

SUMMARY ACTION MINUTES

REGULAR MEETING ORANGE COUNTY COMMUNITY CORRECTIONS PARTNERSHIP

Thursday, October 22, 2015, 2:00 P.M.



PROBATION DEPARTMENT
Training Room 5
1001 S. Grand Ave.
Santa Ana, California

STEVE SENTMAN, Chair
Chief Probation Officer

MARY HALE
Health Care Agency

FRANK OSPINO
Public Defender

TODD ELGIN
Chief of Police, Garden Grove

SANDRA HUTCHENS
Sheriff-Coroner

TONY RACKAUCKAS
District Attorney

ATTENDANCE: Elgin, Ospino, Sentman, Kea (Alternate for Hutchens), Pearson (Alternate for Hale) and Yonemura (Alternate for Rackauckas)

EXCUSED: Hale, Hutchens and Rackauckas

COUNTY COUNSEL: Saul Reyes, Deputy

CLERK OF THE PARTNERSHIP: Jamie Ross & Dora Guillen, Deputy Clerks

ADMINISTRATIVE MATTERS: (Items 1 - 3)

1. Welcome and Introductions
2. Discussion and approval of participation in the Board of State and Community Corrections (BSCC) FY 2015-2016 Community Corrections Partnership Survey

172345689 **APPROVED AS RECOMMENDED**

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SUMMARY ACTION MINUTES

3. Realignment Updates:

- Probation
- Sheriff
- District Attorney
- Public Defender
- Courts
- Health Care/Mental Health
- Local Law Enforcement
- Board of Supervisors
- Social Services
- OC Community Resources
- OC Department of Education
- Community-Based Organization (Representative)
- CSP (Victims Representative)

P.O. **PRESENTED**

PUBLIC & PARTNERSHIP COMMENTS:

PUBLIC COMMENTS:

Carole Urie – Oral Re.: with the Returning Home Foundation; recidivism and inmate visitation. (Assistant Sheriff Kea addressed Ms. Urie’s concerns).

Aimee Dunkle – Oral Re.: with The Solace Foundation of Orange County; their efforts training people on the use of Naloxone.

PARTNERSHIP COMMENTS:

Alternate Member Kea – Oral Re.: Sheriff-Coroner’s Naloxone pilot program.

Member Elgin – Oral Re.: Requested a presentation at a future Chief’s Association meeting by the Sheriff regarding Naloxone.

Chair Sentman – Oral Re.: PPIC presentation at 9/17/15, OCCCP meeting. November and December OCCCP meetings have been canceled.

ADJOURNED: 2:45 P.M.

SUMMARY ACTION MINUTES

*** KEY ***

Left Margin Notes

- | | |
|------------------------------|--------------------------|
| 1 Todd Elgin | A = Abstained |
| 2 Mary Hale | X = Excused |
| 3 Sandra Hutchens | N = No |
| 4 Frank Ospino | P.O. = Partnership Order |
| 5 Tony Rackauckas | |
| 6 Steve Sentman | |
| 7 Steve Kea (Alternate) | |
| 8 Kim Pearson (Alternate) | |
| 9 Steve Yonemura (Alternate) | |

(1st number = Moved by; 2nd number = Seconded by)

/s/ _____
STEVE SENTMAN
Chair

/s/ _____
Jamie Ross, Deputy
Clerk of the Partnership



Orange County Probation Department
Steven J. Sentman, Chief Probation Officer

10-22-15 #3



AB109 Realignment Monthly Stats September 2015

Post-Release Community Supervision (PCS)

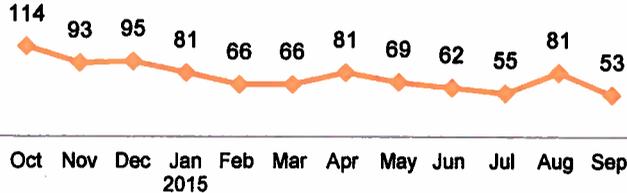
Releases from Prison*

from 10/1/11 - 9/30/15 = 5296

2015 YTD = 614

2015 Monthly Avg = 68

2014 Monthly Avg = 96



Currently Supervised:

Actively Supervised	1210
On Active Warrant (includes 289 ICE warrants)	591
Total	1801

Completions:

1 Yr Mandatory Termination	1891
Other Discharges/Transfers	1604
Total	3495

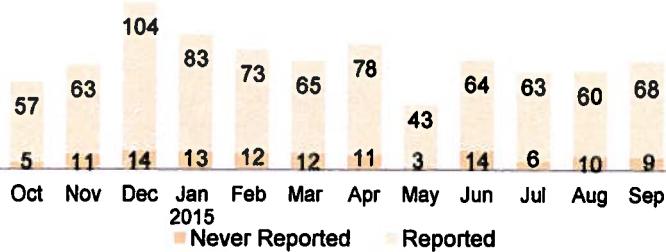
*Based on CDCR's projected release dates and are subject to change. Numbers reflect the most current release date information.

Warrants

2015 YTD = 687

2015 Monthly Avg = 76

36.65% of individuals had at least one warrant issued since 10/1/2011.

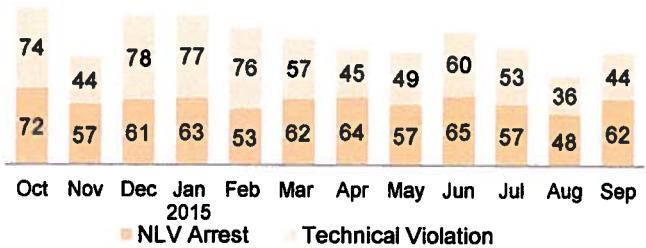


Revocations

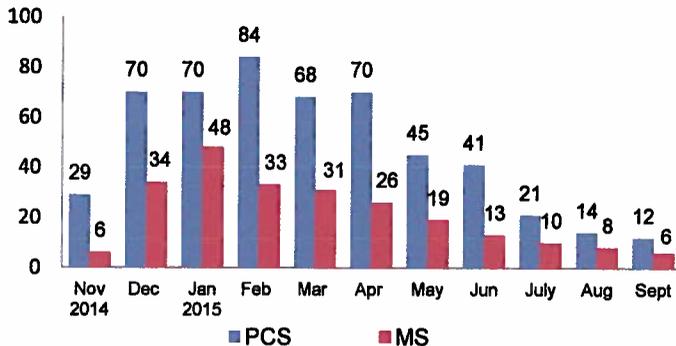
2015 YTD = 1028

2015 Monthly Avg = 114

40.07% of individuals had at least one revocation issued since 10/1/2011.



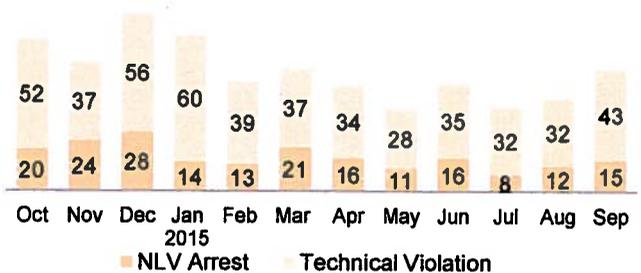
Prop. 47 Terminations



Flash Incarcerations

2015 YTD = 466

2015 Monthly Avg = 52



Mandatory Supervision (MS)

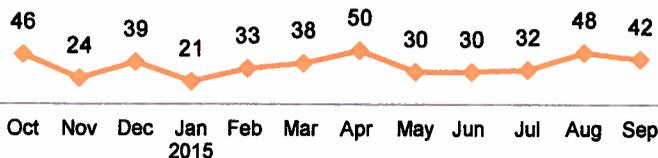
Individuals with MS Convictions

from 10/1/11 - 9/30/15 = 2700

2015 YTD = 324

2015 Monthly Avg = 36

2014 Monthly Avg = 58



Currently Supervised:

Actively Supervised (Released from Jail)	502
On Active Warrant as of September 30, 2015	293
Total	795

Awaiting Supervision:

Sentenced (still in custody) 180

Completions:

MS Case Terminated/Expired/Other 1725



AB109 SCREENING ASSESSMENT

10-22-15 #3
HCA

FOR STAFF USE ONLY

MRN #:

Today's Date:

Client's First Name:

Client's Last Name:

AB109 Start Date:

Facility/Provider:

Please select the option below that best represents this INTAKE assessment:

INITIAL SCREENING

REPEAT SCREENING

BEGIN ASSESSMENT

Modified from the Self-Harm Inventory (SHI)

Instructions (Read to client): Please answer the following questions by checking either, "Yes" or "No." Check "yes" only for those items that you have done intentionally, or on purpose, to hurt yourself.

Have you ever intentionally, or on purpose, done any of the following:

	Yes	No
1. Overdosed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Caused physical harm to yourself (e.g., cut, hit, burned, scratched, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. Abused prescription, illicit, or illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Engaged in emotionally, physically, or sexually abusive relationships?	<input type="checkbox"/>	<input type="checkbox"/>

MacArthur Community Violence Instrument

Administrator Instruction (Please read carefully):

The **odd number** questions only require that clients respond regarding the frequency in which the behavior occurred during the last month. The **even number** questions require that clients respond to two separate questions regarding the violent behavior:

1. The frequency in which the behavior occurred during the last month
2. If anyone was hurt during the altercation (if that altercation happened 1 or more times)

Instructions (Read to client): I'm going to read you some types of problems and I would like you to tell me how many times each of these has happened during the last month. (Administration Instruction: For "Was anyone hurt?" column, hurt or harm is defined as the need to seek medical or other specialized care for the injury that resulted from the action. For example, someone who was slapped but had a bruise that healed in a week would **not** be considered hurt. If the slap resulted in a broken nose that required medical attention, this would be considered harm).

In the <i>last</i> month, how many times...	Frequency			Was Anyone Hurt?		DK ¹	Refused
	0	1	>1	No	Yes		
1. Has anyone thrown something at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Have you thrown something at anyone?	<input type="checkbox"/>						
3. Has anyone pushed, grabbed, or shoved you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Have you pushed, grabbed, or shoved anyone?	<input type="checkbox"/>						
5. Has anyone slapped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
6. Have you slapped anyone?	<input type="checkbox"/>						
7. Has anyone kicked, bitten, or choked you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
8. Have you kicked, bitten, or choked anyone?	<input type="checkbox"/>						
9. Has anyone hit you with a fist or object, or beaten you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
10. Have you hit anyone with a fist or object, or beaten anyone up?	<input type="checkbox"/>						
11. Has anyone tried to force you to have sex against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
12. Have you tried to force anyone to have sex against their will?	<input type="checkbox"/>						
13. Has anyone threatened you with a gun, knife or other lethal weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
14. Have you threatened anyone with a gun, knife or other lethal weapon?	<input type="checkbox"/>						
15. Has anyone used a knife or fired a gun at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
16. Have you used a knife or fired a gun at anyone?	<input type="checkbox"/>						

¹ DK = Don't know

AB109 SCREENING ASSESSMENT

Administration Instruction (Please read carefully): Actions considered “violent” for the purpose of question 17 are those that were directed at another person or animal. For example, throwing a chair at a wall after arguing with someone (non-directed violence) would not be considered violent for purposes of question 17. However, throwing a chair at a person or throwing a cat out a three-story window would be considered violent.

In the <i>last</i> month, how many times...	Frequency			Was Anyone Hurt?			
	<i>0</i>	<i>1</i>	<i>>1</i>	<i>No</i>	<i>Yes</i>	<i>DK</i>	<i>Refused</i>
17. Have you done anything else that might be considered violent?	<input type="checkbox"/>						
18. Have you been dishonest about a violent act you committed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Modified Colorado Symptom Inventory

Instructions (Read to client): Now I am going to ask you some questions about any psychological or emotional difficulties that you may have had. I am going to ask you how often you experienced certain problems during the past month. For each problem I mention, I'll ask you to look at this list of choices and pick one that best describes how often you have had the problem in the past month. The responses vary from "At least every day" to "Not at all." If you have experienced the problem at least once in the past month you would choose "Once during the month." If you have experienced the problem more often, you would choose "Several times during the month." Do you have any questions about what the choices mean?

	Not at all	Once during the month	Several times during the month	Several times during the week	At least every day	RF	NA	DK ²
1. In the past month, how often have you felt nervous, tense, worried, frustrated, or afraid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past month, how often have you felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, how often have you felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past month, how often have others told you that you acted "paranoid" or "suspicious"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past month, how often did you hear voices, or hear or see things that other people didn't think were there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. (Read slowly) In the past month, how often did you have trouble making up your mind about something, like deciding where you wanted to go or what you wanted to do, or how to solve a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. (Read slowly) In the past month, how often did you have trouble thinking straight, or concentrating on something you needed to do like worrying so much, or thinking about problems so much that you can't remember or focus on other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

² RF = Refused to Answer; NA = Not Applicable; DK = Don't Know



AB109 SCREENING ASSESSMENT

	Not at all	Once during the month	Several times during the month	Several times during the week	At least every day	RF	NA	DK ³
8. In the past month, how often did you feel that your behavior or actions were strange or different from that of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past month, how often did you feel out of place or like you did not fit in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past month, how often did you forget important things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the past month, how often did you have problems with thinking too fast (thoughts racing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the past month, how often did you feel suspicious or paranoid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In the past month, how often did you feel like hurting or killing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. In the past month, how often have you felt like seriously hurting someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ RF = Refused to Answer; NA = Not Applicable; DK = Don't Know