

## AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

*Note: This agenda item request is due at least eight (8) weeks prior to CCPEC meeting.*

*Email requests to [ProbationCommunityPrograms@acgov.org](mailto:ProbationCommunityPrograms@acgov.org).*

TO: Community Corrections Partnership Executive Committee (CCPEC)  
c/o Alameda County Probation Department  
Brian K. Ford, Chief Probation Officer  
1111 Jackson Street, P.O. Box 2059  
Oakland, CA 94604-2059

FROM: **Name:** Gina Temporal and Tashena Barrett  
**Title:** Contracts Administrative Manager and AFS Division Director  
**Agency/Organization/Department:** Alameda County Probation Department  
**Address:** 1111 Jackson Street, Oakland, CA 94607  
**Phone #:** 510-208-1003 **Alternate Phone #:** \_\_\_\_\_  
**Email:** [gitemporal@acgov.org](mailto:gitemporal@acgov.org) and [tbarrett@acgov.org](mailto:tbarrett@acgov.org)

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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 16, 2026.

**Title:** Fiscal Year 2026-27 Annual Allocation for AB 109 Funded Programs – Sex Offender Management Treatment Program

**Subject/Description:** Request for funding (\$550,000) to extend the Sex Offender Management Treatment Program contracts for one year. There are three contracted providers: Jerel Armstrong Psychologist Corporation (Armstrong PhD) & Psychological Assessment (Shaping Success), The Counseling and Psychotherapy Center, Inc (CPC).

**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 2026-27 for continuity of services and resources.

**Fiscal Impact\*, if any:** Pool of \$550,000

**Recommended action to be taken:** Approve the allocation of \$550,000 from fiscal year 2026/2027 AB 109 CBO funding to continue funding sex offender management treatment program contracts.

*\*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**

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

### **A. Program Description**

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

### **B. Background Research**

1. Is the initiative evidence-based or a promising new idea?
2. If this is an evidence-based program, what does the research say about it?
3. If there is existing research, was the research done on a population similar to the population the program anticipates serving?
4. Is Probation funding any similar activities?
5. If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
6. 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.

### **C. Fiscal Impact**

1. What is your proposed annual budget for this program/activity?
2. What is the total proposed budget for this program/activity? Please include a complete budget breakdown.

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

### **A. Provider Information**

1. Contractor Names: Jerel Armstrong Psychologist Corporation, Psychological Assessment, Inc.  
DBA Shaping Success, The Counseling and Psychotherapy Center, Inc
2. Program Name: Sex Offender Management Treatment Program
3. City and Board of Supervisors District: Oakland District 3, Oakland District 3, Oakland District 5

### **B. Information About the Program**

1. Please provide a summary of the program. The Sex Offender Management Treatment Program provides specialized assessment, treatment, and monitoring services for individuals convicted of sexual offenses under Probation supervision. The program operates under the Containment Model, a multi-agency approach that combines validated risk assessment, individualized cognitive-behavioral treatment, and intensive community supervision to maximize public safety. Using a risk-need-responsivity framework, services are tailored to each participant's risk level and needs, with a strong emphasis on victim protection, accountability, and reducing recidivism through coordinated case management and evidence-based interventions.
2. What part of the AB 109 population was served under the 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.
3. 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.
4. Please provide a list of the objectives for this 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.

**Armstrong PhD:** At a high level, the goals are to reduce risk for future sexual and general offending, support safe community functioning, and align with the containment model and CASOMB standards.

**Shaping Success:** We achieve 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.

**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/CM

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

**Armstrong PhD:** Our agency substantial additional resources beyond the contract funding. We secured and leased an office site to provide confidential, compliant space for evaluation and treatment services in alignment with CASOMB provider agency standards. We also funded advanced training and ongoing consultation for four licensed psychologists and LCSWs to ensure they met CASOMB's specialized requirements for sex offender evaluation, treatment, and continuing education. In addition, we purchased computers and secure software systems to support electronic documentation, data reporting, and telehealth delivery consistent with CASOMB guidance on technology and confidentiality.

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

**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.

6. 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

C. **Background Research**

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

**Armstrong PhD:** Our program is an evidence-based community treatment program that adheres to current best practices for the assessment and treatment of individuals who have committed sexual offenses. It is fully compliant with the California Sex Offender Management Board (CASOMB) guidelines, including requirements for qualified providers, use of structured and empirically supported interventions, ongoing risk and needs assessment, documentation, and quality assurance. Our policies, procedures, and clinical practices are aligned with

CASOMB's standards for provider agencies and are regularly reviewed to ensure continued compliance as guidance and regulations evolve.

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

**CPC:** Our 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.

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

**Armstrong PhD:** Evidence from meta-analyses of adult sex offender treatment indicates that structured, cognitive-behavioral and relapse-prevention-oriented programs adhering to Risk-Need-Responsivity (RNR) principles reduce sexual recidivism by roughly 5–8 percentage points over about five years compared with no treatment. Programs that match treatment intensity to risk level and address criminogenic needs show the largest effects on recidivism

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

**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.

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

**Armstrong PhD:** Yes – Adult individuals convicted of sexual offenses.

**Shaping Success:** No Information from Vendor

**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 year. 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.

4. How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?

**Armstrong PhD:** Community intervention studies similarly report that participants who complete structured, CBT-oriented sex offender treatment have substantially lower sexual recidivism than

those who drop out or refuse treatment, which supports contracts that emphasize completion rates, engagement, and risk-relevant change (rather than zero recidivism) as realistic deliverables.

5. Is Probation funding any similar activities? **No**
6. If Probation is funding similar activities, what is unique about this program/activity, why is it necessary? **N/A**
7. 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**

**D. Program Data**

1. How many people was your organization able to serve under the contract?  
**Armstrong PhD:** Contract is served 10 clients since Contract execution on 8/1/2025 until 1/31/26.  
**Shaping Success:** Contract Has served 45 clients since Contract execution on 8/1/2025 until 1/31/26.  
**CPC:** Contract Has served 5 clients since Contract execution on 8/1/2025 until 1/31/26.
2. How many people was your organization expected to serve under the contract? **N/A**
3. What factors impact the number of people you are able to serve? **Clients that require Sex Offender Treatment**
4. How has your capacity changed over time? **No**
5. How many people were referred to the program/activity by Probation?  
**Armstrong PhD:** 10 from 8/1/25 to 1/31/26.  
**Shaping Success:** 45 Clients. 14 clients referred before 8/1/25 from previous contract.  
**CPC:** 5 Clients. 3 clients referred before 8/1/25 from previous contract.
6. How do you define successful completion for this program/activity? **No Provider Data**
7. 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.**  
  
**Armstrong PhD: 9/1/25 – 12/31/25:**  
**Completed:     6 Intakes**  
**47 Client Individual Sessions**

**Shaping Success: 8/1/25 – 12/31/25:**

Completed: 14 Intakes  
520 Client Individual Sessions  
313 Client Group Sessions  
29 Polygraph Sessions

**CPC: 8/1/25 – 12/31/25:**

Completed: 0 Intakes  
1 Client Individual Session  
56 Client Group Sessions  
3 Polygraph Sessions

8. Describe how successfully your organization achieved your contract milestones and the other contract deliverables.

**Shaping Success:** accepted all appropriate referrals that were submitted by Alameda County Probation through the Enterprise system. Most clients successfully participated in the intake 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.

**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.

9. Is there a waitlist for this program/activity? **No Waitlist for this Program**
10. If known, how many clients were reincarcerated while in your program? **Not known**
11. What are some mechanisms your program used to mitigate and address recidivism? **Using a risk-need-responsivity framework, services are tailored to each participant's risk level and criminogenic needs, with a strong emphasis on victim protection, accountability, and reducing recidivism through coordinated case management and evidence-based interventions.**

E. **Contract Information**

1. Contract Term: **Armstrong PhD, Shaping Success, CPC**

	<b>Start Date</b>	<b>End Date</b>	<b>Budget Allocation</b>
<b>Original Contract Term:</b>	8/1/2025	7/31/2026	Pool of \$550,000

2. Budget Breakdown

	<b>Armstrong PhD</b>	<b>Shaping Success</b>	<b>CPC</b>
<b>Evaluation/Intake</b>	\$1,750	\$850	\$450
<b>Reassessment</b>		\$1,000	\$150
<b>Group (Per Person)</b>	\$100	\$75	\$56
<b>Individual</b>	\$200	\$150	\$129
<b>Polygraph</b>	\$400	\$400	\$495
<b>Administrative Costs</b>	20%	20%	20%
<b>Total Expenditures</b>	\$23,880	\$128,014.80	\$5,700

3. Direct Participant Support and Cost per Client

- a. What percentage of the expenditures goes to the Contractor vs. the Participants? **N/A**
- b. Total Expenditures vs. Successfully Completed: **N/A**
- c. Total Expenditures vs. Total Active Clients:  
**Armstrong PhD: \$3,411.43 Per Active Client from 8/1/25 to 12/31/25**  
**Shaping Success: \$2,844.77 per client from 8/1/25 to 12/31/25**  
**CPC: \$1,900.00 Per Active Client from 8/1/25 to 12/31/25.**

4. Does this contract have an extension available? **Yes**

5. Why should the contract be extended/renewed? **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.**

F. **Fiscal Impact**

1. What is your proposed annual budget for this program/activity? [Pool of \\$550,00 for three vendors](#)
2. What is the total proposed budget for the requested program/activity? Please include a complete budget breakdown. [Pool of \\$550,000 to increase total contracts to Pool of \\$1,100,000](#)
3. Have you exhausted all of your previous AB 109 funding? If not, how much unspent AB 109 funding do you have remaining? [The Programs are new, serving only 5 months, so limited data is available.](#)
4. What is your total budget for the program/activity under the contract?
  - a. If the proposed annual budget is higher than that of the previous year, please justify the increase. [The increase of \\$550,000 is consistent with previous increase, as there is limited data, since the contract has been in place for only 5 months.](#)
  - b. If the proposed annual budget is lower than that of the previous year, please explain. [N/A](#)
5. Staff Salaries
  - a. How much does your highest paid staff member allocated to this contract make? [N/A](#)
  - b. How much does your lowest paid staff member allocated to this contract make? [N/A](#)
  - c. What is your average staff salary? [N/A](#)
  - d. Do you offer living wages based on the [MIT Living Wage Calculator](#) (for a single person \$29.95 per hour)? [N/A](#)