TUOLUMNE COUNTY

Community Corrections Partnership (CCP) Plan Implementation

In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).

County-provided programs and services include:

- Contract with B.I. Inc. to provide services for the Day Reporting Center;
- A Probation Work Release Program;
- Expanded community service monitoring and referrals;
- Victim witness services and victim empathy services;
- Marsy's Law notifications;
- Electronic monitoring services to include Radio Frequency, GPS, SCRAM units;
- Deputy Probation Officers to a High Risk Supervision/Compliance Team;
- Mentally ill offender programming;
- Contract with Behavioral Health to provide a range of services including medication monitoring and counseling;
- Substance abuse programming, interactive journaling, digital literary services, and GED preparation through the Sheriff's Office;
- A Day Treatment Program;
- Drug and Alcohol Services; and
- Enhanced Jail Inmate Work program to assist offenders with community reintegration.

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	~	~
Counseling Programs	✓	\checkmark	✓
Day Reporting Center	✓	\checkmark	✓
Drug Courts	✓	\checkmark	
Educational Programs	✓	\checkmark	✓
Electronic and GPS Monitoring Programs		~	~
Mental Health Treatment Programs		~	~
Residential Multiservice Centers			
Victim Restitution Programs		\checkmark	\checkmark
Work Training Programs			

In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

Describe an accomplishment or highlight (as defined by the CCP) achieved in FY 2011-12 and or 2012-13.

In FY 2011-12 a Day Reporting Center opened in the county through a contract with B.I. Inc. Contracted services were well received and within six months improvement could be seen in some of the "career offenders". Many offenders receiving services have attained and sustained employment and have

Describe a local success story (as defined by the CCP).

An offender attending the Day Treatment Program asked for assistance in completing his GED. With encouragement and assistance he enrolled in an evening GED tutorial class at a local community college and successfully passed the GED test the first time. This was a big accomplishment for him and he was very excited; he has since found full time employment.

For FY 2011-12, 2012-13 and 2013-14 rank the priority areas[^] of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).

FY 2011-12	FY 2012-13*	FY 2013-14	
1. Day Reporting	1. Day Reporting	1. Day Reporting	
2. Staffing	2. GPS	2. GPS	
3. Risk Assessment	3. Staffing	3. Staffing	
4. Staff Training	4. Staff Training	4. Staff Training	
5. GPS	5. Risk Assessment	5. Risk Assessment	
6. Health	6. Health	6. Health	
7. Medical	7. Medical	7. Medical	
8. Law Enforcement	8. Data	8. Data	
9. Data	9. Law Enforcement	9. Law Enforcement	

[^]Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney's Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

*FY 2012-13: GPS/Electronic Monitoring and Staffing rose in priority as the offender population increased and limited jail beds were available. Risk Assessment Instruments decreased in priority as they were implemented in prior years.