



# COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



October 6, 2015

TO: Supervisor Michael D. Antonovich, Mayor  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Jerry E. Powers, Chief Probation Officer *J.P.*  
Chair, Public Safety Realignment Team

Mark Delgado, Executive Director *MD*  
Countywide Criminal Justice Coordination Committee

SUBJECT: Public Safety Realignment Supplemental Report – Updated Implementation Data  
Through June 30, 2015

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The County's Public Safety Realignment Team submitted a [July 24, 2015 realignment implementation report](#) to your Board in advance of a July 28<sup>th</sup> Board meeting presentation. The report was ultimately continued to October 6, 2015, enabling departments to update implementation data and information to supplement the original report. Those updates are attached as follows:

- **Performance Measures Report** – The July quarterly report provides performance measures outcomes for the 3<sup>rd</sup> Quarter of Fiscal Year 2014-2015. Attachment A updates this with the performance measures outcomes for the 4<sup>th</sup> Quarter of Fiscal Year 2014-2015.
- **Summary of Monthly Implementation Data** – The July quarterly report provides AB 109 implementation data captured by departments through the end of April 2015. Attachment B updates this data through the end of June 2015.
- **Split Sentencing Data** – The July report includes split sentencing trend data through the end of June 2015. Attachment C updates this information through the end of August 2015.
- **Summary of Department Budget and Claims** – The July report includes departmental AB 109 expenditures for the first three quarters of Fiscal Year 2014-2015, as reported by the Chief Executive Office to your Board. Attachment D updates this with departmental expenditures for all four quarters of Fiscal Year 2014-2015.

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**TOTAL AB109 BUDGET \$ 337,783,000**

PROBATION DEPARTMENT		\$ 75,805,000		
PROBATION	<p>1. Community Supervision of PSPs and N3s</p> <p><u>1A. Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).</p> <p>SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.</p>	<p>PSPs</p> <p>Split N3s</p> <p>Prop. 36 probationers</p> <p>Community-at-large</p>	<p><u>Arrests:</u> 60% PSPs, Splits, or P36 supervised persons will be free from misdemeanor or felony arrests while under supervision. (does not include flash incarcerations or technical violations).</p> <p><u>Supervision:</u> (monthly average)</p> <p>TBD Completed LS/CMI risk assessments</p> <p>8,500 Office visits</p> <p>400 Case management plans</p> <p>3,900 Field contacts</p> <p>240 Mental health referrals</p> <p>460 Substance abuse treatment referrals</p> <p>160 Revocations processed</p> <p>350 Office and field arrests</p>	<p>LS/CMI risk assessments.</p> <p>Office visits with PSPs/N3s.</p> <p>New/revised case management plans.</p> <p>Field contacts with PSPs/N3s.</p> <p>Referrals for mental health treatment.</p> <p>Referrals for substance abuse treatment.</p> <p>Revocation reports to court.</p>
	<p><u>1B. HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.</p>	<p>PSPs</p> <p>Split N3</p> <p>Prop 36 probationers</p>	<p><u>Services</u></p> <p>5,424 (monthly average 454) Cases Orientated</p> <p>1,497 (monthly average 124) DMH referrals</p> <p>4,142 (monthly average 345) DPSS referrals</p> <p>2,786 (monthly average 232) CASC referrals</p>	<p>Conduct initial contact with PSPs to perform assessments, orientations, referral for services, and assignment to a field office DPO.</p>
	<p><u>1C. Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.</p> <p>PSP pre-release State prison files (packets) are coming from 33 different State prisons.</p>	<p>PSPs</p> <p>Split N3</p> <p>Prop 36 probationers</p>	<p><u>Services</u></p> <p>6,994 (582 monthly average) Packets Received</p> <p>6,449 (537 monthly average) Packets Processed</p> <p>296 (24 monthly average) Incoming Approved Transfers</p> <p>324 (27 monthly average) Outgoing Approved Transfers</p>	<p>Process pre-release packets on PSPs received from CDCR to determine eligibility for PRCS, establish initial conditions of release, and determine PRCS service needs.</p> <p>Process incoming/outgoing inter-county transfers.</p> <p>Provide 24 hour telephone emergency assistance to local law enforcement, CBO providers, Tip Line, DCFS, and GPS alerts.</p>
	<p><u>1D. Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.</p>	<p>PSPs</p> <p>Split N3s</p> <p>Prop. 36 probationers</p> <p>Local Law Enforcement</p>	<p><u>Services</u> (estimated monthly average)</p> <p>910 Compliance Checks</p> <p>20 Office Arrests</p> <p>85 Field Arrests</p> <p>200 Warrant Checks</p> <p>NA LLE Record Checks</p> <p>150 Ride-Alongs</p>	<p>Conduct compliance checks.</p> <p>Assemble operation plans.</p> <p>Disseminate pertinent PSP information to local law enforcement.</p> <p>Participate in local law enforcement taskforces.</p> <p>Conducting office &amp; field arrests.</p>
	<p>2. CBO Services</p> <p>A large number of PSPs are released from custody without employment prospects or housing.</p>	<p>PSPs</p> <p>Split N3s</p> <p>Prop. 36 probationers</p>	<p><u>Services</u></p> <p>5,594 (466/month) Housing service referrals</p> <p>2,037 (169/month) Employment services referrals</p> <p>29% of clients received housing for longer than 6 months</p>	<p>Through a contracted agency, provide temporary housing, conduct job work assessments, provide job readiness workshops, provide job placement/retention services for supervised persons.</p>

ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target

**TOTAL AB109 BUDGET**

PROBATION DEPARTMENT				
P R O B A T I O N	<p>1. Community Supervision of PSPs and N3s</p> <p>1A. <u>Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).</p> <p>SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.</p>	<p>Increase number of LS/CMI risk assessments completed by supervision DPOs.</p> <p>Increase the number of case management plans completed by supervision DPOs.</p> <p>All other benchmarks to remain the same. The focus will be on developing and maintaining appropriate case plans that address all risk factors, through the implementation of the LS/CMI at the supervision level.</p>	<p><u>Arrests:</u> 72% PSPs, Splits, or P36 supervised persons remained arrest free while under active supervision .</p> <p><u>Supervision:</u>                      640 (53 monthly average) LS/CMI risk assessments                      112,940 (9,412 monthly average) Office visits                      3,477 (290 per month) Case management plans                      45,024 (3,752 monthly average) Field contacts                      1,113 (93 monthly average) Mental health referrals                      3,477 (290 monthly average) Substance abuse referrals                      2,576 (215 monthly average) Revocations processed                      1,917 (160 monthly average) Arrests in office and field (note: count corrected to not include co-located)</p>	<p>Staff have continued to provide services at a level consistent with FY 2013-14 services.</p> <p>Training continues to be provided to enable field staff to update the LS/CMI assessment and develop evidence-based case plans.</p>
	<p>1B. <u>HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.</p>	<p>Maintain current level of service: The HUB is currently assessing all PSPs, N3 Splits, and P36 supervised persons that report for orientation, assessment, and assignment. The Department has increased its capacity to provide orientation instructions through the placement of four (4) DPOs at the Community Re-entry and Resource Center at the LASD Inmate Reception Center.</p>	<p><u>Services:</u>                      7,503 (625 monthly average) Cases Orientated                      2,050 (171 monthly average) DMH referrals                      4,362 (364 monthly average) DPSS referrals                      3,377 (281 monthly average) CASC referrals</p>	<p>Staff have continued to provide services at a level consistent with FY 2013-14 services.</p>
	<p>1C. <u>Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.</p> <p>PSP pre-release State prison files (packets) are coming from 33 different State prisons.</p>	<p>Maintain current level of service.</p>	<p><u>Services</u>                      6,614 (551 monthly average) Packets Received                      6,423 (535 monthly average) Packets Processed                        6,622 (552 monthly average) Warrants Requested                        328 (27 monthly average) Incoming Approved Transfers                      428 (36 monthly average) Outgoing Approved Transfers</p>	<p>Staff have continued to provide services at a level consistent with FY 2013-14 services.</p>
	<p>1D. <u>Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.</p>	<p>Maintain current level of service: Co-located DPOs will continue to work with local law enforcement to provide supervision compliance checks in the community at the existing level of services.</p>	<p><u>Services</u>                      12,147 (1012 monthly average) Compliance Checks                      219 (18 monthly average) Office Arrests                      2,008 (167 monthly average) Field Arrests                      3,817 (318 monthly average) Warrant Checks                      17,125 (1,427 monthly average) LLE Agency Record Checks                      2,846 (237 monthly average) Ride-Alongs</p>	<p>Co-located DPOs have continued to work with law enforcement and provide compliance checks in the community at the existing level of services.</p>
	<p>2. CBO Services</p> <p>A large number of PSPs are released from custody without employment prospects or housing.</p>	<p>Our performance target is to <u>reduce</u> the proportion of clients receiving housing services for longer than 6 months.</p>	<p>5,999 (500/month) Housing service referrals                      1,356 (187/month) Employment services referrals</p> <p>35% of clients received housing services for longer than 6 months during the fiscal year</p>	<p>Overall, the Department did not decrease the proportion of clients receiving housing services during FY 2014-15.</p>

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
		The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	

<b>SHERIFF'S DEPARTMENT</b>		<b>\$ 181,072,000</b>		
1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	N3 Parole Violator	Average daily population was 6,000 N3s	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.
2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	N3	<u>No. of N3s graduates</u> 33 MERIT program 5 GED program 0 WITS (Women in Transition Support) 256 Gender Responsive and Rehabilitation 427 Misc. certificates	EBI Back on Track (BOT) will be implemented for AB109 inmates that will provide additional assessment, program placement, case management, and community transition services.
3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division.  AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	Parole Violators	Custody Division: 6 deputies Court Services: 3 deputies  Number of parole hearings is subject to the court's schedule.  Total number of parolees screened – 6,026 out of 10,825 that we ran Highest month total - 637 July Lowest month total - 305 November (Prop. 47 initiated)	Provide security, transport, escort Parole Agents, and court services.
4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	PSP	258 PSP PAL arrests	1. Increase use of alternate investigative resources, i.e., Social media. 2. Collaborate with other law enforcement agencies. 3. Establish protocols with other County Departments. 4. Explore information sharing possibilities with other AB109 stakeholders (DPSS, DMH, DPH). 5. Advise and encourage absconders to use treatment programs after arrest.
	4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	PSP	3 PSP Extraditions	1. Locate high risk PSP absconders who are out-of-state. 2. Work with DA's Office to extradite AB109 absconders. 3. Develop contacts with out of state agencies.

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**TOTAL AB109 BUDGET**

<b>SHERIFF'S DEPARTMENT</b>				
1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.	<u>Average daily population</u> Q1: 5,600 N3s Q2: 5,298 N3s Q3: 4,216 Q4: 4,108	Due to the implementation of Proposition 47, the Department has seen a reduction in the number of N3 inmates from approximately 6,000 to 4,000. The Department has; however, begun to track and include the following N3 inmate populations that should have been captured in previous reports: *Parole Revocations *PRCS Revocations *Flash Incarcerations *Parole Holds
2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	<u>N3 successful graduates</u> 3,000 MERIT program 25 GED program 100 WITS 500 Gender Responsive and Rehabilitation 1,700 Misc. certificates	<u>N3 successful graduates</u> 1,805 MERIT program 366 High School / GED program 107 WITS 380 Gender Responsive and Rehabilitation 2,173 Misc. certificates	* Merit Program scaled back in lieu of more academic programs (131) and the Back on Track Pilot Program benefiting AB109 Inmates, GRR moved from TTCF back to CRDF and began programs in April. Miscellaneous certificates (981). WITs held graduation in May with 32 graduates.
3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division.  AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	Maintain security, transport, and court services at current service levels. To provide security and escorts for Parole Agents while they do face to face serves and interviews of parolees at MCJ, IRC, MSB, and TTCF (Tower One and Tower Two).	Parole Screenings is utilized by eleven different Parole Agents that come in throughout the day. The current number of deputies assigned to the Parole Screenings unit is sufficient. Court Services Division currently has 4 Deputies assigned to AB 109/Prop 47 functions at Central Jail Arraignment Court.	With the implementation of Prop 47 there was, initially, a noticeable drop in the number parolees served in Parole Screenings as noted. The numbers have steadily increased since that low. Court Services Division has also seen an increase in court matters for AB 109/Prop 47 population.
4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	Increase apprehension and arrests of absconders with active arrest warrants by 20%.	396 PSP PAL arrests	Each absconder arrest averages approximately 95 hours of work. The hours spent for apprehension of each absconder is tracked in PALTRAC. Intelligence has indicated that many absconders no longer reside within Los Angeles County. We have located and arrested absconders in San Bernardino, Riverside, Kern, and Orange counties.
	4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	Increase out of state extraditions by 25%.	6 PSP absconder extradited	We have information that several absconders are living in the Las Vegas, Nevada area. We continue to work with Nevada law enforcement agencies to locate and arrest the absconders. The Los Angeles DA's Office is currently approving all extraditions from this area. We have also located, arrested, and extradited absconders in New York, Nebraska, and Texas.

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ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**TOTAL AB109 BUDGET \$ 337,783,000**

4. Parole Compliance Unit (continued)	4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	PSP	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population.	1. The Smart Justice System is now active, with LASD Crime Analysts, Parole Compliance personnel and LAPD utilizing the system. 2. LASD has created a Parolee/Probationer Contact Form to capture information between LE and supervised persons. 3. The Parolee/Probationer Contact Form is currently being added to the Smart Justice System and will be available as a module in Smart Justice.
5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	N3	<p><u>Male Average Daily Population</u> 150 N3s at the PDC training facility (180 bed capacity) 32 N3s transferred to fire camp each quarter 129 N3s in fire camps (418 bed capacity) Note-transfers did not occur until 11/06/13 3.7 months average fire crew service 116 N3s completed their sentence during the year</p> <p><u>Female Average Daily Population</u> 4 N3s at the California Institute for Women (CIW) 1.5 N3s transferred to fire camp each quarter 2 N3s in fire camps (110 bed capacity)</p> <p>9 months average fire crew service 5 N3s completed their sentence during the year</p>	Population Management Bureau (PMB) ensures the inmate fire camp training facility at PDC is fully populated and remains at a sufficient level of male N3 inmates to maximize transfers of trained inmates to fire camps.  PMB to screen and transfer eligible female inmates to CIW for training and placement to fire camp.

**FIRE DEPARTMENT \$ 5,045,000**

<b>FIRE</b>	1. Fire Camp Training	N3	A total of 7 fire crew training classes were completed. Training is 6-8 weeks long with a class of up to 50 inmates.  335 N3s completed training during the year 269 N3s were transferred to a fire camp	Training and transition of N3 inmates into the Fire Camps.
	2. Fire Camp Operations	N3	<p><u>N3 Average Daily Population</u> Camp 11 Acton (88 bed capacity) Camp 13 Malibu (110 female bed capacity) Camp 14 Francisquito (88 bed capacity) Camp 16 Holton (110 bed capacity) Camp 19 Julius Klein (132 bed capacity)</p> <p>Total capacity of 528</p> <p>269 inmates served on a fire crew during the year</p>	Supervise fire-related work projects and emergency incidents throughout California.

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**TOTAL AB109 BUDGET**

4. Parole Compliance Unit (continued)	4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	Utilize the Smart Justice System to input information and monitor the AB109 population.	All LASD (Sworn and Civilian), LAPD, and LA County Probation have access to the Smart Justice System. A new interface will be launched this summer with DMV photos, Missing Persons, and vehicle registration from all states.	
5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	<p><u>Male Average Daily Population</u> 180 N3s at the PDC training facility (180 bed capacity) 91 N3s transferred to fire camp each quarter 244 N3s in fire camps (418 bed capacity)</p> <p><u>Female Average Daily Population</u> 6 N3s at the California Institute for Women (CIW) 5 N3s transferred to fire camp each quarter 10 N3s in fire camps (110 bed capacity)</p>	<p><u>Male Average Daily Population</u> 75 N3s at the PDC training facility (180 bed capacity) 58 N3s transferred to fire camp each quarter 148 N3s in fire camps (418 bed capacity)</p> <p>7.6 months average fire crew service 182 inmates completed their sentence during the year</p> <p><u>Female Average Daily Population</u> 4 N3s at the California Institute for Women (CIW) training 3 N3s transferred to fire camp each quarter 14 N3s in fire camps (110 bed capacity)</p> <p>9 months average fire crew service 8 inmates completed their sentence during the year</p>	Reduced population of incoming AB109 inmates due to Proposition 47 is hindering the ability to fill all CDCR contracted Fire Camp beds. PMB is screening all AB109 inmates for Fire Camp program. Those who meet basic criteria are sent to MSB for medical screening. The Fire Camp Training Unit is conducting smaller more frequent wild land fire classes in conjunction with the Los Angeles County Fire Department in an effort to move inmates to CDCR camps. LASD and CDCR have agreed to transfer non-firefighter, "Non Grade Eligible" inmates for in-camp support functions - up to 15% of the camp population. The first 8 "Non Grade Eligible" inmates were transferred on 7/7/15.
<b>FIRE DEPARTMENT</b>				
1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	Successfully train and place 75% of AB109 inmates into the fire camps. This is based on training 300 inmates in 9 classes during 2014-15 and placing 225 inmates in the Camps.	A total of 12 fire crew training classes were completed and 226 inmates have been trained.  30 N3s are waiting for the next training class which begins on August 10, 2015.  20 N3s completed training on June 26, 2015, and 14 N3s were transferred to the camps by July 1, 2015.  233 N3s were transferred to a fire camp, including some inmates trained in 2013-14.	Fire is working with the Sheriff's Department in order to improve the process, in an effort to obtain additional AB109 prisoners to be trained and placed in the Fire Camps.
2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	Fire is working with the Sheriff's Department to obtain additional trainees in order to increase the percentage of AB109 inmates in the camps. The goal for 2014-15 is to have the 225 inmates placed in the Camps serve on a fire crew.	<p><u>N3 Average Daily Population</u> Camp 11 Acton (90 bed capacity) Camp 13 Malibu (110 female bed capacity) Camp 14 Francisquito (100 bed capacity) Camp 16 Holton (105 bed capacity) Camp 19 Julius Klein (125 bed capacity) California Institute for Women (bed capacity N/A) Total 148 of 530 = 28.0% YTD average</p> <p>233 inmates have served on a fire crew during the year</p>	Fire is also exploring alternatives at the women's camp (Camp 13) due to the low number of female AB109 inmates.

FIRE



ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	Indicate what your department needs to do in order to get to your benchmark.

DEPARTMENT OF PUBLIC HEALTH		\$ 16,428,000		
1A. Community Based Services	Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients.  Provide training to providers on how to work with the forensic population.	PSP	<u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total <b>(303 at any given time)</b>  <u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services  <u>Provider Meetings</u> 6 meetings (bi-monthly)  <u>Trainings/Coaching</u> 4 conducted	Continue to provide treatment services to AB109 clients.  Continue bi-monthly meetings with contracted treatment providers to monitor improvement and address challenges of SUD system of care. Meetings are used to discuss and address current and emerging issues, identify trends, and report progress.  Provide trainings focused on evidence-based practices to contracted treatment provider network.
1B. Community Based Services - Treatment Network Expansion	The treatment network and types of services need to be expanded due to shortage of providers and types of services throughout the County.	Contracted SUD Treatment Providers, PSP	<u>No. of Providers</u> 12 providers (71 locations throughout Los Angeles County)	Obtain Board of Supervisors approval to execute SUD master agreements work orders solicitations (MAWOS) with qualified treatment providers.  Upon execution, train new treatment provider staff on programmatic and contractual requirements for AB109.
1C. Community Based Services - Community Assessment Service Center (CASC)	CASCs conduct assessments to determine the severity of clients' SUD. Those with a positive assessment are referred to a contracted service provider.	PSP	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County)  <u>Referrals</u> 6,475 individuals assessed at a CASC 97.6 % with positive assessments referred to treatment 56 % referred actually show-to-treatment	Continue to provide assessment and referral services to AB109 clients.  Continue bi-monthly meetings with CASC to discuss emerging AB109 issues and establish recommendations that improve the assessment process and show rate at treatment from CASC.  By June 30, 2015, implement a Pilot Project for CASC by selecting a new assessment pathway that improves case management and accounts for criminogenic needs.

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**TOTAL AB109 BUDGET**

DEPARTMENT OF PUBLIC HEALTH				
D P H	<p>1A. Community Based Services</p> <p>Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients.</p> <p>Provide training to providers on how to work with the forensic population.</p>	<p><u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total <b>(303 at any given time)</b></p> <p><u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services</p> <p><u>Provider Meetings</u> 6 meetings (bi-monthly)</p> <p><u>Trainings/Coaching</u> 4 conducted</p> <p>Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.</p>	<p>*<u>Treatment Admissions</u> (cumulative) 583 Inpatient/Residential 1028 Outpatient 1611 Total</p> <p>*<u>No. Individuals Receiving Services</u> (cumulative) 583 Residential Treatment 1028 Outpatient Counseling (including Intensive Outpatient) 251 Residential Medical Detoxification 102 Alcohol and Drug-Free Living Centers (ADFLC) 30 Medication Assisted Treatment (MAT) services</p> <p><u>Provider Meetings</u> 6 meetings</p> <p><u>Trainings/Coaching</u> 4 conducted</p> <p>* NOTE: Admission numbers subject to change as AB 109 treatment providers continue to input client admission data beyond Performance Measures reporting period.</p>	<p>Clients are tracked by admissions to SUD treatment services, as clients may enter treatment more than once.</p>
	<p>1B. Community Based Services - Treatment Network Expansion</p> <p>The treatment network and types of services need to be expanded due to shortage of providers and types of services throughout the County.</p>	<p><u>No. of Providers</u> 18 providers, an increase of 50%. Obtain Board approval to execute SUD MAWOS by May 2015.</p> <p><u>Services</u></p> <ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Outpatient Counseling (including Intensive Outpatient)</li> <li>• Residential Medical Detoxification</li> <li>• ADFLC</li> <li>• MAT services</li> </ul> <p>Add Narcotics treatment program (NTP) services by May 31, 2015.</p> <p><u>Training</u> 100% New providers trained</p>	<p><u>No. Providers</u> In progress. 12 agencies recommended for funding to provide AB 109 services. Pending Board approval</p> <p><u>Categories of Services available</u></p> <ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Outpatient Counseling (including Intensive Outpatient)</li> <li>• Residential Medical Detoxification</li> <li>• MAT services</li> <li>• NTP services</li> </ul> <p><u>Training</u> Subject to Board approval of new providers; All new providers will receive orientation. Training.</p>	<p>Proposers notified of results from the Master Agreement Work Order Solicitation application process in April 2015.</p> <p>Board date of July 14, 2015 set for approval to execute Master Agreement Work Orders for 12 recommended treatment providers.</p>
	<p>1C. Community Based Services - Community Assessment Service Center (CASC)</p> <p>CASCs conduct assessments to determine the severity of clients' SUD. Those with a positive assessment are referred to a contracted service provider.</p>	<p><u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County)</p> <p><u>Referrals</u> 6,475 individuals assessed at a CASC 97.6% with positive assessments referred to treatment 56 % referred actually show-to-treatment</p> <p>Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.</p>	<p><u>No. Providers</u> 8 providers (13 locations throughout Los Angeles County)</p> <p>*<u>Referrals</u> 6,392 individuals assessed at a CASC 97.2% of those with positive assessments referred to treatment. *43% referred actually show-to-treatment.</p> <p>* NOTE: Show-to-treatment subject to change as AB 109 treatment providers continue to input client admission data beyond Performance Measures reporting period.</p>	<p>DPH-SAPC completed the Process Improvement Pilot Project. The following recommendations were identified to improve the assessment process and show-to-treatment rate:</p> <ul style="list-style-type: none"> <li>-Enhance collaboration and communication among CASC, treatment providers, and Department of Probation.</li> <li>-Provide trainings for CASC staff on customer service, cultural competency, and motivational interviewing.</li> </ul>

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	

The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody N3 population. Pilot will also provide a community supervision option to female N3 population. Funding includes contract providers and one (1) Assistant Staff Analyst position at \$86,387/year.	N3	To be established in FY 2014-15.	<ol style="list-style-type: none"> <li>1) Provide Drug Education services to male and female inmates at South Facility and Century Regional Detention Facility (CRDF).</li> <li>2) Provide direct SUD treatment services to male and female inmates at South Facility and CRDF.</li> <li>3) Provide community transition residential treatment for female inmates released from CRDF under alternative sentencing and placed under electronic monitoring.</li> <li>4) Hire new staff; one Assistant Staff Analyst.</li> </ol>
3. Administrative Oversight	3A. <u>Contract Monitoring</u> DPH-SAPC staff provides ongoing programmatic, contractual, fiscal, and administrative oversight of Community Assessment Services Center (CASC) and SUD treatment programs.	PSP	<u>Contract Monitoring</u> 100% of contracted treatment providers and CASCs were monitored for contract and policy compliance.  85% of AB109 funding dedicated for treatment services has been utilized.	Provide ongoing technical assistance to contract providers on programmatic and contractual requirements for AB109.  Maintain monitoring of contracted providers to ensure compliance of policies and procedures.  Review the utilization rates of all contracted providers on a regular basis to ensure the appropriate and effective use of AB109 funding.
	3B. <u>Data Management</u> DPH-SAPC maintains TCPX, a web-based application designed to support the operational and administrative requirements of AB109. TCPX provides a "real time" connectivity between contracted providers, DPH-SAPC, and Probation. TCPX is used to inform AB109 clients' treatment plan and progress, collect client data for reporting, and assist Probation in tracking AB109 clients. DPH-SAPC will continue to contract with ISD who will perform ongoing maintenance and enhancement of TCPX.	PSP	<u>TCPX Compliance</u> 25% of treatment provider network in Full Compliance and 75% of treatment provider network in Partial Compliance with TCPX data management policies and procedures.  50% of quarterly audits indicate accurate data management.	Train treatment provider staff on updated features of TCPX and data management policies and procedures.  Provide technical assistance to improve data management of contracted providers identified through quarterly audits.

ISSUE	JUNE 2015 PERFORMANCE TARGET Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date) Report your year-to-date status for meeting the target performance outcomes.	COMMENTS Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody N3 population. Pilot will also provide a community supervision option to female N3 population. Funding includes contract providers and one (1) Assistant Staff Analyst position at \$86,387/year.	<u>No. Individuals Receiving Services (cumulative)</u> 340 Drug Education 160 In-custody SUD treatment 260 Alternative custody treatment facility	<u>No. Individuals Receiving Services (cumulative)</u> X Average daily N3 SUD population (current quarter) X Drug Education X In-custody SUD treatment 15 Alternative custody treatment facility	In June 2015, the initial pilot was implemented with two existing AB 109 providers at three site locations. As of June 30, 2015, 15 inmates were placed in SUD treatment services.
3. Administrative Oversight	3A. <u>Contract Monitoring</u> DPH-SAPC staff provides ongoing programmatic, contractual, fiscal, and administrative oversight of Community Assessment Services Center (CASC) and SUD treatment programs.	<u>Contract Monitoring</u> 100% of SUD treatment providers and CASC are monitored for contract and policy compliance.  100% of AB109 contracted SUD treatment services funding fully utilized.	<u>Contract Monitoring</u> 4 Training/Coaching sessions with AB 109 SUD treatment providers.  100% of SUD treatment providers and CASC monitored for contract and policy compliance.	DPH-SAPC successfully completed all contract and program monitoring for AB 109 by May 2015.
	3B. <u>Data Management</u> DPH-SAPC maintains TCPX, a web-based application designed to support the operational and administrative requirements of AB109. TCPX provides a "real time" connectivity between contracted providers, DPH-SAPC, and Probation. TCPX is used to inform AB109 clients' treatment plan and progress, collect client data for reporting, and assist Probation in tracking AB109 clients. DPH-SAPC will continue to contract with ISD who will perform ongoing maintenance and enhancement of TCPX.	<u>TCPX Compliance</u> 75% in Full Compliance with TCPX data management policies and procedures.  75% of quarterly audits indicate accurate data management.  Intention of improving upon FY 2013-14 benchmarks.	<u>TCPX Compliance</u> 99.99% of Compliance of clients discharged have client discharge report in TCPX as of March 30, 2015  Analysis of client file accuracy still in process.	Due to time constraints, DPH-SAPC and ISD agreed to conduct audits from quarterly to semi-annual basis.

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	Indicate what your department needs to do in order to get to your benchmark.

<b>DEPARTMENT OF MENTAL HEALTH</b>		<b>\$ 32,031,000</b>		
1. Administration & Oversight	<u>Countywide Resource Management (CRM)</u> Centralized coordination and monitoring of AB109 community-based services.	PRCS N3 CBO	<u>Overall PRCS/N3 Recidivism</u> 1,450 (64%) of 2,253 male clients assessed at HUBs were successfully linked to services. 663 (46%) of 1,450 male clients successfully linked, recidivated. 231 (46%) of 503 female clients assessed at HUB were successfully linked to services. 117 (51%) of 231 female clients successfully linked, recidivated.	Administrative, clinical and fiscal oversight of all AB109 services for DMH including onsite screening, assessment, linkage and referral services to the appropriate level of service for individuals with complex mental health issues and serious criminal justice histories.

ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target

**TOTAL AB109 BUDGET**

**DEPARTMENT OF MENTAL HEALTH**

1. Administration & Oversight	<p><u>Countywide Resource Management (CRM)</u></p> <p>Centralized coordination and monitoring of AB109 community-based services.</p>	<p><u>Quality Assurance</u></p> <p>Monitor program's progress in meeting specific performance targets.</p> <p>CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2015.</p> <p><u>Overall PRCS/N3 Recidivism</u></p> <p>Recidivism rates for male and female clients assessed at the HUBs will remain the same.</p>	<p><u>Quality Assurance</u></p> <p>11 contract providers (at 23 separate locations) had 10 charts each reviewed by CRM. 230 contract monitoring and client satisfaction measures from 23 separate outpatient locations were collected.</p> <p><u>Overall PRCS/N3 Recidivism</u></p> <p><u>1st Quarter:</u> 653 of (75%) 874 of male clients assessed at HUBs were successfully linked to services. 272 (42%) of 653 male clients successfully linked, recidivated. 88 (58%) of 152 female clients assessed at HUB were successfully linked to services. 38 (43%) of 88 female clients successfully linked, recidivated.</p> <p><u>2nd Quarter:</u> 694 of (72%) 970 male clients assessed at HUBs were successfully linked to services. 277 (40%) of 694 male clients successfully linked, recidivated. 99 (59%) of 167 female clients assessed at HUB were successfully linked to services. 43 (43%) of 99 female clients successfully linked, recidivated.</p> <p><u>3rd Quarter</u> 440 of (45%) 966 male clients assessed at HUBs were successfully linked to services. 42 (10%) of 440 male clients successfully linked, recidivated. 65 (43%) of 151 female clients assessed at HUB were successfully linked to services. 11 (17%) of 65 female clients successfully linked, recidivated.</p> <p><u>4th Quarter</u> 439 of (50%) 885 male clients assessed at HUBs were successfully linked to services. 100 (23%) of 439 male clients successfully linked, recidivated. 61 (45%) of 135 female clients assessed at HUB were successfully linked to services. 2 (3%) of 61 female clients successfully linked, recidivated.</p>	
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ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<p><b>TOTAL AB109 BUDGET</b>      \$ <b>337,783,000</b></p>			

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DMH</p>	<p>2. Community Based Services</p> <p><u>2A. DMH Direct Services</u> HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment.</p> <p>5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)</p>	<p>PRCS</p>	<p><u>Services (cumulative)</u> 1,601 PRCS files screened at Pre-Release Center (PRC) identified as possibly requiring mental health services.</p> <p><u>DOC Clinic Services (13-14 cumulative):</u> Total: 382 291 (76%) of male PRCS (PSP, PSP-N3, N3-split) clients receiving DO outpatient services. 91 (24%) of female PRCS clients received DO outpatient services.</p> <p>95 male N3 clients received DO outpatient services. 59 female N3 clients received DO services.</p> <p><u>Recidivism (PSP, PSP-N3, N3-Split):</u> 116 (40%) of 291 male receiving DO outpatient services have been rearrested. 18 (20%) of 91 females receiving DO outpatient services have been rearrested.</p> <p><u>Recidivism (N3):</u> 13 (14%) of 95 male N3s receiving DO outpatient services have been rearrested. 0 (0%) of 59 females receiving DO outpatient services have been rearrested.</p>	<p>Staff provide mental health services in revocation court, Pre-release Center, and HUBs.</p> <p>Office of Public Guardian staff provide conservatorship investigations and appointments.</p> <p>Monitor contract provider services.</p>
	<p><u>2B. State Hospital</u> Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.</p>	<p>PRCS</p>	<p><u>Treatment Admissions: State Hospital</u> 5 clients</p> <p>FY 2013-14 total cost: \$321,062 4 person bed capacity \$647 Average daily cost per client</p>	<p>Provide intensive, locked mental health treatment for individuals in need of the highest level of care.</p> <p>Continue to provide services as clinically indicated.</p>

ISSUE	JUNE 2015 PERFORMANCE TARGET Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date) Report your year-to-date status for meeting the target performance outcomes.	COMMENTS Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

DMH

2. Community Based Services	<p><u>2A. DMH Direct Services</u> HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment.</p> <p>5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)</p>	<p><u>No. of Providers</u> 37 providers with locations throughout Los Angeles County</p> <p><u>Services (cumulative)</u> 100% of PRCS files screened with possible mental health needs.</p> <p>100% of PRCS clients assessed at HUBs with mental health needs</p> <p>75% of PRCS will show-to-treatment (Directly Operated Clinics).</p> <p>20% of N3s will show to treatment (Directly Operated Clinics)</p>	<p><b>1st Quarter Services:</b> Total clients: 68 57 (84%) of 68 male PRCS (PSP, PSP-N3, N3-splits) clients received DO outpatient services. 11 (16%) of 68 female PRCS clients received DO outpatient services. 7 male N3 clients received DO outpatient services. 6 female clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) - 23 males (40%) of 57 receiving DO outpatient services have been rearrested. 3 females (18%) of 11 receiving DO outpatient services have been rearrested. - 3 (42%) of 7 male N3s receiving DO outpatient services have been rearrested. - 0 (0%) of 6 females receiving DO outpatient services have been rearrested.</p> <p><b>2nd Quarter Services:</b> Total clients: 111 - 92 (83%) of 111 male PRCS clients received DO outpatient services. 19 (17%) of 111 female PRCS clients received DO outpatient services. - 8 male N3 clients received DO outpatient services. 4 female clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) : - 8 (10%) males of 92 receiving DO outpatient services have been rearrested. 4 (11%) females of 19 receiving DO outpatient services have been rearrested. - 1 (13%) of 8 male N3s receiving DO outpatient services have been rearrested. 1 (25%) of 4 females receiving DO outpatient services have been rearrested.</p> <p><b>3rd Quarter Services:</b> Total clients: 153 - 133 (87%) of 153 male PRCS clients received DO outpatient services. 20 (13%) of 153 female PRCS clients received DO outpatient services. - 38 male N3 clients received DO outpatient services. 29 female N3 clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) : - 29 (22%) males of 133 receiving DO outpatient services have been rearrested. 3 (15%) females of 20 receiving DO outpatient services have been rearrested. - 0 of 38 male N3s receiving DO outpatient services have been rearrested. 0 of 29 females receiving DO outpatient services have been rearrested.</p> <p><b>4th Quarter Services:</b> Total clients: 61 - 53 (87%) of 61 male PRCS clients received DO outpatient services. 8 (13%) of 61 female PRCS clients received DO outpatient services. - 10 male N3 clients received DO outpatient services. 2 female N3 clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) : - 9 (17%) males of 53 receiving DO outpatient services have been rearrested. 0 (0%) females of 8 receiving DO outpatient services have been rearrested. - 1 of 10 male N3s receiving DO outpatient services have been rearrested. 0 of 2 females receiving DO outpatient services have been rearrested.</p>	Unless otherwise indicated, Community Based Services budget encompasses all sub-categories.
	<p><u>2B. State Hospital</u> Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.</p>	<p><u>Treatment Admissions: State Hospital</u> To provide State Hospital level of care as needed</p>	<p><u>Treatment Admissions: State Hospital</u> 1st Qtr: 4 clients / \$156,206 expenditure 2nd Qtr: 1 client / \$47,711 expenditure 3rd Qtr: 1 client / \$47,711 expenditure 4th Qtr: 0 clients / \$0 expenditure</p> <p>5 total admissions year-to-date \$647 Average treatment cost per client Yearly allocation: \$944,000 /365/\$647 = 5 beds</p>	



ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**TOTAL AB109 BUDGET \$ 337,783,000**

2. Community Based Services (continued)	<p><u>2C. IMD Contracts</u> Provide locked long-term mental health residential treatment.</p>	PRCS	<p><u>Treatment Admissions: IMD</u> 59 clients FY 2013-14 total cost: \$1,188,074</p> <p>14 person bed capacity \$250 Average treatment cost per client</p>	<p>Expand IMD bed resources for forensic populations, including RSOs.</p> <p>Continue to expand IMD contracts and develop IMD bed resources for PRCS population.</p>
	<p><u>2D. IMD Step-down Contracts</u> Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.</p>	PRCS	<p><u>Treatment Admissions: IMD Step-down</u> 172 clients / 11,829 claims</p> <p>85 Bed capacity \$140 Average treatment cost per client per day</p>	<p>Provide intensive residential mental health treatment for individuals in need of this level of care.</p> <p>Continue to provide services as clinically indicated.</p>
	<p><u>2E. In-patient Contracts</u> Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.</p>	PRCS N3	<p><u>Treatment Admissions: FFS hospitals</u> 342 clients / 3,228 claims Bed capacity as needed \$585 Average treatment cost per client</p>	<p>Provide acute inpatient services based on clinical need.</p> <p>Continue to provide services as clinically indicated.</p>
	<p><u>2F. Non-Medi-Cal Contracts</u> Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.</p>	PRCS	<p><u>Treatment Admissions: PDP, SD, and County hospitals</u> PDP: 2 SD: 26 County Hospitals: 595</p> <p>Bed capacity: as needed</p>	<p>Provide indigent/non-Medi-Cal reimbursable acute inpatient services based on clinical need.</p> <p>Continue to provide services as clinically indicated for non-Medi-Cal patients.</p>

ISSUE	<p align="center"><b>JUNE 2015 PERFORMANCE TARGET</b></p> <p>Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.</p>	<p align="center"><b>OUTPUT STATUS (Cumulative Year-to-Date)</b></p> <p>Report your year-to-date status for meeting the target performance outcomes.</p>	<p align="center"><b>COMMENTS</b></p> <p>Narrative comments on your progress to meeting your Performance Target</p>
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**TOTAL AB109 BUDGET**

<p>2. Community Based Services (continued)</p>	<p><u>2C. IMD Contracts</u> Provide locked long-term mental health residential treatment.</p>	<p><u>Treatment Admissions: IMD</u> IMD level of care as needed  Serve 14 individuals in allocated IMD beds</p>	<p><u>Treatment Admissions: IMD</u> 1st Qtr: 22 clients / \$153,388 expenditure 2nd Qtr: 16 clients / \$199,484 expenditure 3rd Qtr: 4 clients / \$27,798 expenditure 4th Qtr: 22 clients / \$165,340 expenditure 64 Total Admissions year-to-date  14 Bed capacity \$250 Average daily treatment cost per client</p>	
	<p><u>2D. IMD Step-down Contracts</u> Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.</p>	<p><u>Treatment Admissions: IMD</u> 400 PRCs clients served annually  85 Bed capacity</p>	<p><u>New Treatment Admissions: IMD Step-down</u> 1st Qtr: 149 clients / 3,687 claims 2nd Qtr: 153 clients / 2,602 claims 3rd Qtr: 162 clients / 3,620 claims 4th Qtr: 166 clients / 3,326 claims  530 Total admissions year-to-date 85 Bed capacity \$140 Average treatment cost per client per day.</p>	
	<p><u>2E. In-patient Contracts</u> Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.</p>	<p><u>Treatment Admissions: FFS hospitals</u> Bed capacity: as needed</p>	<p><u>Treatment Admissions: FFS hospitals</u> 1st Qtr: 123 clients / 816 claims 2nd Qtr: 70 clients / 233 claims 3rd Qtr: 87 clients / 370 claims 4th Qtr: 36 clients / 74 claims 316 Total admissions / 1,493 claims  Bed capacity as needed \$585 Average treatment cost per client per day.</p>	
	<p><u>2F. Non-Medi-Cal Contracts</u> Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.</p>	<p><u>Treatment Admissions: PDP hospitals</u> Continue to provide services as clinically indicated for non-Medi-Cal patients.  Bed capacity: as needed.</p>	<p><u>Treatment Admissions: PDP, SD, County hospitals</u> PDP: SD: County Hospitals: 1st Qtr: 1 client 1st Qtr: 0 clients 1st Qtr: 205 clients 2nd Qtr: 0 clients 2nd Qtr: 1 client 2nd Qtr: 124 clients 3rd Qtr: 0 clients 3rd Qtr: 2 clients 3rd Qtr: 97 clients 4th Qtr: 0 clients 4th Qtr: 7 clients 4th Qtr: 91 clients  Bed capacity: as needed</p>	

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<p><b>TOTAL AB109 BUDGET</b>      \$    <b>337,783,000</b></p>			

The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

<p>2. Community Based Services (continued)</p>	<p><u>2G. Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.</p>	<p>PRCS</p>	<p><u>Treatment Admissions: Urgent Care</u> 836 clients / 2,342 claims 60 Bed capacity Urgent Care: \$422 Average daily treatment cost per client</p> <p><u>Treatment Admissions: Crisis Residential</u> 30 clients / 568 claims 15 person bed capacity Crisis Residential: \$680 Average daily treatment cost per client</p>	<p>Provide capacity in Urgent Care Centers for PRCS population.</p> <p>Continue to provide services as clinically indicated.</p>
	<p><u>2H. General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.</p>	<p>PRCS</p>	<p><u>Treatment Admissions: General Outpatient Services</u> FY 13-14 Cumulative (Total clients: 1121) 948 males (85%) PRCS clients received outpatient contract services 173 females (15%) PRCS clients received outpatient contract services</p> <p>476 males (50%) of 948 receiving outpatient contract services, recidivated. 75 females (43%) of 173 receiving outpatient contract services, recidivated.</p>	<p>Provide forensic mental health treatment for individuals in need of the various levels of outpatient care.</p> <p>Continue to provide services as clinically indicated.</p>
	<p><u>2I. Medications</u> Stabilization of symptoms through medication intervention.</p>	<p>PRCS</p>	<p>Number of Individuals Receiving Medication:  1,973 total unique clients receiving medication FY 2013-14 Expenditures: \$1,868,502 \$947 average medication cost per client</p>	<p>Provide psychotropic medications to all PRCS who meet clinical criteria for medication support.</p> <p>Continue to provide services as clinically indicated.</p>

ISSUE	JUNE 2015 PERFORMANCE TARGET Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date) Report your year-to-date status for meeting the target performance outcomes.	COMMENTS Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

2. Community Based Services (continued)	<p><u>2G. Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.</p>	<p><u>Treatment Admissions: Crisis/Urgent Care</u> As-needed UCC Bed capacity: 60 Crisis Residential Bed Capacity: 15</p>	<p><u>Treatment Admissions: Urgent Care</u> 1st Qtr: 342 clients / 750 claims 2nd Qtr: 372 clients / 807 claims 3rd Qtr: 323 clients / 650 claims 4th Qtr: 411 clients / 842 claims 1448 Total admissions / 3357 claims 60 Bed capacity \$680 Average treatment cost per client</p> <p><u>Treatment Admissions: Crisis Residential</u> 1st Qtr: 15 clients/ 189 claims 2nd Qtr: 15 clients/ 118 claims 3rd Qtr: 22 clients / 266 claims 4th Qtr: 15 clients / 123 claims 67 Total admissions / 696 claims 37 Bed capacity \$420 Average treatment cost per client</p>	
	<p><u>2H. General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.</p>	<p><u>Treatment Admissions: General Outpatient Services</u> 85% of male PRCS clients will receive outpatient contract services. 12% of female PRCS clients will receive outpatient contract services. Recidivism rates will remain constant.</p>	<p><u>1st Quarter: Total clients: 515</u> 451 male (88%) PRCS received outpatient contract services. 64 female (12%) PRCS received outpatient contract services 215 male (48%) of 451 receiving outpatient services, recidivated. 24 female (38%) of 64 receiving outpatient services, recidivated. <u>2nd Quarter: Total: 428 clients</u> 373 male (87%) PRCS received outpatient contract services. 55 female (13%) PRCS receiving outpatient contract services. 218 male (58%) of 373 receiving outpatient contract services, recidivated. 28 female (51%) of 55 receiving outpatient contract services, recidivated. <u>3rd Quarter: Total: 457 clients</u> 396 male (87%) PRCS received outpatient contract services. 61 female (13%) PRCS receiving outpatient contract services. 229 male (58%) of 396 receiving outpatient contract services, recidivated. 27 female (44%) of 61 receiving outpatient contract services, recidivated. <u>4th Quarter: Total: 475 clients</u> 401 male (84%) PRCS received outpatient contract services. 74 female (16%) PRCS receiving outpatient contract services. 238 male (59%) of 401 receiving outpatient contract services, recidivated. 33 female (46%) of 74 receiving outpatient contract services, recidivated.</p>	
	<p><u>2I. Medications</u> Stabilization of symptoms through medication intervention.</p>	<p>As-needed</p>	<p><u>Number of Individuals Receiving Medication</u> 1078 Total unique clients receiving medication. Expenditures for medication: 1st Qtr: \$142,283 2nd Qtr: \$213,172 3rd Qtr: \$162,488 4th Qtr: \$94,536.71 \$233 average medication cost per client</p>	

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**TOTAL AB109 BUDGET \$ 337,783,000**

<p>2. Community Based Services (continued)</p>	<p><u>2J. Training</u></p> <p>Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.</p> <p>Specialized AB109 Trainings:</p> <p>Design an AB109-specific training curriculum in concert with the Training Bureau.</p> <p>Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.</p>	<p>DMH staff</p> <p>Contract providers</p>	<p>January 27, 2014: Assessment and Treatment of AB109 population;            February 27, 2014: Co-occurring Disorders Assessment with the Forensic Population;            March 27, 2014: High Fidelity Cognitive Behavioral Treatment/EBP;            April 9, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP);            May 29, 2014: Complex World of Anti-Social Personality Disorders;            June 26, 2104: Crisis Oriented Recovery Services/EBP Model.</p> <p>All trainings were completed by June, 2014.            Training completed to 99 Probation officers on management of PSPs with mental illness.</p>	<p>Design a curriculum to enhance knowledge and practices related to engagement and treatment of persons with mental health and co-occurring disorders with criminal justice backgrounds.</p> <p>Countywide Resource Management will manage this project with the Training Bureau, developing a curriculum that incorporates evidence-based and best-practices concepts.</p>
<p>3. In-Custody Services</p>	<p><u>3A. Mental Health Court Program (MHCP)</u></p> <p>Same day mental health assessment of PRCS at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.</p>	<p>PCRS</p>	<p><u>Services</u></p> <p>100% of PRCS referred for mental health assessments were seen in Revocation Court.</p> <p>1,278 unique clients were reconnected or newly connected with services during the revocation process.</p> <p>726 (57%) of the 1,278 clients were successfully linked - actually showed-to-treatment.</p> <p>544 (75%) of 726 clients successfully linked to services, recidivated.</p>	<p>Staff provide assessment, linkage, and navigation services to PRCSs at the two AB109 Revocation Courts.</p>

ISSUE	JUNE 2015 PERFORMANCE TARGET Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date) Report your year-to-date status for meeting the target performance outcomes.	COMMENTS Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

2. Community Based Services (continued)	<p><u>2J. Training</u></p> <p>Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.</p> <p>Specialized AB109 Trainings:</p> <p>Design an AB109-specific training curriculum in concert with the Training Bureau.</p> <p>Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.</p>	<p>Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff:</p> <ul style="list-style-type: none"> <li>• Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP)</li> <li>• Co-occurring Disorders Assessment with the Forensic Population</li> <li>• High Fidelity Cognitive Behavioral Treatment/EBP</li> <li>• Complex World of Anti-Social Personality Disorders</li> <li>• SSI Benefits for the AB109 Population</li> <li>• Treatment of Sexual Offenders</li> </ul> <p>Each training session will train 35-50 DMH and contracted provider staff.</p>	<p>Specialized training curriculum was developed and scheduled for six AB109 trainings incorporating evidence-based practices, commencing November, 2014. All six trainings were completed.</p> <p>November 5, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP)</p> <p>December 2, 2014: Co-occurring Disorders Assessment with the Forensic Population</p> <p>January 21, 2015: High Fidelity Cognitive Behavioral Treatment/EBP</p> <p>February 18, 2015 Complex World of Anti-Social Personality Disorders</p> <p>May 12, 2015: SSI and Benefits Training for the AB109 Population</p> <p>June 23, 2015: Treatment and Management of Sex Offenders</p>	
3. In-Custody Services	<p><u>3A. Mental Health Court Program (MHCP)</u></p> <p>Same day mental health assessment of PRCs at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.</p>	<p><u>Services</u></p> <p>100% PRCs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services.</p> <p>1,000 clients will be reconnected or newly connected with services.</p> <p>600 (60%) will actually show to treatment (successful linkage).</p> <p>Recidivism rates for FY 2014-15 will remain the same.</p>	<p><u>Services</u></p> <p>100% PRCs in Revocation Court who were referred for mental health assessments were seen.</p> <p>1st Qtr: 560 unique clients were reconnected or newly connected with services during the revocation process. 207 (37%) of 560 actually show-to-treatment (successful linkage).</p> <p>2nd Qtr: 490 unique clients were reconnected or newly connected with services during the revocation process. 173 (35%) of 490 clients actually show-to-treatment (successful linkage).</p> <p>3rd Qtr: 484 unique clients were reconnected or newly connected with services during the revocation process. 210 (43%) of 484 clients actually show-to-treatment (successful linkage).</p> <p>4th Qtr: 457 unique clients were reconnected or newly connected with services during the revocation process. 188 (41%) of 457 clients actually show-to-treatment (successful linkage).</p> <p><u>Recidivism</u></p> <p>1st Qtr: 150 (73%) of 207 clients who successfully linked to community services, recidivated.</p> <p>2nd Qtr: 109 (63%) of 173 clients who successfully linked to community services, recidivated.</p> <p>3rd Qtr: 133 (63%) of 210 clients who successfully linked to community services, recidivated.</p> <p>4th Qtr: 116 (62%) of 188 clients who successfully linked to community services, recidivated.</p>	

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>			

The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**\$ 337,783,000**

<p>3. In-Custody Services (continued)</p>	<p><u>3B. Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)</u></p> <p>Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>N3 PRCS</p>	<p><u>Re-Entry Planning Services (Male AB109)</u> 383 Men's JMHS/JMET clients received community re-entry planning services as evidenced by referral to CRM for linkage.</p> <p><u>Post-Release Treatment (Male AB109)</u> 174 (46%) of 383 Men's JMHS/JMET clients were successfully linked to community services upon release from jail.</p> <p><u>Recidivism</u> 39 (22%) of 174 JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.</p>	<p>Provide treatment to PRCS and N3s with mental illness and co-occurring substance use disorders:</p> <ul style="list-style-type: none"> <li>• Psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy;</li> <li>• Facilitate the establishment of mental health conservatorships; and</li> <li>• Increase community re-entry planning activities, including conducting community readiness education and substance abuse recovery groups, and making referrals to CRM for linkage with community providers.</li> </ul> <p><u>Special Housing Units</u> Provide medication services, clinical care, substance abuse counseling, and community re-entry planning activities.</p> <p><u>General Population Housing Units</u> Provide crisis intervention and outreach services, and medication support and community re-entry planning.</p> <p>Assist with coordination and management of AB109 services; provide support for statistical and database management.</p> <p>Facilitate and co-lead weekly community readiness groups.</p>
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ISSUE	<b>JUNE 2015 PERFORMANCE TARGET</b>  Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	<b>OUTPUT STATUS (Cumulative Year-to-Date)</b>  Report your year-to-date status for meeting the target performance outcomes.	<b>COMMENTS</b>  Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

3. In-Custody Services (continued)	<p><u>3B. Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)</u></p> <p>Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p><u>In-Custody Services</u> <u>Re-Entry Planning Services</u> Increase the existing benchmark by at least 5% for number of Men's JMHS/JMET clients that will receive community re-entry planning services.</p> <p><u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail.</p> <p><u>Recidivism</u> Recidivism rates will remain under 30%.</p>	<p><u>1st Quarter:</u> 68 of Men's JMHS/JMET clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 28 (41%) of 68 clients were successfully linked to community services upon release from jail. 11 (39%) of 28 Men's JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>2nd Quarter:</u> 80 of Men's JMHS/JMET clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 35 (44%) of 80 JMHS/JMET clients were successfully linked to community services upon release from jail. 12 (34%) of 35 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>3rd Quarter:</u> 385 of Men's JMHS/JMET clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 147 (38%) of 385 JMHS/JMET clients were successfully linked to community services upon release from jail. 21 (14%) of 22 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>4th Quarter:</u> 310 of Men's JMHS/JMET clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 114 (37%) of 310 JMHS/JMET clients were successfully linked to community services upon release from jail. 65 (57%) of 114 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.</p>	
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ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<p><b>TOTAL AB109 BUDGET</b>      \$      <b>337,783,000</b></p>			

The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

<p>3. In-Custody Services (continued)</p>	<p><u>3C. Women's Jail Mental Health Services (JMHS)</u></p> <p>AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>N3 PRCS</p>	<p><u>Re-Entry Planning Services (Female AB109)</u> 202 Women's JMHS clients received community re-entry planning services.</p> <p>91 (45%) of 202 Women's JMHS clients were successfully linked to community services upon release from jail.</p> <p><u>Recidivism</u> 4 (4%) of 91 Women's JMHS clients who successfully linked to community services were subsequently re-arrested.</p>	<p>Provide treatment to N3s with mental illness and co-occurring substance use disorders • Provide psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy:</p> <ul style="list-style-type: none"> <li>• Increase community re-entry planning activities, including referrals to CRM; and</li> <li>• Group interventions, including community readiness education and substance abuse recovery groups.</li> </ul> <p><u>General/Special Population Housing Units:</u> Provide crisis intervention and outreach services, medication support, substance abuse counseling, and community re-entry planning activities. Facilitate and co-lead weekly community readiness groups.</p>
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ISSUE	<b>JUNE 2015 PERFORMANCE TARGET</b> Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	<b>OUTPUT STATUS (Cumulative Year-to-Date)</b> Report your year-to-date status for meeting the target performance outcomes.	<b>COMMENTS</b> Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

3. In-Custody Services (continued)	<p><u>3C. Women's Jail Mental Health Services (JMHS)</u></p> <p>AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p><u>Re-Entry Planning Services (Female AB109)</u>                      Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services.</p> <p><u>Post-Release Treatment</u>                      50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail.</p> <p><u>Recidivism</u>                      Recidivism rates will remain under 30%.</p>	<p><u>1st Quarter:</u>                      56 of Women's AB 109 clients received community re-entry planning services as evidenced by a referral to CRM for linkage.                      20 (36%) of 56 of clients were successfully linked to community services upon release from jail.                      5 (25%) of 20 Women's AB 109 clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>2nd Quarter:</u>                      41 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage.                      13 (32%) of 41 Women's AB 109 clients were successfully linked to community services upon release from jail.                      4 (31%) of 13 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>3rd Quarter:</u>                      67 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage.                      10 (15%) of 67 Women's AB 109 clients were successfully linked to community services upon release from jail.                      4 (40%) of 10 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested.</p> <p><u>4th Quarter:</u>                      52 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage.                      13 (25%) of 52 Women's AB 109 clients were successfully linked to community services upon release from jail.                      5 (38%) of 13 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested.</p>	
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ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	

The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

3. In-Custody Services (continued)	<p><u>3D. Jail In-Reach Program</u></p> <p>DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.</p>	<p>N3 PRCS</p>	<p>DMH AB109 outpatient and IMD step-down contracted providers and JMHS staff co-facilitated weekly community readiness and pre-release planning groups.</p> <p>Benchmark to be established in FY 2014-15.</p>	<p>DMH AB109 outpatient and IMD step-down programs co-facilitate weekly community readiness and pre-release planning groups in the Men's and Women's JMHS programs.</p>
4. Pilot Program	<p><u>Alternative Custody</u></p> <p>Program is in development. Funding has been set aside.</p>		TBD	TBD
5. Other Revenue	[Medi-Cal FFP, State EFPSDT SGF, MCE]			

ISSUE	JUNE 2015 PERFORMANCE TARGET Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date) Report your year-to-date status for meeting the target performance outcomes.	COMMENTS Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

3. In-Custody Services (continued)	<p><u>3D. Jail In-Reach Program</u></p> <p>DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.</p>	<p>Continue co-facilitating weekly community readiness and re-entry groups.</p> <p><u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services.</p> <p><u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients will be successfully linked to community services upon release from jail.</p>	<p><u>Re-Entry Planning Services</u> 1st Qtr: 1 (33%) of 3 Male AB109 clients and 8 (61%) of 13 Female AB109 clients that attended In-Reach groups were referred to CRM for linkage. 2nd Qtr: 8 (17%) of 48 Male AB109 clients and 4 (29%) of 14 Female AB109 clients that attended In-Reach groups were referred to CRM for linkage. 3rd Qtr: 30 (31%) of 96 Male AB109 clients and 22 (100%) of 22 Female AB109 clients that attended In-Reach groups were referred to CRM for linkage. 4th Qtr: 26 (26%) of 101 Male AB109 clients and 22 (65%) of 34 Female AB109 clients that attended In-Reach groups were referred to CRM for linkage</p> <p><u>Post-Release Treatment</u> 1st Qtr: 0 (0%) of 9 Men and Women AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail.  2nd Qtr: 1 (12.5%) of 8 Men's AB109 Jail In-Reach participants and 0 (0%) of 4 Women's AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail.  3rd Qtr: 5 (17%) of 30 Men's AB109 Jail In-Reach participants and 3 (14%) of 22 Women's AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail.  4th Qtr: 21 (81%) of 26 Men's AB109 Jail In-Reach participants and 4 (18%) of 22 Women's AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail.</p> <p><u>Recidivism</u> Year-to-date, 0 Males and 1 Female of the AB109 Jail-In Reach participants who were successfully linked to community services were subsequently re-arrested.</p>	
4. Pilot Program	<p><u>Alternative Custody</u></p> <p>Program is in development. Funding has been set aside.</p>	TBD		
5. Other Revenue	[Medi-Cal FFP, State EFPSDT SGF, MCE]			

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.

Indicate what your department needs to do in order to get to your benchmark.

**TOTAL AB109 BUDGET \$ 337,783,000**

DEPARTMENT OF HEALTH SERVICES		\$ 16,277,000		
D H S	1. Inmate Medical Services at LAC+USC Medical Center	N3	<p><u>Outpatient Services</u> 3,909 specialty care visits 776 emergency department visits</p> <p><u>In-patient Services</u> 324 Total N3 patients (cumulative)</p> <ul style="list-style-type: none"> <li>• 256 jail ward admissions</li> <li>• 68 off ward admissions (general hospital bed)</li> <li>• No patients transferred outside of LAC+USC</li> <li>• 21 patients: mean daily inpatient census</li> <li>• 4.51 days: average in-patient stay</li> </ul> <p>Care Coordination No current benchmark</p>	<p><u>Activities</u></p> <ol style="list-style-type: none"> <li>1) Expand the availability of certain high-demand specialty services at LAC+USC jail clinic.</li> <li>2) Implement eConsult to improve the response time to specialty referrals from Sheriff Medical Services Bureau (MSB).</li> <li>3) Transfer community patients, at County expense, to other inpatient facilities when census on jail inpatient ward exceeds capacity and "off-warding" is necessary.</li> <li>4) Expand jail emergency room staffing to manage increased workload of transfers from MSB.</li> </ol> <p><u>Outputs</u></p> <ol style="list-style-type: none"> <li>1) Maintain similar access to specialty care standards as DHS provides its general patient population by providing specialty care services to an additional 2,250 N3 inmates.</li> <li>2) eConsult implemented for OB/Gyn/Urology and Cardiology came on board 12/1/2014. Average turnaround time from consult initiation to appointment scheduled is 19.3 days.</li> <li>3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital.</li> <li>4) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time (i.e., cancer chemotherapy, hip replacement). Total of 71 jail patients received care coordination services in 2nd Qtr FY 2014-15.</li> </ol>
	2. PRCS Medical Care Coordination	PRCS (medically fragile)	To review all cases for medically fragile PRCS released to Los Angeles County.	<p><u>Activities</u></p> <ol style="list-style-type: none"> <li>1) Hire a registered nurse and clinical social worker to be co-located with probation and mental health staff at Alhambra pre-release center.</li> <li>2) Create an electronic tool to document and track medical services needs (primary care, specialty care, durable medical equipment, medications, and support services) for medically fragile PSPs.</li> </ol> <p><u>Outputs</u></p> <ol style="list-style-type: none"> <li>1) Provide care coordination/care management services to at least 100 PRCSs defined as medically fragile by DHS and Probation.</li> <li>2) Document and track the medical needs of targeted PSPs within the PSPs Medical Care Coordination tracking tool.</li> </ol>

ISSUE	<b>JUNE 2015 PERFORMANCE TARGET</b> Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	<b>OUTPUT STATUS (Cumulative Year-to-Date)</b> Report your year-to-date status for meeting the target performance outcomes.	<b>COMMENTS</b> Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

<b>DEPARTMENT OF HEALTH SERVICES</b>				
<b>DHS</b>	1. Inmate Medical Services at LAC+USC Medical Center AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	1) DHS has capability so that ALL specialty clinic referrals from MSB are addressed either by eConsult or a face-to-face visit within 30 days of receipt. 2) No inmates requiring inpatient services that are brought for evaluation at LAC+USC are off-warded at a non-DHS facility. 3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital. 4) At least 75 inmates with complex medical conditions receive active care coordination services between DHS and MSB. 5) Maintain similar access to specialty care standards as DHS provides its general patient population. 6) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time. (i.e., cancer chemotherapy, hip replacement, etc.).	<u>Outpatient Services</u> 1st Qtr 709 visits, 2nd Qtr 783 visits, Q3 687 visits & Q4 525 visits = 2,704 specialty care visits YTD 1st Qtr 235 ED visits, 2nd Qtr 344, 3Q 185 ED visits & 4Q 281 ED visits = 1,045 emergency department visits YTD 3,759 N3 Total Visits + 555 visits N3 Adjustments (Jan-May) = <b>4,304 Total N3 Visits</b> <u>In-patient Services</u> 417 Total N3 patients (cumulative) with 1,728 Total patient days YTD <ul style="list-style-type: none"> <li>• 304 new N3 admissions to jail ward</li> <li>• 113 new N3 admissions off jail ward</li> <li>• 3.53 patients: mean daily N3 inpatient census</li> <li>• 4.15 days: average in-patient LOS for N3 patients</li> </ul> The final census data includes the following adjustments for Jan. thru May, 2015: 106 N3 Admissions x ALOS 4.145 = 439 additional patient days; and 555 added OP visits after reconciling the LASD data files to our medical record systems. In the 4th Qtr FY 2014-15, there were no inmates who required admission to a general hospital bed off the jail ward because the jail ward was full. All off ward patients were for non-medicine beds. <u>Wait Times</u> 4-6 weeks for most non-urgent specialty visits. Ophthalmology was added to eConsult on 5/11/15 and is a high volume specialty clinic. The average time from consult initiation for services on eConsult (OB/Gyn/Urology/Cards/Orthopedics/Ophthalmology) to an appointment scheduled is 10.1 days for the 4th Quarter. The total turnaround time from consult start to appointment date is 36.6 days, the increase attributed to ORCHID implementation and appointment template delays. <u>Care Coordination</u> Care coordination staff was hired to focus on jail patients in late July 2013. During FY14-15 there were 485 cases that were care coordinated (1Q 126, 2Q 71, 3Q 153 and 4Q 135 cases). DHS has automated a care coordination field in the Affinity medical record (until 5/28th when ORCHID was implemented) which allows for the seamless referral of inmates to DHS resources.	Urgent specialty visits are now more seamlessly expedited and completed as a result of our collaborative information sharing efforts between LASD MSB and DHS.  The success of DHS assumes that DHS and MSB continue to successfully move toward implementation of eConsult and that MSB medical providers use their access to DHS' Affinity and now the ORCHID electronic health record and that DHS providers have adequate access to the Sheriff's Cerner electronic health records, JHIS. Cardiology services was implemented in eConsult on 12/1/2014. Orthopedics services started referrals via eConsult on 3/8/2015 and Ophthalmology was rolled out in May, 2015. New referrals for the remaining specialties are being initiated through eConsult by the MSB in July and August 2015.
	2. PRCS Medical Care Coordination PRCS who are medically fragile or have complex medical issues are currently being released from State prison with little to no planning for how to provide them the medical services they need.	DHS has staff and tools available to ensure PRCSs returning to LAC requiring significant medical services have a Care Plan created prior to release from State custody so when they arrive in LAC they have appointments arranged as necessary and medical equipment or medications as required.  <u>Care Coordination/Management Services</u> At least 100 medically fragile PRCSs receive care coordination services from DHS staff located in the pre-release center.	DHS has been receiving and reviewing medical records information from CDCR since August 26, 2014 for PRCS designated by CDCR as high or medium medical risk and scheduled to be released within 60 days.  An electronic tracking log has been created and is in use by the DHS staff to track cases requiring active case management, including patient diagnoses, medical and housing needs, and services arranged or recommended. The Probation department is working on developing an Access database that will also assist in tracking this information. <u>Services</u> From April-June 2015, a total of 502 record packets were reviewed to assess PSP medical/service needs, as well as 283 sets of medical records transmitted by State CDCR through the secure electronic portal, for an annual total of 2,820 record packets and 1,350 sets of CDCR medical records reviewed. From April-June 2015, 27 new, unduplicated medically fragile PSPs received case coordination/management services provided by the DHS nurse and social worker, for an annual total of 140 unduplicated PSPs. Many require care coordination across several months; during this period, active case management was provided for an average of 56 patients per month. An average of 60 additional cases per month that were flagged as high risk were actively monitored each month to assess if any action was needed.	The addition of the DHS Clinical Social Work Consultant, hired in March 2015, has allowed for an increased caseload to be actively monitored and case managed in collaboration with partner agencies.



ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	
3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	PRCS (medically fragile)	To establish in FY 2014-15.
<p>1) Identify strategies to locate appropriate medically enhanced housing capable of accepting medically fragile PRCSs.</p> <p>2) Invest in and leverage DHS flexible housing subsidy pool to finance placement when needed.</p> <p>3) Streamline enrollment of medically fragile PRCSs into benefit programs (i.e., SSI, Medicaid, etc.) in order to secure ongoing funding for such placement.</p>			
<b>CHIEF EXECUTIVE OFFICE</b>		<b>\$ 337,000</b>	
AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	Board of Supervisors County Departments	Provide quarterly budget and performance reports.
Provide quarterly budget and performance reports.			
<b>AUDITOR-CONTROLLER</b>		<b>\$ 517,000</b>	
1. Claims Processing	Review and process realignment claims as submitted by the departments.	County Departments	<ul style="list-style-type: none"> <li>Monthly cash reconciliation</li> <li>Review and process quarterly department claims</li> </ul>
<ul style="list-style-type: none"> <li>Process State AB109 remittance.</li> <li>Perform monthly cash reconciliation.</li> <li>Review and process quarterly department claims.</li> </ul>			
2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	Other - County Departments that receive AB109 funding.	Completed audits for seven of the ten departments that receive AB109 funding, including the three higher risk departments (Sheriff's, Probation, and Mental Health). No audit reports issued.
<p>Work with departmental managers and staff to identify and disposition audit findings.</p> <p>Work with A-C Accounting to determine proper claiming procedures and calculations.</p> <p>Issue audit reports with results.</p>			

ISSUE	JUNE 2015 PERFORMANCE TARGET  Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	OUTPUT STATUS (Cumulative Year-to-Date)  Report your year-to-date status for meeting the target performance outcomes.	COMMENTS  Narrative comments on your progress to meeting your Performance Target
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**TOTAL AB109 BUDGET**

3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	1) Identify 70 placements capable of accepting medically fragile PRCSs. 2) Place the projected 60 medically fragile PRCSs who we expect will require medically enhanced housing upon their release and return to Los Angeles County.	1) Have identified mechanism to use flexible housing spending subsidy pool for this purpose. 2) Have engaged the flexible housing spending pool contractor, Brilliant Corners, who has begun to identify appropriate placement site for medically fragile PRCSs. Processes for release of information and interagency coordination have been established. 3) In June 2015, DHS AB109 staff successfully placed one PSP in a Board and Care facility; however the flexible housing subsidy pool mechanism was not needed since the Board and Care was willing to take the PSP (a female) at the standard SSI rate without additional augmentation. During this period, DHS AB109 staff worked with Brilliant Corners on an additional case requiring Board and Care level housing. A facility was identified and the agreement finalized. The PSP moved into the Board and Care on July 14, 2015, after the end of this reporting period.	Demand for medically enhanced housing has been lower than originally projected over the past several quarters. In some cases, PSPs have either refused placement or found alternative placements. The first two PSPs were placed in Board and Care settings in June 2015 (without use of allocated funds) and July 2015 (using funds).
<b>CHIEF EXECUTIVE OFFICE</b>				
AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.	
<b>AUDITOR-CONTROLLER</b>				
1. Claims Processing	Review and process realignment claims as submitted by the departments.	<ul style="list-style-type: none"> <li>Process State AB109 remittance.</li> <li>Perform monthly cash reconciliation.</li> <li>Review and process quarterly department claims.</li> </ul>	<ul style="list-style-type: none"> <li>Issued quarterly claims deadlines</li> <li>Process State AB109 remittance.</li> <li>Perform monthly cash reconciliation.</li> <li>Review and process quarterly department claims.</li> </ul>	AB109 claims are being reviewing and processed timely and in accordance with the County Fiscal Manual and the Government Code.
2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	Fiscal Year (FY) 2013-14 audits: -Complete the audits of the remaining three departments by 9/30/14. -Estimated issuance of the audit reports for all ten reviews by 1/30/15.  FY 2014-15 audits: -Per the fiscal audit schedule, perform quarterly reviews of the higher risk departments (Sheriff's, Probation, Mental Health), and perform an annual review of the seven lower risk departments. Estimated completion and issuance by 6/30/15.	FY 13-14 audits: -Completed the audits of all ten departments. -Issued audit report for Fire Department on 9/29/14. -Issued audit report for Probation on 11/3/14. -Issued audit report for Sheriff on 2/19/15 -Issued audit report for lower risk depts on 2/13/15 -DMH audit report with A-C management for issuance.  FY 14-15 audits: -Audits of Sheriff's, Probation, and DMH complete. Reports being drafted. -Audits of lower risk depts near complete.	

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	

CCJCC		\$ 3,178,000		
1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	County Departments	Establishment of a Criminal Justice Research and Evaluation Master Agreement.	Obtain Board of Supervisors approval to execute criminal justice research and evaluation master agreements with qualified providers.
2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Board of Supervisors County Departments	Coordinate and administer work of the Public Safety Realignment Team and its various work groups, including Legal Work Group, Treatment Work Group, and Law Enforcement Work Group.	Coordinate, prepare, and submit realignment reports to the Board per the Board's direction to document workload impact on departments, implementation progress, emerging issues/challenges, and strategies for improving outcomes.

ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target

**TOTAL AB109 BUDGET**

CCJCC				
1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	<ul style="list-style-type: none"> <li>• Implement PSRT process for reviewing AB109 project proposals;</li> <li>• Initiate development of scope of work for a global AB109 outcome study;</li> <li>• Conduct competitive process for vendor selection.</li> </ul>	<p>CCJCC, Probation, DMH, LASD, and DPH-SAPC, have met to develop the scope of work for a comprehensive evaluation of AB 109.</p> <p>CCJCC continued to work with vendors, based on the Master Agreement approved by the Board during quarter two, to finalize contracts. Six organizations executed Master Agreements in quarter three.</p> <p>In the fourth quarter of FY 14-15, feedback was received from stakeholders for the AB 109 evaluation scope of work developed by Probation.</p>	<p>Based on feedback from multiple departments, CCJCC will work with Probation to finalize the scope of work that will be incorporated in the request for evaluation services released by Probation to Master Agreement firms.</p> <p>In the fourth quarter, Probation provided a draft scope of work to the Board offices for feedback. CCJCC is now assisting Probation in the process of preparing and releasing bid documents to vendors on the Master Agreement list.</p>
2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	<p>During the third quarter, CCJCC coordinated meetings of the Public Safety Realignment Team, Parole Revocation/Legal Workgroup, and Treatment Workgroup.</p> <p>CCJCC coordinated and developed the AB 109 Year-three report presented at the January 27th Board Meeting.</p> <p>CCJCC convened and coordinated an LA County delegation to the 4th Annual Conference on Public Safety Realignment. A representative of CCJCC also attended the conference.</p> <p>CCJCC continues to coordinate ongoing data collection that can support future evaluation and reports to the Board.</p> <p>As directed by the Board, CCJCC has convened in several meetings to develop policies and procedures for collecting restitution from individuals involved with AB 109. A report on this issue is scheduled for Board presentation on August 2015.</p> <p>In the fourth quarter, CCJCC continues to convene meetings among stakeholders on realignment implementation issues, including legal, treatment, and enforcement issues. CCJCC also finalized a task force report to your Board on collection of restitution from the AB 109 population.</p>	<p>Proposition 47 significantly altered AB 109 implementation issues. CCJCC convened several discussions to coordinate process changes that are occurring as a result of Prop. 47 so that work flow issues and data collection mechanisms are addressed.</p> <p>A restitution collection report requested by the Board was initially discussed at the August 4th Board meeting and is on the Board's September 15th agenda.</p>

ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
		The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
<b>TOTAL AB109 BUDGET</b>		<b>\$ 337,783,000</b>	

ISAB	ISAB	\$ 994,000		
ISAB	Justice Automatic Information Management Statistics (JAIMS)  A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	County Departments	<u>N3 Reports</u> Development of 2 sets of Non-serious, Non-Sexual, Non-violent (N3) related statistical reports.  <u>New Staff</u> Hiring of 1 new developer staff to oversee the JAIMS project.  <u>JAIMS-TCPX Interface</u> Create interface with the Treatment Courts Probation Exchange (TCPX) System.	<u>N3 Reports</u> ISAB to provide business requirements and direction to ISD Cognos development team to build N3 statistical reports  <u>New Staff</u> Requesting budgeted staff  <u>JAIMS-TCPX Interface</u> 1. Coordinate with Public Health Office as owner of data to obtain AB 109 subjects' health and substance abuse treatment information  2. Evaluate/implement ways to execute data interface between JAIMS and TCPX

<b>TOTAL GENERAL OPERATIONS BUDGET</b>		<b>\$ 331,684,000</b>		
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<b>DISTRICT ATTORNEY</b>		<b>\$ 2,899,000</b>		
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DA	PROSECUTION	PRCS Parolees	Case by case.	Investigation and prosecution of revocation cases
DA	Prosecution  Revocation prosecution of PRCS and prosecution of revocation cases.	PRCS  Parolees	Case by case.	Investigation and prosecution of revocation cases

<b>PUBLIC DEFENDER</b>		<b>\$ 2,185,000</b>		
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PD	LEGAL REPRESENTATION	PRCS Parolees	New Cases Department 83 (PRCS): 6,544 Department 81 (Parole): 2,396 Total Cases: 8,940	Legal representation of revocation cases.
PD	Legal Representation  Legal representation of PRCS and parolees who are facing revocation.	PRCS  Parolees	<u>New Cases</u> Department 83 (PRCS): 6,544 Department 81 (Parole): 2,396 Total Cases: 8,940	Legal representation of revocation cases.

<b>ALTERNATE PUBLIC DEFENDER</b>		<b>\$ 965,000</b>		
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APD	LEGAL REPRESENTATION	PRCS Parolees	New Cases Department 83 (PRCS): 1,429 Department 81 (Parole): 497 Total Cases: 1,926	Legal representation of revocation cases.
APD	Legal Representation  Legal representation of PRCS and parolees who are facing revocation.	PRCS  Parolees	<u>New Cases</u> Department 83 (PRCS): 1,429 Department 81 (Parole): 497 Total Cases: 1,926	Legal representation of revocation cases.

<b>CONFLICT PANEL</b>		<b>\$ 50,000</b>		
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<b>TOTAL REVOCATION BUDGET</b>		<b>\$ 6,099,000</b>		
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ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target

**TOTAL AB109 BUDGET**

ISAB	ISAB	ISAB	ISAB	ISAB	ISAB
	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	<p><u>N3 Reports</u> Cognos statistical reports on N3 deployed in production and accessible by JAIMS users.</p> <p><u>New Staff</u> To be requested in FY 2015-16 budget.</p> <p><u>JAIMS-TCPX Interface</u> Complete software evaluation and implementation to replicate TCPX data to JAIMS as a milestone.</p>	<p><u>N3 Reports</u> Demographic statistical reports for N3 subjects completed and deployed to production. N3 Restitution Reports completed and deployed to production.</p> <p><u>New Staff</u> Temp staff started January 26,2015.</p> <p><u>JAIMS-TCPX Interface</u> MOU for the data exchange submitted to Public Health and shared with CCJCC. Interface architecture is set with required data elements from TCPX documented. Replication software for JAIMS/TCPX replication purchased and ready for deployment.</p>	<p><u>N3 Reports</u> Benchmark met.</p> <p><u>New Staff</u> Temp staff started January 26, 2015 4th quarter cost \$87,498</p> <p><u>JAIMS-TCPX Interface</u> Requirements gathering for JAIMS/TCPX interface complete. Team is set to begin development.</p>

**TOTAL GENERAL OPERATIONS BUDGET**

**DISTRICT ATTORNEY**

D A	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	Case by Case.	<p>Dept. 80 (Parole evidentiary hearings) <b>1,372 matters</b></p> <p>Dept. 81 (Parole arraignments and pleas with occasional probable cause hearings) <b>3,801 matters</b></p> <p>Dept. 82 (PRCS prehearing conferences and full evidentiary hearings) <b>4,146 matters</b></p> <p>Dept. 83 (PRCS arraignments, settlements, warrant pick-ups, and some prehearing conferences) <b>5,994 warrants and 3,428 calendar</b></p> <p><b>Total Cases: 18,741 July 2014 through June 2015</b></p>	
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**PUBLIC DEFENDER**

P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	Complete assigned cases.	<p><u>New Cases (cumulative)</u> Department 83 (PRCS): 6,884 Department 81 (Parole): 2,798 Total Cases: 9,682</p>	
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**ALTERNATE PUBLIC DEFENDER**

A P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	Complete assigned cases.	<p><u>New Cases (cumulative)</u> Department 83 (PRCS):1,429 Department 81 (Parole): 491 Total Cases: 1,920</p>	
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**CONFLICT PANEL**

**TOTAL REVOCATION BUDGET**

**Public Safety Realignment  
Summary of Implementation Data**

OCT 2014  
NOV 2014  
DEC 2014  
JAN 2015  
FEB 2015  
MAR 2015  
APR 2015  
MAY 2015  
JUN 2015

**Total**

**Postrelease Community Supervision**

**Pre-Release Packets**

1	No. pre-release packets received	652	484	468	526	503	552	539	552	475	<b>4,751</b>
2	No. pre-release packets processed	718	518	461	436	493	603	490	603	361	<b>4,683</b>
3	No. pre-release packets deemed ineligible (of those processed)	10	7	96	20	19	18	14	11	8	<b>203</b>
4	No. PSPs released with Special Handling Requirements	7	8	9	6	1	4	6	3	3	<b>47</b>
5	No. of PSPs released as registered sex offenders	42	5	14	12	11	19	22	19	28	<b>172</b>
6	No. address verifications conducted	265	169	226	170	217	317	210	207	215	<b>1,996</b>
7	No. homeless/transient PSPs per CDCR	20	57	51	67	70	60	67	63	24	<b>479</b>

**PSP Reporting Population**

8	No. PSPs released to County per pre-release packet dates	540	443	550	606	521	607	695	607	635	<b>5,204</b>
9	No. PSPs directly released to County per CDCR LEADS	522	482	513	539	417	455	440	433	428	<b>4,229</b>
10	No. PSPs released to Federal custody with ICE detainer	15	20	25	26	26	27	22	27	23	<b>211</b>
11	No. of PSPs released to the community by ICE	1	1	1	0	5	1	1	3	0	<b>13</b>
12	No. PSPs released to other jurisdiction custody	26	22	28	31	18	25	27	25	28	<b>230</b>
13	No. PSPs transferred to L.A. County from other counties	36	24	30	18	40	27	19	27	26	<b>247</b>
14	No. PSPs transferred from L.A. County to other jurisdictions	33	31	30	39	34	32	22	32	19	<b>272</b>
15	No. PSPs processed at hubs (intake/assessment)	495	371	513	465	421	422	394	389	448	<b>3,918</b>
16	Male	462	348	477	438	385	406	368	361	414	<b>3,659</b>
17	Female	33	23	36	27	36	16	26	28	34	<b>259</b>
18	No. PSPs by risk tier, as assessed at hubs:										
19	Low Risk	2	1	7	5	3	3	3	4	5	<b>33</b>
20	Male	1	1	7	4	2	2	1	4	3	<b>25</b>
21	Female	1	0	0	1	1	1	2	0	2	<b>8</b>
22	Medium Risk	76	76	114	84	83	88	82	110	112	<b>825</b>
23	Male	65	72	101	75	73	86	77	101	103	<b>753</b>
24	Female	11	4	13	9	10	2	5	9	9	<b>72</b>
25	High Risk	355	261	343	330	299	298	263	240	293	<b>2,682</b>
26	Male	335	242	323	315	277	286	246	223	273	<b>2,520</b>
27	Female	20	19	20	15	22	12	17	17	20	<b>162</b>
28	Very High Risk	62	33	49	46	36	33	46	35	38	<b>378</b>
29	Male	61	33	46	44	33	32	44	33	35	<b>361</b>
30	Female	1	0	3	2	3	1	2	2	3	<b>17</b>
31	No. PSPs who are veterans	16	10	6	9	7	17	5	5	5	<b>80</b>

## Public Safety Realignment Summary of Implementation Data

OCT 2014  
NOV 2014  
DEC 2014  
JAN 2015  
FEB 2015  
MAR 2015  
APR 2015  
MAY 2015  
JUN 2015

Total

### PSP "No-Show" and Absconder Population

32	No. "no-show" notifications to Sheriff	16	9	12	21	31	28	19	28	18	<b>182</b>
33	No. Sheriff and LAPD attempts to contact "no-show" PSPs	9	8	14	21	31	28	19	22	18	<b>170</b>
34	No. warrants requested for absconders*	677	446	672	531	615	556	616	556	549	<b>5,218</b>
35	All warrants issued	574	491	644	539	638	559	656	494	516	<b>5,111</b>
36	All warrants recalled	438	364	492	523	569	572	564	519	555	<b>4,596</b>
37	No. of active warrants remaining**	3,380	3,485	3,633	3,404	3,461	3,444	3,533	3,468	3,375	<b>3,375</b>

\* Does not include the number of Deportation Warrants. An additional 175 Deportation warrants were requested through June 2015.

\*\*The number of active warrants remaining is cumulative and includes remaining warrants from previous months. Number of active warrants includes 1,348 Deportation Warrants through the month of June 2015.

### PSP Violations/Revocations/New Charges

38	No. of petitions for revocations (other than warrants)	109	87	84	86	114	106	94	106	105	<b>891</b>
39	Pending Revocation Hearing	0	8	0	9	2	2	2	2	1	
40	No. of Revocation Hearing Cases Heard	400	182	328	557	399	454	583	383	570	<b>3,856</b>
41	Revocation Results										
42	Custody 1 - 10 days	0	0	1	0	0	0	1	0	0	<b>2</b>
43	Custody 11 - 45 days	5	4	10	8	9	21	9	2	7	<b>75</b>
44	Custody 46 - 90 days	64	39	40	34	65	60	75	32	59	<b>468</b>
45	Custody 91 - 180 days	229	86	186	174	167	186	168	195	226	<b>1,617</b>
46	Custody days, other	0	0	0	0	0	0	0	0	0	<b>0</b>
47	Other (Continuances, Bench Warrants, etc.)	102	53	91	321	158	187	330	154	278	<b>1,674</b>
48	No. of PSP arrests / bookings	1,048	930	1,073	1,260	1,204	1,303	1,311	1,304	1,285	<b>10,718</b>
49	<i>No. arrests/bookings for prior matters</i>	45	49	63	65	58	63	52	43	66	<b>504</b>
50	<i>No. arrests/bookings for new offenses and flash incarcerations</i>	976	848	964	1,162	1,110	1,211	1,232	1,234	1,191	<b>9,928</b>
	<i>No. bookings for flash incarceration (AB 109 Supervision Only)</i>	27	33	46	33	36	29	27	27	28	<b>286</b>

### Sanctions

51	No. of verbal warnings	300	217	281	313	345	350	253	226	252	<b>2,537</b>
52	Increase reporting (to DPO) requirements	46	41	41	38	54	57	58	45	40	<b>420</b>
53	Additional conditions of supervision	5	3	1	4	2	7	2	2	3	<b>29</b>
54	PAAWS (Cal Trans)	6	5	3	3	5	2	2	7	9	<b>42</b>
55	Referral to Treatment Program	21	17	25	24	37	65	78	81	59	<b>407</b>
56	Flash incarceration (Supervision and Warrants)	739	680	762	873	820	805	750	726	696	<b>6,851</b>
57	GPS/EM	0	0	0	0	0	0	0	0	0	<b>0</b>



## Public Safety Realignment Summary of Implementation Data

OCT 2014  
NOV 2014  
DEC 2014  
JAN 2015  
FEB 2015  
MAR 2015  
APR 2015  
MAY 2015  
JUN 2015

Total

### Mental Health Treatment Services

58	No. of pre-release packets forwarded to DMH for review at PRC	103	82	70	36	53	65	28	65	34	<b>536</b>
59	No. of mental health treatment conditions added by Probation***	162	137	145	83	75	139	94	139	100	<b>1,074</b>
60	No. DMH determinations -- treatment needed	215	179	221	241	239	270	302	255	287	<b>2,209</b>
61	No. of PSPs refusing Mental Health Services at Hubs	2	1	0	5	0	1	0	0	1	<b>10</b>

\*\*\* Data are reported according to the PSP month of release.

### Substance Abuse Treatment Services (Based on month of assessment)

62	No. of Hub referrals made to CASCs at Hub	283	205	275	265	206	208	175	185	208	<b>2,010</b>
63	No. of substance abuse treatment conditions added by Probation***	377	289	261	196	177	299	217	299	192	<b>2,307</b>
64	No. of narcotics testing orders added by Probation***	399	301	291	237	205	329	263	329	211	<b>2,565</b>
65	No. of PSPs showing at CASCs for assessment	518	443	556	540	516	603	520	460	545	<b>4,701</b>
66	No. of CASC treatment referrals	316	257	327	342	281	323	308	265	324	<b>2,743</b>
67	No. of PSPs entering treatment****	102	83	93	88	71	84	82	66	61	<b>1,494</b>

\*\*\* Data are reported according to the PSP month of release. \*\*\*\* Includes in and out of network admission to SUD treatment services.

### Referrals for other Services (Based on month of assessment)

68	No. PSPs screened for benefits eligibility by DPSS	219	189	189	232	177	191	185	213	213	<b>1,808</b>
69	No. PSPs who DPSS referred to local DPSS office	151	115	114	141	95	104	90	113	136	<b>1,059</b>
70	No. PSPs enrolled in:*	2,453	2,425	2,447	2,489	2,561	2,596	2,524	1	2,545	<b>20,041</b>
71	<i>MediCal</i>	5	6	6	4	5	5	2	0	3	<b>36</b>
72	<i>Med/CF</i>	35	34	31	30	29	38	27	0	22	<b>246</b>
73	<i>General Relief</i>	169	177	172	163	197	229	182	0	95	<b>1,384</b>
74	<i>CalFresh</i>	1,086	1,094	1,086	1,146	1,131	1,077	1,062	1	1,114	<b>8,797</b>
75	<i>CalFresh and General Relief</i>	1,158	1,114	1,152	1,146	1,165	1,215	1,212	0	1,268	<b>9,430</b>
76	<i>CalWorks/CalFresh</i>	0	0	0	0	0	0	3	0	1	<b>4</b>
77	Number of Healthy Way L.A. applications filed (from Hub) <sup>1</sup>										<b>0</b>
78	No. of PSPs enrolled in Healthy Way L.A.										<b>0</b>
77	Number of Medi-Cal applications filed (from Hub) <sup>1</sup>	9	10	6	12	21	9	10	29	27	<b>133</b>

<sup>1</sup> As of January 2014 the Affordable Care Act expanded access to health coverage, making HWLA recipients eligible for Medi-Cal.

\* Due to a system error, the data for May was split among other months. The overall total number is still correct.

## Public Safety Realignment Summary of Implementation Data

OCT 2014  
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MAY 2015  
JUN 2015

Total

### Referrals for HealthRight 360 (Formerly Haight-Ashbury)

78	No. of PSPs referred this month	551	470	514	548	420	502	534	482	511	<b>4,532</b>
79	No. of Referrals	740	595	657	689	507	667	706	664	667	<b>5,892</b>
80	<i>Board and Care</i>	0	0	0	0	0	0	0	0	0	<b>0</b>
81	<i>Transportation</i>	0	0	0	0	0	0	0	0	0	<b>0</b>
82	<i>Sober Living</i>	41	41	36	47	7	19	37	46	44	<b>318</b>
83	<i>Sober Living With Child</i>	0	0	0	0	0	0	0	0	0	<b>0</b>
84	<i>Transitional Housing</i>	424	366	453	452	385	449	472	452	471	<b>3,924</b>
85	<i>Transitional Housing With Child</i>	0	0	0	1	0	0	2	0	2	<b>5</b>
86	<i>Job Readiness</i>	275	188	168	189	115	199	195	155	143	<b>1,627</b>

### PSP Supervision Terminations

87	No. of petitions submitted to terminate supervision	37	17	28	125	100	128	109	128	93	<b>765</b>
88	No. of terminations	321	362	449	398	593	618	470	460	478	<b>4,149</b>
89	<i>No. terminations -- 6 months violation-free</i>	0	0	0	0	1	0	0	0	0	<b>1</b>
90	<i>No. terminations -- 12 months violation-free (automatic discharge)</i>	200	255	284	212	325	307	253	263	295	<b>2,394</b>
91	<i>No. terminations -- 3 year expiration (maximum term)</i>	1	2	0	4	11	12	13	9	12	<b>64</b>
92	<i>No. terminations -- due to a new criminal conviction</i>	71	59	75	46	68	84	65	53	48	<b>569</b>
93	<i>No. other terminations (revocation settlement, court order, fatalities, transfers, etc.)</i>	49	46	90	136	188	215	139	133	123	<b>1,119</b>

## Custody

### Jail Population and Sentencing

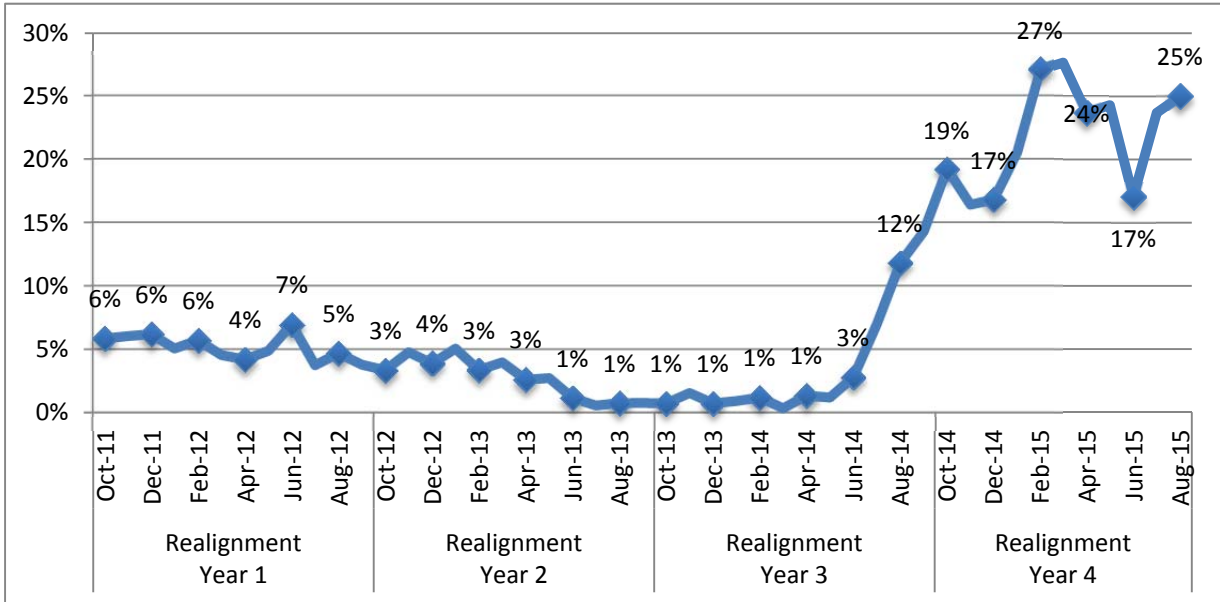
94	No. actual defendants sentenced pursuant to Penal Code 1170(h)	581	343	448	454	380	667	405	383	428	<b>4,089</b>
95	<i>Male inmates sentenced</i>	462	284	358	365	305	557	348	299	392	<b>3,370</b>
96	<i>Female inmates sentenced</i>	119	59	90	89	75	110	57	49	36	<b>684</b>
97	No. of sentenced N3s currently in jail (at end of the month)	5,020	4,820	3,947	3,577	3,338	5,770	3,152	3,107	3,040	
98	No. N3s released after serving full term (month of occurrence)	716	712	657	583	472	635	430	420	433	<b>5,058</b>
99	No. Station Worker Program (at end of month)	130	129	113	115	110	148	98	83	98	
100	No. N3s currently on alternative custody (at end of the month)	41	56	51	53	45	3	35	34	42	

## Risk Management and Liability

### Realignment Claims/Lawsuits

101	No. claims/lawsuits filed with the County identified as realignment related	0	0	0	0	0	0	0	0	0	<b>0</b>
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## Split Sentence Use in Los Angeles County as a Percentage of PC 1170(h) Sentences



FY 2014-15 PUBLIC SAFETY REALIGNMENT (AB109)  
Summary of Department Budget and Claims  
(as of June 30, 2015)

DEPARTMENT	BUDGET	STAFF
Probation*	\$ 75,805,000	506
Sheriff**	\$ 181,072,000	577
Fire	\$ 5,045,000	0
Department of Public Health (DPH)	\$ 16,428,000	13
Department of Mental Health (DMH)	\$ 32,031,000	80
Department of Health Services (DHS)	\$ 16,277,000	50
Chief Executive Office (CEO)	\$ 337,000	0
Auditor-Controller (A-C)	\$ 517,000	1
BOS-CCJCC	\$ 3,178,000	1
BOS-ISAB	\$ 994,000	0
<b>Total General Operations Budget</b>	<b>\$ 331,684,000</b>	<b>1,228</b>

1 <sup>ST</sup> QTR CLAIM	2 <sup>ND</sup> QTR CLAIM	3 <sup>RD</sup> QTR CLAIM	4 <sup>TH</sup> QTR CLAIM	TOTAL CLAIMS (1st -4th QTRS)	1 <sup>ST</sup> QTR REIMBURSEMENT	2 <sup>ND</sup> QTR REIMBURSEMENT	3 <sup>RD</sup> QTR REIMBURSEMENT	4 <sup>TH</sup> QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st -4th QTRS)	UNREIMBURSED COSTS*	HIRED STAFF
\$ 18,237,587	\$ 24,953,925	\$ 20,832,287	\$ 21,058,279	\$ 85,082,078	\$ 17,435,150	\$ 17,435,150	\$ 17,435,150	\$ 23,499,550	\$ 75,805,000	\$ (9,277,078)	379
\$ 73,546,491	\$ 65,716,246	\$ 46,539,068	\$ 44,297,122	\$ 230,098,927	\$ 41,646,560	\$ 41,646,560	\$ 41,646,560	\$ 56,132,320	\$ 181,072,000	\$ (49,026,927)	481
\$ 75,277	\$ 1,609,352	\$ 1,043,672	\$ 1,177,409	\$ 3,905,710	\$ 75,277	\$ 1,609,352	\$ 1,043,672	\$ 1,177,409	\$ 3,905,710	\$ -	0
\$ 1,811,721	\$ 2,419,812	\$ 2,918,709	\$ 3,177,379	\$ 10,327,621	\$ 1,811,721	\$ 2,419,812	\$ 2,918,709	\$ 3,177,379	\$ 10,327,621	\$ -	10
\$ 3,887,795	\$ 4,753,726	\$ 4,752,934	\$ 7,032,201	\$ 20,426,656	\$ 3,887,795	\$ 4,753,726	\$ 4,752,934	\$ 7,032,201	\$ 20,426,656	\$ -	74
\$ 2,890,897	\$ 2,941,750	\$ 2,101,230	\$ 2,201,397	\$ 10,135,274	\$ 2,890,897	\$ 2,941,750	\$ 2,101,230	\$ 2,201,397	\$ 10,135,274	\$ -	35
\$ 48,190	\$ 45,431	\$ 46,319	\$ 32,399	\$ 172,339	\$ 48,190	\$ 45,431	\$ 46,319	\$ 32,399	\$ 172,339	\$ -	0
\$ 63,637	\$ 15,480	\$ 81,659	\$ 93,035	\$ 253,811	\$ 63,637	\$ 15,480	\$ 81,659	\$ 93,035	\$ 253,811	\$ 0	0
\$ 55,446	\$ 57,166	\$ 56,557	\$ 50,969	\$ 220,138	\$ 55,446	\$ 57,166	\$ 56,557	\$ 50,969	\$ 220,138	\$ -	1
\$ 179,302	\$ 176,276	\$ 294,223	\$ 352,614	\$ 1,002,415	\$ 179,302	\$ 176,276	\$ 294,223	\$ 352,614	\$ 1,002,415	\$ -	0
<b>\$ 100,796,343</b>	<b>\$ 102,689,164</b>	<b>\$ 78,666,658</b>	<b>\$ 79,472,804</b>	<b>\$ 361,624,969</b>	<b>\$ 68,093,975</b>	<b>\$ 71,100,703</b>	<b>\$ 70,377,013</b>	<b>\$ 93,749,273</b>	<b>\$ 303,320,964</b>	<b>\$ (58,304,005)</b>	<b>980</b>

District Attorney (DA)	\$ 2,899,000	18
Public Defender (PD)	\$ 2,185,000	13
Alternate Public Defender (APD)	\$ 965,000	5
Conflict Panel	\$ 50,000	0
<b>Total Revocation Budget</b>	<b>\$ 6,099,000</b>	<b>36</b>

\$ 810,191	\$ 753,998	\$ 748,489	\$ 830,859	\$ 3,143,537	\$ 810,191	\$ 753,998	\$ 748,489	\$ 586,322	\$ 2,899,000	\$ (244,537)	16
\$ 570,927	\$ 518,968	\$ 547,994	\$ 636,777	\$ 2,274,666	\$ 570,927	\$ 518,968	\$ 547,994	\$ 547,111	\$ 2,185,000	\$ (89,666)	11
\$ 189,634	\$ 161,926	\$ 265,484	\$ 387,676	\$ 1,004,720	\$ 189,634	\$ 161,926	\$ 265,484	\$ 347,956	\$ 965,000	\$ (39,720)	5
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
<b>\$ 1,570,752</b>	<b>\$ 1,434,892</b>	<b>\$ 1,561,967</b>	<b>\$ 1,855,312</b>	<b>\$ 6,422,923</b>	<b>\$ 1,570,752</b>	<b>\$ 1,434,892</b>	<b>\$ 1,561,967</b>	<b>\$ 1,481,389</b>	<b>\$ 6,049,000</b>	<b>\$ (373,923)</b>	<b>32</b>

**TOTAL AB109 BUDGET \$337,783,000\*\* 1,264**

**\$ 102,367,095 \$ 104,124,056 \$ 80,228,625 \$ 81,328,116 \$ 368,047,892 \$ 69,664,727 \$ 72,535,595 \$ 71,938,980 \$ 95,230,662 \$ 309,369,964 \$ (58,677,928) 1,012**

\*The following departments have exceeded their quarterly reimbursement cap: Probation by \$9,277,078; Sheriff by \$49,026,927; DA by \$244,537; PD by \$89,666; and APD by \$39,720. Claims exceeding the quarterly cap will need to be absorbed by the department until the end of the fiscal year; whereupon, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. \*\*\$317,576,000 State budget allocation + \$20,207,000 in AB109 County Reserve Funding for a total AB109 budget of \$337,783,000.

\*NOTE: Attachment D was included in the CEO's September 10, 2015 report on the [Fiscal Year 2014-15 4th Quarter AB 109 Budget](#).