Custody Division	EDSO
Jon Eslick	Lieutenant – EDSO Custody	EDSO
Alison Winter	Principal Management Analyst	CAO
Olivia Bryon-Cooper	Interim Director HHSA	HHSA
Nicole Ebrahimi-Nuyken	Behavioral Health Director	Behavioral Health
Debbie Metoyer-Spieth	HHSA Behavioral Health	HHSA
Thomas Clark	HHSA Behavioral Health	HHSA
Maureen Virgil	Public Health Nursing Manager	HHSA
Teri Monterosso	Chief Public Defender	Public Defender
Jay Linden	Deputy District Attorney	District Attorney
Carey Buchanan	Principal, Alternative Programs	EDCOE
Kayce Rane	Meeting Facilitator	Rane Community Development

Introductions:

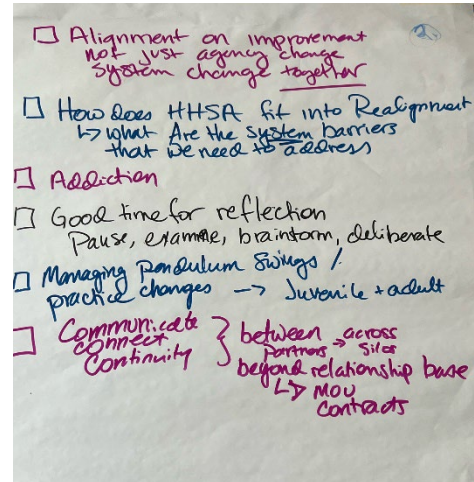
What do you hope we can get out of today's discussion and this strategic planning process?

Purpose, Needs, and Objectives

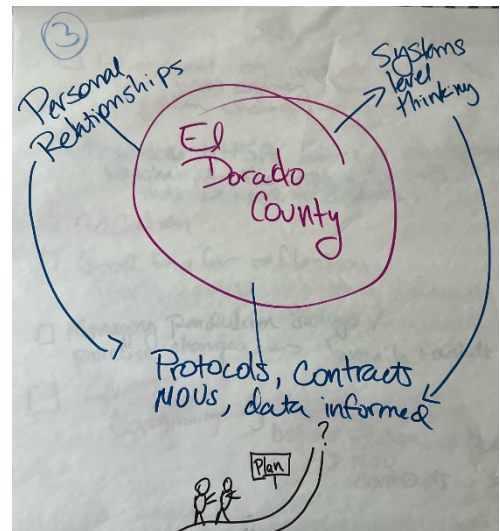
- Address responsibilities for providing health and behavioral health care for people in custody / locked settings as mandated by 8th Amendment.
- Strengthen and expand community service partners and their role in the delivery of services with a reentry focus.
- Build off what works, and that means measuring and evaluating to define successes; it also means we have to understand what is *not* working.
- A better understanding and appreciation for practices that work. Yes behavioral health services, but also workforce development and employment training.
- Focus our strategy and design our budget accordingly.



- Given the messy legislation we are faced with implementing, we really need better collaboration and coordination. Efficiency – the wise and thrifty use of resources to achieve positive outcomes- matters.
- Balance the needs of the individual with the protection of the community.
- Alignment on improvement – meaning its not just about us implementing change within our own agencies, we need to change the way we operate as a system and work together.
- A better understanding of how HHSA fits into realignment efforts and what are the system barriers that we need to address.
- Effective treatment programs to address addiction.



- Take time to reflect – we should pause, and take some time to examine what has occurred, where we want to go and be very deliberate about strategies and approaches for the next 5-10 years.
- It is also about managing the pendulum swings that have occurred and will continue to occur. We need to be prepared to do good work and make an impact – in both the juvenile and adult arena.
- Communication, Connection, and Continuity. We have to move beyond relationship-based approaches to the work and really set things up for the future with MOUs and contracts defining practice expectations.



Group Discussions

Group 1: Early Interventions / Pre-Release

1. Practice Changes

- Diversion for Veterans, Substance Abuse, Mental Health, Misdemeanors
- Earlier screenings to identify target populations.
- Within the Jail, the inmate population has changed – we are responding to higher level offenders with more mental health challenges.

2. Impact / Achievements

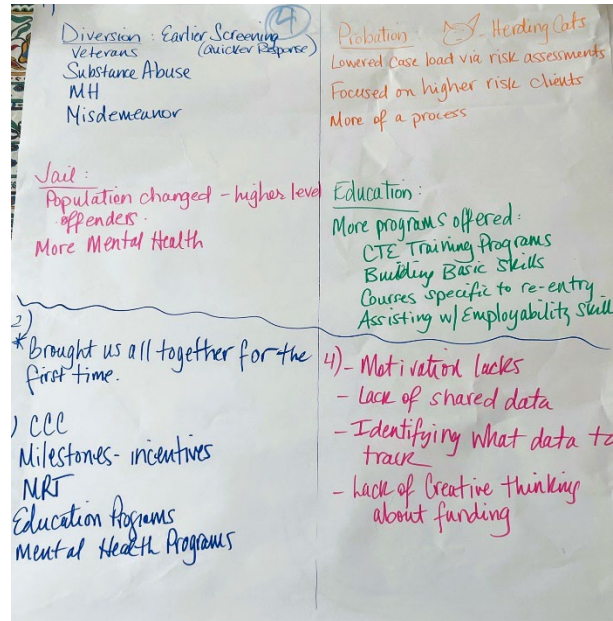
- Realignment brought us all together for the first time.
- Created the CCC / Day Reporting Center using MRT and tracking milestones achieved and using incentives to reward participation.
- More education and mental health programming.

3. What Works

- Probation Officers now have a lowered case load via introducing the risk assessment. This has allowed us to focus more time/ energy/ resources on higher risk persons.
 - There is more of a streamlined organized process to achieve results.
- Educational opportunities and programming have expanded.
 - CTE training programs
 - Building Basic Skills
 - Courses specific to re-entry
 - Assisting with employability skills

4. Challenges / Barriers

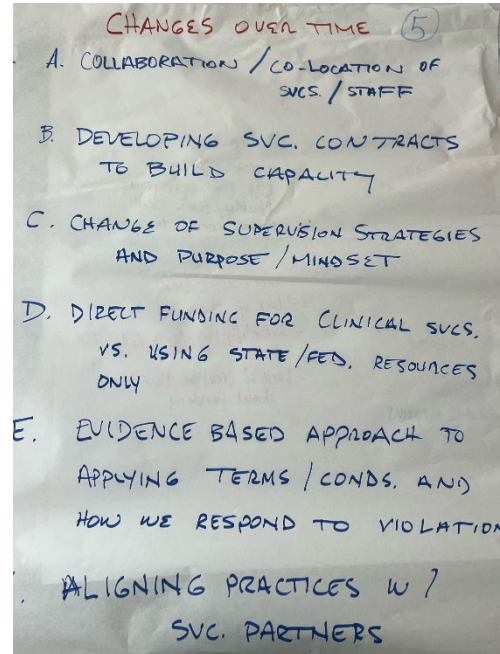
- Low motivation for participation in some programs – especially in custody for individuals to continue to engage beyond what is incentivized to sustain behavioral changes.
- Lack of shared data
- Identifying what data to track
- Lack of creative thinking about funding



Group 2: Reentry / Post-Release

A. Practice Changes

- Collaboration and co-location of services and staff
- Developing service contracts to build capacity.
- Change of supervision strategies, purpose, and mindset
- Direct funding for clinical services vs. using state and federal resources only
- Evidence based approach to applying terms and conditions and how we respond to violations.
- Aligning practices with service partners



B. Impact / Achievements

- Improved collaboration and increase efficiencies
- More holistic approach to interventions – a more multidisciplinary approach
- Increased focus on stabilization factors
- Crime has decreased in spite of less severe consequences.
- Recidivism has gone down

C. What Works

- CCC – Assessment (Diagnosis) -> Interventions (Treatment)
- Investments in continuous improvement
- Sustain participation by meeting basic needs and supporting additional factors (barriers to success) such as employment, food, transportation.

D. Challenges / Barriers

- Data distribution
 - Lack of shared systems
- Interdepartmental communications
- Treatment resources
- Capacity Building
- Lack of (sufficiency of) reentry services (treatment)
- Deliberate planning and reflection
- Staff recruitment and retention challenges across multiple departments

Day 2 Discussion

What are the biggest priorities that should be addressed through the Community Corrections Partnership?

1. Coordinated Trainings

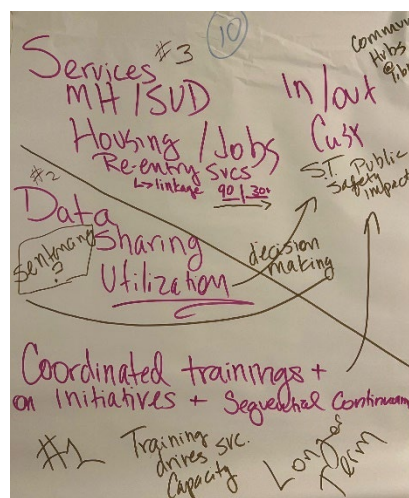
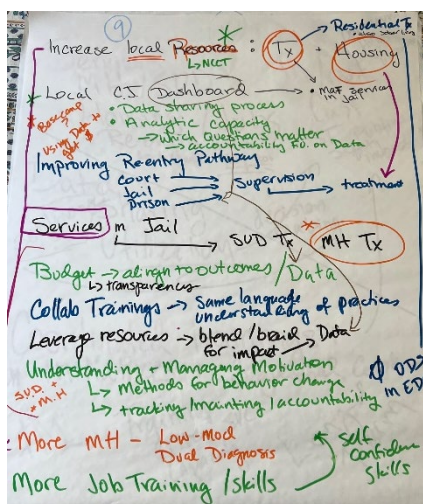
- There is too much we don't know about how our partners work.
- We need to use the same language and have the same understanding of practice.
- Understanding and managing client motivation.
 - What are the methods to promote behavioral change?
 - How can we track and maintain client engagement and hold them accountable for their own rehabilitation?

2. Data Sharing

- We need a better criminal justice dashboard.
- Address data sharing protocols.
- Increase our analytic capacity so we are not just collecting data but using data to make informed decisions about program design and practices.
- Better data will help us leverage more resources because we will have a better sense of what is working and where our gaps are.
- Our budget should align to desired results / outcomes and we need data to track that impact.
- We also need data to improve our re-entry pathways from court and jail into supervision and onto treatment services – we should be able to track clients across the system.

3. Sufficiency of Services

- We need more local service capacity. Too much is still out of county. Especially residential substance use treatment programming, and more behavioral health services for the low-mod and dual diagnosis populations.
- More investments in job training programs like NCCT



Next Steps

1. Further discussions

- CAOs Office
- Probation
- Sheriff's Office
- SLT Police
- Placerville Police
- Public Defender's Office
- District Attorney's Office
- Courts
- HHSA Eligibility / Benefits Division
- HHSA Behavioral Health
- HHSA Administration
- HHSA Nursing
- EDCOE / Job Training
- NAMI
- Behavioral Health Commission
- VW Services

2. Review Data

- Stepping Up Data (receive from Kevin O'Connell, via CCP)
- Partner provided data pertaining to utilization and program impacts

3. Workshop # 2 (Date TBD based on availability, ideally late July or early August)

Meeting Purpose

- Review findings to date
- Refine CCP goals and objectives
- Define measures of success