

**CDCR 611 PACKET PRE-RELEASE CHECK LIST  
POST RELEASE COMMUNITY SUPERVISION (PRCS)**

*No other documents will be added without the prior approval of the Case Records Unit*

<input type="checkbox"/> <b>Completed CDCR Form 611, Release Program Study (Rev 08/11)</b>	<input type="checkbox"/> <b>CDCR Form 128-C – TB Chrono</b> Form will appear differently if from the Electronic Record(SOMS)
<input type="checkbox"/> <b>Legal Status Summary – Face Sheet (most recent)</b>	<input type="checkbox"/> <b>CDCR Form 128-C3</b> <input type="checkbox"/> Not available
<input type="checkbox"/> <b>CDCR Form 112, Chronological History</b>	<input type="checkbox"/> <b>CDCR Form 128 C-2 – DDPS</b> <input type="checkbox"/> Not available <input type="checkbox"/> Not applicable
<input type="checkbox"/> <b>Probation Officer's Report – POR (current term)</b>	<input type="checkbox"/> <b>CDCR 128MH-3 – Mental Health Placement Chrono</b> <input type="checkbox"/> Not available <input type="checkbox"/> Not applicable
<input type="checkbox"/> <b>Arrest Report (in lieu of POR)</b>	<input type="checkbox"/> <b>CDCR Form 1845 – Inmate/Parolee Disability Placement</b> <input type="checkbox"/> Not available <input type="checkbox"/> Not applicable
<input type="checkbox"/> <b>Social Factors Sheet</b> <input type="checkbox"/> Not available	<input type="checkbox"/> <b>CDCR Form 127 – Notification in case of Inmate Death, Serious Injury/Illness</b>
<input type="checkbox"/> <b>Institutional Staff Recommendation Summary</b> <input type="checkbox"/> Not available	<input type="checkbox"/> <b>Copies of any active holds, warrants or detainers</b> <input type="checkbox"/> Not applicable
<input type="checkbox"/> <b>Abstract of Judgment (active cases)</b>	<input type="checkbox"/> <b>CDCR Form 1515-CS – Conditions of Release</b>
<input type="checkbox"/> <b>Minute Order (active cases) – if Abstract not available</b>	<input type="checkbox"/> <b>COMPAS – If available/Not all offenders will have COMPAS</b>
<input type="checkbox"/> <b>CDCR Form 128G – Initial Classification Chrono</b> <input type="checkbox"/> Not available	<input type="checkbox"/> <b>CDCR Form 1707 – Request for Notification Required by PC Sections 3058.8 and 3058.61</b> <input type="checkbox"/> Not applicable
<input type="checkbox"/> <b>CDCR Form 128G – Most recent Annual Classification Chrono</b> <input type="checkbox"/> Not available	<b>Case Records staff:</b> Ensure this document is marked confidential, placed in a sealed envelope also marked confidential and attach to the 611 packet.
<input type="checkbox"/> <b>CDCR Form 812-A – Notice of Critical Case Information</b> <input type="checkbox"/> Not available	<input type="checkbox"/> <b>Photos (4)</b>

**Notice to County of Supervision:** Document(s) marked *Not Applicable* do not apply to the offender. Documents marked *Not Available*, are not available at the time the packet is mailed but may be available at a later date. **Please note** that during Reception Center processing, many documents are not available for the pre-release packets.

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ CDCR#: \_\_\_\_\_

**POSTRELEASE PACKET CHECKLIST**  
**POSTRELEASE COMMUNITY SUPERVISION**  
**(PRCS)**

**Documents to be provided immediately (within two working days) following release to parole**

- CDCR Form 102, Release Statement
- CDCR 1515-CS, Notice and Conditions of PRCS
- Signed Copy of Special Conditions of Parole (if applicable)
- Notice of Registration Requirements (if applicable)
- CDCR Form 161, Warden's Check-out Order
- Legal Status Summary
- Fingerprint Card(s) for Current Term (ensure C-file retains one set)
- Notice of any active Restraining/Protective Order (previously faxed upon discovery)(if applicable)

Name \_\_\_\_\_ CDCR # \_\_\_\_\_



### **About Resource Development Associates**

Since its inception in 1984, the mission of Resource Development Associates (RDA) has been to promote the welfare of our communities' vulnerable populations by contributing to the effective functioning of public and non-profit social service systems. RDA achieves this by providing strategic planning, evaluation, organizational development, grantwriting, assessment, data system development and implementation, and technical assistance to its clients, which range from community-based non-profits to local, state and federal agencies. Located in Oakland and comprised of a core staff of 20, complimented by a 25-person consultant corps with a variety of expertise from marketing and branding to medical doctors, RDA is led by CEO Dr. Patricia Marrone Bennett, who brings more than 35 years' experience in working with and planning for non-profit and governmental agencies.

As a full-service governmental and non-profit consultancy, RDA specializes in facilitating comprehensive planning and evaluation processes that begin with ground-floor analysis of Departmental programs, services, and initiatives, and which map real institutional capacities and constraints onto an actionable plan for achieving short-and long-term objectives within departmental resources.

Throughout our firm history, RDA has led dozens of planning initiatives for state, county, city, and community-based entities across California. We have a well-established record of working with probation departments and other agencies serving juvenile and adult offender and inmate population. We are currently working with the Alameda County Probation Department to review and revise their juvenile probation policies and procedures manual to reflect the vision and mission of a newly appointed Chief Probation Officer. We are also working with the City of Oakland to conduct a comprehensive evaluation of juvenile probation outcomes for its violence prevention initiative. We also led an organizational needs assessment and development initiative with San Francisco County's Juvenile Probation Department that led to a long-term training and development plan for leadership and mid-level managers.

RDA also has a long history of consulting on planning projects involving multiple state and county agencies, as well as community-based organizations (CBOs) and other service providers. In 2009, RDA conducted an extensive planning process with the State of California to structure its objectives, priorities, and long-term vision into a framework for systematically evaluating the Mental Health Services Act. Prior to that, we helped Family Services Agency of San Francisco, the County's largest non-profit social service provider, avert a major fiscal collapse through reorganization and strategic overhaul.



**Selected overview of current and recent relevant experience:**

***Alameda County Probation Department Policies and Procedures Revisions:*** RDA is currently working with the Alameda County Probation Department to review and revise their juvenile probation policies and procedures and to create a new Juvenile Services Manual that reflects case management approach to serving youth on probation. This project includes the following tasks: review and analysis of departmental documentation; development of service and evaluation protocols; compile documentation of existing service landscape; identify service priorities; draft policies and procedures manual. Upon completion of a revised Juvenile Service Manual, RDA will work with Alameda County Probation to help revise their Adult Probation Services policies and procedures.

***City of Oakland Measure Y Violence Prevention and Community Policing Initiative:*** RDA is working with the City of Oakland's Department of Human services to evaluate the City's Measure Y Violence Prevention and Community Policing Initiative. RDA designed and implemented Scan, Analyze, Respond, Assess (SARA), a web-based data collection and reporting tool for Oakland Police Department; we have also worked with service providers, probation, schools, and other key stakeholders to develop initiative-wide logic models, led participatory action research evaluation effort of CBOs providing direct services, including process and outcome evaluations, and authored several initiative-wide and program-specific reports.

***San Francisco Juvenile Probation Department Organizational Development:*** RDA worked with the San Francisco Juvenile Probation Department to support internal organizational development efforts. RDA conducted a departmental needs assessment, identified strategic service priorities, researched best practices, developed a leadership training plan, provided staff coaching, management and leadership training; and led organizational planning efforts.

***Santa Barbara County Juvenile Offender Reentry Plan:*** RDA worked with Santa Barbara County Alcohol, Drug, and Mental Health Services Department (ADMHS), Santa Barbara Probation Department, and four community-based treatment providers to implement substance abuse treatment program for male juvenile offenders. The tasks in this project included researching the target population; working with stakeholders to identify service needs, researching best practices; identifying the appropriate risk/needs assessment tool, and drafting an implementation plan.



**Recent consulting experience with San Mateo County agencies:**

***San Mateo County Juvenile Court and Human Services Agency Grantwriting:*** In 2002, RDA collaborated with San Mateo County Children and Family Services, Human Services Agency and Juvenile Court to develop and submit successful proposal for a Juvenile and Family Drug Court to the U.S. Department of Justice. Three years later, RDA wrote a subsequent successful proposal to expand Juvenile Drug Court services to include The G.I.R.L.S (Gaining Independence and Reclaiming Lives Successfully) Program.

***San Mateo County Human Services Agency's CalWIN Evaluation:*** In 2006, RDA worked with San Mateo County's Human Services Agency to evaluate the impact of the CalWIN system on the Human Services Department in regards to workflow, interaction with clients, and agency communication. The evaluation sought to measure whether the implementation of CalWIN had led to the desired outcomes of time saving to complete forms and paperwork and more self-sufficiency for clients, and to determine whether staff had the resources they needed to use CalWIN most effectively. As a result of the findings of this evaluation, the San Mateo Human Services Agency implemented additional training and technical support options for staff utilizing the CalWIN system and they improved the reporting features of the system. The Evaluation design included a one day time study, staff surveys and focus groups.

***Cañada College Hispanic-Serving Institutions (HSI) Science, Technology, Engineering, and Math (STEM) Program Evaluation:*** RDA worked with Cañada College to conduct a process and outcome evaluation of a STEM program aimed at increasing number of Hispanic and low income students pursuing STEM degrees. Identified measurable outcomes; performed quantitative data analysis; demographic analysis; pre/post test surveys; focus groups; key informant interviews; authored evaluation report.

***Community Gatepath Autism Works Evaluation:*** RDA recently completed an evaluation of San Mateo's Community Gatepath Autism Works. This project included developing a program logic model; reviewing and analyzing Autism Works staff data; conducting key informant interviews, focus groups, structured observation of participants; developing and administering satisfaction surveys, formulating recommendations for program improvements; and authoring a final report.

**Contact Us**

**Andy Riesenber, ScM**  
Senior Project Manager  
riesenberg@resourcedevelopment.net  
www.resourcedevelopment.net

**Mikaela Rabinowitz, PhD**  
Program Associate  
mrabinowitz@resourcedevelopment.net



Timeline for the Development of San Mateo County's Local Implementation Plan (LIP)			
Project Month	Objective	Activities	Milestones
May – September	<p><b><i>Understand the Population Being Served</i></b></p> <p>Utilize an interim realignment process for reentry of the Post Release Community Supervision (PRCS) population that reflects their needs and applies best practices.</p>	<ul style="list-style-type: none"> <li>San Mateo Health System, Human Services, and Probation Departments have met regularly to prepare for realignment.</li> <li>Developed a collaborative approach to delivering services to the PRCS Population.</li> </ul>	<p><b>San Mateo County Developed an interim realignment process to prepare for the PRCS population returning home beginning Oct 1.</b></p>
October - November	<p><b><i>Identifying Services' Priorities and Gaps</i></b></p> <p>Understand the existing scope and landscape of services for the PRCS population in San Mateo County, and identify service priorities and unmet service needs.</p>	<ul style="list-style-type: none"> <li>Convene a forum with Community-Based Organizations.</li> <li>Conduct Key Informant Interviews with CCP members, and County agency and working group leaders</li> <li>Facilitate a half-day workshop with CCP members to discuss substantive issues related to the LIP development.</li> </ul>	<ul style="list-style-type: none"> <li><b>Oct 1 – Commencement of the PRCS reentry into the community.</b></li> <li><b>Oct 12 – Introduction of consultant (RDA) at CCP Meeting</b></li> <li><b>Nov 3 – CBO Forum</b></li> <li><b>Nov 9 – Updates provided at CCP Meeting</b></li> <li><b>Nov 30 – CCP Half-Day Workshop</b></li> </ul>
December	<p><b><i>Analysis of Stakeholder Input</i></b></p> <p>Analyze and summarize key issues identified during stakeholder meetings and community feedback to inform LIP development.</p>	<ul style="list-style-type: none"> <li>Convene a forum with Community members.</li> <li>Develop a briefing document containing service needs for the PRCS population, and the shared goals and values of the CCP in meeting those needs.</li> </ul>	<ul style="list-style-type: none"> <li><b>Early Dec TBD – Community Forum</b></li> <li><b>Dec 14 – Status Updates provided at the CCP Meeting</b></li> </ul>

November 7, 2011

Please note: all dates are subject to change

Prepared by RESOURCE DEVELOPMENT ASSOCIATES |



Project Month	Objective	Activities	Milestones
January	<p><b>Drafting a Local Implementation Plan for San Mateo County</b></p> <p>Develop a comprehensive and detailed Local Implementation Plan that reflects stakeholder input and evidence-based practices, and includes measurable objectives and outcome measures.</p>	<ul style="list-style-type: none"> <li>• Create a blueprint for the appropriate array of services to address the needs of the PRCS population.</li> <li>• Develop an evaluation logic model or framework with indicators of success.</li> <li>• Draft a comprehensive and detailed Local Implementation Plan.</li> </ul>	<p><b>Jan 12 – Status Updates provided at CCP meeting</b></p>
January	<p><b>Drafting a Local Implementation Plan for San Mateo County</b></p> <p>Develop a comprehensive and detailed Local Implementation Plan that reflects stakeholder input and evidence-based practices, and includes measurable objectives and outcome measures.</p>	<ul style="list-style-type: none"> <li>• Create a blueprint for the appropriate array of services to address the needs of the PRCS population.</li> <li>• Develop an evaluation logic model or framework with indicators of success.</li> <li>• Draft a comprehensive and detailed Local Implementation Plan.</li> </ul>	<p><b>Jan 12 – Status Updates provided at CCP meeting</b></p>
February	<p><b>Share a Draft of the Plan for Stakeholder Input</b></p>	<ul style="list-style-type: none"> <li>• Present a draft LIP to the CCP.</li> <li>• Identify a process for CBO and community comments on the draft LIP.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Feb 3 – Draft LIP posted on the CCP Web site</b></li> <li>• <b>Feb 15 – Presentation of the draft LIP at the CCP Meeting</b></li> </ul>

November 7, 2011

Please note: all dates are subject to change

Prepared by RESOURCE DEVELOPMENT ASSOCIATES |



<b>March</b>	<b><i>Present the Local Implementation Plan to the Board of Supervisors</i></b>	<ul style="list-style-type: none"><li>• Present the LIP to the Board of Supervisors with recommendations for the provision of evidence-based and cost-effective services to the PRCS population.</li></ul>	<b>March 13 – Presentation of the LIP to the Board of Supervisors</b>
--------------	---	--	---

November 7, 2011

*Please note: all dates are subject to change*

*Prepared by* RESOURCE DEVELOPMENT ASSOCIATES |





## **Next steps for RDA for November:**

### **1. Compile, analyze feedback from CBO forum; produce briefing report**

The CBO forum gave us the opportunity to get feedback from approx. 50 service providers in San Mateo County who will be instrumental in serving the PRCS population. At the forum, these providers discussed three key questions:

- i. What services they can provide to assist San Mateo County in successfully serving the PRCS population
- ii. What they need from the County in order to do so
- iii. What recommendations service providers have for the development of the LIP

RDA is working to compile this feedback in order to highlight common themes and to identify service gaps and provider needs.

### **2. Complete individual interviews**

In order to assist the county as it develops a Local Implementation Plan (LIP) for serving the population transitioning to County responsibility as part of the AB 109 population. RDA is in the process of speaking with CCP members either individually or in pairs in the form of key informant interviews in order to better understanding of the following:

- The roles and responsibilities for each of the members of the CCP and the agencies they represent
- The vision, values, and service priorities for developing and implementing a Local Implementation Plan
- The strengths and weaknesses of the interim plan

We have already started the key informant interview process and intend to have spoken to everyone who is available and interested in speaking with us by Wed. Nov. 23.

### **3. Prepare for half-day CCP workshop**

Prior to the half-day CCP workshop in Nov 30, RDA will compile the results of our Key Informant Interviews and combine these results with the feedback from the CBO forum in order to begin drafting a guiding Mission /Vision/ Goals statement for the LIP and the CCP. This draft will be reviewed by the CCP members and once a shared Mission /Vision/ Goals statement has been agreed upon, this statement will serve as the foundation for the development of the LIP.



# Service Connect:

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

In April 2011, the California Legislature passed the Public Safety Act (Assembly Bill 109), which transfers responsibility of supervising lower level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to local county probation departments. The targeted population, also known as Post Release Community Supervisees (PRCS), is non-violent, non-serious, and nonsexual offenders. It is anticipated that 400 to 600 PRCS will come to San Mateo County over a three year period, starting October 1, 2011. This population will have diverse health and human services needs including food, shelter, benefits, employment, medical, mental health and substance use treatment.

The San Mateo County Health System and Human Services Agency (HSA) collaborated with Probation to develop this plan to respond to PRCSs commencing October 1<sup>st</sup> and to protect public safety and support rehabilitation of the criminal justice population realigned to San Mateo County. Health and Human Services goals align with our partners in the criminal justice arena, and include:

- **Ensuring public safety:** By working closely with the Probation Department, we hope to create processes and protocols to best support returning supervisees.
- **Enhancing Probation Department tools and resources necessary for success:** Many of the PRCS will have numerous and diverse needs. Our goal is to work through a multidisciplinary approach with the Probation Department to ensure there is a warm hand-off to services, as well as ongoing consultation on high-risk cases.
- **Improving Outcomes:** Currently, people who enter our criminal justice system have a 70% of chance of returning. We expect that with appropriate services delivered in a timely manner we can improve these outcomes and best prepare San Mateo County to benefit from incentive programs built into the realignment process. We hope that by targeting the top three historical criminogenic needs, which include mental health, alcohol and other drug problems, we can effectively reduce recidivism rates.
- **Researching and implementing evidence-based practices:** There are numerous evidence-based practices that show individualized treatment and supports are key to preventing people from returning to the criminal justice system and fostering successful living in the community. We will do ongoing evaluations of the successes and failures of approach, adjust as needed, and keep up with the research in this area.
- **Restoring residents to be contributors in their cities and County:** We know from experience that every client has the potential to make considerable contributions to their community. Linkages to our local community-based partners will be critical to ensure PRCS clients reconnect and develop substantial and meaningful ties to their communities.

## Proposed Model

Health System, Human Services and the Probation Departments have met regularly since May 2011. Together we developed a collaborative approach to delivering services to the PRCS population. Each department has identified their individual responsibilities, as well as areas for collaboration to provide the best possible service integration for clients.

The Probation Department is responsible for enforcement of release conditions and case management of all returning PRCS. The Health System and Human Services Agency are responsible for connecting PRCS to appropriate services to meet their immediate and long-term needs. All three departments take a multidisciplinary team approach with Probation for high-risk cases. The model has a strength-based framework and focuses on employment, training and work opportunities, wellness and recovery, and supports for re-entry back into the community and family re-integration. The model commences with preparing while the PRCS is still in prison; continues upon the PRCS's arrival in San Mateo County; and ensures success in the community.

The plan reflects activities that will promote the desired outcomes:

- Progress/engagement in treatment
- Reduction in arrests
- Reduction in incarceration/recidivism
- Improved housing status, and
- Improved employment status.

### **Roles and responsibilities**

The California Department of Corrections and Rehabilitation (CDCR) estimates 351 PRCS will be released to San Mateo County over the next three years. Information from CDCR has fluctuated, and Probation estimates there will be a range of between 400-600, or an average of 25-30 per month. All PRCS released from the prison system anywhere in California are given \$200 cash. They are required to present themselves to a Probation Officer in Redwood City within 48 hours of release.

In addition, an estimated similar number of new cases that would have formerly gone to State prison will now be jailed locally. This plan refers solely to the PRCS population because no planning has been done with HSA and Health for the locally-sentenced population. We would encourage those who are planning for the locally-sentenced population to consider expanding Achieve 180 to reduce recidivism and support offenders in returning to productive lives in their communities.

#### *Probation Department*

Probation is responsible for setting and enforcement of release conditions, assessing for risk of recidivism and case management of all PRCS. Probation is the lead agency responsible for coordinating with CDCR in advance of release from State prison and developing all aspects of the plan required to supervise the members of the population post-release. Probation expects to receive advance notice of at least thirty days from CDCR of the roster of inmates scheduled for release and return. Probation must then verify all information in the packets and ensure the PRCS is appropriately targeted for San Mateo County. Probation has agreed to share the roster with Health and Human Services within two days of verification so Health and Human Services can research historical information to learn about their health and human services needs since many PRCSs have been served in the past. In addition, Probation Officers review the files they receive from CDCR for high-risk cases that will be referred to Health and Human Services with all appropriate and relevant information from their files (sensitive information excluded). State CDCR has indicated they may also identify high-risk cases and have their medical staff communicate directly with Health/Behavioral Health.

Upon arriving in San Mateo County, a PO provides an orientation to the client regarding their new supervision status and confirms conditions and expectations. At that time they also administer a validated risk assessment tool (CAIS) to determine risk for recidivism and gather further information about the needs of the client. They will share relevant information from the CAIS assessment with Health and Human Services within ten days of being entered. In addition, at the end of the orientation the Probation officer will hand the PRCS a letter indicating the array of services offered by Health and Human Services. Health and Human Services staff are located in close proximity to the Probation reporting center, and are alerted when new clients arrive so there will be a staff member present once the Probation orientation has concluded. The goal is to provide a warm hand-off between Probation and Health and Human Services.

#### *Human Services Agency*

Human Services Agency will be the initial contact with PRCS population when they arrive in San Mateo County within their 48-hour window. HSA is responsible for assessing, referring, and providing PRCSs with short term social services that fulfill immediate needs as well as working with each person to address long-term plans. The Human Services Agency assesses and fulfills immediate needs for the first thirty days through a “safety net bundle,” which includes food, shelter, and transportation. HSA staff also develops a longer term plans and links clients to other appropriate services for which they are eligible, such as medical coverage, general assistance and employment services. They will complete applications for benefits in coordination with the Health System Coverage Unit and help with family reunification and custody issues.

#### *Health System*

The Health System role is to screen and assess for mental health, alcohol and substance use, and medical problems and refer those clients who are indicated and eligible for follow-up to the appropriate level of care within the Health System. Health is also providing urgent care and crisis intervention if needed. The Health System is responsible for complying with all the health insurance requirements for Medi-Cal and the Low Income Health Program, and will be able to receive matching dollars for eligible clients. The Health System will contract primarily with community-based organizations to deliver appropriate level of care. When necessary the Health System will be in direct contact with State CDCR to gather health related information that cannot be shared with non health care providers because of privacy regulations

#### *What we expect to see*

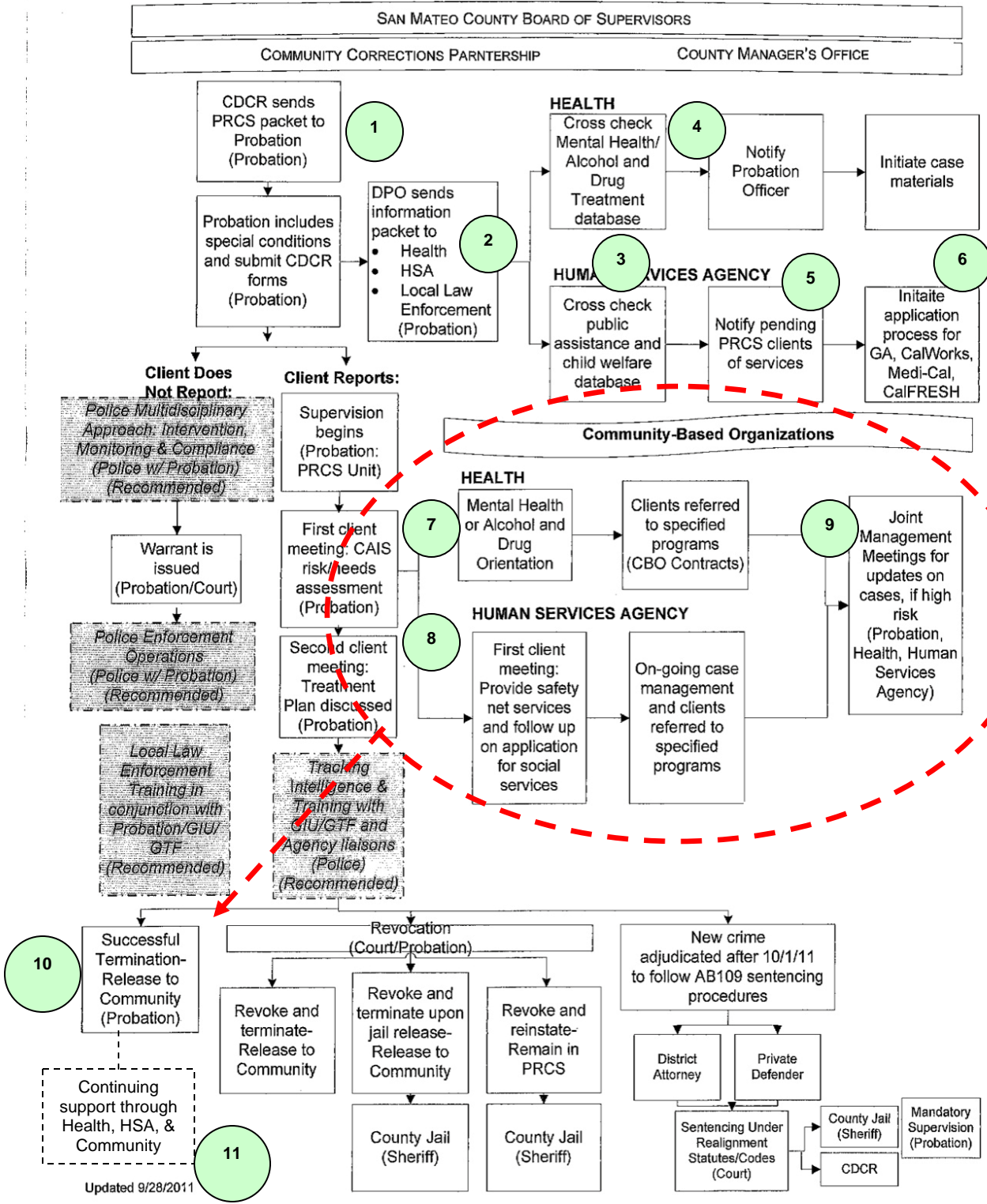
Human Services and the Health System expect that almost all PRCS will require some level of case management, which will be closely coordinated with the Probation Officer responsible for supervision. At least 10% of the total number of clients will have a degree of serious mental illness that requires a higher degree of intensive case management such as that provided through full service partnerships with intensive mental health/co-occurring services. According to packets received in October 2011, we find:

- Majority, as many as 90%, will need AOD treatment
- 50% need mental health treatment
- 75% have various medical/dental needs

The Human Services Agency follows-through with the 30-day safety-net bundle containing resources for food, transportation and shelter and provide linkage to ongoing housing, employment and other support services such as job clubs, volunteer opportunities and support groups. All PRCS need access to food vouchers. About 50% need housing vouchers in the short-term. Approximately 80% need bus passes, phone cards, clothing, and ongoing food support (due to drug convictions which rule them out for certain benefits).



## AB109 INTERIM REALIGNMENT PROCESS



### Interpreting the flowchart

1. Probation shall receive all packets from CDCR. A full roster will be provided to Health and Human Services upon verification of PRCS.
2. Within two days of verification that the PRCS will be returning to San Mateo County, Probation shall forward to HSA and Health the name, expected release date, Probation assigned number, social security number, address, birthdate, any health insurance identifier of each person, if available, and any other pertinent information regarding the PRCS.
3. Health and HSA shall review their databases for contacts/information about the PRCSs and prepare a preliminary plan for what services the PRCS might be eligible for.
4. Health and HSA, when possible, will provide PO additional information relevant to the case file.
5. To the extent communication with post-release supervisees (PRCS) is allowed prior to a PRCS's arrival in SMC, Human Services shall provide to each PRCS a flyer to inform PRCSs of the possible services available to them from HSA and Health. If not this information will be given to them at orientation with PO.
6. Health and HSA will prepare a basic case plan for clients, based on information prior to arrival.
7. When the PRCS arrives at Probation for an initial orientation and to administer the CAIS, Probation shall alert HSA and Health that the PRCS has arrived. To the extent possible, HSA and Health will be available to meet with the PRCS immediately upon the completion of his/her initial interview with Probation to determine what services the PRCS might qualify for and to acquaint the PRCS with those services. HSA and BHRIS will identify one contact person that will be contacted by DPO upon registering supervisee, and the agencies will send representatives to conduct their interviews.
8. Probation will provide Health and Human Services relevant information from the results of the CAIS assessment within ten days of completion.
9. Probation will set-up regular multi-disciplinary (MDT) meetings with representatives from Probation, HSA, and Health to consult on high-risk/multiple need cases. The regular meeting will be tested initially bi-weekly, and the group will assess its usefulness and furthering scheduling.
10. To the maximum extent feasible, Probation, HSA and Health shall devise methods to track data using JAMS or other case management/client identification numbers. This will include tracking of costs, services and outcomes. Health and Human Services will provide Probation a one-page case summary regarding which resources/referrals have been successfully provided to the client.
11. It is hoped that Health and Human Services can make long-term connections with the PRCS population and that their re-integration into the community will be complemented by having ongoing support for their social, mental health, and other treatment needs.

### **Staying Home: Ensuring Success in the Community**


Probation, HSA and Health shall meet together quarterly to review any operational issues that have arisen in this effort. Each department shall designate one person to be its representative; that representative shall have authority to make decisions on behalf of its agency on operational changes, or if needed, obtain timely direction from department leadership. Each department will be ultimately responsible for their own department's operations/jurisdictions. We anticipate our community partners will have an integral part in making long-term changes in the lives of the PRCS population. Ongoing engagement between Health, Human Services and community partners will be essential.

Probation continues to provide ongoing supervision and referrals to services, ensure compliance with conditions, and determine the post-release status for all members of the population. Probation is authorized to use intermediate sanctions such as flash incarceration and other alternative to detention sanctions and incentives such as reducing length of supervision for good behavior. If there is a violation of post-release orders that requires a lengthy stay in jail, they will initiate and manage a revocation process.

Human Services Agency provides ongoing support for longer-term needs, such as skill building, employment services, and family reunification. Some of the services shall be directly provided by HSA, while others will be contracted with qualified community-based providers.

The Health System continues to provide appropriate medical, mental health and substance use treatment to clients who need these services within the broad network of Health System directly operated and contracted services. Depending on need and eligibility, this may include primary and specialty medical care and the following mental health and/or substance use services: brief counseling and/or group counseling, outpatient, medications and support, intensive outpatient, residential, intensive case management/full service partnership, crisis stabilization, inpatient. All clients who are interested will learn about self-help strategies such as Wellness Recovery Action Planning and will be linked to peer support.

All services outlined above, either directly provided or contracted by Health and Human Services, are anticipated to be funded using AB109 realignment funds. Health and Human Services will work with PRCS clients to ensure they successfully transition out of supervision, but continue to receive necessary services in the community for ongoing success.



## Service Connect:

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

### Service Connect: Local Service Planning for Criminal Justice Realignment

Beverly Beasley Johnson, Human Services  
Jean Fraser, Health System

---

---

---

---

---

---

---

---

### We have a plan for services for Post-Release Supervisees

- Services planning group has met regularly since May 2011
- GOALS: Reduce recidivism AND serve residents of San Mateo County by restoring Post-Release Supervisees to contributing members of cities & County
- Plan went into partial execution on October 1



Service Connect: 2

---

---

---

---

---

---

---

---

### We are focusing our efforts on what research indicates works...

- Eight principles for effective interventions and **we are a part of all of them:**
  - Assess Risk/Needs
  - Enhance Intrinsic Motivation
  - Target Interventions
  - Skill train
  - Engage ongoing support in natural communities
  - Increase Positive Reinforcement
  - Measure relevant processes/practices
  - Provide measurable feedback



Service Connect: 3

---

---

---

---

---

---

---


---



**Top three issues locally:  
drugs and emotional factors**

- Probation has completed over 2600 assessments (using CAIS tool) of local offenders who are a similar population
- Top three needs areas are:
  - 1) Drug and alcohol abuse (57%)
  - 2) Emotional factors (52%)
  - 3) Family history (30%)

Source: Probation, Current SMC Probation Practices, CCP Executive Committee Packet, October 26, 2011.



---

---

---

---

---

---

---

---

**To promote success re-entry and ensure community safety, we must:**

- Meet their immediate needs so they don't have to go back to same behavior
- Change their drug & alcohol use
- Change their emotional responses, how they respond to certain situations
- Develop their job skills, educational attainment, and community connection



---

---

---

---

---

---

---

---

**Most supervisees can't make these changes without help**

- Great strides in science of substance use and mental health treatment
  - For substance use, know that relapse is likely to occur and is not a sign of long-term failure
  - Substance use and mental health treatment is effective with this population
- Getting offenders to engage in treatment requires meeting immediate needs (e.g. food, shelter, etc)
- Supervision incentives are key to success



---

---

---

---

---

---

---

---

### We have a plan

#### Getting Ready

*Preparing while in prison*

Advance notice by CDCR to Probation. (30 days)  
Create paperwork, files & verify information  
Initial case mgmt decisions  
Critical meetings w/ local law enforcement  
Notify Human Services of any outstanding financial obligations (outstanding restitution, fees, etc)  
Contacting appropriate and release unit & sign to CDCR  
Probation will share full roster with Health and Human Services within 7 days of notification. Upon intake review by PC, high risk cases will be referred to partners with full files (anecdotal info included)  
Check preliminary joint plan  
Health and Human Services will cross-check their databases for past history with identified clients  
Health and Human Services will provide PC information based on profiles received  
Refer to Multidisciplinary Team (MDT) for high risk/need clients  
Prior to release, Probation will:  
- Human Services will attempt to send letter to create medical/health cases  
- Health and Human Services will coordinate completion materials for incoming PCOS client

#### Coming Home

*Arriving to San Mateo County*

Support to Orientation at Hall of Justice, RMC (7 days/week)

**Probation Role**

- A PC will provide an orientation to their new supervision status, center conditions, and mgmt expectations
- Obtain further information and share it with partners
- Link appropriate to appropriate services

**Human Services Agency Role**

- Assess and fully articulate needs in a food/housing/employment
- Develop a plan for the next week and a longer term plan
- Complete any outstanding benefits applications, including medical coverage benefits
- Help with family re/unification/custody issues
- Introduce health and services being offered
- Link to appropriate services as early as possible

**Health System Role**

- Screen & assess for MH, AOD, critical medical, refer for follow up to appropriate level of care
- Provide urgent services interventions, if needed
- Link to appropriate services as early as possible

#### Staying Home

*Ensuring success in community*

**Probation Role**

- Ongoing supervision, ensure compliance with conditions, determine status of probation, follow-up with referrals to treatment & support services

**Human Services Agency Role**

- Ongoing linkage to support services, such as eligibility, housing, food, employment, etc.

**Health System Role**

- Ongoing follow-up and provision of appropriate level of care for mental health, AOD, and other health care services

DRAFT

October 31, 2011

---

---

---

---

---

---

---

---

---

---

---

---

### We cannot do it alone....

#### Staying Home

*Ensuring success in community*

**Probation Role**

- Ongoing supervision, ensure compliance with conditions, determine status of probation, follow-up with referrals to treatment & support services

**Human Services Agency Role**

- Ongoing linkage to support services, such as eligibility, housing, food, employment, etc.

**Health System Role**

- Ongoing follow-up and provision of appropriate level of care for mental health, AOD, and other health care services

Staffing Triage & Assm't + Community-Based Services

**Human Services**  
Eligibility  
Food, Housing, Employment

**Health/BHRS**  
Mental Health & AOD  
Medical Attention

REFERRALS TO CBOs/FBOs to deliver services Including...

- Housing
- Client Engagement
- Peer to Peer Support
- AOD treatment
- MH treatment
- Child Support
- Family Reunification
- Community Clinics
- Job/skill training

Service Connect: 8

---

---

---

---

---

---

---

---

---

---

---

---

### HSA is the first step after Probation

Probation Orientation with PRCS

**HSA Staff meet w/ Client**  
offer immediate supports:

- bus passes
- food support
- temporary housing

And longer-term support:

- Family reunification
- Child Support
- Job Training

**HSA Staff determine Eligibility**  
offer and link to:

- General Assistance
- Medical coverage (Medi-Cal Or ACE)

Warm Hand-off To Health in 2<sup>nd</sup> Appointment, Unless urgent

Service Connect: 9

---

---

---

---

---

---

---

---

---

---

---

---

### Health is second step

Warm Hand-off To Health in 2<sup>nd</sup> Appointment, Unless urgent

**Health Staff meet w/ Client**  
To assess:  
• medical needs  
• mental health needs  
• substance use needs

Staff create treatment plan  
And refer clients to services

**Community-Based Treatment**  
• Substance use Treatment  
• Mental Health Treatment  
• Medical clinics



Service Connect: 10

---

---

---

---


---

---

---

---

### Vision of Multidisciplinary Team approach




Enforcement  
Probation Supervision

Treatment  
Health/BHRS Services

Skill & Community Support  
HSA Services

MDT

Community Partners



Service Connect: 11

---

---

---

---

---

---

---

---

### One area we still need to work on

- Discussion on how to use Probation's tools to increase success of engagement, treatment, skill-building
  - Adding treatment or training to conditions of participation
  - Discussion of intermediate sanctions such as immediate but short incarceration for dirty drug tests
  - Incentive of shortened supervision period for good performance



Service Connect: 12

---

---

---

---

---

---

---

---

**Service providers are mostly CBOs**

- Most services to post-release supervisees are delivered via CBOs who contract with HSA or Health
- 50% of cost for health services can be reimbursed by feds IF client gets on to Medi-Cal or ACE AND the services are contracted through Health



---

---

---

---

---

---

---

---

**Service providers need \$\$ to expand capacity as all "full" now**

- HSA needs money for immediate needs on ongoing basis (bus passes, food, hotel vouchers, clothing, etc)
- HSA needs money to contract with Job Train and VRS
- Health needs money to contract with substance use treatment providers and mental health providers and for medical care and medications



---

---

---

---

---

---

---

---

DD3

**Estimates so far seem about right**

- Estimate was 25-30 post-release supervisees to San Mateo County each month
- Based on packets, estimates are on target:
  - Majority need AOD treatment
  - 50% need mental health treatment
  - 75% have various medical/dental needs



---

---

---

---

---

---

---

---

Slide 15

---

**CD3** FROM BEV: for better outcomes merge our silos into a system  
Crispin Delgado, 11/1/2011

**We also need more information on locally-sentenced offenders**

- We have not included any costs for needs of locally-sentenced people who will be supervised here because no one seems to have that data
- How many locally-sentenced people will be released and what are their needs?
- Is court/DA planning more modifiable sentences, more use of drug or mental health courts? If so, we need funding for more treatment.
- Do we want to expand Achieve 180 for this group so we connect before they leave?



Service Connect: 16  
A program of the San Mateo County Health Services Agency and Health System

---

---

---

---

---

---

---

---

**We submitted budget on September 9 – we can't wait much longer**

- It takes time to expand capacity
  - Need to get \$\$ allocated through ATR
  - Then we can amend contracts
  - Then service providers can hire staff to expand capacity
  - Then we get people into services



Service Connect: 17  
A program of the San Mateo County Health Services Agency and Health System

---

---

---

---

---

---

---

---

**Criminal justice realignment is an opportunity!**

- To improve public safety by reducing recidivism
- To innovate using evidence-based and promising practices
- To improve our practices by understanding that treatment AND relapse are both necessary for substance use disorders
- Restore these residents into contributing members of the community



Service Connect: 18  
A program of the San Mateo County Health Services Agency and Health System

---

---

---

---

---

---

---

---

County of San Mateo							
Preliminary Funding Request Summary for AB 109 Realignment							
Version: 11.04.2011							
Local Law Enforcement CCP Fund							
AB109 Budget Appropriations	Spt., '11 ATR	Dec., '11 ATR	Trust Fund Designations	Total LLE CCP Approp	Total Training Approp	Total Planning Approp	Total DA/PDP Approp
Probation Department	634,288	345,270		959,578	19,980		
Health System	83,653	844,081		927,734			
Human Services Agency	201,169	745,270		938,447	7,992		
Sheriff's Office	75,730	0		75,730			
ATR Totals	994,840	1,934,621	0	2,901,489	27,972	0	0
Trust Fund Designations							
Probation Department-Facilitator Contract						25,000	
Probation Department-Consultant Contract						25,000	
San Mateo County Police Chiefs and Sheriff Association			192,598	192,598	33,300		
Contingency			150,000	150,000			
Total Trust Fund Designations			342,598	342,598	33,300	50,000	0
Total AB109 Funds Approp/Desig				3,244,087	61,272	50,000	0
AB109 Allocation				4,222,902	297,975	150,000	151,371
Unappropriated/Undesignated				978,815	236,703	100,000	151,371

Staffing Cost Summary from Proposed Interim Funding Requests:										
Department/Agency	Job Class	#FTE	Annual Salaries and Benefits	Year 1 Costs and Funding Request			Start Date	March ATR		Purpose/Assumptions
				Year 1 Costs	Other Funding Source	AB109 Funds		Approp through March	Approp through June	
<b>Probation Department</b>										
	Probation Services Manager I	1	147,167	122,639	0	122,639	Sept. 2011			PRCS unit manager
	Senior DPO	1	145,989	121,658	0	121,658	Sept. 2011			PRCS unit staffing
	Deputy Probation Officer III	5	702,680	316,206	0	316,206				PRCS unit staffing; 2 every 3 months starting from Oct. 2011; additional 2 will be needed FY 11-12, which is not included here
	Legal Office Specialist	1	98,380	73,785	0	73,785	Sept. 2011			PRCS unit clerical support
	<b>Total Probation</b>	<b>8.00</b>	<b>1,094,216</b>	<b>634,288</b>	<b>0</b>	<b>634,288</b>		<b>0</b>	<b>0</b>	
<b>Health System</b>										
	Psychiatric Social Worker/MFT	1	117,557	86,614	43,307	43,307	Oct. 2011			To provide mental health assessment and linkage/breakage to mental health services
	Assessor/Case Manager	1	109,503	80,692	40,346	40,346	Oct. 2011			To provide mental health assessment and linkage/breakage to drug treatment services
	Psychiatrist	0.2	43,989	32,345	16,173	16,173			16,173	To provide medication management services
	<b>Total Health</b>	<b>2.2</b>	<b>271,049</b>	<b>199,651</b>	<b>99,826</b>	<b>99,826</b>		<b>0</b>	<b>16,173</b>	Assuming 50% federal funds
<b>Human Services Agency</b>										
	Social Worker	1	129,500	97,125	0	97,125	Oct. 2011			To provide family reunification/social work case management
	Community Worker	1	85,732	64,299	0	64,299	Oct. 2011			To provide linkage to community services
	Benefit Analyst II/III	1	105,988	79,491	39,746	39,745	Oct. 2011			To provide eligibility determination services
	Human Services Supervisor	0.5	64,490	48,455	0	48,455			48,455	To provide lead supervision, coordination, policy, procedure, and quality control of HSA's Service Connect team
	<b>Total HSA</b>	<b>3.5</b>	<b>321,220</b>	<b>289,370</b>	<b>39,746</b>	<b>249,624</b>		<b>0</b>	<b>48,455</b>	
<b>San Mateo County Police Chiefs and Sheriff Association</b>										
	Crime Analyst	1	129,822	75,730	0	75,730	Dec. 2011			To work in conjunction with the GIU tracking and coordinating crime and compliance efforts
	<b>Total Police Chiefs and Sheriff Association</b>	<b>1</b>	<b>129,822</b>	<b>75,730</b>	<b>0</b>	<b>75,730</b>		<b>0</b>	<b>0</b>	
	<b>Total ATR for Positions</b>							<b>0</b>	<b>64,628</b>	



Operating Cost Summary from Proposed Interim Funding Requests:								
Department/Agency	Item Description	Annualized Costs	Year 1 Costs and Funding Request			March ATR		Purpose/Assumptions
			Year 1 Costs	Other Funding Source	AB109 Funds	Approp through March	Approp through June	
<b>Probation Department</b>								
	General office supplies & operating	66,667	50,000	0	50,000	33,300		Includes office supplies, phone charges, office equipments, work station etc.
	Safety equipment and protective supplies	18,089	13,567	0	13,567	9,036		safety equipment is needed for the officers.
	3 Breathalyzer	1,800	1,800	0	1,800	1,199		for drug testing
	Drug test kits @1,000/yr	2,880	1,440	0	1,440	959		for drug testing
	2 cars @ \$28K + \$1,650 equipped with Radio	57,650	57,650	0	57,650		57,650	2 vehicles are needed for the officers out to the field.
	Vehicle maintenance cost	4,000	2,000	0	2,000		2,000	
	Vehicle Replacement costs	7,143	0	0	0			
	Indirect overhead costs	182,962	137,221	0	137,221	91,389		
	<b>Total Probation</b>	<b>341,191</b>	<b>263,678</b>	<b>0</b>	<b>263,678</b>	<b>135,883</b>	<b>59,650</b>	
<b>Health System</b>								
	Peer to Peer support services	37,500	37,500	0	37,500		37,500	To provide peer support services primarily for clients needing alcohol and drug treatment services.
	Operating costs @ \$7,000 per position	10,500	10,500	5,250	5,250		5,250	
	Desktop computers	800	800	0	800		800	One computer per FT position
	Avatar license	1,250	1,250	0	1,250		1,250	2 licenses for BHRS EHR
	Office Space Lease	14,447	10,028	0	10,028		10,028	Temporary in-take center at 455 County Center, shared office space for HSA and Health staff
	OVERHEAD	32,848	29,948	0	29,948		29,948	
	<b>Total Health</b>	<b>97,345</b>	<b>90,026</b>	<b>5,250</b>	<b>84,776</b>	<b>0</b>	<b>84,776</b>	Assuming 50% federal funds
<b>Human Services Agency</b>								
	Office Space Lease	14,447	10,028	0	10,028		10,028	Temporary in-take center at 455 County Center, shared office space for HSA and Health staff
	* Laptops for unit	3,810	3,810	0	3,810		3,810	
	Overhead (29% of personnel)	93,154	83,917	0	83,917	55,889		
	<b>Total HSA</b>	<b>111,411</b>	<b>97,755</b>	<b>0</b>	<b>97,755</b>	<b>55,889</b>	<b>13,838</b>	
	<b>Total ATR for Operating Costs</b>					<b>191,772</b>	<b>158,264</b>	

Client Needs and Services Costs Summary from Proposed Interim Funding Requests: Community Corrections Partnership Meeting (2011-11-09)

Department/Agency	Item Description	Yr2 Costs	Year 1 Costs and Funding Request			March ATR		Purpose/Assumptions
			Year 1 Costs	Other Funding Source	AB109 Funds	Approp through March	Approp through June	
<b>Probation Department</b>								
	Contracted GPS	173,010	129,758	0	129,758		129,758	Per vendor quote based on 100 units/yr for hybrid GPS
	<b>Total Probation</b>	<b>173,010</b>	<b>129,758</b>	<b>0</b>	<b>129,758</b>	<b>0</b>	<b>129,758</b>	
<b>Health System</b>								
	Medical care @ \$6612 per client annually	1,057,920	600,370	300,185	300,185	199,923		Assume 80% enrollment; 50% utilization; total of 227 clients Y1, 400 clients Y2
	Low-level mental health services @ \$6027 per client annually	446,904	253,618	126,809	126,809		126,809	Assume 18% need, total of 227 client Y1, 400 Y2; 50% of costs will be reimbursed by federal funds
	Intensive mental health services @ \$20,425 per client annually	817,000	469,775	234,887	234,888		234,888	Assume 10% need, total of 227 client Y1, 400 Y2; 50% of costs will be reimbursed by federal funds
	Intensive residential AOD treatment @ \$9,000 per client annually	225,000	180,000	90,000	90,000		90,000	Assume Y1 = 20; annualized = 25
	Intensive outpatient AOD treatment @ \$4,478 per client annually	129,862	102,994	51,497	51,497		51,497	Assume Y1 = 23; annualized = 29
	Outpatient AOD treatment @ \$2,052 per client annually	100,548	80,028	40,014	40,014		40,014	Assume Y1 = 39; annualized = 49
	<b>Total Health</b>	<b>2,777,234</b>	<b>1,686,785</b>	<b>843,392</b>	<b>843,393</b>	<b>199,923</b>	<b>543,208</b>	<b>Assuming 50% federal funds</b>
<b>Human Services Agency</b>								
	Grocery gift cards @ \$50 each	18,000	13,500	0	13,500	8,991		Assume 100% of clients will need gift cards. Gift Cards will be handed out in \$25 dollar increments one time.
	Motel Vouchers @ \$75/day up to 30 days	252,000	189,000	0	189,000	125,874		Assumes some clients will need Motel Vouchers (15 clients/month/ 14 days only)
	Housing adds 5 clients per month	594,000	272,250	0	272,250	181,319		Assumes adding 5 clients per month and leveling off at 30
	Bus Pass @ \$64/month	110,592	59,904	0	59,904	39,896		Assume 80% of clients will need bus passes (24 clients*6 months)
	Phone Cards @ \$10/month	17,280	9,360	0	9,360	6,234		Assume 80% of clients will need phone cards (24 clients added per month, one time)
	Clothing Vouchers @ \$10/month	17,280	9,360	0	9,360	6,234		Assume 80% of clients will need clothing vouchers (24 clients added per month, one time)
	Food Support for ineligible / 6 months	216,000	117,000	0	117,000	77,922		Assume 50% of clients ineligible due to drug conviction (15 clients)
	Vocational Training	240,000	136,200	0	136,200	90,709		Assume 30% of clients \$ 2000 per (one time)
	Employment services (Contracted out)	100,000	75,000	0	75,000	49,950		Assume 30% of clients
	Career Interest Assessment	8,400	4,000	0	4,000	2,664		Assume 25% of clients \$70 per (one time)
	Community Mentor ( Pastor Harris Contract)	20,000	14,000	0	14,000	9,324		To provide supervisee, peer engagement, through individual mentoring, strength based counseling, and group counseling sessions to support reduced recidivism.
	Support Services (DMV, Licensing, Assessment)	30,000	30,000	0	30,000	19,980		Assume 30% of clients
	<b>Total HSA</b>	<b>1,623,552</b>	<b>929,574</b>	<b>0</b>	<b>929,574</b>	<b>619,096</b>	<b>0</b>	
<b>Sheriff's Office</b>								
	Clothing & Personal Needs	15,910	3,618	3,618	0			\$0.18 x 241 inmates x 365 days. Prorated in year one
	Food Items - Maguire	757,258	360,629	360,629	0			\$8.61 x 241 inmates x 365 days. Prorated in year one
	Household Items	88,608	42,216	42,216	0			\$1.01 x 241 inmates x 365 days. Prorated in year one
	Inmate Medical Costs	1,347,684	508,236	508,236	0			\$15.32 x 241 inmates x 365 days. Prorated in year one
	Hope Inside Programming	109,445	27,361	27,361	0			per MSF estimate in 2008
	<b>Total Sheriff's Office</b>	<b>2,318,905</b>	<b>942,060</b>	<b>942,060</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>Year 1 will use existing budget and/or Reserves to fund</b>
	<b>Total ATR for Client Needs and Svcs</b>					<b>819,019</b>	<b>672,966</b>	
<b>Other Trust Fund Designations</b>								
<b>San Mateo County Police Chiefs and Sheriff Association</b>								
	Supplemental Funds	650,000	291,815	0	291,815	192,598		This will create a pool of funds for law enforcement agency enforcement, compliance coordination, and collaboration with probation on home visits, monitoring, intervention, and enforcement distribution. Agencies will bill their needs and be reimbursed.
	<b>Total Police Chiefs/Sheriff Assoc</b>					<b>192,598</b>	<b>0</b>	
<b>Countywide</b>								
	Contingency Appropriation				150,000		150,000	
	<b>Total Countywide Contingency</b>						<b>150,000</b>	
	<b>Grand Total</b>	<b>7,592,701</b>	<b>3,979,992</b>	<b>1,785,452</b>	<b>1,902,725</b>	<b>1,011,617</b>	<b>822,966</b>	

Training Cost Summary from Proposed Interim Funding Requests:

Department/Agency	Item Description	Annualized Costs	Year 1 Costs and Funding Request			March ATR		Purpose
			Year 1 Costs	Other Funding Source	AB109 Funds	Approp through March	Approp through June	
<b>Probation Department</b>								
	One-time Specialized training @5,000/sworn staff	45,000	30,000	0	30,000	19,980		Specialized trainings to help officers up to speed to manage this population.
	Annual ongoing STC requirement @1,000/staff	9,000	0	0	0	0		Mandatory trainings for sworn officers.
	<b>Total Probation</b>	<b>54,000</b>	<b>30,000</b>	<b>0</b>	<b>30,000</b>	<b>19,980</b>	<b>0</b>	
<b>Human Services Agency</b>								
	Staff training	12,000	12,000	0	12,000	7,992		
	<b>Total HSA</b>	<b>12,000</b>	<b>12,000</b>	<b>0</b>	<b>12,000</b>	<b>7,992</b>	<b>0</b>	
<b>Total ATR for Training Costs</b>						<b>27,972</b>	<b>0</b>	
<b>San Mateo County Police Chiefs and Sheriff Association</b>								
	Training	50,000	50,000	0	50,000	33,300		This will create a pool of funds to be used for Training purposes
	<b>Total Police Chiefs and Sheriff Association</b>	<b>50,000</b>	<b>50,000</b>	<b>0</b>	<b>50,000</b>	<b>33,300</b>	<b>0</b>	
<b>Total Police Chiefs/Sheriff Assoc</b>						<b>61,272</b>	<b>0</b>	