

## AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

*Note: This agenda item request is due at least six (6) weeks prior to the CCPEC meeting.  
Email requests to ProbationCommunityPrograms@acgov.org.*

TO: Community Corrections Partnership Executive Committee (CCPEC)  
c/o Alameda County Probation Department  
Brian Ford, Chief Probation Officer  
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FROM: **Name:** Shannon Singleton-Banks

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This agenda item is being submitted for consideration by the Community Corrections Partnership Executive Committee (CCPEC) at their meeting on March 17, 2025.

**Title/Subject/Description:** AB 109 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population.

**Background Information:** Alameda County Behavioral Health (ACBH) contracts with CURA and Options Recovery (Options) to coordinate with Alameda County AB109-contracted FSCM and Alameda County Deputy Probation Officers for case planning purposes at all stages of a client’s treatment and in client transitions between levels of care. Options supports North County and CURA provides services to Alameda County Probation Department clients in South/East Alameda county since February 1, 2020. Both Options and CURA contracts are set to expire on June 30, 2026.

**Fiscal Impact\*, if any:** An allocation of \$429,447 would be require for Fiscal Year 2025-2026

**Recommended action to be taken:** Approve a one-year contract extension (July 1, 2025-June 30, 2026) for Options Recovery and CURA recovery residence beds in the amount of \$424,447 continuity and sustainability of services

*\*When requesting funding, please answer the questions in either Section 1 or 2 below. If requesting funding for a new program idea, answer the questions in Section 1. If requesting funding for a program with an existing AB 109-funded contract, answer the questions in section 2.*

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

## **Section 1: Requesting Funding for a New Idea**

### **Addressed in the Logic Model**

*A logic model from the Programs and Services Workgroup may be attached in lieu of answering the following questions:*

- What part of the AB 109 population do you propose to serve? (For example: unhoused individuals, clients disengaged from Probation services etc.)
- Which client needs are being addressed? (For example: housing, employment, substance abuse etc.)
- What are the objectives and benchmarks for success of the proposed program/activity?
- What are the resources and activities required by an organization to make the program successful? (For example: staffing, development of workshops etc.)
- How will Probation Officers inform clients about the program/activity?
- If referrals don't come from Probation, how will clients be informed of the program/activity?

### **Background Research**

- Is the initiative evidence-based or a promising new idea?
- If this is an evidence-based program, what does the research say about it?
- If there is existing research, was the research done on a population similar to the population the program anticipates serving?
- Is Probation funding any similar activities?
- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
- Lived experience can often provide a layer of knowledge often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.

### **Fiscal Impact**

- What is the total proposed budget for this program/activity?

## **Section 2: Request to Renew or Extend an Existing Contract**

### **Information About the Program**

- What part of the AB 109 population was served under the previous contract? (For example: unhoused individuals, clients disengaged from Probation Services, etc.)
- Contractors shall provide recovery residence services for services for clients who are eligible for services under AB-109 funding and placed at Contractor’s recovery residence. The categories of individuals eligible for AB 109 Realignment-funded services: 1. Post-Release Community Supervision (PRCS). Individuals released from prison for non-serious and non-violent offenses and are not classified as high-risk sex-offenders and supervised by the local probation agency. 2. Individuals charged and/or under supervision with an 1170(h)-eligible offense, including: A. Individuals sentenced to local prison and placed on mandatory supervision (also known as a split sentence) B. Individuals granted deferred entry of judgement in lieu of an AB109-eligible offense 3. Individuals on formal Probation 4. Individuals on pre-trial status (Note: Eligibility to be determined after State program and funding parameters have been determined) 5. Participants in specialty courts with felony convictions
- What client needs were addressed? (For example: housing, employment, substance abuse etc.)
- **CURA Offers:**
  - Services to assist clients in accomplishing the following goals: i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life; ii. Adopt a voluntarily maintained lifestyle characterized by sobriety, personal health, and personal responsibility; and iii. Maintain responsibly managed and value-focused operations while decreasing other system care costs (e.g., reducing homelessness, utilization of crisis services, incarceration and criminal justice recidivism associated with substance use, etc.)
- **Options Recovery Services Offers:**
  - Services to assist clients in accomplishing the following goals: i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life; ii. Adopt a voluntarily maintained lifestyle characterized by sobriety, personal health, and personal responsibility; and iii. Maintain responsibly managed and value-focused operations while decreasing other system care costs (e.g., reduce homelessness, utilization of crisis services, incarceration and criminal justice recidivism associated with substance use, etc.).
- How many people did your organization serve under the contract?
  - **In fiscal year fiscal year 2022-2023, CURA successfully opened and served 95 total clients.**
  - **In fiscal year 2022-2023, Options Recovery successfully opened and served 22 total clients.**
  - **To date, 2023-2024, CURA successfully opened and served 148 clients.**
  - **To date, 2023-2024, Options Recovery Services opened and served 312 clients.**
  - **Total clients opened and served 2023-2024: 460 Clients**
  - **Current FY 24/25: Clients being served by CURA and Options (Open episodes starting July 1, 2024) are a total of 160 Clients.**
- How many people was your organization expected to serve under the contract?
  - CURA provides 40 average daily Residential Treatment Slots to 241 unduplicated clients per year
  - Options Recovery provides 12 Recovery Residence Beds (average daily) to 34 unduplicated clients per year.
- Please provide a summary of the program.

- **CURA provides:**
  - SUD Residential Treatment Programs designated as follows: • American Society of Addiction Medicine (ASAM) or California Department of Health Care Services (DHCS) Level of Care (LOC) 3.1 (Clinically Managed Low-Intensity Residential Services); • ASAM or DHCS LOC 3.5 (Clinically Managed High-Intensity Residential Services); and • Clinician Consultation Services. Medi-Cal Requirements Apply
- **Options Recovery provides:**

Recovery residence services in accordance with Level II National Association of Recovery Residence Standards.4 Contractor shall provide clients with food and shelter in a self-governed, supervised, home-like setting. Contractor’s recovery residence shall allow space for residents to provide each other with peer recovery support within a staff-monitored structure. At their first visit, Contractor shall perform an intake and orientation for each new client referred to the recovery residence. The contractor shall ensure that each client agrees to abstain from alcohol and other drug use and to comply with other house rules while living in the recovery residence. While living in the recovery residence, clients shall concurrently attend SUD outpatient, intensive outpatient, or recovery support services through an ACBH contracted program. No later than three days after intake and at least every other week for the duration of the client’s stay at the recovery residence, Contractor shall contact the SUD outpatient, intensive outpatient, or recovery support services provider from which the client is receiving treatment. The contractor shall communicate with that program about client attendance and program adherence, and partner with that program on any housing-related case management services, with the goal of discharging client from the County-contracted recovery residence program when safe housing is identified for the client.
- Please provide a list of the objectives achieved by the program/activity.
  - See above for clients served.
- Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)
  - *Added a new Interim Assistant Director of SUD (Shannon Singleton-Banks) to support and oversee the overall management of personnel, data gathering, reporting, staff training, and other administrative functions and duties.*
  - ACBHD SUD hosts quarterly All Provider meetings to discuss system updates and facilitate training sessions, ensuring providers have information on the latest processes and resources for success.
- Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?
  - *Yes, both CURA and Options have funds for outreach and engagement. The results have yielded year-over-year increases in program participation.*
- Describe how successfully your organization achieved your contract milestones and the other contract deliverables?
  - *ACBHD believes that the best example of success comes from those we support. Please see below for a letter written by one of the beneficiaries from CURA.*

I’m a 41-year-old male from the Bay Area, that has battled with substance use disorder for all my adult life. I’ve been to treatment more times than I can count at this point. My clean date is March 9, 2024. I was down on my luck once again and I had heard about CURA Inc. A bunch of times but I was never able to end up there, as I was sitting in Cherry Hill detox, I was able to get in touch with the Intake coordinator, who was able to get me a bed. Coming in I really didn't know what to expect. From the very first day I got there I felt welcome and safe. That was the day that I realized that I was now a part of the CURA family and have been ever since. All of the staff members were in the same spot I was in and were able to provide me with many life lessons. I really

learned a lot in our group sessions, especially the CBT groups, and the relapse prevention groups. The coping skills that I learned at CURA I use on a daily basis today; I was able to practice these skills in a safe therapeutic community which has helped me to get to where I am today. CURA exposed me to fun in recovery also, we went to a convention during my time there, we went to the movies, speaker jams and other NA, AA events. CURA gave me the opportunity to get my foundation set in the recovery community. I stayed on the TC for 5 months and at that point I transitioned to CURA North the Sober Living Environment and the second step of the CURA program. This was a great transition for me. I was able to go to my meetings and I also signed up for school and I was able to have a place to stay and do that and really get myself back into society in a safe place. I like the structure that CURA has at the SLE. I was given the opportunity to take care of my business and still be a part of a recovery environment. Since leaving the SLE I'm still in contact with staff and some of my brothers that I met during this process. Like I said in the beginning I have been to many programs and yes at the time they saved my life. CURA saved my life but bigger than that CURA gave me a life to live. I'm studying to be a certified Substance Used Disorder counselor. Also, I work as a Clinical Monitor at the TC in Fremont. So, thank you to ALL the staff at CURA for the guidance and inspiration to not just get clean but to thrive in life.

**Background Research**

- Is the program/activity evidence based or a promising new idea?
  - Both CURA and Options Recovery include Evidence Based Practices in their model*
    - *Contractor shall ensure that all staff providing SUD treatment, and their direct supervisors, are trained in at least two of the following Evidence-Based Practices and shall provide individual staff-level documentation of training, supervision, and monitoring to fidelity practice standards as requested by ACBHD: Motivational Interviewing, Cognitive Behavioral Therapy, Seeking Safety Trauma Informed Treatment, Relapse Prevention, and Psycho-Education Groups. At minimum, Contractor shall ensure one or more treatment staff, per SUD treatment program, are trained in Motivational Interviewing and Cognitive Behavioral Therapy. Trainings must be held by an accredited agency that can provide Contractor with proof of training completion or Continuing Education (CEs)/Continuing Medical Education (CME) certificates. Contractor shall maintain documentation of required training in Addiction Medicine which shall include but shall not be limited to: five CEs annually for Contractor’s LPHAs and five CMEs annually for Contractor’s Medical Director or Chief Medical Officer. Contractor shall ensure that all staff providing SUD treatment also receive additional training as specified by ACBHD such as those in the ACBHD DMC-ODS Practice Guidelines and Clinical Process Standards, including ACBHD-recognized training on the fundamentals of Medication Assisted Treatment, including information about how these medications work to treat addiction, addiction as a chronic disease, and the importance of removing stigma from the use of medications in a SUD treatment plan.*
- If the program/activity is an evidence-based program, what does the research say about it?
  - *Motivational Interviewing is a type of counseling approach that helps our clients resolve feelings of ambivalence and anxiety, empowering our clients in recognizing the stages of change and taking ownership of their transitional journey.*
  - *Cognitive behavioral therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies.*
  - *Seeking Safety is a therapy that was developed in the United States as an integrated treatment for PTSD and SUD [16]. It has also been found a feasible treatment for patients who are subthreshold on these disorders or who have just one or just the other disorder.*
  - *A trauma informed model of care (TIC) is an organizational-level approach that assumes a trauma history in all clients seeking its services, understands the widespread impact of trauma and provides a recovery-oriented environment that focuses on trauma-specific recovery [14].*

- *Relapse prevention (RP) therapy,<sup>4</sup> a widely studied and implemented approach,<sup>5</sup> posits that interactions between individual factors (e.g., motivation and coping) and environmental factors (e.g., social influences and access to substances) increase relapse risk.<sup>6</sup> Relapse prevention offers a framework for identifying situations that precipitate relapse and teaches cognitive and behavioral skills to reduce risk.*
- *Psycho-Education Researchers have devised several components of psycho-education geared towards symptom recognition and stress-coping skills, among other things, which mental health professionals have found to be effective in preventing and reducing the symptoms of these conditions.*
- If there is existing research, was the research done on a population similar to the population served?
  - *Yes, there is existing research on the evidence-based practices, and the research shows these practices are used on reentry population with Substance Use Disorder and Mental Health issues.*
- How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?
  - *Recovery residences operate from similar treatment models with very similar objectives. The contract deliverables for our recovery residence programs are similar to those of other jurisdictions.*
- Is Probation funding any similar activities?
  - *While Probation funds housing, it does not specifically fund substance use recovery residences.*
- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
  - *Seriously Mentally Ill (SMI) program is unique for several reasons, e.g., direct linkage to CORE triage pipeline, rapport with other MH providers in the community, able to establish positive relationship with Probation and ACBH, able to provide step-up and stepdown services without significant delay, culturally responsive, and we have a deep understanding and connection to the population that we serve.*
- Lived experience can often provide a layer of knowledge, often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.
  - Please see the success story from a SUD beneficiary shared above.

### **Program Data**

- How many people were referred to the program/activity by Probation?
  - Probation referrals during the period: Options FY 23/24 (33); CURA FY 23/24 (23); Options Current FY (19); CURA Current FY (3)
- Why should the contract be extended/renewed rather than going out to bid?
  - *Reentry programs are specifically created to assist clients who have been justice impacted and are living with substance use disorders (SUD) and/or mental health disorders. While other programs, that are not reentry, address issues related to SUD and mental health, it is important for us to write curriculum that specifically targets the type of trauma people experience during and after incarceration. Beneficiaries receiving services through ACBHD are part of a network of*

*programs, which ensures continuity of care. If services were to go to bid, it is likely that only a minor portion of the service needs of the client would be met.*

- Please provide program milestones and other contract deliverable data.
  - See clients served above
  - Linkages Made:
    - Linked to local primary care providers
    - Linked to Psychiatry Services
    - Linked to mental health services
    - Resources Provided:
      - Linked to SSI and Vital Document Establishments
- Has this contract been extended before? If so, how many times and why?
  - *Recovery residences were originally funded by AB 109 in FY in 18/19 and renewal has remained the same, consecutively, up through FY 23/24 in the amount of \$408,997. ACBHD is requesting an allocation of \$429,447 for FY 25/26.*

**Fiscal Impact**

- What is the total proposed budget for the requested program/activity?
  - *FY 24/25 proposed SMI Budget - \$429,447*
- What was the total budget for the program/activity under the previous contract?
  - *FY 22/23 SMI budget under previous contract - \$408,997*
  - If the proposed budget is higher than that of the previous contract, please justify the increase.
    - N/A
  - If the proposed budget is lower than that of the previous contract, please explain.
    - N/A

DocuSigned by:  
**Signature:** SHANNON SINGLETON BANKS  
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