Criminal Justice Realignment
Assessing the Need

[FY 2010-2011 #s]

Prison Commitments

- 34 defendants sent to state prison
- 24 of these would remain in county jail under AB109
- Of these 24, the average sentence was 24.33 months
- Under AB109, actual custodial time of the 24 is 12 months, 10 days
- During the course of a year we can expect to have county jail prisoners filling a bed for 9,000 days
(jail capacity x 365 = available jail beds – ie, 67 x 365 = 24,455 jail bed days)

County Jail Sentences

- 455 defendants were sentenced to a term in county jail
- Of these 455, the average county jail sentence was 39.127 days
- Under AB109, actual custodial time of the 455 is approx 19.56 days
- During the course of a year we can expect to have a county jail inmate filling a bed for 8,899 days

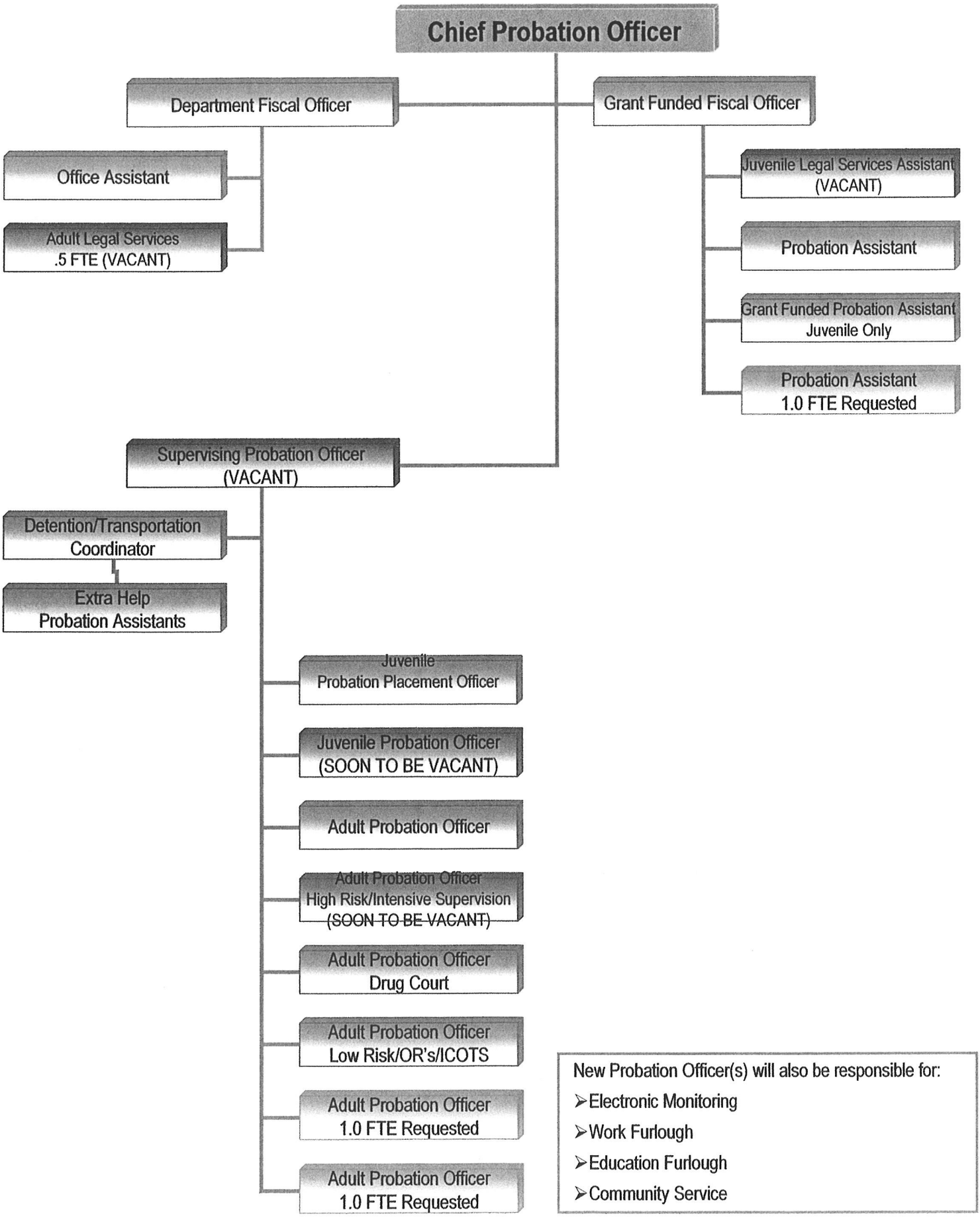
*This does not include defendants who were incarcerated but not convicted, defendants who were held on parole/probation revocations and defendants held on out-of-county warrants or ICE holds

Probation Grants

- 633 cases included a probationary sentence
- Of these 633, the average term of probation was 32.46 months

David Hollister
District Attorney, Plumas County, CA

Plumas County Probation Department
Re-Organization Chart



SB678 FAILURE REDUCTION PAYMENT BUDGET (DRAFT) **$423,933**

Account	Line Item	Budget
51000	Regular Wages	93840.52
51060	Overtime Pay (Comp Pay-Out)	3,000.14
51080	Retirement	18,640.80
51090	Group Insurance	42,762.75
51100	OASDI-FICA	7,178.80
520201	Telephone	800.00
520202	Cell Phone Service	750.00
520210	Postage/Ship/Mail Costs	100.00
520220	Paper/Paper Supplies	200.00
520233	Printing Svc/Chrgs	400.00
520410	Software License	
521107	Pre-Employment Costs	6,000.00
521231	Computers <1500	750.00
521800	Office Expenses	500.00
521900	Professional Services	202,712.00
524220	Bullet-Proof Vests	2,000.00
524400	Special Department Equipment	500.00
525000	Overhead	10,598.00
527400	Travel-In County	3,000.00
527500	Travel-OOC (Training)	20,000.00
527503	New Employee Training	10,000.00
529921	Fingerprinting	200.00
	TOTAL	423,933.01

(2) Probation Officers
(1) Probation Assistant
(1/2) Fiscal Officer

Remaining budget:
($0.01)

PLUMAS COUNTY PUBLIC HEALTH AGENCY

270 County Hospital Rd. Suite 206 • Quincy, CA 95971 • (530) 283-6337 • Fax (530) 283-6425

Mimi Khin Hall, M.P.H.
Director

PLUMAS COUNTY ATOD CONTINUUM OF SERVICES STRATEGIC PLANNING
KEY STAKEHOLDER SUBCOMMITTEE ROLES AND RESPONSIBILITIES

Prevention; Treatment and Recovery; and Community Corrections Partnership Subcommittees

Subcommittees will take into consideration issues that extend across categories, such as intervention, dual diagnosis, juvenile/criminal justice involvement, homelessness, cultural competency and sustainability, as well as will review data for diverse populations, considering how strategies/individuals served can be linked across the continuum of services.

KEY STAKEHOLDER SUBCOMMITTEE ROLES- PHASE I (ASSESSMENT and PLANNING)

- Review and analyze system capacity and indicator data; Identify additional data needs and methods of collection (e.g. focus groups, key informant interviews); Make recommendations to the Advisory Committee, through the Subcommittee Co-Chairs, on system needs.
- Based on data, relevant literature and decision-making criteria, make recommendations to Advisory Committee on priority populations/areas to be served/modalities of service.
- Review and recommend to the Advisory Committee, through the Subcommittee Co-Chairs, which evidence-based practices shall be used to address the priority populations/areas; Research, develop and provide to the Advisory Committee standards and practices for how services are delivered (e.g. staffing qualifications; service models; and reimbursement for services).

KEY STAKEHOLDER SUBCOMMITTEE COMMITMENT

- Meet 1-2 times per month, September through December 2011
- Subcommittee Co-Chairs will participate in monthly Advisory Committee meetings. This is intended to serve as a vehicle for reporting on progress, sharing subcommittee recommendations and ensuring ongoing communication and cross-collaboration between the elements of the continuum.

TIMEFRAME

Phase I: Identify the Current Alcohol, Tobacco and Other Drug System Capacity and Needs

August	Kick-Off Meeting. Review Mission, Vision, Values, and Overview and Purpose of the Planning Process; Identify other Stakeholders to Engage; Sign-up for Subcommittees
September	Review current system capacity and indicator data and determine additional data needs and methods of collection.
September – October	• Collect additional data (existing data sets, focus groups, key informant interviews, etc.) • Develop preliminary recommendations for the Advisory Committee on key areas of need • Review and address as appropriate any feedback from the Advisory Committee • Report Back to and Solicit Feedback from Key Stakeholders • Identify Priority Populations to be Served (and the Rationale) and Priority Strategies with Division Funding • Based on data and literature, formulate recommendations for the Advisory Committee on priorities.
November – December	• Report Back to and Solicit Feedback from Key Stakeholders • Develop Standards and Practices for how Prevention, Intervention, Treatment and Recovery Services are Delivered
January	Review Final Plan, and Present to the Board of Supervisors and Key Stakeholders.

Phase II: Implementation - February 2012 and Beyond
Phase III: Evaluation - Ongoing

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PLUMAS COUNTY ATOD CONTINUUM OF SERVICES STRATEGIC PLANNING ADVISORY COMMITTEE ROLES AND RESPONSIBILITIES

ADVISORY COMMITTEE MEMBERSHIP

- Two Representatives from each Subcommittee (Subcommittee Co-Chairs)
- Ad Hoc ATOD and or HHS Department representatives
- One Representative from the Plumas County ATOD Coalition

ADVISORY COMMITTEE ROLE- PHASE I (ASSESSMENT and PLANNING)

- Analyze and prioritize recommendations from Subcommittees
- Assure recommendations reflect connections between the elements of the continuum of care model
- Participate in trainings including the Strategic Planning Process and the Continuum of Care Model presentations
- Provide input and/or strategic direction to the subcommittees and Oversight committee.

ADVISORY COMMITTEE COMMITMENT

- Meets Monthly - September through February 2012

TIMEFRAME

Phase I: Identify the Current Alcohol, Tobacco and Other Drug System Capacity and Needs

August	Kick-Off Meeting. Review Mission, Vision, Values, and Overview and Purpose of the Planning Process; Identify other Stakeholders to Engage; Sign-up for Subcommittees
September – October	• Provide any direction and/or recommendations to subcommittees on formulating key areas of need; • Review process/parameters for decision-making and prioritization • Review recommendations from the subcommittees and identify any additional information that needs to be collected • Articulate criteria and process for selecting priorities
November	**Report Back to and Solicit Feedback from Key Stakeholders** • **Identify Priority Populations to be Served (and the Rationale) and Priority Strategies with Division Funding** • Reiterate criteria and process for selecting priorities • Utilizing needs assessment data, subcommittee recommendations and ADT research, select priorities • **Report Back to and Solicit Feedback from Key Stakeholders** • **Develop Standards and Practices for how Prevention, Intervention, Treatment and Recovery Services are Delivere**
December - January	• Review recommendations from subcommittees on strategies/evidence-based best practices to address the identified priorities • Provide any direction and/or recommendations to subcommittees • Ensure that the recommendations reflect the full continuum • Review updated subcommittee recommendations on strategies and service delivery standards, practices and policies • Make final recommendations
January	Finalize Plan, Present to the Board of Supervisors and Key Stakeholders.

Phase II: Implementation - February 2012 and Beyond
Phase III: Evaluation - Ongoing

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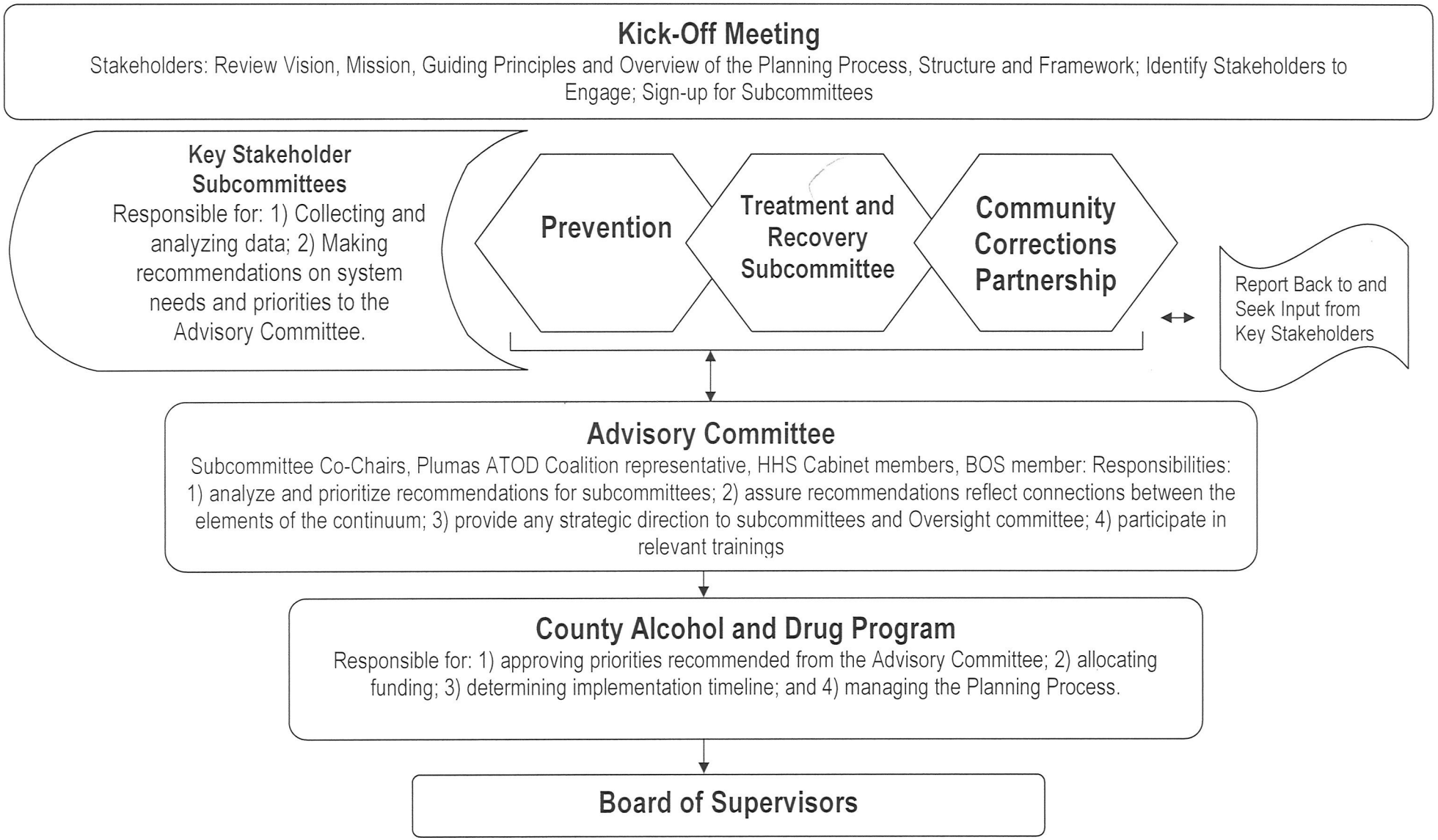
Plumas County Alcohol & Drug Programs Strategic Planning Process



Department of Alcohol and Drug Programs
FY 2011-12 Revised Preliminary Allocation
Statewide Allocation Summary

Exhibit B

	GENERAL FUND (GF)					SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT				
County	1 Total GF Drug Medi-Cal	2 Total Regular GF Ongoing	3 Total Perinatal GF Drug Medi-Cal	4 Total Perinatal GF Ongoing	5 Total State Funds	6 FFY 2012 Award Total Discretionary Funds***	7 FFY 2011 Award Total Discretionary Funds***	8 FFY 2012 Award Total Prevention Set-Aside**	9 FFY 2011 Award Total Prevention Set-Aside**	10 FFY 2012 Award Total HIV Set-Aside
ALAMEDA	5,553,939	127,964	77,192	841,395	6,600,490	4,576,791	0	2,007,596	0	612,275
ALPINE*	0	11,587	0	0	11,587	275,971	0	67,735	0	0
AMADOR*	0	30,607	0	71,918	102,525	337,039	0	84,276	0	7,500
BUTTE	996,939	16,383	0	224,184	1,237,506	819,801	0	331,126	0	22,932
CALAVERAS	0	33,175	0	117,959	151,134	336,711	0	104,136	0	0
COLUSA*	0	30,607	0	70,796	101,403	319,175	0	80,729	0	0
CONTRA COSTA	2,147,119	60,783	32,278	348,388	2,588,568	2,988,478	0	1,421,181	0	249,219
DEL NORTE*	0	30,607	0	71,487	102,094	331,658	0	85,013	0	7,500
EL DORADO	76,691	20,624	216,386	67,544	381,245	681,533	0	200,571	0	19,672
FRESNO	7,386,095	0	62,092	101,436	7,549,623	2,737,031	0	1,015,214	0	198,097
GLENN*	0	30,607	0	71,404	102,011	456,351	0	123,983	0	7,500
HUMBOLDT	104,480	26,583	12,567	193,892	337,522	568,297	0	216,142	0	15,555
IMPERIAL	1,416,779	0	47,415	135,584	1,599,778	592,873	0	215,101	0	40,000
INYO*	0	30,607	0	70,775	101,382	317,603	0	75,194	0	7,500
KERN	2,922,467	72,727	176,314	368,473	3,539,981	2,672,122	0	865,051	0	259,897
KINGS	17,329	28,298	0	121,612	167,239	568,177	0	167,734	0	27,486
LAKE	331,708	28,079	21,842	177,433	559,062	376,152	0	104,134	0	8,819
LASSEN*	97,233	30,607	0	71,918	199,758	335,654	0	97,949	0	7,500
LOS ANGELES	57,015,032	1,586,664	484,868	5,527,785	64,614,349	38,178,360	0	13,110,540	0	4,753,150
MADERA	30,267	12,880	0	145,018	188,165	531,217	0	158,362	0	34,031
MARIN	311,975	67,993	4,917	925,293	1,310,178	1,265,790	0	405,340	0	74,360
MARIPOSA*	30,220	30,607	0	70,619	131,446	316,397	0	80,263	0	0
MENDOCINO	115,140	22,212	0	193,153	330,505	461,132	0	186,523	0	12,943
MERCED	523,667	49,566	0	186,151	759,384	919,543	0	270,678	0	33,493
MODOC*	0	30,607	0	70,172	100,779	303,774	0	79,074	0	7,500
MONO*	0	30,607	0	70,236	100,843	311,213	0	73,185	0	7,500
MONTEREY	636,756	50,725	1,516	189,103	878,100	1,684,918	0	502,377	0	73,139
NAPA	219,804	42,530	29,355	100,447	392,136	678,752	0	197,162	0	19,919
NEVADA	207,618	41,615	4,191	142,752	396,176	476,716	0	135,638	0	7,500
ORANGE	1,051,802	528,915	119,755	862,683	2,563,155	12,456,366	0	4,042,419	0	707,887
PLACER	1,023,246	23,983	50,528	165,593	1,263,350	978,017	0	298,204	0	18,950
PLUMAS*	0	30,607	0	70,934	101,541	324,149	81,037	82,277	20,569	7,500
RIVERSIDE	2,310,180	170,367	121,052	555,469	3,157,068	6,505,040	0	2,158,354	0	568,729
SACRAMENTO	6,303,111	0	61,849	417,982	6,782,942	3,380,085	0	1,438,209	0	466,993
SAN BENITO	0	30,607	0	72,917	103,524	360,830	0	93,586	0	7,500
SAN BERNARDINO	2,780,708	157,527	48,848	735,130	3,722,213	6,920,623	0	2,321,338	0	508,392
SAN DIEGO	3,823,069	410,118	53,636	1,610,036	5,896,859	10,947,203	0	3,833,836	0	1,223,429
SAN FRANCISCO	5,163,085	132,552	51,639	306,051	5,653,327	5,632,465	0	2,239,459	0	1,171,257
SAN JOAQUIN	3,690,961	0	39,200	1,038,914	4,769,075	2,160,373	0	681,257	0	175,499
SAN LUIS OBISPO	226,919	48,734	0	217,334	492,987	994,926	0	340,846	0	49,404
SAN MATEO	544,572	156,700	0	313,983	1,015,255	3,164,910	0	996,725	0	129,036
SANTA BARBARA	2,788,655	0	85,210	213,390	3,087,255	1,572,662	0	537,329	0	59,719
SANTA CLARA	1,386,426	349,493	59,646	654,209	2,449,774	7,614,299	0	2,449,934	0	342,776
SANTA CRUZ	752,353	64,241	92,820	176,298	1,085,712	1,144,641	0	387,151	0	49,422
SHASTA	186,506	36,022	24,174	140,949	387,651	662,409	0	315,942	0	23,260
SIERRA*	0	30,607	0	69,687	100,294	341,552	0	89,752	0	7,500
SISKIYOU	0	31,243	0	129,864	161,107	284,494	0	111,147	0	7,500
SOLANO	843,760	74,330	37,680	231,258	1,187,028	1,570,345	0	504,795	0	159,472
SONOMA	1,580,480	0	19,763	173,761	1,774,004	1,608,531	0	567,755	0	91,105
STANISLAUS	1,851,016	54,503	32,515	172,188	2,110,222	1,949,569	0	592,651	0	81,418
SUTTER/YUBA	465,559	0	0	319,551	785,110	806,804	0	206,424	0	15,806
TEHAMA	30,220	32,696	0	132,038	194,954	288,019	0	171,852	0	7,500
TRINITY*	0	30,607	0	83,698	114,305	312,757	0	79,690	0	0
TULARE	1,764,230	20,948	117,414	182,752	2,085,344	1,473,741	0	457,666	0	51,849
TUOLUMNE	0	31,034	0	149,655	180,689	360,473	0	99,246	0	7,500
VENTURA	2,089,961	129,494	1,667	319,352	2,540,474	3,295,740	0	994,183	0	106,115
YOLO	27,923	37,821	79,671	185,397	330,812	704,446	0	209,179	0	22,450
STATEWIDE TOTAL	120,826,000	5,189,000	2,268,000	20,448,000	148,731,000	142,234,698	81,037	48,763,213	20,569	12,582,955

* SAPT Exchange Progam County
** Includes SAPT Prevention Set-Aside and Friday Night Live/Club Live
*** Fund Source adjusted per SAPT Fund Exchange Program

Department of Alcohol and Drug Programs
FY 2011-12 Revised Preliminary Allocation
Statewide Allocation Summary

Exhibit B

	(SAPT) BLOCK GRANT							
County	11 FFY 2011 Award Total HIV Set-Aside	12 FFY 2012 Award Total Perinatal Set-Aside***	13 FFY 2012 Total Female Offender Treatment Program	14 FFY 2012 Award Total Adolescent & Youth Treatment Funds***	15 FFY 2012 Total SAPT Block Grant Funds	16 FFY 2011 Total SAPT Block Grant Funds	17 FY 2011-12 Total Allocations	18 January 1, 2010 Population
ALAMEDA	0	1,424,757	0	412,130	9,033,549	0	15,634,039	1,574,857
ALPINE*	0	0	0	0	343,706	0	355,293	1,189
AMADOR*	0	0	0	0	428,815	0	531,340	38,022
BUTTE	0	376,909	0	20,657	1,571,425	0	2,808,931	221,768
CALAVERAS	0	4,978	0	12,813	458,638	0	609,772	45,870
COLUSA*	0	0	0	0	399,904	0	501,307	22,206
CONTRA COSTA	0	1,482,813	0	376,551	6,518,242	0	9,106,810	1,073,055
DEL NORTE*	0	0	0	0	424,171	0	526,265	29,673
EL DORADO	0	48,495	0	17,190	967,461	0	1,348,706	182,019
FRESNO	0	231,414	0	368,069	4,549,825	0	12,099,448	953,761
GLENN*	0	0	0	0	587,834	0	689,845	29,434
HUMBOLDT	0	50,803	0	168,785	1,019,582	0	1,357,104	133,400
IMPERIAL	0	41,519	0	169,986	1,059,479	0	2,659,257	183,029
INYO*	0	0	0	0	400,297	0	501,679	18,110
KERN	0	259,712	0	51,527	4,108,309	0	7,648,290	839,587
KINGS	0	52,372	0	15,717	831,486	0	998,725	156,289
LAKE	0	4,978	0	10,734	504,817	0	1,063,879	64,053
LASSEN*	0	0	0	0	441,103	0	640,861	35,889
LOS ANGELES	0	3,704,357	382,458	1,600,723	61,729,588	0	126,343,937	10,441,080
MADERA	0	63,058	0	14,760	801,428	0	989,593	153,655
MARIN	0	83,433	0	23,758	1,852,681	0	3,162,859	260,651
MARIPOSA*	0	0	0	0	396,660	0	528,106	18,192
MENDOCINO	0	21,652	0	168,276	850,526	0	1,181,031	90,289
MERCED	0	77,666	0	21,072	1,322,452	0	2,081,836	258,495
MODOC*	0	0	0	0	390,348	0	491,127	9,777
MONO*	0	0	0	0	391,898	0	492,741	13,617
MONTEREY	0	95,402	0	33,911	2,389,747	0	3,267,847	435,878
NAPA	0	40,404	0	15,432	951,669	0	1,343,805	138,917
NEVADA	0	17,926	0	13,168	650,948	0	1,047,124	98,680
ORANGE	0	972,936	63,683	607,590	18,850,881	0	21,414,036	3,166,461
PLACER	0	123,262	0	22,719	1,441,152	0	2,704,502	347,102
PLUMAS*	1,875	0	0	0	413,926	103,481	618,948	20,428
RIVERSIDE	0	826,113	63,683	110,161	10,232,080	0	13,389,148	2,139,535
SACRAMENTO	0	1,435,631	0	88,893	6,809,811	0	13,592,753	1,445,327
SAN BENITO	0	4,978	0	10,329	477,223	0	580,747	58,388
SAN BERNARDINO	0	671,173	127,366	428,079	10,976,971	0	14,699,184	2,073,149
SAN DIEGO	0	1,626,597	0	613,228	18,244,293	0	24,141,152	3,224,432
SAN FRANCISCO	0	302,280	0	367,824	9,713,285	0	15,366,612	856,095
SAN JOAQUIN	0	169,329	0	45,264	3,231,722	0	8,000,797	694,293
SAN LUIS OBISPO	0	72,201	0	176,765	1,634,142	0	2,127,129	273,231
SAN MATEO	0	221,348	0	56,352	4,568,371	0	5,583,626	754,285
SANTA BARBARA	0	168,195	0	188,235	2,526,140	0	5,613,395	434,481
SANTA CLARA	0	530,514	0	431,296	11,368,819	0	13,818,593	1,880,876
SANTA CRUZ	0	75,120	0	177,431	1,833,765	0	2,919,477	272,201
SHASTA	0	376,091	0	18,146	1,395,848	0	1,783,499	184,247
SIERRA*	0	0	0	0	438,804	0	539,098	3,303
SISKIYOU	0	266,527	0	3,420	673,088	0	834,195	46,010
SOLANO	0	170,588	0	33,890	2,439,090	0	3,626,118	427,837
SONOMA	0	145,836	0	190,671	2,603,898	0	4,377,902	493,285
STANISLAUS	0	142,782	0	36,768	2,803,188	0	4,913,410	530,584
SUTTER/YUBA	0	49,028	0	23,338	1,101,400	0	1,886,510	172,534
TEHAMA	0	263,370	0	62,551	793,292	0	988,246	63,100
TRINITY*	0	0	0	0	392,447	0	506,752	13,898
TULARE	0	87,777	0	31,786	2,102,819	0	4,188,163	447,814
TUOLUMNE	0	4,978	0	10,548	482,745	0	663,434	56,086
VENTURA	0	186,351	0	58,150	4,640,539	0	7,181,013	844,713
YOLO	0	78,347	0	17,868	1,032,290	0	1,363,102	202,953
STATEWIDE TOTAL	1,875	17,054,000	637,190	7,326,561	228,598,617	103,481	377,433,098	38,648,090

CMSP Program Design and Planning

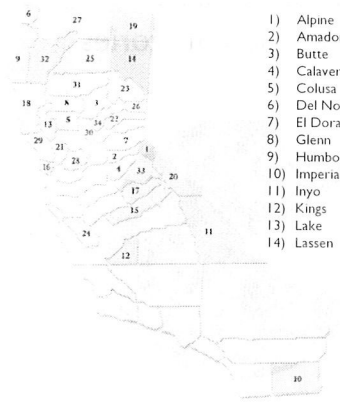
CMHDA Small Counties Meeting

June 22, 2011

Alternative to Medi-Cal

Brief History of CMSP

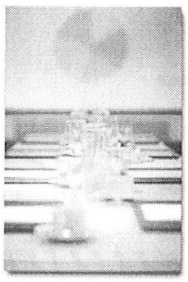
- In 1982 California law was amended to eliminate the medically indigent adult (MIA) category of Medi-Cal
- MIA population fell back to counties pursuant to Welfare and Institutions Codes Section 17000
- CMSP created in 1983 to address needs of smaller counties:
  - A "pooled risk" program
  - Eligible counties had populations of 300,000 or less (1980)
  - 34 counties currently participate



1) Alpine
2) Amador
3) Butte
4) Calaveras
5) Colusa
6) Del Norte
7) El Dorado
8) Glenn
9) Humboldt
10) Imperial
11) Inyo
12) Kings
13) Lake
14) Lassen
15) Madera
16) Marin
17) Mariposa
18) Mendocino
19) Modoc
20) Mono
21) Napa
22) Nevada
23) Plumas
24) San Benito
25) Shasta
26) Sierra
27) Siskiyou
28) Solano
29) Sonoma
30) Sutter
31) Tehama
32) Trinity
33) Tuolumne
34) Yuba

CMSP Governing Board

- Established by California law in 1995
- Board is composed of eleven members:
  - Ten county officials elected by CMSP counties
  - California Health & Human Services Agency Secretary (ex-officio, non-voting representative)



A Quick Look at FPL

Federal Poverty Limit

% of FPL		Monthly Income
67%	=	$605
100%	=	$903
133%	=	$1,200
138%	=	$1,245
200%	=	$1,805

CMSP Covered Benefits (cont.)*

- Optometry services (including $80 frame & lens every 24 months)
- Outpatient audiology services
- Outpatient heroin detoxification services
- Outpatient occupational therapy services
- Outpatient physical therapy services
- Outpatient rehabilitation services in a rehab facility
- Outpatient speech pathology services
- Prescription drugs
- Physician services
- Podiatry services
- Prosthetic & orthotic appliances
- Psychiatric services provided by a licensed psychiatrist

* Prior authorization requirements or benefit limits may apply. Members are not limited to seeing providers within their own county.

Covered Behavioral Health Benefits

- Inpatient psychiatric services provided in a contracted general acute care hospital or contracted PHF
  - Limit of 6 days per episode & up to 10 days per FY
- Psychiatrist services
  - Up to 8 hours per 6-day inpatient stay
  - Up to 10 outpatient visits per 120 days
  - 28-day outpatient heroin detox (inpatient heroin detox when clinically necessary)
  - Broad range of mental health medications

CMSP Excluded Benefits

CMSP does not cover the following:

- Psychology, LCSW or MFT services*
- Alcohol & drug treatment*, including methadone maintenance
- Acupuncture
- Chiropractic care
- Pregnancy-related care
- Organ transplants for undocumented members

* Except for designated services provided by approved CMSP Behavioral Health Pilot Project sites.

CMSP Excluded Benefits (cont.)

CMSP does not cover the following (cont.):

- All services not covered by Medi-Cal*
- Services provided by non-contracting providers (except emergency services)
- All services provided outside California and designated border state areas of Arizona, Oregon & Nevada

*Except CMSP has continued to cover non-emergency dental and eye glasses

CMSP Behavioral Health Pilot Project

- 3-Year Initiative (March 2008 – February 2011*)
- Targeted strategy to address behavioral health conditions of selected CMSP members has the potential to:
  - Improve member health conditions and functioning levels
  - Reduce overall service cost to CMSP
- Hypothesis:

  "There is a population of CMSP members for whom short-term mental health treatment and/or substance abuse treatment will result in more effective and more cost-effective use of health care services."

* Extension granted for existing sites through December 2011

Goal 1: Stabilize participants' health

- Participants with 2 or more visits (n=1,038), the average Duke scores showed statistically significant ***improvement*** on 10 of 11 measures (all but "perceived health")
- Participants with 5 or more visits (n=538), statistically significant ***improvement*** was seen on 7 of 11 measures
- Duke scores for pilot participants showed ***significantly higher*** levels of anxiety and depression compared to standard scores from the Duke reference group

Goal 2: Provide coordinated primary care, behavioral health, and psychiatric services

- Only 9.3% of total BHPP services were provided on the same day as other clinic services
- Pilot sites varied in their level of integration & coordination at the start of the pilot and extent of change over the project period
- Pilot sites varied on the degree of coordination & communication with county mental health departments

Goal 3: Increase appropriate use of primary and specialty care services

- Clinic costs, on a per-member-per-month (PMPM) basis, ***increased more*** for pilot participants (57.6%) than for the control group (8.9%)
- Physician PMPM costs also ***increased more*** for the pilot group (40.7%) than for the control group (22.3%)
- Psychiatric office visits more than ***quadrupled*** for pilot group

Goal 3: Increase appropriate use of primary and specialty care services (cont.)

- Pharmacy PMPM costs increased greatly for both the pilot & control groups
- # of prescriptions for psychiatric drugs for pilot participants increased by 69% compared to 36.6% for the control group
- # of prescriptions for medical drugs for pilot participants increased by 22.2% compared to 13.5% for the control group.

Goal 4: Reduce late-stage hospitalizations due to untreated medical conditions

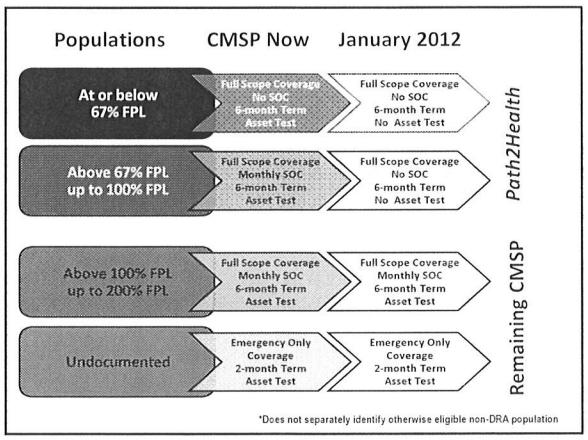
- Inpatient PMPM costs ***decreased*** by 37.1% for the pilot group, while ***increasing*** 6.6% for the control group
- Pilot group experienced a 56.6% ***reduction*** in the number of inpatient psychiatric days per thousand, while the control group experienced an ***increase*** of 71.4% in inpatient psychiatric days per thousand
- The # of people with psychiatric admissions decreased by 57.9% for people in the pilot group, compared to the control group, which decreased by only 22.4%

Goal 5: Reduce unnecessary and/or inappropriate emergency room use

ER visits ***decreased*** for the pilot group from the period before the pilot to the pilot period (12.3% decrease), while ER visits ***increased*** for the control group during comparable time periods (7.8% increase)

Big Picture Timeline

Now – 12/2011	***Path2Health*** Preparation
1/2012 – 12/2013	CMSP Governing Board operates ***Path2Health*** and remaining CMSP
1/2014	Health Care Reform Begins - Medicaid Expansion - Health Care Exchange - Residual Populations



Path2Health Eligibility

- Up to 100% Federal Poverty Level (FPL)
  - Existing CMSP Group: Up to 67% FPL
  - New Group: 68% to 100% FPL ***(new)***
- Asset waiver ***(new)***
- DRA level documentation for identity/citizenship ***(new)***
- No Share of Cost (SOC)
- Maintains other existing requirements, including:
  - Age 21-64
  - 6-month enrollment term
- Utilizes existing **Aid Code 84**

CMSP Eligibility – Share of Cost (SOC)

- Existing CMSP Group: > 100% FPL to 200% FPL
- No Asset waiver
- DRA level documentation for identity/citizenship ***(new)***
- Maintains other existing requirements, including:
  - Age 21-64
  - SOC based on existing Maintenance Needs Levels (MNL)
  - 6-month enrollment term
- Utilizes existing **Aid Code 85**

CMSP Eligibility – Undocumented

- Emergency Services Only
- At/below 200% FPL (with and without SOC)
- No Asset waiver
- No DRA level documentation
- Maintains other existing requirements, including:
  - Age 21-64
  - SOC based on existing Maintenance Needs Levels (MNL)
- 2-month enrollment term
- Utilizes CMSP's existing **Aid Code 50**

PCL XL error

Subsystem: TEXT

Error: InternalError 0x50

Operator: Text

Position: 23588

Identify those from jail to communication SS, MH, prob, jail, PH

Cost burden on local healthcare system

Moving Towards a Continuum of Services

Plumas County Strategic Planning Process
Kick Off Meeting

Plumas County Public Health Agency
Alcohol, Tobacco and Other Drug Programs

August 24th, 2011

Meeting Overview

- I. **Welcome and Introductions**
- II. **The Big Picture**
  - What we are seeking to accomplish
- III. **Providing the Context**
  - Background and influencing factors
- IV. **Outlining the Process, Phases and Steps**
- V. **Making it Happen**
  - Next steps and opportunities for involvement

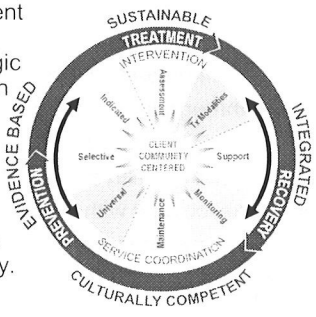
I. Welcome and Introductions

II. The Big Picture:

- ***What we are seeking to accomplish***

What We Are Seeking to Accomplish

- Develop, implement and evaluate a three year Strategic Plan that results in a continuum of alcohol, tobacco and other drug prevention, treatment and recovery services for Plumas County.



Purpose of the Strategic Planning Process

- Develop a public health model that embraces an "upstream" approach
- Streamline service delivery, improve efficiencies, enhance client outcomes while maximizing resources.
- Recognize the preponderance of co-occurring conditions and ensure a collaborative systems approach that maintains focus on client outcomes.
- Move towards a strategic, sustainable and outcome/evidence-based approach.
- Align with federal and state initiatives that deliver a comprehensive and integrated continuum of services

Guiding Principle: Prevention

- Prevention and early intervention saves and changes lives and reduces future demand for treatment services.
- Acknowledges that individual choices regarding use and abuse of alcohol, tobacco and other drugs are shaped by social and cultural norms.
- Effective prevention utilizes universal, selective and indicated approaches to reduce the access to and appeal of alcohol, tobacco and other drugs.

Guiding Principle: Treatment

- Treatment should be accessible, affordable, driven by client need and guided by high standards of practice utilizing evidence-based approaches.
- Treatment should provide a comprehensive continuum of services through collaborative efforts with justice programs when applicable.
- Treatment is tailored to serve individuals and families with a commitment to every client's success.
- Treatment strategies seek to engage substance abusing individuals in an effort to assist them in moving through the stages of change toward recovery and often improves other health and social related outcomes.

Guiding Principles Recovery

- Ancillary services should be made available to all clients to help facilitate continued recovery from active addiction as a means of maintaining sobriety and providing a supportive network of resources.
- Recovery from alcohol, tobacco and other drug use is a lifelong commitment that requires self management and integration of recovery principles into one's lifestyle.
- A continuum of services recognizes relapse can be an integral part of the disease process and is an opportunity for the provision of additional or alternative supportive services.

Funding and Requirements

Total FY 11-12 $617,023

- $7,500 HIV Set Aside to fund ATOD services for HIV positive and high risk population
- $70,934 in SGF Perinatal Services funds subject to the requirements in the Perinatal Services Network Guidelines 2009, accessible on ADP's website at http://www.adp.ca.gov/Perinatal/pdf/Guidelines_09.pdf
- $102,796 in Prevention funds requiring use of the Strategic Prevention Framework and evidence/outcome based practices
- $435,793 in state ($30,607) and federal ($102,796) discretionary funds for ongoing costs of ATOD services

IV. Outlining the Process, Phases and Steps

Phase I: Assessment and Planning

Identifying System Capacity and Needs

Conducting a Needs and Resource Assessment to Drive Decision Making

- The first step and basic premise in the planning process is conducting a thorough needs assessment to identify and prioritize problems.
- The problem statements will guide the planning, implementation, and evaluation processes.
- Using problem statements and supporting needs assessment data, determine strategic priorities for county funded services and strategies for the next three years

Opportunities for Involvement

- Volunteers and membership for each of the sub-committees
- Ideally, 5-8 members per committee
- 1 chair and 1 staff member identified for each committee to serve as committee co-chairs

Next Steps

- Identify your interest/expertise and sign-up for a subcommittee
- A staff member will contact you to further discuss your membership preferences, to identify co-chairs, and to balance and ensure cross-representation for each group.

Opportunities for Ongoing Input

- As committees begin to document recommendations, drafts will be distributed electronically to the broader stakeholder group for feedback.
- Depending on interest level and timing, the larger stakeholder group may be re-convened for additional feedback and to ensure the broad perspective is achieved.

Immediate Next Steps

- Sign-up for a Subcommittee
- Schedule and Convene Subcommittee Meetings
- Present Existing Data from the Providers, Partners and Community to Subcommittees

Thank You!

PLUMAS COUNTY PUBLIC HEALTH AGENCY

270 County Hospital Rd. Suite 206 • Quincy, CA 95971 • (530) 283-6337 • Fax (530) 283-6425

Mimi Khin Hall, M.P.H.
Director

Plumas County Alcohol & Drug Programs Strategic Planning
Consultants' Summary of Experience
August 2011

Carol Casaday, MBA

Carol Casaday's work has spanned many different systems, including substance abuse treatment, healthcare, children's mental health, child abuse prevention, community health planning, youth violence prevention, and youth development. Locally she was the first executive director for Plumas Rural Services from 1981-1986 and more recently facilitated strategic planning efforts for PCPHA, Plumas County Department of Social Services, and First 5 Plumas.

Her work in substance abuse prevention and treatment includes 5 years as executive director of the Chemical Dependency Center for Women in Sacramento where she developed and managed a full service prevention, treatment, and recovery organization addressing the needs of women, children and their families. Carol worked as a program officer for the California Endowment providing funding, technical assistance and direction to several counties developing collaborative efforts and plans addressing methamphetamine prevention. Last year she worked on a needs assessment conducting interviews and focus groups to support Solano County's substance abuse prevention plan. Carol worked for 15 years as an independent consultant to community based organizations, public agencies, school districts and private foundations in program, organizational and fund development, planning, research, community needs assessments, stakeholder interviews and community surveys, policy development and systems change.

Barbara Alderson, MSW

Barbara Alderson has served rural Northern California county agencies and nonprofits as an independent consultant for the past 15 years. She has designed and facilitated participatory planning processes, community assessments, and conducted original and secondary research in support of those processes. Locally, Barbara provided data analysis, facilitated strategic planning, and wrote plans and reports for PCPHA, Plumas County Department of Social Services, and First 5 Plumas County.

Most recently, Barbara has provided consultation to the Office of Child Abuse Prevention's (OCAP) California Child Abuse Statewide Prevention Initiative assessment process including co-development of the overall process, analysis of data, and co-authorship of the report. Elements of the assessment included a statewide survey, focus groups, key informant interviews, and analysis of selected county System Improvement Plans. Previously, Barbara facilitated the development of collaboratives in Butte, Tehama, and Trinity Counties. Her community assessment work has included consultation, development, analysis, and reporting for community meetings; facilitation of focus groups; development and implementation of surveys; and stakeholder interviews. Prior to her work as a consultant, Barbara worked in survey research for 10 years on a variety of community and state policy issues.

Proposed
August 23, 2011

BY-LAWS

OF THE PLUMAS COUNTY

COMMUNITY CORRECTIONS PARTNERSHIP EXECUTIVE COMMITTEE

ARTICLE I

NAME

The name of this organization shall be THE PLUMAS COUNTY COMMUNITY CORRECTIONS PARTNERSHIP EXECUTIVE COMMITTEE.

ARTICLE II

AUTHORITY

This organization is authorized by Penal Code Section 1230.1.

ARTICLE III

PURPOSE

The purpose of the Plumas County Community Corrections Partnership Executive Committee shall be to:

1. Develop and implement county-based responses to adult criminal justice matters as a result of public safety realignment and to set priorities for the use of state 2011 Realignment Funds associated with public safety realignment.

2. Develop a comprehensive multi-agency local community corrections plan that identifies resources and strategies for providing an effective continuum of responses in the prevention, intervention, supervision, treatment, and incarceration of adult offenders, including strategies to develop and implement local alternatives to incarceration options for the offenders. The local plan shall be guided by the principles of evidence-based practices in corrections.

ARTICLE IV

DUTIES

The Council shall have the following duties:

1. Assist the Chief Probation Officer in developing a comprehensive, multi-agency

local community corrections plan to develop a continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of adult offenders, in accordance with Penal Code 1230.1.

2. Serve as the local community corrections planning coalition, for the purpose of recommending the utilization of state 2011 Realignment Funds for public safety for the County of Plumas.

ARTICLE V

MEMBERSHIP

1. Along with the Chief Probation Officer who shall serve as chairperson, voting members shall include, but not be limited to, one representative from the following agencies (pursuant to PC1230.1(b)):
   - Superior Court of California,
   - District Attorney's Office,
   - Sheriff's Office,
   - Public Defender's Office, and the
   - Department of Alcohol and Drugs.

2. Alternate Members
   a. Each Executive Committee member shall designate an alternate member to represent the member at a Committee meeting in the event the Committee member is unable to attend a scheduled meeting.

   b. When representing a Committee member at a Council meeting, the alternate member shall have the same voting power as the voting member.

ARTICLE VI

OFFICERS

1. Officers of the Committee shall be a Chairperson and an Acting-Chairperson and such other officers as the Committee may choose to elect.

2. Responsibilities of Officers:
   a. Chairperson - In accordance with Section 1230.1(b) of the Penal Code, the Chief Probation Officer shall serve as the Executive Committee Chairperson. The Chairperson shall supervise and direct the Committee's activities, affairs and officers. The Chairperson shall preside at all Committee meetings. The Chairperson shall have such other powers and duties as the Committee or Bylaws may prescribe.

   b. Acting-Chairperson - In the event of the absence of the Chairperson, the Probation Department Division Director of Adult Services or another Division

Director may be designated to serve as the Acting-Chairperson to preside at Committee meetings.

3. Term of Office:
   The term of office for the Executive Committee Chairperson shall be concurrent with his/her term as Chief Probation Officer. Each Executive Committee member shall serve an indefinite term concurrent with his/her service to the agency or organization he/she represents.

ARTICLE VII

MEETINGS AND PROCEDURES

The Executive Committee and its sub-Committees shall be governed by the Brown Act and meetings shall be open to the public in accordance with the provisions of the Act.

1. Regular Meetings

   Regular meetings shall be set by the Chairperson on an as needed basis. Notice and agenda will be posted in accordance with the provisions of the Act.

2. Special Meetings

   A Special Meeting may be called at any time by the Chairperson, or by a majority of the members of the Executive Committee, specifying the general nature of the business proposed. An agenda and notice will be posted in accordance with the provisions of the Act.

3. Quorum and Voting Procedure

   a. A minimum of four (4) members of the Executive Committee shall constitute a quorum for the transaction of business at any meeting of members.

   b. Decisions shall be reached through majority voting which is defined as a majority of the quorum members present.

   c. The Council shall use parliamentary procedures (the current edition of: Robert's Rules of Order) to conduct business.

4. Setting the Agenda

   The Chairperson / Acting Chairperson shall designate items on the agenda. Those wishing to provide input shall request inclusion on the agenda by contacting the Chairperson / Acting Chairperson no later than one (1) week prior to the scheduled meeting.

5. Public Comments

   Public comments at meetings are limited to three (3) minutes for each individual. The Chairperson has the discretion to extend the time based on the complexity of the issue.

ARTICLE VIII

CONFLICT OF INTEREST

1. Executive Committee members are subject to Plumas County's Conflict of Interest Code.

ARTICLE IX

AMENDMENTS

The By-Laws may be adopted, amended or repealed by a majority vote of the Executive Committee after written proposal for such action has been in the hands of this Committee for thirty (30) days.