

PUBLIC NOTICE AND AGENDA

County of Shasta
Community Corrections Partnership (CCP) Executive Committee Meeting
Wednesday, August 17, 2022, 2:30 pm
City Hall – Civic Center Community Room
777 Cypress Avenue, Redding CA

WELCOME & INTRODUCTIONS

1. PUBLIC COMMENT

Members of the public will have the opportunity to address the Committee on any issue within the jurisdiction of the Committee. Speakers will be limited to three minutes.

2. APPROVAL OF MEETING MINUTES

Committee members will review and approve [minutes](#) from the February 9, 2022, Executive Committee Meeting

3. FINANCIAL REPORT

Financial [Report](#) on the State allocation to Shasta County.

4. DISCUSSION ITEMS

- A. Welcome Laura Burch and discuss the recruitment process to fill the vacancy of an individual who is a representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense.
- B. Committee members will receive a copy of the GEO Shasta County Day Reporting Center Annual [Report](#) and receive a presentation.
- C. Committee members will receive a presentation from Carol Ulloa, Community Corrections (CCC) Division Director on accelerated Post Release Community Supervision (PRCS) offenders.
- D. Committee members will receive information from Sheriff Johnson on the County Jail.
- E. Committee members will receive an update from Carol Ulloa CCC Division Director on the Proposition 47 Grant round 2 and round 3.
- F. Committee members will receive an update from Chelsey Chappelle, Assistant Chief Probation Officer on SB 129 and the new program within the Supervised Own Recognizance (SOR) Program.

5. ACTION ITEMS

6. OPERATIONAL UPDATES

7. OTHER ITEMS FOR DISCUSSION/FUTURE AGENDA ITEMS

- Local Innovation Subaccount
- CCP Planning and Training

8. MEETING SCHEDULES

Full Committee	September 14, 2022	City Hall – Civic Center Community Room	2:30 pm to 5:00 pm
Executive	November 16, 2022	City Hall – Civic Center Community Room	2:30 pm to 5:00 pm

9. ADJOURN

*Executive Committee
Members*

Tracie Neal, Probation, Chair

Bill Schueller, City of Redding
Police Department

Michael Johnson, Sheriff's
Office

Stephanie Bridgett, District
Attorney's Office

William Bateman, Public
Defender's Office

Melissa Fowler-Bradley,
Superior Court

Laura Burch, Health and
Human Services Agency

County staff and Committee members may participate by teleconference. If virtual participation is preferred, please contact Melanie Jarrett at 530-229-8070, or in person or by mail at 2684 Radio Lane, Redding, CA 96001, or by email to mljarrett@co.shasta.ca.us at least **two working days in advance** for the connection link.

In compliance with the Americans with Disabilities Act, Shasta County will make available to any member of the public who has a disability a needed modification or accommodation, including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance to attend this meeting should contact Melanie Jarrett at 530-229-8070 or in person or by mail at 2684 Radio Lane, Redding, CA 96001, or by email to mljarrett@co.shasta.ca.us at least two working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda and meeting materials can be made available in an alternate format for persons with a disability who are covered by the Americans with Disabilities Act.

Public records that relate to any of the matters on this agenda (except Closed Session items), and that have been distributed to the members of the CCPEC, are available for public inspection at the Shasta County Probation Department, 2684 Radio Lane, Redding, CA 96001. This document and other Community Corrections Partnership documents are available online at www.co.shasta.ca.us. Questions regarding this agenda may be directed to Melanie Jarrett, Staff Services Analyst at 530-229-8070 or by e-mail at mljarrett@co.shasta.ca.us

Community Corrections Partnership (CCP)
 Executive Committee Meeting
 February 9, 2022, 2:30 pm
 City Hall – Civic Center Community Room
 777 Cypress Avenue, Redding CA

MEMBERS	Title/ Agency	Present	Absent
Tracie Neal	Chief of Probation-Chairperson	X	
Bill Shueller	City of Redding Police Chief	X	
Michael Johnson	Shasta County Sheriff		X
Stephanie Bridgett	Shasta County District Attorney	X	
William Bateman	Shasta County Public Defender	X	
Melissa Fowler-Bradley	Shasta County Superior Court		X
Donnell Ewert	HHSA - Head of Shasta County Department of Mental Health	X	

Attendees:

Chelsey Chappelle, Carol Ulloa, Stacey Richardson, Dennis Hoerning, Melissa Mallory, Casey Chorpenning - **Shasta County Probation**
 Cindy Wilson, Ben Hanna - **Shasta County District Attorney’s Office**
 Angie Mellis - **Shasta County Crime Victim’s Assistance Center**
 Jennifer Duvall - **Shasta County Administrative Office**
 Melissa Field, Dominic Evanzia - **Shasta County HHSA**
 Robert Bowman - **Shasta College STEP UP**
 Ciarran Foster – **SMART Workforce Center**
 Tara Levin – **Shasta Daily Reporting Center**
 Jason Barnhart, Jesse Gunsauls – **Shasta County Sheriff’s Office**
 Steve Kohn – **Community Member**
 Nolda Short--**Shasta County Auditor Controller’s Office**
 Caedy Minoletti—**Shasta County One Safe Place**
 Eva Jimenez—**Shasta College**

Meeting Overview

The meeting was called to order at 2:30 p.m. A quorum was present. Introductions were made.

Public Comment

Carrie Foster with SMART Workforce Center spoke about the SMART Workforce Program. She distributed two handouts regarding getting individuals back to work through a trade work initiative.

Robert Bowman informed everyone that 22 STEP-UP students graduated from Shasta College and all were on the Dean's List, having a GPA of 3.5 or higher. He also talked about STEP-UP's partnership with KIXE, and an upcoming film and panel on the movie "Apart" which focuses on three women who were incarcerated for drug-related crimes. The movie is set to air on February 17, 2022 at 6:00pm.

Approval of Meeting Minutes

Stephanie Bridgett moved to approve the January 12, 2022 meeting minutes. Donnell Ewert seconded the motion. Motion passed: 5 Ayes, 0 Noes, 0 Abstentions.

Financial Report

Financial Report on the State allocation to Shasta County

Jennifer Duval reported a slightly higher revenue than originally anticipated. The projections on are track.

Discussion Items

Committee members will receive a presentation from the Probation Department and the Sheriff's Office on compliance program efforts

Carol Ulloa and Casey Chorpenning conducted a compliance presentation for the committee. A handout illustrating the presentation's key points was distributed. They spoke about the duties a compliance officer performs. Casey answered questions, discussed his role and provided examples.

The Undersheriff Jason Barnhart spoke about the Sheriff's Office compliance efforts and distributed a handout. The undersheriff indicated the program is successful, but the lack of staff makes it hard to complete coordinated compliance activities. Members had specific questions regarding the handout. Donnell Ewert questioned why CCP is still funding this program when there seems to be nothing happening. It was agreed this item would be ajenized for the next meeting to further discuss the Sheriff's Office compliance efforts.

Action Items

Committee members will review, discuss, and consider approving the FY 2022/23 budget requests and distribution percentages. Should the item not be approved, the committee shall consider approving a special meeting for this purpose.

Tracie Neal provided an overview of the documents. She pointed out that the District Attorney/Public Defender carryover was updated. Other than this the fiscal document is the same as it was in the last meeting. Tracie also stated that FY 2022/2023 has a healthy fund balance.

Donnell Ewert motioned to approve the FY 2022/23 document. Motion was seconded by Stephanie Bridgett. The motion was passed with 5 Ayes, 0 Noes, 0 Abstentions.

Operational Updates

Tara Levin from the DRC spoke about professional development with Probation staff. There was a graduation recently with thirteen graduates. The next graduation will be in July at the Veteran's Hall. Ten to Fifteen people are set to graduate. It will be an in-person and video graduation hybrid event due to COVID-19.

Melissa Field from HHSA spoke about Dominic getting promoted to a supervisory position, and efforts being made to find someone to replace him in his current position.

Other Items for Discussion/Future Agenda Items

Tracie noted items to be discussed at future meetings include but are not limited to: Global Positioning (GPS) Program; Crisis Intervention Response Team; Mandatory Supervision Presentation; a Mandatory Supervision/Split/Jail/Recidivism presentation, with Eric Jones facilitating; Accelerated PRCS Data and Recidivism Presentation; Local Innovation Subaccount; and CCP Planning and Training dollars.

Meeting Schedules

Next full committee meeting is set for March 16, 2022 at the Redding City Hall Community Room at 2:30pm.

Adjourn

Stephanie Bridgett made a motion to adjourn the meeting. Motion was seconded by Bill Schueller. Motion to adjourn was passed with 5 Ayes, 0 Noes, 0 Abstentions. Meeting was adjourned at 3:14pm.

2011 Realignment Revenue Report

Fiscal Year 2021-2022 (Twelve Months 7/1/21 - 6/30/22)

Revenue Time Period (8/16/21 - 8/15/22)

**FY 21-22
New Revenue**

As of August 8, 2022

**CCPEC
August 17, 2022**

	Account 542603	County Total	% Total	Balance Remaining	% Remaining	Payment Monthly	History & Target Info
GOV 5/28/21 State Revenue Estimate (no growth)	Budgeted Revenue w/growth	Receipts	Receipts	In Projections	Projections		
% per CCP							
	9,319,495.00	9,148,402.00	9,213,556.42	105,938.58	1.14%	09/29/21	822,115.57
						10/26/21	836,277.68
						11/29/21	1,006,071.63
Sheriff (235)	563,829.45	523,113.00	557,420.16	6,409.28	1.14%	12/28/21	865,000.22
Jail (260)	1,653,278.41	1,533,083.00	1,634,484.91	18,793.50	1.14%	01/28/22	857,402.67
Work Release (246)	552,646.05	512,115.00	546,363.90	6,282.16	1.14%	02/28/22	1,243,312.55
Subtotal/Sheriff	2,769,753.91	2,568,311.00	2,738,268.97	31,484.95	1.14%	03/29/22	788,446.37
						04/28/22	776,704.58
HHSA General Asst (542)	99,718.60	92,573.00	98,585.05	1,133.54	1.14%	05/25/22	1,139,437.63
						06/29/22	878,787.52
Probation (263)	5,765,039.61	5,346,457.00	5,699,506.00	65,533.61	1.14%	Pending	0.00
						Pending	0.00
District Attorney (227)	253,490.26	234,791.00	250,608.73	2,881.53	1.14%		\$9,213,556.42
Victim Witness (256)	188,253.80	174,950.00	186,113.84	2,139.96	1.14%		
Public Defender (207)	243,238.82	225,680.00	240,473.82	2,765.00	1.14%		
Grand Total	9,319,495.00	8,642,762.00	9,213,556.42	105,938.58	1.14%	Target To Date (10 Months)	Target Monthly 776,624.58
						7,766,245.83	

% Target To Date
(10 Months)
118.64%

DA/PD: To fund cost associated with revocation proceeding involving persons subject to state parole, pursuant to 30025 of the California Government Code.

	Account 542603	County Total	% Total	Balance Remaining	% Remaining	Payment Monthly	History & Target Info
GOV 5/28/21 State Revenue Estimate (no growth)	Budgeted Revenue w/growth	Receipts	Receipts	In Projections	Projections		
% per CCP							
	215,064.50	189,144.00	212,644.02	2,420.48	1.13%	09/29/21	33,856.80
District Attorney (227)	215,064.50	189,144.00	212,644.02	2,420.48	1.13%	10/26/21	34,449.18
Public Defender (207)						11/29/21	41,443.58
Grand Total	430,129.00	378,288.00	425,288.04	4,840.96	1.13%	12/28/21	41,676.14
						01/28/22	41,310.09
						02/28/22	59,903.41
						03/29/22	37,987.74
						04/28/22	37,422.01
						05/25/22	54,898.67
						06/29/22	42,340.42
						Pending	0.00
						Pending	0.00

[State figures subject to change.]

[CSAC is California State Association of Counties]

Target
Monthly
35,844.08

Target
To Date
(10 Months)
358,440.83

% Target
To Date
(10 Months)
118.65%

Target
Monthly
776,624.58

\$425,288.04

EXECUTIVE SUMMARY

Since 2013, the Shasta County Day Reporting Center (DRC) is proud to continue to work in partnership with the Shasta County Probation Department and community at large. *We enjoy having the opportunity to enhance the lives of those we serve and be a part of the solution to reducing recidivism and improving public safety in our community.* This annual report provides an overview of services between April 8, 2021 through April 7, 2022.

During this reporting period, the DRC served 213 unique program participants. Most of these participants were assessed as high-risk to reoffend, lacked essential stability factors and had a history of trauma.

- 76% of participants were assessed as high-risk to reoffend, while 23% were assessed as moderate risk to reoffend
- 29% of participants in Phase 1 and 2 were homeless
- 50% of participants, who progressed to Phase 2 and completed an ACE questionnaire, reported four or more adverse childhood experiences, with 88% reporting at least one.

Our intermediate outcomes demonstrate our services continue to have a positive impact on reducing criminal thinking and risk to reoffend.

- Percentage of participants discharged who failed to meet program requirements was reduced from 50% in 2020/21, to 43% in 2021/22.
- *Pre- and post-treatment need scores showed the program's significant impact on reducing risk factors across all seven dynamic needs*
- Pre- and post-treatment criminal thinking scores, for the 58 participants evaluated, indicate an average reduction of 14% across all criminal thinking domains, therefore lowering the potential for future recidivism.
- 94 unemployed participants gained jobs during the reporting period

The DRC continues to develop and implement program enhancements that cater to participants' individual needs and supports participant progression through the program

- We are seeing continued growth in participants progressing through all phases of the program, as shown on page 4 of the report.
- *Check-in and group rates have increased in Phases 1 and 2 and although more individuals tested positive upon starting point, clean drug screens improved as participants progressed through the program*
- Reworked our contingency management matrix to deliver more individualized rewards and sanctions, making them more meaningful and effective

High adherence and commitment to delivering evidence-based practices and ensuring program fidelity

- *The Shasta DRC scored High Adherence to Evidence-Based Practices during an internal Core Correctional Program Checklist (CPC) audit*
- Upon implementation of our monthly MRT step fair, we have seen over a 50% increase in participants consistently presenting their MRT steps enabling them to continue progressing through the program

The Shasta County DRC marked our ninth anniversary on April 8, 2022. We take pride in operationalizing evidence-based practices with high adherence to ensure program fidelity and success. Thank you to our DRC staff for your passion and commitment, our partners at Probation for your collaboration and the Shasta County community for supporting the work we do alongside each of you.

SECTION 1: EVALUATION OF SERVICES

Participants Served

Since opening in 2013, the Shasta County DRC has served 1,214 unique participants. The DRC also provides in-custody programming, with a maximum capacity of 10 slots. The tables below show participant statistics for DRC and in-custody programming.

DRC Participants Served									
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Individuals Served	116	203	279	294	371	336	292	289	213
Active Participants	52	68	79	98	146	120	144	120	53
Aftercare Participants	7	6	10	13	11	9	9	10	12
Participants Completing Program	-	24	39	22	37	36	23	24	29
Participants Discharged	57	125	190	168	214	207	139	135	134
Male / Female Ratio (%)	80 / 20	82 / 18	79 / 21	79 / 21	79 / 21	82 / 18	84 / 16	85 / 15	85 / 15

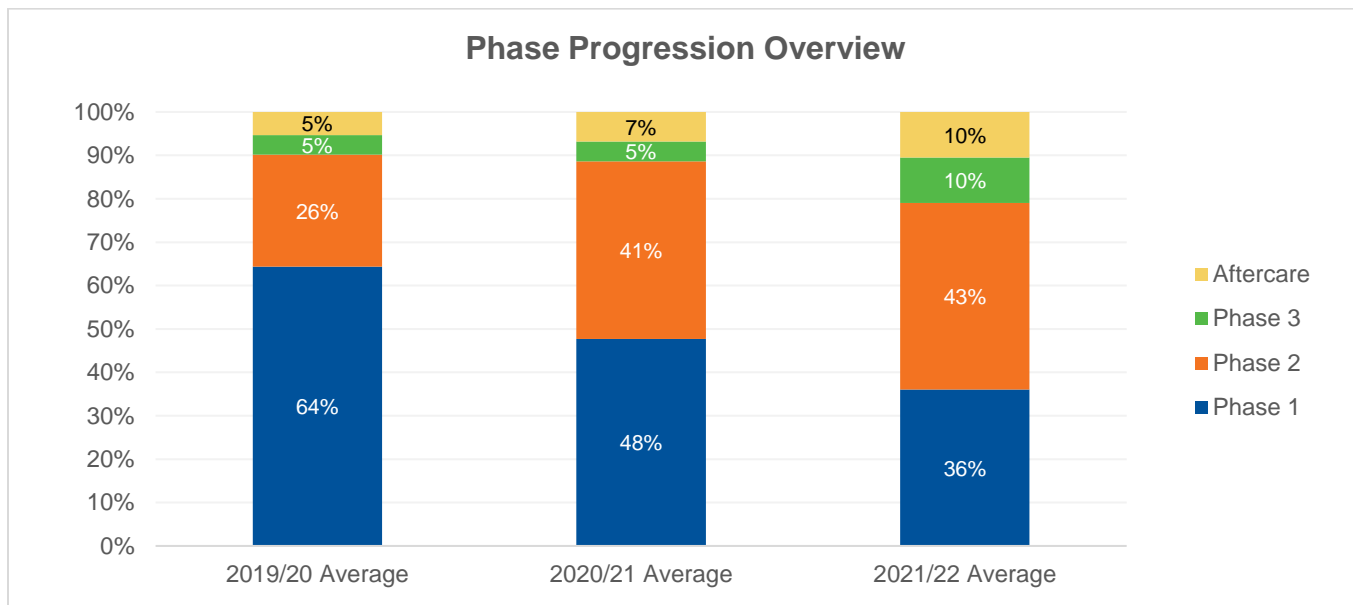
In-Custody Participants Served									
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Individuals Served	-	-	19	120	100	-	48	72	45
Active Participants	-	-	9	20	0	-	10	9	6
Participants Continuing Services at DRC	-	-	7	54	67	-	23	33	19
Participants Not Continuing Services	-	-	3	46	33	-	15	30	16
-Released to other treatment	-	-	-	-	-	-	4	5	1
-Released and failed to report to Probation/DRC	-	-	-	-	-	-	6	13	8
-Sentenced to Jail/State Prison	-	-	-	-	-	-	5	12	7
Male / Female Ratio (%)	-	-	84 / 16	80 / 20	81 / 19	-	94 / 6	96 / 4	93 / 7

Average Phase Count Overview

The Shasta DRC is a multi-phase program. The table below shows the average program phase counts for the reporting period.



In 2019, the Shasta DRC began implementing program model enhancements to increase Phase 1 completions. *We are seeing continued growth in participants continuing to progress through all phases of the program.* Below shows the average phase counts since enhancing our program model.



Stabilization Factors

Focusing on stabilization has been one of the primary enhancements to Phase 1 of our program. This focus is based on research showing that justice involved individuals are unlikely to succeed in treatment programs unless their basic needs have been addressed first.²

Essential Needs Checklist and Action Plan

Essential needs are those things that participants need to have taken care of to increase the likelihood that they will be successful as they begin programming. During starting point, staff review a checklist of potential immediate and short-term needs with the participant. An Essential Needs Action Plan is created during the First Case Management meeting with their assigned Behavior Change Manager. *Throughout the participant's program, this action plan is reviewed and updated to ensure essential needs are obtained, self-sufficiency is gained, and long-term stabilization is established.*

Immediate Needs	Short Term Needs
Can be taken care of right away within the center	Met through our partnerships within the community. Staff at our centers can help participants by providing information and referrals
<ul style="list-style-type: none"> - Food - Clothing - Transportation (bus passes) - Hygiene Items - Vital Documents (identification, birth certificates, social security card) 	<ul style="list-style-type: none"> - Housing - Financial and Income Support - Transportation (Improving current situation) - Child Care - Legal Issues - Health and Mental Health Care

Resource Success Story! A participant needed to obtain his birth certificate from his hometown of San Luis Obispo. The Education/Employment Coordinator (EEC) and the participant reached out together to the County's Superior Court to get guidance on how to obtain this vital document. The EEC supported the participant as he completed the identified action steps, including getting an "Affidavit of Homeless Status" application notarized before submission. A couple of weeks later, the participant had a free and certified copy of his birth certificate!

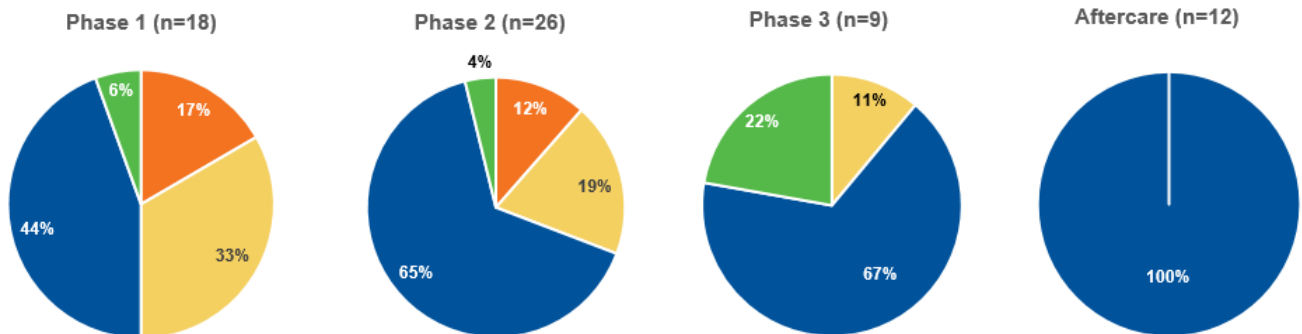
"Without the DRC I was unfamiliar with how to obtain my birth certificate but thanks to their help, I was able to obtain a certified copy and therefore was able to enroll in truck driving school. Thank you so much for all of your help."

Participant - Stuart P.

Housing

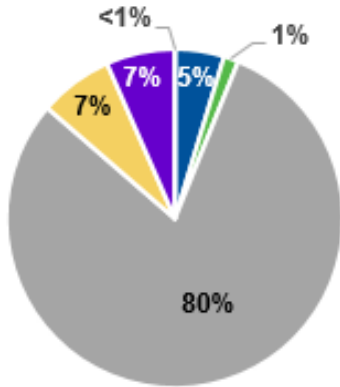
As participants progress through the program, we continue to see an improvement in participants living situation. The pie charts below show a snapshot of participants living situation by phase on April 7, 2022.

Living Situation	Definition
■ Family	Participant lives in a positive environment with a family member or relative
■ Rents/Owns	Participant rents/owns the apartment/home in which they are living
■ Sober Living Environment	Participant lives in a Sober Living Environment in Shasta County
■ Homeless	Participant does not have a residence of any classification
■ Transient	Participant lacks stable ties to a permanent residence

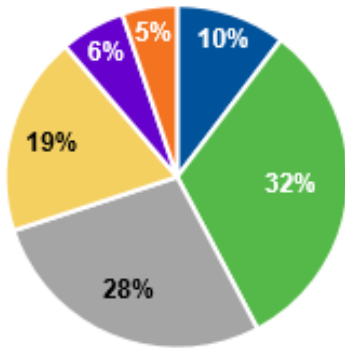


Demographics

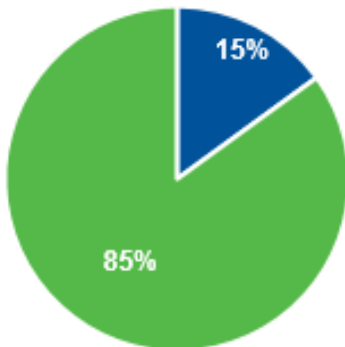
Understanding the demographics of our population helps ensure staff are adequately trained and culturally competent to cater our delivery of services to these responsibility factors. Below is a breakdown of our population by gender, age, and race for the 213 unique individuals served at the DRC in the 2021/2022 reporting period.



RACE	Participants
African American	5% (10)
Asian/Pacific Islander	1% (3)
Caucasian	80% (170)
Hispanic	7% (15)
Native American	7% (14)
Two or More Races	<1% (1)



AGE	Participants
18-25	10% (22)
26-33	32% (68)
34-41	28% (59)
42-49	19% (40)
50-57	6% (13)
58+	5% (11)



GENDER	Participants
Female	85% (181)
Male	15% (32)

Risk, Need and Responsivity Treatment Principles

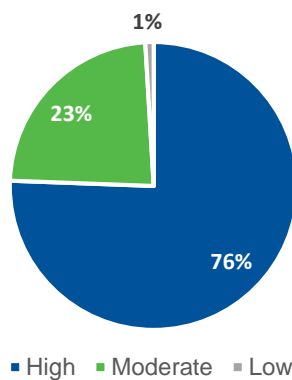
The eight guiding principles for risk/recidivism reduction, developed by the National Institute of Corrections (NIC), indicate to maximize program effectiveness we should follow the risk, need, and responsivity treatment principles when identifying who to serve.

Static Risk Assessment (SRA)

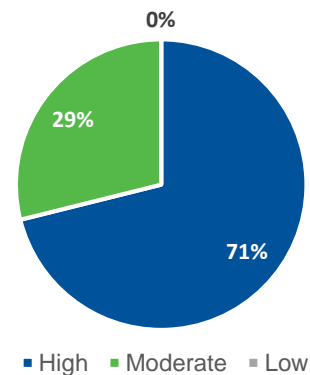
Static risk assessments measure a person's risk to reoffend by assessing their criminal history. Criminal history, while a static key life area, is used to understand a person's pattern of behaviors. This insight helps us identify what specific behaviors to target while in the program.

RISK PRINCIPLE: PRIORITIZE TREATMENT RESOURCES FOR MODERATE TO HIGH-RISK OFFENDERS.

DRC Static Risk Level (n=213)



In Custody Static Risk Level (n=45)



Offender Need Assessment (ONA)

There are eight key life areas (known as criminogenic needs) research links to crime producing behaviors. Through a validated assessment and ongoing six-month reassessments, we identify participants' criminogenic needs that pose the most significant risk to future recidivism.

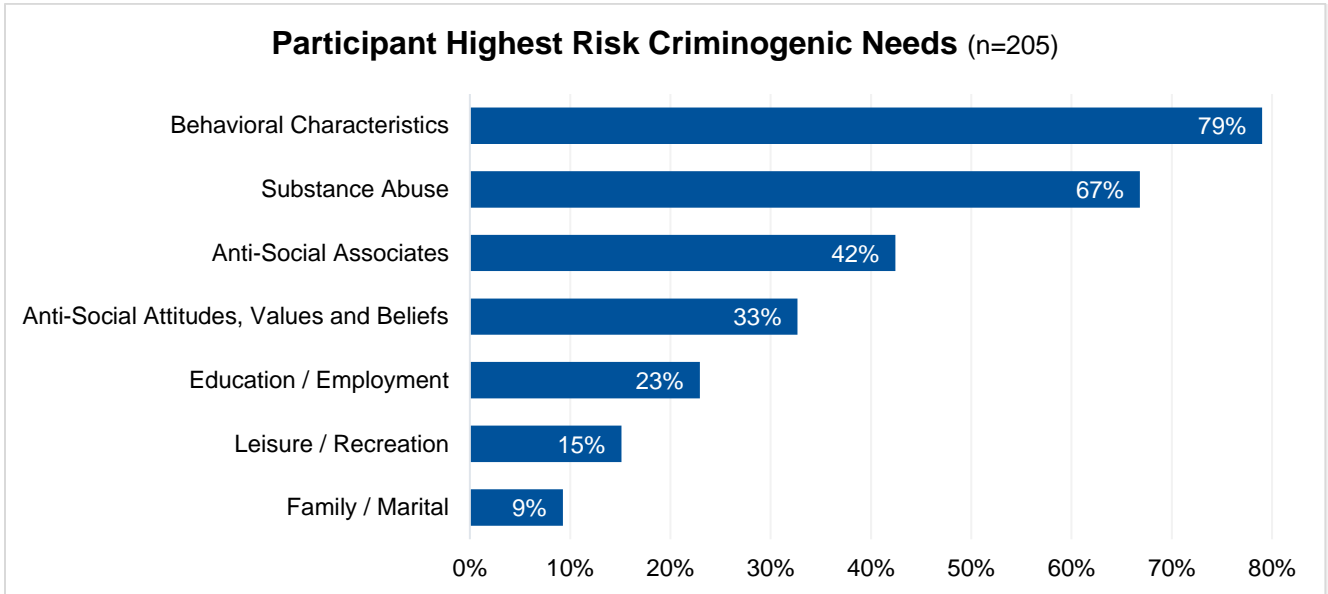
In partnership with the participant, DRC staff help create a behavior change plan (BCP) that serves as an action-oriented roadmap to help participants learn how to develop pro-social thoughts and behaviors. We understand the importance of working closely with each individual to build engagement, motivation, and protective factors reduce their risk to reoffend and increase successful program participation and community integration.

NEED PRINCIPLE: TARGET INTERVENTIONS TO CRIMINOGENIC NEEDS (HIGH-RISK KEY LIFE AREAS).

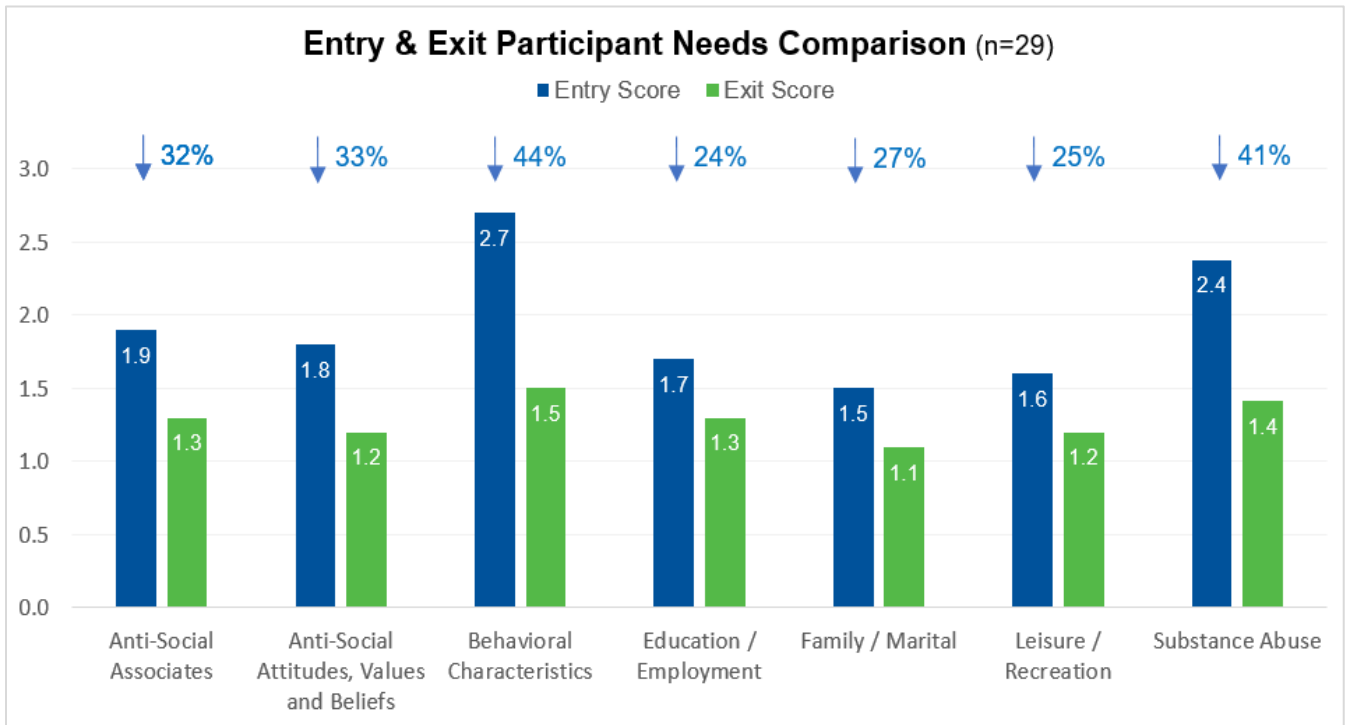
For the past three reporting periods, the top two highest risk criminogenic needs of the participants served are:

- Behavioral Characteristics (coping and self-control) (79%)
- Substance Abuse (67%)

The percentage of participants that scored high risk in each criminogenic need area upon entering the program is shown below.

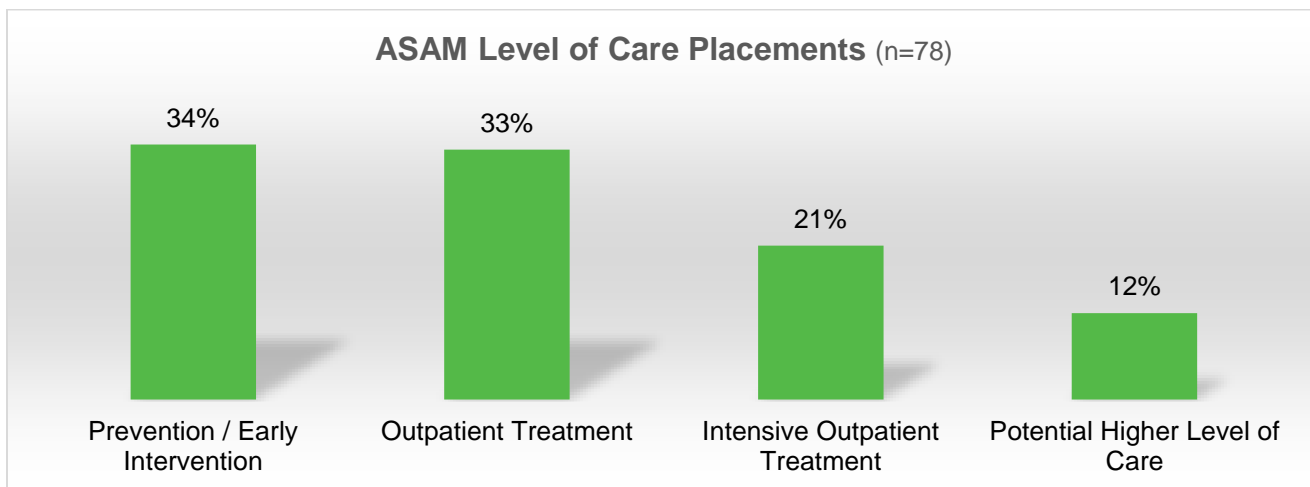


The data below illustrates the reduction in criminogenic needs for the 29 participants who completed the program during the reporting period. The results show significant reductions across all dynamic criminogenic risk factors.



American Society of Addiction Medicine (ASAM) Substance Abuse Assessment

In March 2021, we updated our Substance Abuse assessment to a biopsychosocial questionnaire that better aligns with the ASAM criteria for determining the level of care. *As we move towards a medical approach to treating substance abuse, this new tool allows us to see the volume of services that each participant needs specific to their substance abuse diagnosis.* The chart below shows the determined ASAM level of care for 78 participants, based on our new tool.



Level of Care	Substance Abuse (SA) Services
Prevention / Early Intervention	<ul style="list-style-type: none"> • Assessment and educational services specific to individuals who are at risk for developing a substance abuse disorder • Services may include brief interventions and referral to treatment
Outpatient Treatment	<ul style="list-style-type: none"> • Services focused on helping individuals achieve changes in alcohol and/or drug use and addictive behaviors. Address issues that have the potential to undermine the individual's ability to cope with life tasks without the addictive use of alcohol, other drugs, or both • Services include individual and group counseling, educational groups, motivational interviewing, enhancement and engagement strategies, family therapy and other skilled treatment services • Up to 9 hours of weekly structured programming provided a week
Intensive Outpatient Treatment	<ul style="list-style-type: none"> • Services focused on providing timely support, including laboratory and toxicology services/ • Services include individual and group counseling, educational groups, motivational interviewing, enhancement and engagement strategies, family therapy and other skilled treatment services • The program should have direct affiliation with intensive care levels and supportive housing • At least 9 hours of weekly structured programming provided a week
Potential Higher Level of Care	<ul style="list-style-type: none"> • DRC collaboration with Probation to secure Residential/Inpatient Treatment and/or MAT services

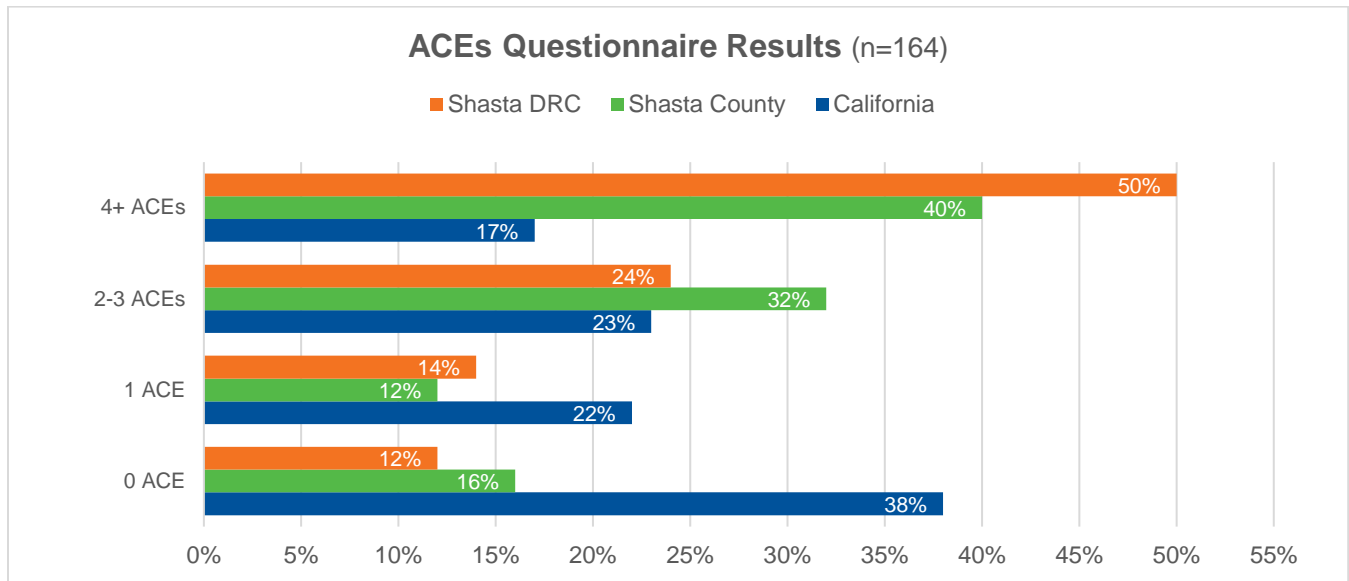
Individuals with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.¹

To address participant level of care we provide a variety of interventions targeting substance abuse treatment. Our primary group intervention supporting the first three levels of care above is Cognitive Behavioral Interventions for Substance Abuse (CBISA). This group facilitates tools and strategies for cognitive, social, emotional, coping skills development and relapse prevention planning. Participants can receive additional and personalized substance abuse dosage through a Substance Abuse Individual Cognitive Behavioral Treatment (SA-ICBT) session with a Substance Abuse Counselor.

Adverse Childhood Experiences (ACEs)

In January 2019, we implemented the ACE questionnaire into the DRC program. Staff facilitate the questionnaire with participants upon transitioning into Phase 2, allowing time to build rapport and establish trust. Utilizing community and DRC resources, staff continue to receive training on trauma informed care to assist program participants.

For the reporting period, 88% of participants who completed the ACEs questionnaire reported at least one adverse childhood experience, with 50% reporting four or more. We continue to see an increase each year in participants reporting four or more ACEs. Below is a comparison and overview of the results, by score and type of ACEs, within each reporting period.



Type of ACE	2020 (n=124)	2021 (n=174)	2022 (n=164)
Abuse			
<i>Emotional Abuse</i>	40%	47%	51%
<i>Physical Abuse</i>	27%	35%	38%
<i>Sexual Abuse</i>	15%	17%	12%
Neglect			
<i>Emotional Neglect</i>	28%	34%	35%
<i>Physical Neglect</i>	15%	20%	26%
Household Challenges			
<i>Separation/Divorce</i>	54%	62%	62%
<i>Substance Abuse</i>	52%	51%	52%
<i>Incarcerated Household Member</i>	40%	46%	45%
<i>Mental Illness</i>	25%	28%	30%
<i>Mother Treated Violently</i>	25%	26%	26%
None	21%	15%	12%

DRC	2019 (n=52)	2020 (n=124)	2021 (n=174)	2022 (n=164)
4+ ACEs	15 (29%)	51 (41%)	81 (47%)	82 (50%)
2-3 ACEs	15 (29%)	28 (23%)	44 (25%)	39 (24%)
1 ACE	8 (15%)	19 (15%)	23 (13%)	23 (14%)
0 ACE	14 (27%)	26 (21%)	26 (15%)	20 (12%)

To support participants with adverse childhood experiences, the DRC offers gender-responsive and trauma informed groups and services.

Dosage and Services Provided

There are over 300 hours of treatment services available to cater to each participant's unique needs and provide a responsive amount of dosage throughout their program. The type of dosage and frequency is based on validated needs assessments, risk to reoffend and phase progression through the program.

RESPONSIVITY PRINCIPLE: BE RESPONSIVE TO TEMPERAMENT, LEARNING STYLE, MOTIVATION, GENDER, AND CULTURE WHEN DETERMINING PROGRAM DOSAGE AND TREATMENT.

In-Custody Services Overview

Engaging with participants while in-custody allows DRC staff the opportunity to establish a rapport with participants, help support them with resources before their release and ultimately create a seamless transition from in-custody to out of custody programming.

In-Custody Length of Stay

In-custody services continue to be an essential way to connect with and impact participants. During this reporting period, 5 of 15 successful completions (33%) and 6 of 12 current Aftercare participants (50%) from the DRC program received services in-custody during their programming. The average length of time these participants programmed while in-custody was 62 days.

DRC Completions – Length of Participation In-Custody

62 Days

The DRC team works closely with Probation and the Shasta County Jail to provide groups and services to participants while in-custody.

History of In-Custody Services Provided at the Shasta County Jail

- In-custody programming began October 25, 2015
- Services were stopped on December 22, 2017
- Services restarted September 4, 2019, with a maximum capacity of 10 spaces
- Services were halted due to COVID-19 on March 13, 2020
- One-on-one services (ICBTs) resumed via tele-conference as of April 2020
- All groups and services resumed in person as of July 2021

In Custody Services and Dosage Provided

Participants completed the following dosage hours in-custody during the reporting period:

In-Custody	Hours of Dosage
Groups (MRT, CBISA, Social Skills, Emotional Regulation and Reentry)*	353
Individual Cognitive Behavioral Treatment (ICBT) Sessions	220
Additional Dosage (Orientations, Starting Points, Assessments, etc.)	135
Total In-Custody Group and ICBT Dosage	708 Hours

*Group dosage is from July 1, 2021 through April 7, 2022

Services provided in-custody include program orientation, starting point, assessments, behavior change plans, cognitive-behavioral groups, one-on-one sessions and proactive support with reentry and stabilization resources in the community to support participants upon release.

- **Groups:** Scheduled Tuesday through Friday. Each group session is 2 hours and encompasses 2 types of groups
- **ICBTs:** Scheduled Monday through Friday. At minimum, 30-minute sessions with assigned Behavior Change Manager
 - During these sessions the participant and Behavior Change Manager discuss the interventions the participant is working on. This may include behavior change plan goals, relapse prevention plans, Moral Reconciliation Therapy steps and Carey Guide tools. These interventions are used to address an array of needs from criminal thinking and behaviors to substance use disorders.

Participants can progress from Phase 1 to Phase 2 while in-custody. If continuing services at the DRC upon their release they transfer to their respective phase and continue towards completion of the program.

DRC Services Overview

Participants completed the following group and ICBT dosage hours during the reporting period:

Day Reporting Center	Hours of Dosage
Number of Accountability Check-Ins	17,560
Number of Drug Screens Conducted	2,938
Group and Individual Cognitive Behavioral Treatment (ICBT) Dosage	
Community Connections	59
Employment Orientation	59
Employment Readiness	104
Moral Reconciliation Therapy (MRT)	1,519
Thinking for a Change (T4C)	1,132
Cognitive Behavioral Interventions for Substance Abuse (CBISA)	1,158
Women's Healing Trauma	32
Emotional Regulation	96
Aftercare	102
Individual Cognitive Behavioral Treatment (ICBT) Sessions	1,848
Total Group and ICBT Dosage	6,109 Hours

Additionally, DRC staff facilitate a variety of ongoing one-on-one and supportive services, including:

- Essential Needs and Resources
- Case Management and Treatment Meetings
- Assessments & Questionnaires
 - Participant Needs Risk Assessments
 - Criminal Thinking Scales (CTS)
 - Substance Abuse
 - Employment
 - Adverse Childhood Experiences (ACEs)
- Behavior Change Plans (BCPs)
- Trauma Informed Services
- Collaborative Treatment Meetings with DRC staff and Probation
- Education/Employment (EE) Labs / Cognitive Behavioral Treatment (CBT) Labs
- Aftercare ICBTs
- Reentry and Discharge Planning
- Facility Events

Section 2: Analysis of Progress - Established Goals & Outcomes

Between 2013, when the Shasta DRC opened, and June 2021, 62% of all DRC participants have remained in the community with no new felony convictions. An integral aspect of this sustained success is our ongoing commitment to evaluating program effectiveness and data driven decision making through measuring program outcomes.

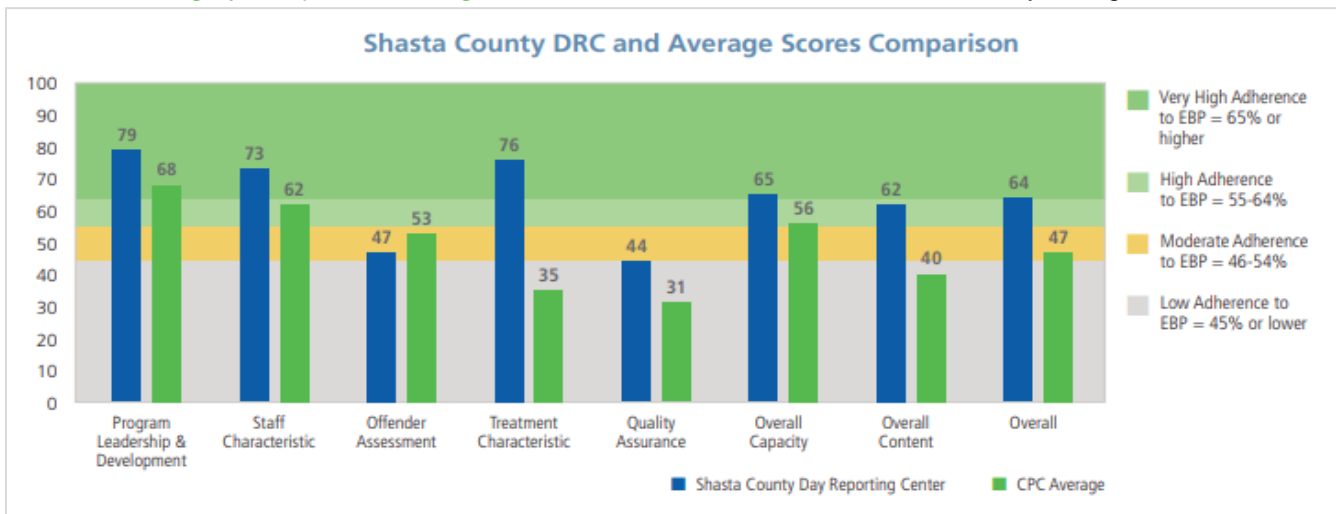
Program Evaluation and Effectiveness

Correctional Program Checklist (CPC)

As an innovative, outcome-based company, GEO Reentry Services strives to ensure that fidelity mechanisms are put in place to ensure adherence to evidence-based principles (EBP). The Correctional Program Checklist (CPC), developed by the University of Cincinnati, is a tool designed to assess correctional intervention programs content and capacity to adhere to the known principles of effective intervention. The CPC is considered the gold standard in measuring a correctional program’s fidelity to EBP. The CPC has been correlated with recidivism reduction and also provides a measurement of program integrity and quality.

Shasta DRC Internal CPC Results

In January 2022, the Shasta DRC underwent, an internal CPC conducted by our Continuum of Care Training Institute. The Shasta County Day Reporting Center received an overall score of 64%, which falls into the High Adherence category for operationalizing Evidence-Based Practices. The results and key strengths are below.



CONTENT

Program Leadership and Development

- Program Manager oversees all training and conducts weekly Key Performance Indicator (KPI) meetings with staff
- Program Manager oversees piloting of new services

Staff Characteristics

- Staff are evaluated on their ability to adhere to EBP
- Strong initial and ongoing employee training

Quality Assurance

- Strong internal quality assurance through coaching procedure
- Participant satisfaction surveys conducted quarterly

CAPACITY

Offender Assessment

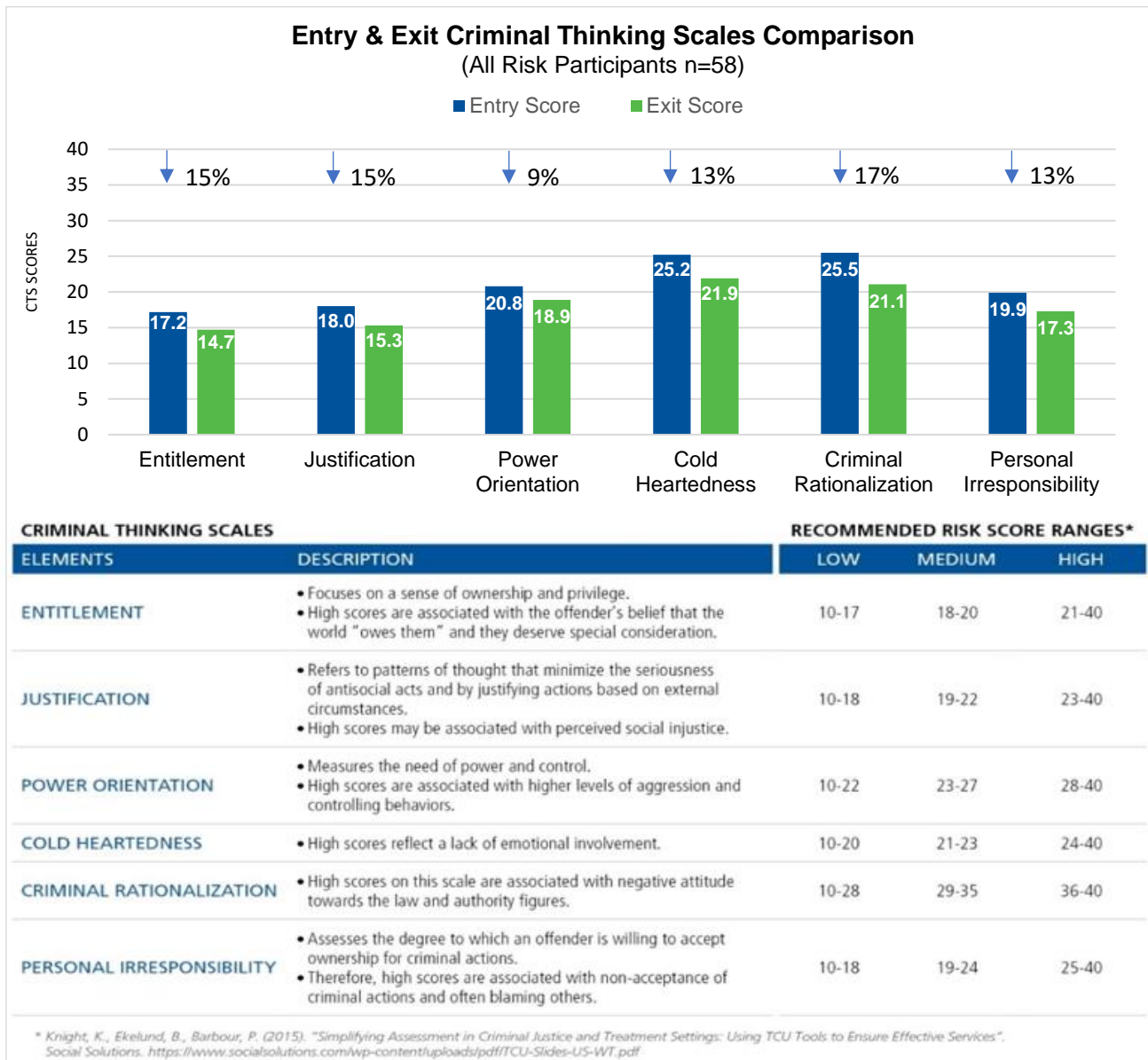
- Exclusivity criteria in place through written and established guidelines
- 95% of referred participants are appropriate for services

Treatment Characteristics

- Program has prosocial activities and an Aftercare/Alumni program
- Program has a contingency management plan for rewards and sanctions

Criminal Thinking Reduction

The research on “What Works” to reduce recidivism indicates that antisocial cognition and antisocial attitudes (criminal thinking) are among the top three risk factors as drivers of recidivism. The Texas Christian University Criminal Thinking Scales (CTS), a reliable and validated instrument, measures the effect of GEO Reentry’s programming on antisocial cognition and attitudes.



Summary of CTS Results

CTS’s are administered upon entry into the program, promotion to Phase 3 and as participants enter into Aftercare. Research evaluators analyzed the entry and exit CTS scores for 58 individuals who participated in programming during the reporting period. The figure below illustrates that the participants had a significant decrease, both clinically and statistically, averaging 14% (2.9 points) across all six domains. **The results of this entry and exit assessment comparison validate the Shasta DRC program has an ongoing positive impact in reducing criminal thinking, therefore reducing the likelihood of future recidivism.**

Measuring Program Outcomes

Active Participant Program Count

The counts below are a snapshot as of the last day of the reporting period.

Program Count										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
DRC	110	71	75	103	133	127	124	127	56	53
In-Custody	10	-	-	17	-	-	10	10	5	6

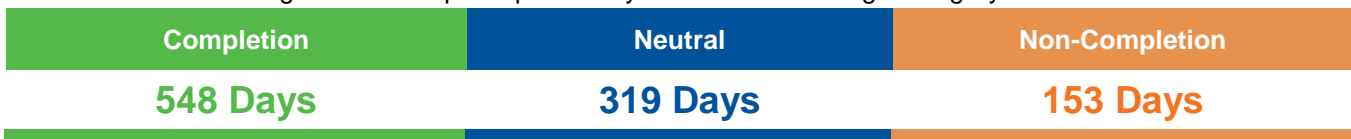
DRC Program Discharges

Discharges are classified by three categories:

- **Completions:** Completed all program requirements
- **Neutral:** Participants whose probation term is reached and are in Phase 1 or 2, or services were discontinued to address alternate needs (i.e., address stability factors such as mental health or highly dependent substance abuse).
- **Non-Completions:** Participant failed to meet program requirements (i.e., absconded or unsuccessfully discharged from the program or sentenced to incarceration)

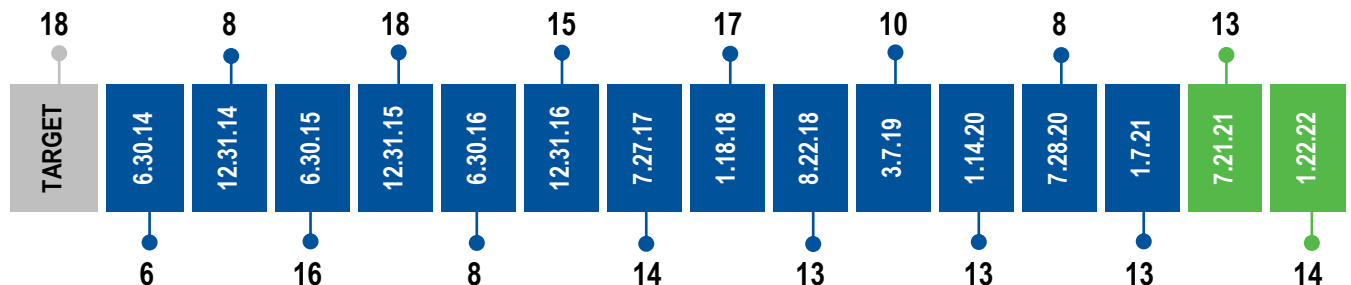
Discharges										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Completions	26%	23%	14%	8%	13%	13%	17% (23)	18% (26)	19% (28)	29% (7)
Neutral	23%	28%	23%	18%	22%	19%	24% (32)	35% (52)	38% (56)	13% (3)
Non-Completions	51%	49%	64%	74%	65%	68%	59% (81)	47% (70)	43% (63)	58% (14)

Below shows the average number of participation days based on discharge category:



Graduates

We continue to host in person graduations every July and January for participants who enter the Aftercare phase of the program. **This reporting period we recognized another 27 graduates for meeting this milestone.**



Attendance Rates

Below is a breakdown of service attendance rates by phase. Due to COVID safety precautions, some service delivery methods remained modified, primarily to accommodate social distancing. As a safety precaution, participants are asked to complete a brief wellness screening each day upon entering the facility. If a participant is unable to pass the wellness screening, they are placed on remote programming (tele-conference groups and services and daily accountability call-ins) for the required quarantine period put in place by the Centers for Disease Control and Prevention (CDC). The modifications are noted below. We are excited to have resumed complete in-person programming as of April 1, 2022. **Due to discharging disengaged and unsuitable participants in the program, discussed on page 25, we saw an improvement in participant engagement and attendance as shown below.**

Check-In Attendance										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	77%	77%	68%	75%	69%	69%	66%	68%	62%	69%
Phase 2	86%		80%	91%	80%	83%	80%	78%	77%	82%
Phase 3	90%		77%	91%	88%	87%	86%	92%	91%	87%

Modifications: Check-ins have remained in-person. Accountability call-ins were given to those who could not pass the wellness screening and were briefly placed on remote programming.

Group Attendance										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	64%	63%	44%	47%	43%	29%	35%	42%	38%	54%
Phase 2	76%		68%	78%	71%	68%	64%	62%	62%	69%
Phase 3	85%		81%	92%	82%	72%	81%	87%	86%	92%

Modifications: Groups that could accommodate social distancing began to resume in person starting May 3, 2021.

Individual Cognitive Behavioral Treatment (ICBT) Attendance										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Weekly	72%	78%	60%	64%	60%	52%	64%	63%	55%	68%
Bi-weekly	76%	80%	80%	90%	88%	79%	86%	81%	81%	83%

Modifications: ICBTs have remained in-person. Tele-conference ICBTs were given to those who could not pass the wellness screening and were briefly placed on remote programming.

Education and Employment

Education & Employment Rate										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	33%	57%	33%	33%	38%	41%	49%	46%	58%	48%
Phase 2	70%		57%	79%	92%	69%	88%	76%	83%	82%
Phase 3	87%		82%	78%	100%	100%	100%	95%	95%	85%

The decrease in the Phase 3 unemployment rate in 2022, resulted from an average of nine participants in this phase and up to two unique participants having stints of unemployment time.

Employment Gains

A goal of the DRC is to assist participants with gaining employment and/or enrollment in school. 155 (73%) of participants were unemployed when they started the program. During the reporting period, the DRC helped 94 (61%) of these participants successfully gain employment.



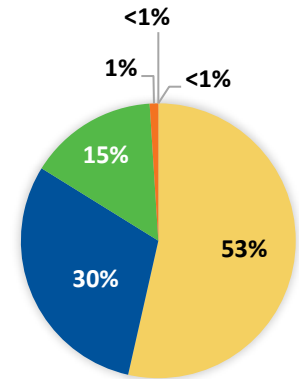
Sobriety

Most of the participants at the DRC struggle with substance use. We have continued to enhance our program model to have Phase 1 focus on participants' essential needs and readiness for change. As the participants transition into Phase 2, progress towards achieving sobriety becomes more of a focus. While we have seen a slight decrease in clean drug screens in Phase 1, we have seen an improvement in clean tests in Phase 2, a strong result of our model enhancement. Additionally, all three phases show a decrease in missed tests, indicating an improvement in drug screen compliance throughout the program.

Drug Test Outcomes										
Clean Tests										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	41%	47%	28%	41%	23%	23%	21% (908)	15% (509)	20% (382)	18% (54)
Phase 2	73%	69%	63%	91%	62%	55%	51% (625)	33% (825)	44% (851)	62% (181)
Phase 3	85%	100%	80%	94%	89%	80%	84% (208)	82% (249)	87% (296)	95% (105)
Missed Tests										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	32%	27%	42%	29%	30%	34%	30% (1316)	21% (682)	25% (485)	14% (44)
Phase 2	19%	16%	22%	3%	23%	22%	22% (273)	17% (413)	17% (337)	10% (32)
Phase 3	8%	0%	20%	6%	9%	10%	10% (25)	5% (15)	8% (26)	4% (5)
Positive Tests										
	Target	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD
Phase 1	27%	27%	29%	29%	47%	43%	49% (2151)	64% (2108)	55% (1084)	68% (207)
Phase 2	8%	16%	15%	5%	15%	23%	27% (337)	50% (1257)	39% (767)	28% (81)
Phase 3	7%	0%	0%	0%	2%	10%	6% (16)	13% (38)	5% (17)	1% (1)

Methamphetamines continues to be the most common substance used amongst our population, with marijuana following. The data below shows an all-phase roll up of positive drug tests by substance type by reporting period.

Positive Drug Tests by Type		2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Methamphetamines		45%	51%	40%	47%	51%	49%	45%	45%	53%
Marijuana		41%	34%	34%	34%	31%	30%	37%	37%	30%
Opiates		9%	13%	16%	14%	14%	18%	15%	15%	15%
Benzodiazepines		<1%	1%	2%	2%	3%	1%	2%	2%	1%
Amphetamines		3%	<1%	6%	2%	1%	1%	<1%	<1%	<1%
Cocaine		1%	<1%	1%	1%	<1%	1%	1%	1%	<1%



DRC staff perform random weekly alcohol and drug testing to help determine compliance with supervision and programming requirements. As needed, drug-screening samples are sent offsite, to a third-party laboratory, for confirmation and measurement of levels, which helps us monitor the participants for appropriate usage of any prescribed substances.

Due to COVID, our standard breathalyzer process stopped from 3/16/2020 to 11/30/21. We continued to conduct breathalyzers safely as needed for participants who struggled primarily with alcohol or caused a suspicion of use. Historically we have seen a 99% clean rate for alcohol in our population. We resumed breathalyzing all participants with a new hands-free breathalyzer device on 12/1/21. Since resuming, we have continued to see a 99% clean rate.

Section 3: Specialized Training and Curriculum Development

Curriculum Development

As a leader in reentry, GEO Reentry Services employs evidence-based practices to continuously improve participant engagement and increase program success. Since 2019, GEO Reentry Services has collaborated with subject matter expert Dr. Natalie Pearl Ibarra to continue enhancing our program model and fundamental services.

Contingency Management Matrix

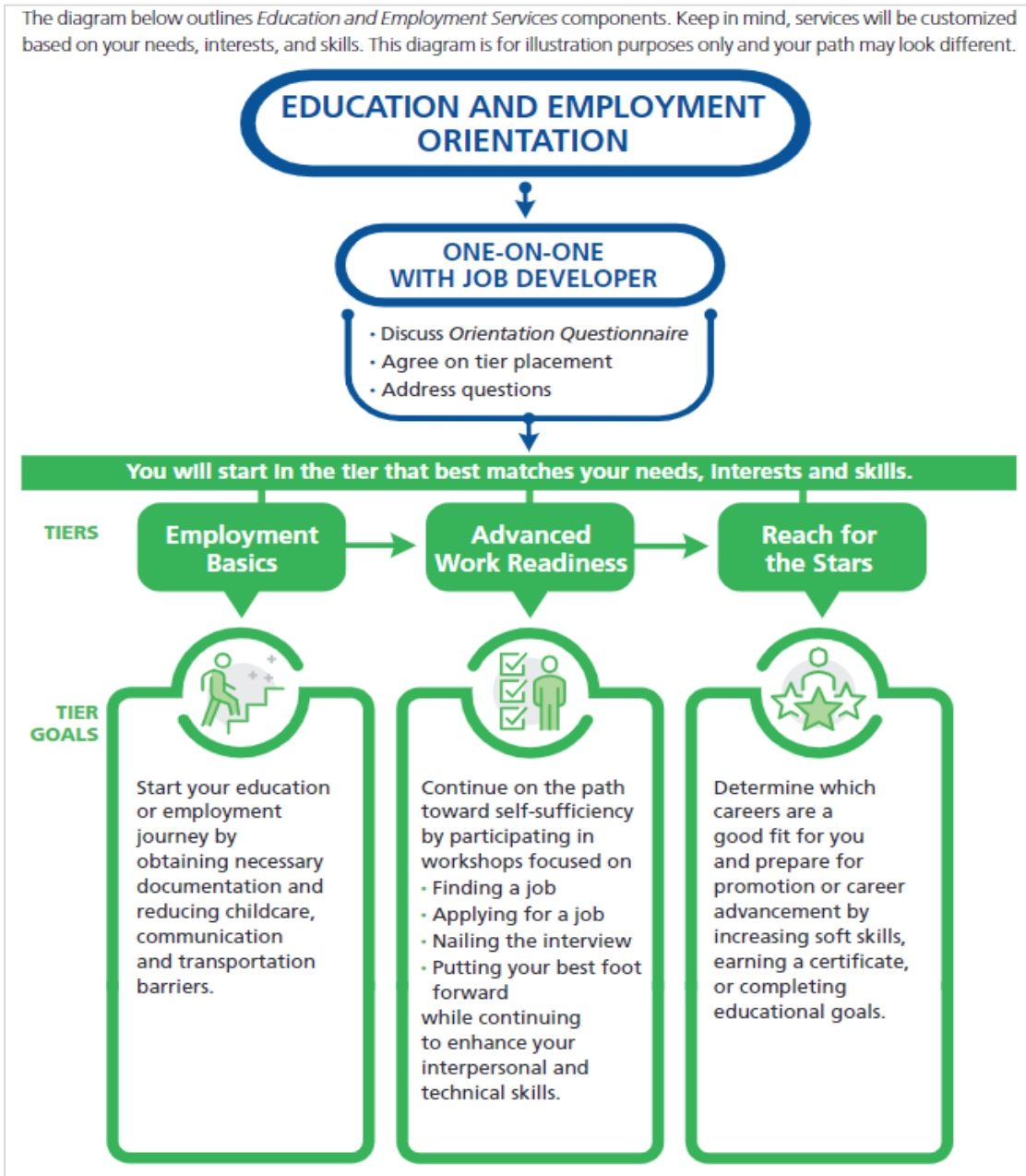
Shaping behavior is a complex process. Contingency management is a tool we use to help manage behavior change, not just manage program compliance. Research indicates that positive reinforcement of pro-social behaviors—and appropriate consequences for negative actions—are effective in facilitating lasting, positive changes.

As of April 1, 2022, the DRC adopted a revised contingency management matrix. For the matrix to be effective, rewards and sanctions must be meaningful and individualized to the participants. Throughout the past year, staff have been intentional to ask participants what rewards and sanctions would and would not work to affirm positive behavior and hold them accountable for negative behavior. This revised matrix encompasses this participant feedback.

The Shasta DRC incorporates contingency management through use of an individually structured rewards and sanctions process. Program expectations are shared with participants throughout programming and a contingency matrix is utilized to reward desired behaviors (pro-social) and address undesirable (anti-social) behaviors. Our goal is to help participants navigate life outside of the DRC, not just within.

Education and Employment Services

An Enhanced Education and Employment Services Model was implemented in August 2021. This enhancement focuses on uniquely meeting participants where they are at in this key life area. The model assists the DRC with increasing participants' financial self-sufficiency and enhancing their satisfaction with their education or employment progress.



Participants now attend an Education and Employment (EE) Services Orientation. This assists them with getting oriented with our EE Services and gaining motivation to participate. After completing a 1 on 1 Tier Plan Meeting, participants collaborate with the Education/Employment Coordinator to choose a Tier to begin in. Based on the tier, they attend various workshops/ EE Labs and work towards their EE goals.

Getting Motivated to Change (GMC)

Getting Motivated to Change (GMC), adapted from the Texas Christian University curriculum, is the cornerstone of Phase 1 cognitive-behavioral intervention. Three pre-treatment sessions are targeted to participants in the pre-contemplation or contemplation stage of change. The goal is to acclimate the participants to the center and prepare them to successfully transition into Phase 2, focused on treatment and intervention.

Purposeful Intervention Tools

In December 2021, a new program element, Purposeful Intervention Tools, was developed and implemented at the Shasta DRC to help improve engagement. **These tools aim to ensure Phase 1 participants have a meaningful engagement on days they must come to the center but do not have anything scheduled.** These tools are intentionally created to be positive and purposeful activities a participant can complete independently or if available, with a member of staff assigned to the front desk. The Shasta DRC has embraced these tools along with participants!



Enhanced Starting Point Passport for Phase 1

The Passport provides organization, understanding, and structure for the participants. **The Passport is designed to be a visual guide to help participants successfully complete Phase 1 and move on to the treatment and intervention phase of the program.** In addition, the Passport is a tool for staff to recognize and reward participants upon completion of Phase 1 tasks.



Specialized Training

Throughout previous annual reports, we have highlighted in depth the ongoing commitment GEO Reentry Services and the leadership of the Shasta DRC to providing an organizational learning culture.

Evidence-Based Practices (EBP) Academy

To support staff being able to understand, articulate and operationalize Evidenced-Based Practices (EBP), our Continuum of Care Training Department has committed to supporting staff by hosting a monthly EBP webinar series within their newly developed EBP Academy. Webinar topics include:

- How to be Trauma Informed
- Core Correctional Practices (CCP) Basics
- Spirit of Motivational Interviewing (MI)
- Stages of Change
- MI OARS
- Assessments
- SMART Goals
- ICBT Refresher
- Effective Role Plays
- Cognitive Restructuring
- Contingency Management
- Professional Alliance

When staff attends 11 out of 12 sessions, they will officially have completed the EBP academy. This will include a framed certificate and special recognition by GEO leadership.

Section 4: Collaborations, Program Enhancements and Opportunities

Facility Events

Graduations

Program graduations allow us the opportunity to recognize participants who have completed Phases 1 through 3 of the program and entered Aftercare, the final phase before crossing the finish line of the program.

During the ceremonies, graduates are invited to share their experience in the program and the tools they have gained to continue their success long-term. Graduates also receive certificates of recognition from a variety of community stakeholders including:

- Shasta County Day Reporting Center (DRC)
- Shasta County Probation Department
- Shasta County Board of Supervisors
- City of Shasta Lake
- Anderson City Council
- State of California Senate
- California Legislature Assembly

We proudly recognized 27 graduates during this reporting period.

Tele-Conference Recovery Events

Recovery events at the DRC started in September of 2018. This monthly event is to provide a safe, supportive, and confidential atmosphere in which participants can share their difficulties and learn ways to overcome addiction. Topics range from the benefits of 12-Step programs, overcoming barriers to sobriety, recognizing faulty thinking and replacement thinking, the importance of a healthy support system, how to cope with real life situations, managing co-occurring disorders and developing personal emotional and spiritual practices. Each event also includes guest speakers from the recovery community, graduates of the program and/or current Aftercare participants.

These events have continued to evolve throughout the years and attendance and community support has grown. Throughout 2021, we held monthly events via tele-conference as we continued to navigate social distancing safety precautions. During this time, we had a total of 152 participants joins us! We look forward to safely bringing these events back in person in May 2022.

Open House

On April 7, 2022, from 11 am to 2 pm, we hosted an open house to celebrate our 9-year anniversary of serving the Shasta County community. The event was open to all members of the public including local officials, stakeholders, community partners and members, program alumni and participants and their families.



The event allowed DRC staff the opportunity to provide attendees tours of the facility with detailed stations highlighting the various components of the program. Exciting to our approach for this open house was having both current participants and alumni participants assist in providing the tours. This approach allowed attendees to receive education on the services the DRC provides from staff and experience with receiving the services from participants. An estimated 75 people attended this event.



Collaborations with Probation

Addressing Lingers

In the summer of 2021, Probation and DRC leadership reviewed all active participants in the program. The focus was on assessing for suitability and those who had been in the program for more than 8 months and failed to engage and progress, also known as lingering. An estimated 25 participants were discharged from the program, 20 of whom were lingering. While this created a significant reduction in our program count and total participants served, it ensured we were providing services to the right individuals and upholding program fidelity.

Probation Briefings

Probation Supervisors and Officers meet regularly throughout each month to discuss operational updates at Probation briefings. Since June 2021, the DRC Program Manager and Supervising Case Manager regularly attend at least one Probation briefing a month to provide a DRC operational update and educate Officers on the various program components.

Staffings and Promotions

Every Monday from 1:30 pm to 3:30 pm, we close the DRC to have a collaborative meeting with DRC and Probation Officers to discuss participant progress or barriers in the program. This meeting is an opportunity for us as the treatment team to focus on two things:

1. **Staffing** – review and discuss participants who are struggling to progress and/or lingering in the program.

New to the staffing process is the “DRC Staffing Request” form, created by a Probation Officer (shown in image to the right). Implemented in February 2022, this assists DRC staff with requesting specific action items of support by Probation, such as PO/DRC staff meeting with participant, utilizing GPS or flash terms, house visits, written directives and more.

2. **Promotions** – review participants who have achieved all milestones in their current phase and are eligible for promotion. Promotions are celebrated with lobby recognition and a certificate of completion at our monthly recognition celebration event.

Recognition Celebrations

Recognition Celebrations resumed in person at the DRC in June 2021. DRC staff and Probation Officers host monthly recognition celebrations at the DRC. These events allow us as a treatment team, to welcome new participants who recently started the program as well as recognize participants who recently progressed into the next phase. Certificates of completion are provided to participants who phased up and ice cream is served to all!



MRT Step Fairs

Moral Reconciliation Therapy (MRT) is a foundational curriculum used to guide a participant's progression through the program. To uphold the fidelity of the MRT curriculum participants are expected to present a MRT step at least once every three weeks.

To ensure fidelity of the curriculum and accountability to progression, we collaborated with Probation Officers to facilitate a monthly "MRT Step Fair". Participants that have not presented a MRT step within three weeks are assigned to attend and present their MRT step in front of DRC staff, Probation Officers, and fellow participants. Should they not attend, Probation and DRC deliver a graduated sanction to the participant for non-compliance.

Since implementation of this monthly MRT Step Fair, we have gone from an average of 12 MRT step presentations to 26 MRT step presentations being done a month, from all MRT groups. Additionally, we have seen a significant increase in participants consistently presenting MRT steps at their assigned weekly groups. We are excited to see our solution has helped ensure fidelity and progression through the program, as desired.

EBP BriefCASE Series

In February 2022, Shasta DRC and Probation joined efforts to learn more about the principles and practices of Evidenced-Based Practices (EBP). Each month DRC leadership and Probation Supervisors facilitate an EBP BriefCASE session for all DRC and Probation staff, broken into six different groups of staff. The EBP BriefCASE series, developed by The Carey Group, is a booster curriculum designed to support advancing staff's knowledge and skills with respect to EBP. This 18-module series covers a multitude of topics that are essential to criminogenic risk reduction.



Thus far, the feedback from staff, is these collaborative sessions have helped all staff not only better understand EBP but learn how this concept is applied within the Probation department and our treatment program. This understanding enhances our collaborative processes and overall partnership.

Opportunities

Additional Recovery and Peer Support

Over the years, we have found one of the primary barriers to achieving success in the DRC program is participant's struggles with substance use disorders. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are 12-Step meetings that provide support in helping people obtain sobriety and reach abstinence from drugs and alcohol. The DRC is looking into hosting a 12-Step recovery meeting once a week to offer participants additional recovery resources and support efforts to building a pro-social sober support network.

Future Program Enhancements

As we continue to enhance our program model, we commit to being innovative and outcome based. We continuously work to identify areas of opportunity to impact those we serve. Below are some opportunities for enhancement during the next program year.

- **Community Connections** -The program has always had a Community Connections component. However, we have enhanced this to increase participants' positive ties to the community. The new model will be a three-part series that increases participants' comfort level in identifying and securing needed resources.
- **Partners in Parenting** – This new curriculum was designed to address parents' needs and concerns in treatment programs. The curriculum's emphasis is on building skills, providing support, and helping parents understand the needs and abilities of children during different stages of development.
- **Quality Assurance through Coaching (QATC)** - Quality assurance is an essential aspect of our program. When services are implemented correctly, staff develop ownership of the quality of their work, and continuous improvement becomes part of our culture. As per our Correctional Program Checklist results, this was an area of opportunity to improve. We have enhanced our QATC process with new forms and increased coaching to ensure program fidelity and effectiveness by reducing staff drift and gaining staff commitment to the original practice
- **Responsive Program Pathways** – Each participant has a unique reentry journey, and our new pathways are designed for responsivity, customization, and programming in alignment with the participant's assessed risk and needs.
- **Addition of a Licensed Clinical Social Worker (LCSW)** – The Shasta DRC will bring on an LCSW who will be able to conduct biopsychosocial assessments and provide specialized services to participants in the Mental Health Support Pathway. They will also coordinate with other DRC staff, Probation, and licensed providers in the community to ensure participants receive the appropriate level of care.

The Shasta DRC team

We are fortunate to have extremely passionate, skilled, and committed individuals make up the Shasta DRC team. Four of seven full-time staff have been with the company and/or program for at least five years. Upon reaching this milestone, staff are presented with a five-year award. All remaining full-time staff have been with the program for at least two years.



On behalf of GEO Reentry Service and the Shasta DRC team, thank you for supporting the work we do and allowing us to serve the Shasta County community. We are grateful to be a part of the efforts and solutions to improving the lives of those we serve, reducing recidivism, and improving public safety for all.

References:

¹American Society of Addiction Medicine. Definition of Addiction. Rockville (MD). 2019. Available from: [https://www.asam.org/docs/default-source/quality-science/asam's-2019-definition-of-addiction-\(1\).pdf?sfvrsn=b8b64fc2_2](https://www.asam.org/docs/default-source/quality-science/asam's-2019-definition-of-addiction-(1).pdf?sfvrsn=b8b64fc2_2)

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