

AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

Note: This agenda item request is due at least six (6) weeks prior to CCPEC meeting.

Email requests to ProbationCommunityPrograms@acgov.org.

TO: Community Corrections Partnership Executive Committee (CCPEC)
c/o Alameda County Probation Department
Marcus Dawal, Interim Chief Probation Officer
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FROM: **Name:** Gina Temporal
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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 18, 2024.

Title/Subject/Description: Annual Allocation for AB 109 Funded Programs and Resources – Sex Offender Management Treatment Program

Background Information: In 2014, the Alameda County Board of Supervisors dedicated 50% of the AB109-funding received from the state to local Community Based Organizations. That funding is used to contract with local CBOs that provide resources and programs that address a client’s risk and needs and promote safety for the community and success for the Participant. This item requires additional funding for Fiscal Year 2024-25 for continuity of services and resources.

Fiscal Impact*, if any: \$1,100,000

Recommended action to be taken: Approve \$550,000 to continue funding this item for the realigned population for FY 24-25 and approve \$550,000 for a new RFP.

**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: *Gina Temporal*

Print Name and Title: Gina Temporal, Contracts Administrative Manager

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

Contract Name: Sex Offender Management Treatment Program via HOPE Program, CPC, and Shaping Success

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.) This contract serves clients who are ordered to complete a sex offender treatment due to their conviction and Penal Code section 1203.067.
- What client needs were addressed? (For example: housing, employment, substance abuse etc.) Penal Code section 1203.067 requires completion of sex offender treatment for clients that are convicted of offenses listed in Section 290 of the Penal Code and provides requirements of sex offender treatment and the containment model. This contract allows the department to offset the cost of mandatory Sex Offender Treatment for clients. Sex Offender Treatment providers are certified by consists of group and individual treatment within the guidelines provided by the California Sex Offender Management Board (CASOMB) which includes polygraph testing.
- How many people did your organization serve under the contract? 91 clients
- How many people was your organization expected to serve under the contract? N/A
- Please provide a summary of the program. The Sex Offender Treatment contractors provide treatment and assessment services using the containment approach in the context of multi-agency collaboration, explicit policies, and consistent practices that combine case evaluation and risk assessment, sex offender treatment, and intense community surveillance, all designed specifically to maximize public safety.
- Please provide a list of the objectives achieved by the program/activity. The contracted programs are expected to complete an evaluation/intake within 30 days of the program referral, all eligible clients must be assessed using the SARATSO dynamic tool and future violence tool within 30 days of referral, all clients must have an initial case conference within 45 days of the program referral, all client must have a written Treatment Plan that is developed using the client's assessment and follows Risk Needs Responsivity Principles, all treatment sessions must be aligned with the client's treatment plan and use evidence based methods and modalities, and 75% of clients must complete their treatment goal as outlined in their treatment plans.

HOPE Program: works in a containment model with probation and other professionals (e.g., polygraphers) to reduce recidivism and provide protection for the community. HOPE's CASOMB-certified clinicians conduct risk assessments and provide group and individual psychotherapy utilizing Cognitive Behavioral Therapy (CBT) and positive psychology, which is a strengths-based approach to optimal functioning. HOPE program prides itself on being a culturally diverse workplace that offers services in English, American Sign Language (ASL), and non-English languages with our bilingual clinicians or translation service. Our program, being evidenced-based, focuses on the reduction of identified criminogenic needs and the enhancement of areas of life that are conducive to desistance from offending behavior.

CPC: Provided specialized treatment services to individuals who have committed a sex offense referred by the county, by utilizing the RNR Principle in treatment planning, SARATSO assessment at intake, Assign SKILL Modules related to each individual's dynamic risk factors as ID in their intake assessments/STABLE 2007/LS/CMI

Shaping Success: achieves the following objectives on an ongoing basis: Provide 290-registrant sex offender treatment services in alignment with the Containment model, the Risk-Need-Responsivity

principle, and with the California Sex Offender Management Board's (CASOMB) guidelines.

- Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)

HOPE Program has created a staff training program and mentorship program where we coordinate with identified content experts and implement internal training opportunities for existing staff and newly hired staff. HOPE's training program has been developed to ensure the ongoing integrity of our training program and to facilitate our team's professional development. HOPE program has also been identified as a Continuing Education Unit (CEU) provider to the community and has developed checklists and process flows to ensure we keep up-to-date records of our training program attendance, certificates, and other related documentation and best practice evidence-based research. We also conduct ongoing internal program-evaluations of our approaches to ensure that we achieve the desired outcomes and that associated changes reflect the common goal of public safety and incorporating best practices.

CPC provides ongoing trainings to Clinical Staff on a monthly basis, internal training on Stable & LS/CMI (by SARATSO trainer), enhanced our Resource Guides, launched a separate program for individuals with CSEM offenses and CPC's 9 Skills Modules for CBT work around specific and individualized dynamic risk factors. CPC has built our online database and clinical documentation system to streamline and enhance our (RNR) documentation, maintain HIPAA compliance, thorough case files for each client and track data to include STABLE, LS/CMI, CPORT assessments, stage of treatment and progress of each client. CPC has hired a headhunter to assist our HR assistant in recruiting/staffing; CPC has a Northern California Program Coordinator to handle all scheduling of referrals, containment, administrative support and help manage the caseload.

Shaping Success: Yes, our organization invests in staffing, curriculum development, staff trainings, and workshops in order to make the program successful.

- Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach? N/A
- Describe how successfully your organization achieved your contract milestones and the other contract deliverables?

HOPE Program has developed and implemented Clinical/Operational Policies to promote best practice contractual compliance and consistency within our agency. To achieve these contract deliverables, HOPE conducts weekly audits of clinical artifacts to ensure 100% completion of artifacts prior to operational deadlines.

CPC: All intakes, SARATSO assessments, quarterly Treatment Reports and Transitional Care Reports/final discharge reports were submitted in a timely manner. One referral was scheduled past our required timeline. When it came to our attention, he was scheduled immediately. The referral scheduling process, CPC referral tracker and timelines were reviewed with all staff.

Shaping Success accepted all appropriate referrals that were submitted by Alameda County Probation through the Enterprise system. Most clients successfully participated in the intake process and were accepted into ongoing treatment services, with the exception of a few that were unable to/not permitted to for a variety of reasons (e.g., not appropriate for services due to other mental health issues needing to be addressed, deportation, etc). Containment contacts with probation officers have been regularly and consistently made throughout the course of treatment services and supervision/treatment

decisions have been made together. Polygraph examination results were submitted to the probation officers to assist them with determining how to appropriately supervise each client.

Background Research

- Is the program/activity evidence based or a promising new idea?

HOPE Program utilizes an evidence-based curriculum to educate and provide treatment to the clients we service. Specifically, we utilize both the Risk Need Responsivity and Good Lives frameworks that have decades of research support. CBT and other well-validated clinical approaches are also embedded in both our curriculum and our training.

CPC's Program is strongly based on the RNR Principle, and we have utilized the Containment Approach in California for over 15 years. This is a specialized field and CPC has the experience, training and specific materials to support the programming and RNR principle.

Shaping Success: The curriculum for sex offender treatment services for mandated 290-registrants utilizes evidence-based interventions.

- If the program/activity is an evidence-based program, what does the research say about it?

HOPE: Research on persons who have committed sexual offenses and other criminogenic behaviors indicates that the most evidence-based therapy with the best treatment outcomes is Cognitive Behavioral Therapy (CBT). A person-centered, positive psychology, strengths-based approach has also been identified as being the most effective given the stigma experienced by individuals within the forensic population.

CPC has not been professionally audited/accredited as an evidence-based program (except previously in our Maine program before our new resources/materials were developed), but we consistently follow the research, ATSA guidelines and CASOMB guidelines/standards for Sex Offense Treatment Programming. This is the definition of "evidence-based". CPC has been a member of ATSA since its inception.

Shaping Success: Cognitive Behavioral Therapy is an effective method of addressing sexual acting out behaviors and reducing recidivism.

- If there is existing research, was the research done on a population similar to the population served?

HOPE: Research has consistently shown that participating in sexual offender treatment results in lowered rates of re-offending when compared to comparison groups who did not receive treatment. However, the specific program in which HOPE was based (i.e., incorporating Risk Need Responsivity and Good Lives) has shown even better outcomes than comparable sexual offender treatment programs.

CPC: The ATSA and CASOMB guidelines are based on research on sex offense treatment and CPC adheres to these guidelines/standards and has advanced our materials and electronic clinical documentation system over the last five years. Years ago, our Maine program was audited with the CPAI and scored very high. CPC's Program has only been improved our clinician training and enhanced our program and materials since then.

- How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions? *N/A*
- Is Probation funding any similar activities? *No*
- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary? *No*
- 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. *N/A*

Program Data

- How many people were referred to the program/activity by Probation? *101*
- Why should the contract be extended/renewed rather than going out to bid? *We contract with three of the five CASOMB certified programs in Alameda County. Of the two programs we are not contracted with, one only serves adolescents and young adults, and the other program was unable to successfully negotiate and enter a contract at the time of the last RFQ. Considering the limited number of certified programs in the county, having three programs or 60% of the providers who service the county allows us to refer clients to the programs that responsive to their needs.*
- Please provide program milestones and other contract deliverable data. *Within the first 30 days of referral, clients' dynamic risk factors are assessed using the STABLE-2007, as well as the Level of Service Case Management Inventory (LS/CMI) to identify treatment needs so the clinician and client can collaboratively approach goal-directed treatment.*
- Has this contract been extended before? If so, how many times and why? *This contract was amended twice (2). The executed contracts allowed for an extension and increase by mutual agreement. The amendments ensured the continuity of services.*

Fiscal Impact

- What is the total proposed budget for the requested program/activity? *\$2,200,000*
- What was the total budget for the program/activity under the previous contract? *\$1,650,000*
 - If the proposed budget is higher than that of the previous contract, please justify the increase. *The increase of \$550,000 is consistent with previous increases.*
 - If the proposed budget is lower than that of the previous contract, please explain.

Signature: *Gina Temporal*

Print Name and Title: Gina Temporal, Contracts Administrative Manager