



Humboldt County Community Corrections Partnership / Prop 47 Committee

Date: January 10, 2017

Time: 12:15 – 1:15p.m.

Location: Jury Assembly Room, ground floor (4th St. side), Humboldt County Courthouse

Required Member Agencies (pursuant to Penal Code Section 1230(b)(2)): Superior Court of California, Humboldt County Departments – Administrative Office, Board of Supervisors, Probation, Sheriff, District Attorney, Public Defender, Health and Human Services (Mental Health, Alcohol and Other Drug, Social Services, Employment Training), Humboldt County Office of Education, local police department, community based organizations, victim services representative.

Minutes

I. Call to order

Bill called the meeting to order at 12:15pm. In attendance was: Bill Damiano (Probation), Sean Brenneman (Probation), Lydia Thrash (Probation), Kevin Samsel (Probation), Dean Flint (HSO), Wes Harrison (NCSAC), Vanessa Vitiak (HCCF), John McManus (ADCS), Mark Lamers (HCMH DHHS), Arlette Large (HRC), Holly Scaglione (Flying Changes), and Kelly Cole (Private Practice).

II. Prop 47 Advisory Committee Follow-up

Competitive grant project

A. Review decisions to date and costs for same.

- i. *AmeriCorps workers to be assigned to programs (5 grant-funded) to:*
 - a. *Provide case management*
 - b. *Employment training and assistance, linkage to Job Market*
 - c. *Review Prop 47 Grant Budget Worksheet*

Bill reported on the cost of 5 AmeriCorps workers with 2 each going to HRC and NCSAC (4 in total) and 1 going to ADCS to join their existing AmeriCorps employee. Everyone was in agreement that the AmeriCorps workers will serve as case managers, making this an acceptable component to put into the grant proposal.

Case management, as well as employment support and training, take up 1/3 of the grant funding.

With money going towards these extra services for treatment programs, it was agreed that extending a clients treatment by 30 days would be beneficial to utilize these grant funded services. The benefits of these supportive services along with extended treatment could increase the success rate after completion of a program. The 30 day extension of treatment would be optional and on a case by case basis.

B. Clinical service support –

- i. Discuss alternatives following investigation into existing CCRC staffing and services*
- ii. How critical is this service and how much funding is the group willing to allocate to this?*

As stated at the meeting, the grant proposal is still missing the clinical piece that is needed. With \$691,000.00 remaining in the grant, the question of “do we want to dedicate 1/3 of the overall grant money to clinical services” was asked.

The following questions were raised in regards to this discussion:

- How would we fit these on-site clinical services into an already full schedule at the treatment programs?
- Is there a county solution to provide clinical services?
- Would private practitioners be willing to designate up to 10 hours a week to treatment program clients?
- Would treatment programs need to be Drug Medi-Cal certified?
- What are the qualifications to be Drug Medi-Cal certified?
- Would private practitioners be interested in a private contract if they were allowed to bill for services?

Bill would like to get more details from the treatment providers on using private practices as well as the billing practices needed to make this suggestion plausible to include into the grant proposal.

John stated that the most important clinical services need amongst the treatment programs would be to have an on-site MD at the programs who can prescribe psychiatric medication. It was acknowledged that finding an MD to hire would be a very large task and will most likely not be feasible in the four week period that is left to submit this proposal. Arlette stated that she has spoken to some doctors that she would be willing to follow up with in regards to this idea.

With this established, Bill would need further information to put this in the proposal, such as:

- How much of a doctor would you need?
- What would the cost be?
- What are the Drug Medi-Cal requirements of this?

It was stated that an on-site MD will most likely use most of the \$691,000.00 remaining of grant funds. However, Arlette reported that this piece of grant funding could front load the efforts for treatment programs and the Drug Medi-Cal certification process, and as the grant faded out, the programs would then be able to sustain this on their own.

- C. *Housing programs –*
- i. *How much of this population are you already serving?*
 - ii. *What is your present capacity to serve more of this population, and how (housing, case management, etc.)?*
 - iii. *What are the sources of funding that you utilize, and what more can be leveraged from those sources if matched by this grant or other sources?*
 - iv. *Based on the data discussed above (Item A), what might your agency be prepared to accommodate with supportive housing?*
 - v. *Are we missing anything else here*

A majority of these questions still stand after the meeting's discussion. This information is necessary and will need to go into the grant proposal.

It was stated that Arcata House services has services that could be utilized along with already funded housing options (this has match).

Arlette also stated that she has been approved for a single women's clean and sober house in the future.

- D. *Identify agency representatives to sign off on required Letter of Agreement (RCAA, clinical services, housing, other – identify)*

This item was not covered during the duration of the meeting.

III. Public Comment (as time permits)

Open discussion of the ongoing or emerging impacts on the community of Public Safety Realignment.

Within the next couple of weeks, Bill needs specific information from the treatment programs.

- Out of the residents who stayed 90 days in residential treatment, how many completed successfully?
- How many stayed sober afterwards?
- All pick a designated time period and submit this data to Bill.

IV. Determine next meeting date and take input for meeting's agenda

TBD

VII. Adjourn

The meeting was adjourned at 1:15pm.