**FY 2016-17 Community Corrections Partnership Survey**

This survey is designed to help Californians understand your efforts, goals, and successes in implementing Public Safety Realignment. The information you share will be used as the basis of the Board of State and Community Corrections’ (BSCC) annual report to the Governor and Legislature on the implementation of Community Corrections Partnership (CCP) Plans as required by section (11) of subdivision (b) of Section 6027 of the Penal Code. Your responses help to illustrate how counties are allocating and using funds to reduce recidivism while keeping communities safe. We hope you will also consider answering a few optional questions to show how your county is responding to the unique needs of local offenders and what, if any, challenges have arisen and changes have resulted from those responses.

**Survey**

This survey was designed by the BSCC in consultation with the Department of Finance to assist counties with reporting requirements. Counties completing the required portions of the survey will have met the report requirement. Counties that complete the survey are compensated.

The Budget Act of 2016 (SB 826, Chapter 23) appropriates $7,900,000 to counties as follows:

*Counties are eligible to receive funding if they submit a report to the Board of State and Community Corrections by December 15, 2016, that provides information about the actual implementation of the 2015-16 Community Corrections Partnership plan accepted by the County Board of Supervisors pursuant to Section 1230.1 of the Penal Code. The report shall include, but not be limited to, progress in achieving outcome measures as identified in the plan or otherwise available. Additionally, the report shall include plans for the 2016-17 allocation of funds, including future outcome measures, programs and services, and funding priorities as identified in the plan accepted by the County Board of Supervisors*.

**Funding**

Funds will be distributed by January 31, 2017 to counties that comply with all survey requirements as follows:

*(1) $100,000 to each county with a population of 0 to 200,000, inclusive, (2) $150,000 to each county with a population of 200,001 to 749,999, inclusive, and (3) $200,000 to each county with a population of 750,000 and above. Allocations will be determined based on the most recent county population data published by the Department of Finance.*

**Survey Distribution**

This survey has been distributed electronically to each Chief Probation Officer as CCP Chair. Each CCP Chair is encouraged to share the survey with CCP members prior to completion and submission. Responses should represent the collective views of the CCP and not a single agency or individual.

**Submission Instructions**

In an effort to make the survey more user friendly, the BSCC is using both Microsoft Word and Excel for a complete submittal package. **The survey now consists of two (2) parts and five (5) sections:**

* *Part A- to be completed in Microsoft Word*

Section 1: CCP Membership;

Section 2: Your Goals, Objectives and Outcome Measures; and

Section 3: Optional Questions.

* *Part B- to be completed in Microsoft Excel*

Section 4: FY 2015-16 Public Safety Realignment Funding; and

Section 5: FY 2016-17 Public Safety Realignment Funding.

Respondents may now use spell and grammar checks for their narrative responses (Part A, Sections 1, 2, and 3) and Excel’s auto-sum features when completing the budgetary questions (Part B, Sections 4 and 5). If you choose not to answer an optional question, please respond “Decline to Respond”.

In an effort to produce a more comprehensive report on the implementation of realignment, we are asking for photos and quotes from program participants, if available. You do not need to provide identifying information. Please attach photos of programs in action along with a few quotes. These may be published in the *2011 Public Safety Realignment Act: Fifth Annual Report on the Implementation of Community Corrections Partnership Plans*. Please ensure any individual(s) in the photos have given their consent for use/publication.

**To submit the CCP Survey package**, as well as providing any optional photos and/or quotes, email all attachments in a single email to:

Helene Zentner, BSCC Field Representative at: Helene.Zentner@bscc.ca.gov

For questions, also contact at: 916-323-8631

**Due Date**

A single completed survey package (Parts A and B) must be submitted electronically to the BSCC by **Thursday, December 15, 2016**. The CCP is encouraged to collaborate on responses and the CCP Chair should submit the survey. Only one submission by a county will be accepted.

If you experience difficulty completing this survey or need technical assistance, please contact:

Patricia Ferguson, BSCC Associate Governmental Program Analyst

916-322-7539 or Patricia.Ferguson@bscc.ca.gov

Thank you.

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| **FY 2016-17 Community Corrections Partnership Survey****PART A** |

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| **SECTION 1: CCP Membership** |

***Section 1 asks questions related to the CCP composition and meeting frequency. There are five (5) questions in this section.***

1. County Name:
2. Penal Code Section 1230 identifies the membership of the CCP. Provide the name of each individual fulfilling a membership role as of October 1, 2016 in the spaces to the right of each membership role. If a membership role is not filled, respond by indicating “vacant.”

|  |  |
| --- | --- |
| Chief Probation Officer |  |
| Presiding Judge of the Superior Court or designee |  |
| County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors |  |
| District Attorney |  |
| Public Defender |  |
| Sheriff |  |
| Chief of Police |  |
| Head of the County Department of Social Services |  |
| Head of the County Department of Mental Health |  |
| Head of the County Department of Employment |  |
| Head of the County Alcohol and Substance Abuse Programs |  |
| Head of the County Office of Education |  |
| A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense |  |
| An individual who represents the interests of victims |  |

1. How often does the CCP meet? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Bi-weekly (every other week) |
|  | Monthly |
|  | Bi-monthly (every other month) |
|  | Quarterly |
|  | Semi-Annually |
|  | Annually |
|  | Other (please specify) |

1. How often does the Executive Committee of the CCP meet? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Bi-weekly(every other week) |
|  | Monthly |
|  | Bi-monthly(every other month) |
|  | Quarterly |
|  | Semi-Annually |
|  | Annually |
|  | Other (please specify) |

5. Does the CCP have subcommittees or working groups? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If "Yes," list the subcommittees and/or working groups and the purpose.

|  |
| --- |
| **SECTION 2: Your Goals, Objectives and Outcome Measures** |

***Section 2 asks questions related to your goals, objectives, and outcome measures. To view your responses provided in the 2015 survey,*** [***click here***](http://www.bscc.ca.gov/downloads/Fourth%20Annual%20Report%20on%20the%20Implementation%20of%20Community%20Corrections%20Partnership%20Plans.pdf)***.***

***For the purpose of this survey:***

* ***Goals are defined as broad statements the CCP intends to accomplish.***
* ***Objectives support identified goals and are defined by statements of specific, measureable aims of the goal.***
* ***Outcome measures consist of the actual measurement of stated goals and objectives.***

**Example:**

|  |  |
| --- | --- |
| **Goal** | **Increase substance use disorder treatment to offenders in ABC County** |
| Objective | 40% of participants will complete substance use disorder treatment |
| Objective | 100% of participants will receive screening for substance use disorder treatment  |
| Outcome Measure | Number of participants enrolled in substance use disorder treatment |
| Outcome Measure | Number of participants completing substance use disorder treatment |
| Progress toward stated goal | Between January 2016 and October 2016, 70% of participants in substance use disorder treatment reported a decrease in the urge to use drugs. This is a 10% increase from the same period last year. |

6. Describe a goal, one or more objectives, and outcome measures from FY 2015-16. If the CCP kept the same goal, objective and outcome measure from a prior fiscal year for FY 2015-16, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating “Not Applicable."

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

7. Describe a goal, one or more objectives, and outcome measures from FY 2015-16. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2015-16, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating “Not Applicable."

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

8. Describe a goal, one or more objectives, and outcome measures from FY 2015-16. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2015-16, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating “Not Applicable."

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

9. Will the CCP use the same goals, objectives, and outcome measures identified above in FY 2016-17? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Yes  |
|  | No. The CCP will add and/or modify goals, objectives, and outcome measures (continue with section 3) |

10. Describe a goal, one or more objectives, and outcome measures for FY 2016-17.

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

11. Describe a goal, one or more objectives, and outcome measures for FY 2016-17.

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

12. Describe a goal, one or more objectives and outcome measures for FY 2016-17.

|  |  |
| --- | --- |
| **Goal** |  |
| Objective |  |
| Objective |  |
| Objective |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Outcome Measure |  |
| Progress toward stated goal |  |

|  |
| --- |
| **SECTION 3: Optional Questions** |

***Section 3 asks optional questions about evaluation, data collection, programs and services, training and technical assistance needs, and local best practices. There are 10 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If you choose not to answer an optional question, please respond “Decline to Respond.”***

13. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, how?

14. Does the county consider evaluation results when funding programs and/or services? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, how?

15. Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | No, BSCC definitions are not used |
|  | Average daily population |
|  | Conviction |
|  | Length of stay |
|  | Recidivism |
|  | Treatment program completion rates |

16. What percentage of the Public Safety Realignment allocation is used for evidence-based programming? Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Less than 20% |
|  | 21% 40% |
|  | 41% 60% |
|  | 61% 80% |
|  | 81% or higher |

17. We would like to better understand your county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services? What type and level of services are now available?

18. What challenges does your county face in meeting these program and service needs?

19. What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?

20. Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

21. Describe how the BSCC can assist your county in meeting its Public Safety Realignment goals through training and/or technical assistance?

***NOTE:*** *The information contained in this report will be made public by the BSCC in the annual report to the Governor’s Office and the Legislature on the implementation of Community Corrections Partnership plans in print and on the BSCC website.*

22. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Address |  |
| Address 2 |  |
| City/Town |  |
| ZIP Code |  |
| Email Address |  |
| Phone Number |  |

23. Identify the individual who may be contacted for follow up questions. Use an “X” to check the box to the left of the list.

|  |  |
| --- | --- |
|  | Same as above |
|  | Other (If "Other" provide contact information below) |

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Address |  |
| Address 2 |  |
| City/Town |  |
| ZIP Code |  |
| Email Address |  |
| Phone Number |  |

**ATTENTION: This is only Part A of the Survey. Please complete Part B in Microsoft Excel which consists of two (2) budgetary sections**

**SUBMITTAL INSTRUCTIONS:**

**In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:**

**Helene Zentner, Field Representative**

**Board of State and Community Corrections**

**916-322-8631 or Helene.Zentner@bscc.ca.gov**