

Counties' Frequently Asked Questions Regarding Reentry Facilities

1. **Q: Who selects the inmates for the reentry facility, i.e. the California Department of Corrections? Does the county have input into which inmates are selected?**

A: CDCR will make this determination in accordance with AB 900 directives (i.e. county specific inmates within one year of being released from custody) and in consideration of the risk and needs of the inmates.

2. **Q: Will the facility be available to serve any juveniles who age out of DJJ placements?**

A: No. Pursuant to AB 900, reentry facilities will provide programming to adult inmates and parole violators (PC Section 6272).

3. **Q: Will the county be able to stop an inmate from returning to a local reentry facility?**

A: Counties will not be able to stop specific offenders from participating in a local reentry facility. However, counties will be a part of the program planning process.

4. **Q: How does the state propose to overcome conditional use permitting rules by municipalities/counties that forbid reentry type of facilities? This will be the biggest issue faced by AB900.**

A: The state is not required to secure a conditional use permit; the state will comply with all applicable laws and consult with local agencies during the project's California Environmental Quality Act (CEQA) process.

5. **Q: What guarantees will a county have that the state will follow through on funding reentry facilities and programs given the current budget shortfalls?**

A: Lease revenue bond financing will support the construction of Secure Community Reentry Facilities (SCRF). This financing is authorized by existing legislation in the form of State issued debt (lease revenue bonds). The State Treasurer measures and evaluates debt affordability and capacity for the State of California. The annual "Debt Affordability Report" includes a measure of the State's existing debt and debt issuing capacity. Therefore, bond financing is subject to an established State process.

The costs to operate a SCRF will be funded by the State and are subject to the normal State budget process. This means that a particular funding level is not guaranteed; however, it is expected that needed operating funds will be made available as part of the CDCR budget.

6. **Q: What protections are in place – or guarantees – that if California faces another prison overcrowding crisis that the state will not overfill these reentry facilities beyond what the state and county have agreed upon?**

A: There is a statutory limitation (AB 900, Penal Code Section 6271) that restricts each SCRF to no more than 500 beds.

7. **Q: How is the state preparing and collaborating with local governments to ensure that an adequate workforce is available to operate reentry facilities and to provide services, both inside the reentry facility and in the community, upon the inmate's release from the facility?**

A: The CDCR will develop a collaborative partnership with local government, local law enforcement and community providers (PC Section 6273) that partner to site and allow operation of a SCRF.

8. **Q: What is “continuum of care” and what assurances does the community have that the community's needs for these services will not be negatively impacted by these new requirements? What additional funding will CDCR provide for this continuum of care?**

A: Inmate rehabilitation will begin in the state prison system through provision of offender, academic and vocational programs, substance abuse programs, medical and mental health treatment, and other programs and treatment interventions geared to improve inmate skills and abilities and reduce recidivism. The term “continuum of care” has been used to describe the full menu of programs and interventions that will be available for offenders, based on their individual needs, while in prison and within reentry facilities. Creating a full menu of services and supports within each prison will occur over the next several years.

Offenders within a reentry facility will receive a full menu of programs and treatment interventions throughout an integrated programming day during their last 12 months in custody. It is intended that the partnership with local communities will ensure that the programs and treatment interventions offered within the reentry facility will enable a seamless transition to any needed offender services and supports upon release. It is further intended that the intensity and duration of need for continuing services will be aided and hopefully lessened by the reentry experience.

Following release it is anticipated that each inmate will have opportunities for additional training, treatment and support through the resources of the local parole program.

SCRF funding authority is provided via AB 900 and the CDCR support (operational) budget. Local reentry planning teams may identify the opportunity to either better utilize existing community support resources and/or work with the department and their elected representatives to seek additional funding.

9. **Q: How is each county's capacity to provide services to both those inside a reentry facility and those in the community going to be assessed? Earlier it was said by CDCR that CDCR would do an assessment of each community to determine where gaps exist and CDCR would address those gaps; however, information has not been provided as to how assessments are to be completed.**

A: The reentry facilities will be constructed and operated by CDCR in collaboration with local community partners. CDCR will fund the cost of operating these facilities, including all programs and services. It is expected that service providers from each county will participate in delivering programs within the facility, and/or participate in transition planning to enable an offender to successfully transition back to the community, any appropriate costs will be covered by CDCR. The benefit of this approach is to enable formal contact with each offender which will enhance the effectiveness of reentry planning and the seamless transition to community-based services and supports.

It is recognized that existing local and state resources may not be sufficient to fully address all needs; however, CDCR is committed to work with counties to develop new and/or to redirect existing resources, to the extent possible, to meet higher priority needs. A local Reentry Planning Team will be established to conduct an assessment of existing community services within each county, to identify gaps and any additional services needed by parolees, and to seek viable options, including expansion of programs where warranted.

10. **Q: What is the role of the county once the inmate has been released from the reentry facility?**

A: CDCR parole will continue to provide post release services to parolees, and will continue to utilize CDCR's allocated resources and funding to provide services to the active parolee population in the county. The existence of a reentry facility should not heighten a negative impact to the county, even if the county was unable to fully meet the needs of all of its parolees.

11. **Q: Can a more collaborative process be developed for counties working with CDCR to site a reentry facility? Currently, communication seems like a one-way process with not all counties being able to provide information to CDCR or receive feedback on questions forwarded to CDCR.**

A: As mentioned above, a local Reentry Planning Team will be established to facilitate ongoing communication between CDCR, the city/county and community where a reentry facility will be constructed and operated. CDCR will meet as reasonably necessary with the county and/or its designated committees or with other local governmental agencies when requested by the county to in good faith to address any community or county issues that arise. Once activated, the facilities will establish a Community Advisory Committee to interact with the local community.

12. **Q: What will be the release plans for inmates leaving an SCRF? Can they just walk out on their release day?**

A: No. CDCR will ensure that all inmates released to parole from an SCRF will have coordinated transportation from the SCRF to their approved placement in the community based on the inmate's reentry plan and in accordance with section 3003 of the Penal Code ("Parole: Geographic Placement"). This section shall not limit section 3003(b)'s authorization for CDCR or the Board of Parole Hearings to return an inmate to a different county if that would be in the best interest of the public.

The method of transportation will necessitate planning, coordination, and facilitation of transportation options including transportation by inmate family and friends, representatives from the County's Sheriff's department, representatives from community based organizations, or CDCR staff.

13. **Q: How will crime victims and/or next of kin be notified when a certain inmate is released. Whom do I contact and how?**

A: The victim of crime, next of kin, parent or guardian of the minor victim, witness, or concerned citizen may request to be notified of the death, release, placement in a reentry facility, or escape of the offender(s). Requests MUST be made in writing (CDC Form 1707 or letter) to CDCR's Office of Victim and Survivor Rights and Services. For additional information the telephone number for that office is 877-256-6877.

14. **Q: How will issues be addressed during the design, planning, construction and operation of SCRF's? Will there be any remedies in place to assist in resolving issues and concerns?**

A: There are several avenues available to use when issues arise. Among them are the local Reentry Planning Teams that will be established, which will help to facilitate communication and ongoing collaboration between CDCR, local government and the community. Upon activation of the SCRF, CDCR will also request establishment of a local Citizens Advisory Committee (CAC) whose primary objective is to promote communications between the SCRF, the region and the community. In addition, an Executive Director of each new reentry facility will be designated and will serve a critical role as liaison with counties, local law enforcement, etc.

15. **Q: Has a process been developed for the State and county if one, or both, want to change any part of the reentry facility? If so, what is contained in that agreement?**

A: The Reentry Facility is authorized via AB 900 legislation and during the financing term is subject to statute governing Lease Revenue Bonds. This means that a reentry facility will remain a reentry facility until: a) the bonds are paid in full, and/or b) a legislative mandate requires the change in use. There may be opportunities for input to other aspects of a reentry facility, some of which are described in other answers.

16. **Q: Will State Parole need to be co-located?**

A: No. However, Parole Agents will actively participate in planning for the release of offenders from a SCRF, including development of the reentry case plan.

17. **Q: What is the process for paroling an inmate from a reentry facility?**

A: The process for paroling inmates from a reentry facility will be the same as any other inmate paroling from a prison.

18. **Q: Is there a plan in place for CDCR to begin the process of the inmate applying for benefits (such as Medi-Cal or SSI) prior to their re-integration back into the community?**

A: Yes. CDCR is currently applying for benefit entitlements on behalf of potentially eligible inmates prior to parole. The need to implement this process into the SCRF is dependent upon the type of inmate population that will reintegrate through the facilities. If the reentry facility population includes inmates that have disabilities, medical/mental health, age or other identified conditions that make them potentially eligible for benefit entitlements upon release; process agreements with the Social Security Administration and the California Department of Health Care Services are in place, and an agreement with the Veteran's Affairs is pending.

In addition, CDCR is establishing the CA New Start Program, which is a prison-to-employment program (P2E) modeled after Project RIO (Re-Integration of Offenders) operated successfully by the State of Texas. The CA New Start Program has an in-custody program component that focuses specifically on readying offenders to obtain and retain employment. Three key aspects of the in-custody P2E program are: a) application for benefits to which an offender may be eligible, e.g., SSI/SSP, Medi-Cal, veterans benefits, etc; b) collection of I-9 documents needed to secure a job (often referred to as an "employment passport"); and c) participation in a Transition Program, which is a short-term program (typically 3 weeks) to provide job development/job search skills and tools as well as practical life skills.

The CDCR anticipates operating the in-custody part of the P2E program at all CDCR institutions statewide, including SCRFs. It is further anticipated that this program will be available for all offenders by 240 to 180 days prior to release.

19. **Q: Will CDCR provide counties, who site a reentry facility, information regarding SCRF inmates and their participation in programs and the types of services provided in order for the counties to develop a baseline need for each individual?**

A: All offenders participating in a SCRF will receive individual assessments of risk and needs prior to admission, during their stay to determine progress in meeting case plan goals and objectives, and in preparing for release. These

assessments include the various focused instruments within the COMPAS suite, and several secondary assessments (as appropriate) which are used to determine specific curriculum or treatment interventions, e.g., Test of Adult Basic Education (TABE) for educational level, Addiction Severity Index (ASI) for substance abuse disorders, etc. All offenders preparing to leave a SCRF will also receive a COMPAS Reentry assessment designed specifically to identify risk and needs upon release to the community, thereby providing the foundation for development of the reentry case plan.

In addition, local Reentry Planning Teams will be charged with determining the full range of offender needs for services and supports, including identification of existing resources, service gaps, and unmet needs. As part of this process, it is anticipated that any duplication of services or other opportunities to maximize the use of existing resources will be identified.

20. **Q: What is the profile of the typical offender who will be transferred to a reentry facility within 6-12 months of their release from prison? For example, will they be medium to high risk offenders? Have psychiatric needs? Who is included and who is excluded from participating?**

A: Generally, the offenders are at a moderate to high risk to reoffend with little or no academic, vocational or employment skills and a history of substance abuse; they may lack stable housing and family support. Some may also have ongoing health and/or mental health needs.

21. **Q: Who will provide mental health and alcohol and drug treatment services in the reentry facilities?**

A: The CDCR will use the existing methods of service delivery for offenders currently housed in state prison. Mental health treatment is and will be provided by CDCR staff. Substance abuse programs and services are and will be provided by contract providers.

22. **Q: If the state contracts with local providers, what measures will be taken to backfill those providers' positions in the community so that the delivery of services to the community is not reduced due to a lack of workforce?**

A: The shortage of qualified mental health, alcohol and drug treatment providers is recognized and CDCR will work closely with local Employment Development Departments and Workforce Investment Boards to recruit staff in positions in which there is an insufficient candidate pool. CDCR would also like to work with institutions of higher education, such as the California Community Colleges, to establish and/or support appropriate labor force development and credentialing or certificate programs. We are very much interested in working with local communities to meet our shared workforce needs.

23. **Q: How does the State plan to help counties fund mental health and alcohol and drug treatment services for parolees once released from the reentry facilities?**

A: The CDCR currently funds mental health services and alcohol and drug treatment services for parolees. The Division of Adult Parole Operations (DAPO) operates Parolee Outpatient Clinics (POC) statewide, which are staffed by state mental health practitioners. Services are provided through this option to parolees with mental illness. In addition, DAPO also purchases other mental health services through contract. Similarly, DAPO also purchases some alcohol and drug treatment services for parolees.

In addition, the Division of Addiction Recovery Services (DARS) purchases continuing care in the community for approximately 50% of inmates who participate in substance abuse programs in prison. During the current year, this equate to almost 5,000 slots statewide. These services are purchased through contract with four regional Substance Abuse Services Coordinating Agencies (SASCA); these agencies in turn contract statewide to purchase services from local community-based providers. Some of these alcohol and drug treatment services are provided as a mandatory condition of parole.

These services will continue to be available and may be accessed by offenders leaving a reentry facility. In addition, CDCR is committed to work with each local community to further determine local needs and work collaboratively to meet those needs. See response to prior question.

24. **Q: What is being done to ensure that county mental health is part of the local collaborative effort regarding the reentry facility to eliminate duplicate services?**

A: The CDCR encourages the participation of local stakeholders, including local mental health agencies, in planning for the operation of a SCRF. Local Reentry Planning Teams will be charged with determining the full range of offender needs for services and supports, including identification of existing resources, service gaps, and unmet needs. As part of this process, it is anticipated that any duplication of services or other opportunities to maximize the use of existing resources will be identified.

In addition, the CDCR has establishing a working relationship with the California Mental Health Directors Association (CMHDA), and the Forensic Services Committee, to facilitate the exchange of information concerning mental health at the state level.