

**First Interim Report
Program Inventory Surveys**

Adult Correctional System Master Plan

For

**Napa County
California**

December 14, 2005

Submitted By

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With

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Attachment A Program Inventory Surveys

Preface

This attachment, accompanying the First Interim Report of the Adult Correctional System Master Plan, presents the results of the survey of both in-custody and out-of-custody programs made available to adult offenders in Napa County. Detailed program information is documented in the form of survey questionnaires as submitted by service providers.

For each program inventoried to date, information is provided or was sought regarding the following characteristics of the program: a description of its nature and scope; program objectives; program delivery location; eligibility requirements; participation levels; identification of the service provider; criteria utilized to assess successful completion; costs of the program; funding sources; and staff's assessment of the program's success.

Incustody Programs

In-custody Inmate Program Inventory
Napa County

Title of Program: Alcoholics Anonymous

Your Name/Title: _____

Your Telephone No.: _____ **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Basic 12-step program in a group setting

b. Please identify the primary objectives of his program.

1) Group discussion to support abstinence and avoid relapse

2) _____

3) _____

4) _____

5) _____

c. Where is this program conducted within the jail:

Men's West; Women's Center; Inmate Worker/Work Furlough

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Mandatory for Inmate Workers/Work Furlough

2) No disciplinary lockdown

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

500 No. of Males 140 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

50 @ 1 hr per week No. of Males 14 @ 1 hr per week No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

Inmates who are in this program are generally in it throughout incarceration, except those inmates that qualify for Work Furlough. Work Furlough inmates may be directed to other programs.

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

Program participation is on-going.

e. Please identify the criteria utilized to assess successful completion of this program:

1) Open-ended, no completion

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes ___X___ No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes ___X___ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes ___X___ No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes _____ No

If so, what is the title of the volunteer organization?

Alcoholics Anonymous

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes _____ No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
	Usual security movement within facility

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes _____ No

Please explain:

b. What changes to the program would be necessary to increase its effectiveness?

None considered

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory

Napa County

Title of Program: **Anger Management (Cross reference to Substance Abuse Education)**

YourName/Title: _____

Your Telephone No.: _____ E-mail: _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Provided under contract by Alternatives for Better Living a private local drug and alcohol treatment provider in conjunction with Substance Abuse Education.

Service is in a group situation separate for men and women. The substance abuse education and anger management programs are provided as a consolidated program for women and are provided as independent programs for men.

This is also provided for carefully selected inmates that have been cleared for work furlough or outside worker status off-site at Alternatives offices about two blocks from the jail

b. Please identify the primary objectives of his program.

1) Education of substance abuse; self awareness of emotional "hot buttons" and developing tools for handling anger

2) _____

3) _____

4) _____

5) _____

c. Where is this program conducted within the jail:

North(old) jail for unsentenced men; Inmate Worker/Work Furlough housing

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Not in Ad Seg; not on disciplinary lockdown.

2)

3)

4)

5)

3. Program Participation (Note: see separate questionnaire for women)

a. Please quantify the number of inmates which entered this program during the complete year 2004:

456 No. of Males 168* No. of Females

*These are the same 168 females indicated as participating in the Substance Abuse Program,

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

38 @ 1 hr per week No. of Males No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

Inmates who are in this program are generally in it throughout incarceration, except those inmates that qualify for Work Furlough. Work Furlough inmates may be directed to other programs.

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

Program participation is on-going.

e. Please identify the criteria utilized to assess successful completion of this program:

1) This is an open-ended group process, so there is no set amount of time for completion. Amount of time related to length of current stay

2)

3)

4)

4. Program Operations

a. Is this program conducted and funded by (in-house) county resources?

Yes No

If so, what county agency is responsible for the conduct of this program?

NCDC

b. Is this program conducted by (in-house) county resources but funded by an external source?

Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

Alternatives for Better Living

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.		Title
		No direct NCDC staff required other than usually custodial supervision

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost:

Anger Management program costs for services provided to men are partially combined with Substance Abuse program costs. For services provided to females, the cost of both programs are maintained as consolidated cost. The costs are as follows:

<u>Location</u>	<u>Substance Abuse</u>	<u>Anger Mgmt</u>	<u>Combined</u>	<u>Total</u>
Men Work Furlough	\$6,818	\$6,683		\$13,501
Men Old Jail			\$3,173	3,173
Total Men				\$16,674
Women			\$3,848	<u>\$3,838</u>
Consolidated Total				\$37,186

- e. Are any of the costs associated with this program charged back to the inmate?

Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

- a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

No formal evaluation of outcomes, but is viewed by staff as being appropriate

b. What changes to the program would be necessary to increase its effectiveness?

Currently under review

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: Substance Abuse Education

Your Name/Title: _____

Your Telephone No.: _____ **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Provided under contract with Alternatives for Better Living in conjunction with Anger Management

Basic substance abuse education and relapse prevention through open-ended group process; assist in preparing for release and follow-up treatment as needed

This is also provided for carefully selected inmates that have been cleared for work furlough or outside worker status off-site at Alternatives offices about two blocks from the jail

b. Please identify the primary objectives of his program.

1) Reduce future drug/alcohol abuse

2)

3)

4)

5)

c. Where is this program conducted within the jail:

Inmate Worker/Work Furlough and Women's Center

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Only pre-sentenced general population women are eligible.

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

360 No. of Males 168* No. of Females

*These are the same 168 females indicated as in the Anger Management Program.

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

30 @ 1 hr per week No. of Males 14 @ 1 hr per week No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

Inmates who are in this program are generally in it throughout incarceration, except those inmates that qualify for Work Furlough. Work Furlough inmates may be directed to other programs.

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

Program participation is on-going.

e. Please identify the criteria utilized to assess successful completion of this program:

1) Open-ended groups, so no criteria for completion

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

Yes No

If so, what county agency is responsible for the conduct of this program?

NCDC via Inmate Welfare Fund

b. Is this program conducted by (in-house) county resources but funded by an external source?

Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

Alternatives for Better Living

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.		Title
		No NCDC staff other than usual oversight

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers (not measurable: standard movement)

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

Substance Abuse program costs for services provided to men are partially combined with Anger Management program costs. For services provided to females, the cost of both programs are maintained as consolidated cost. The costs are as follows:

<u>Location</u>	<u>Substance Abuse</u>	<u>Anger Mgmt</u>	<u>Combined</u>	<u>Total</u>
Men Work Furlough	\$6,818	\$6,683		\$13,501
Men Old Jail			\$3,173	3,173
Total Men				\$16,674
Women			\$3,848	<u>\$3,838</u>
Consolidated Total				\$37,186

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes X No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

 X Yes _____ No

Please explain:

No outcome measures other than continued participation.

b. What changes to the program would be necessary to increase its effectiveness?

Under review

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: **Napa County Drug & Alcohol Program**

Your Name/Title: _____

Your Telephone No.: _____ E-mail: _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

This program is provided off-site at Health and Human Services. Qualified inmates are given pass to attend either a day or evening program along with other participants who are not in custody.

b. Please identify the primary objectives of his program.

1) Substance abuse treatment

2)

3)

4)

5)

c. Where is this program conducted within the jail:

Not applicable

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Fully sentenced. Housing in Inmate Worker/Work Furlough only. Period of time of successful conduct in this housing and in inside and/or outside work assignments.

2) Participate in group sessions in the jail

3) Acceptance by the program staff at HHS

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

 16 No. of Males 6 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

 3 No. of Males 2 No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

 60 No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

____98____ % of Males ____98____ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Finish both phases of the program without relapse

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

___X___ Yes ____ No

If so, what county agency is responsible for the conduct of this program?

Health and Human Services Agency(HHS)

b. Is this program conducted by (in-house) county resources but funded by an external source?

___X___ Yes ____ No

If so, what external source provides funding for this program?

HHS to provide.

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

____ Yes ___X___ No

If so, what is the title of the contracted provider?

- d. Is this program conducted by an (outside) provider and funded by an external source?
 Yes No

If so, what external source provides funding for this program?

- e. Is this program conducted and funded by volunteer resources?
 Yes No

If so, what is the title of the volunteer organization?

- f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

- g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

0 No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes _____ No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

___X___ Yes _____ No

Please explain:

This provides for a means to get an inmate engaged in treatment in such a way as to be able to continue easily once released.

b. What changes to the program would be necessary to increase its effectiveness?

None at present

c. Has a formal evaluation of this program been recently completed?

Yes No **Unknown**

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory Napa County

Title of Program: GED / ESL / Self Assessment

Your Name/Title: _____

Your Telephone No.: _____ E-mail: _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

This is a combination of educational activities that include individual, independent study and a self assessment group through the Napa Valley Unified School District Adult School

On occasion, an inmate might be on education furlough to attend classes at the Adult School in the community.

b. Please identify the primary objectives of his program.

1) Independent study: assessment; GED preparation; taking GED tests when ready

2) Self-assessment: Examination of issues related to adjustment after release and not re-offending

3)

4)

5)

c. Where is this program conducted within the jail:

Self Assessment is conducted in Inmate Worker/Work Furlough Housing area. GED and ESL are self study programs.

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates (independent study only)

b. Program is made available to (check):

Pre-sentenced Inmates(independent study only) Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Inmate volunteers except for men for self assessment which is mandatory

2) Not on disciplinary lockdown

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

270 No. of Males 27 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

30 @ 1 hr per week/ 9 months No. of Males 3 @ 1 hr per week / 9 months No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

3 hours No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

(See response to "e." below.)

e. Please identify the criteria utilized to assess successful completion of this program:

1) GED completion is very rare due to length of stay.

2) Self Assessment is open-ended so no set completion

3) Independent study goals and times vary

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

Average Daily Attendance funds through the NVUSD Adult School

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

At it's current method of operation which is very inadequate

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___0___ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004. (Need to contact NVUSD for this information)

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

_____ Yes No

Please explain:

Independent study is inadequate and inmate participation is low and discussions are underway as to how to change this. Self Assessment group has been in place for over 15 years with mixed reviews by NCDC staff.

b. What changes to the program would be necessary to increase its effectiveness?

Under review with NVUSD

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: Narcotics Anonymous

Your Name/Title: _____

Your Telephone No.: _____ **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

One group session for one hour in each of three locations in the jail. Basic 12-step program

Required for inmates in Inmate Worker/Work Furlough

b. Please identify the primary objectives of his program.

1) Group discussion and support for recovery and avoiding relapse

2)

3)

4)

5)

c. Where is this program conducted within the jail:

Men's West; Women's Center; Inmate Worker/Work Furlough

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Not on disciplinary lockdown

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

350 No. of Males 140 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

35 @ 1 hr per week No. of Males 14 @ 1 hr per week No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

4 hours No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

This program is on-going during the period of incarceration.

e. Please identify the criteria utilized to assess successful completion of this program:

1) Open ended;

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

Narcotics Anonymous

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
	None other than usual security coverage

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

Proven method of intervention based on general view, not just NCDC participants

b. What changes to the program would be necessary to increase its effectiveness?

None at this time

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: **Parenting**

Your Name/Title: _____

Your Telephone No.: **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Separate groups for men and women for birth planning and parenting training. After completion of 3 group sessions, the participants are eligible for supervised visits with their children.

b. Please identify the primary objectives of his program.

1) Prepare for birth of a child

2) Improve parenting skills

3) Maintain contact with children while in custody.

4)

5)

c. Where is this program conducted within the jail:

Women's Housing; Men's West Module; Inmate Worker/Work Furlough

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Open to almost everyone, including grandparents and those with no children or pregnant

2) Not on disciplinary lockdown or not deemed suitable for group interaction

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

246 No. of Males 208 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

5 @ 1.5 hr per week No. of Males 4 @ 1.5 hr per week No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

8 hrs No. of Days; approximately six week program to complete

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

80 % of Males 80 % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Finishing all of the sessions and completion of a workbook with multiple components

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

Yes No

If so, what county agency is responsible for the conduct of this program?

NCDC via Inmate Welfare Fund

b. Is this program conducted by (in-house) county resources but funded by an external source?

Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

Individual: Terry Chapman

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

Started about 1998

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.		Title
		Almost no NCDC staff involvement directly to the program. Staff provide ancillary supervision and supervise movement through the facility

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___ Not possible to quantify ___ No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ ___0___ for correctional officer support

\$ ___0___ for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

2004-05 FY Contracted Cost: \$ 10,195 Actual contract maximum = \$20,000

- e. Are any of the costs associated with this program charged back to the inmate?

___ Yes ___x___ No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

Staff and inmate feedback. Gets good participation.

b. What changes to the program would be necessary to increase its effectiveness?

None at this time

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: Religious Services

Your Name/Title: _____

Your Telephone No.: _____ **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Catholic: Thurs. Where needed based on request; Sat. Bible study

Baptist:; Sunday

Gideon: Monday

b. Please identify the primary objectives of his program.

1) voluntary religious services independent of one-on-one visiting

2)

3)

4)

5)

c. Where is this program conducted within the jail:

Varies

2. Program Eligibility

a. Program is made available to (check):

___X Male Inmates ___X___ Female Inmates

b. Program is made available to (check):

___X_ Pre-sentenced Inmates ___X___ Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Not on Ad Seg or disciplinary lockdown

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

___varies___ No. of Males ___varies___ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

___ 1 hr per week___ No. of Males ___ 1 hr per week _ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

___ 4 hours___ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

This program is on-going.

e. Please identify the criteria utilized to assess successful completion of this program:

1)

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

Churches and individuals

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

Not applicable

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
	Not applicable

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___0___ No. of Officers (except to move within the facility)

c. Please identify the costs associated with the conduct of this program for the year 2004.

- \$ _____ for direct program staffing
- \$ _____ for correctional officer support
- \$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes _____ No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

___X___ Yes _____ No

Please explain:

b. What changes to the program would be necessary to increase its effectiveness?

None

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory
Napa County

Title of Program: Work Furlough

Your Name/Title: Ed West Administrative Corporal

Your Telephone No.: 707-644-2030 **E-mail:** jailcop42@comcast.net

1. Program Description

a. Please provide a description of the nature and scope of this program.

Both sentenced inmates currently in jail and sentenced pre-remand inmates apply to be allowed to work, but they sleep at NCDC at night. An application fee of \$75 is taken for the application. It is non-refundable.

An interview occurs between a COII and the applicant. That interview establishes residence, employment, the rules that will be expected to be followed. The COII will then review the history of the applicant developing a Case File on the inmate. The COII will then make a recommendation for or against the applicant participating in the program.

The Administrative Corporal will examine the case file and concur with the decision or express concerns. These concerns will be worked out either in favor or against the participation.

Denied applicants are allowed to appeal to the Administrative Lieutenant- appeals are base don facts not originally used to make the decision.

b. Please identify the primary objectives of his program.

1) Insuring the safety and security of the community while-

2) To allow inmates to continue providing for their families and stay productive in the community while still serving their time.

3)

4)

5)

c. Where is this program conducted within the jail:

In the basement Work Furlough Center

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Must be employed for 30 days in the current field

2) Employer must sign an agreement to participate

3) Employer must have Disability Insurance

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

100 (estimate) No. of Males 20 (estimate) No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

15 No. of Males 3 No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

40 days No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

95 % of Males 98 % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Completed their sentence still on work Furlough, without a roll up.

2)

3)

4)

5)

4. Program Operations

a. Is this program conducted and funded by (in-house) county resources?

Yes No

If so, what county agency is responsible for the conduct of this program?

Napa County Dept of Corrections

b. Is this program conducted by (in-house) county resources but funded by an external source?

Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

Inmates pay 1hrs wages per day of participation. The average wage is \$15.

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

X Yes _____ No _____ Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
2	Correctional Officer II staff members to monitor security of mod 24/7
1	COII- to evaluate and process applicants
1	Corporal to approve the COII's decisions and insure adherence to the standards and protocol of the program.

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

1 No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$40,000 for direct program staffing (50% of the COII's time spent on processing applicants).

\$8000 for COII to interview inmates and determine the proper path. This accounts for 10% of their time- for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

- e. Are any of the costs associated with this program charged back to the inmate?

X Yes _____ No

If so, what is the basis for the cost charge back?

1 hour of the inmates wages. Average is \$15.

6. Program Evaluation

- a. Is this program, in its current form, considered to be successful?

X Yes _____ No

Please explain:

- b. What changes to the program would be necessary to increase its effectiveness?

Change its location. It is housed with eth facility inmate workers. These inmates do not leave the building and whenmixed with inmates that do, it creates a huge chance for contraband.

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out of Custody Programs

Out-of-custody Program Inventory Napa County

Title of Program: Correctional Conservation Corp (CCC)

Your Name/Title: Ed West

Your Telephone No.: 707-259-8127 **E-mail:** ewest@co.napa.ca.us

1. Program Description

a. Please provide a description of the nature and scope of this program.

As provided for under Penal Code sections 4024.2, " authorizes the formation of a work in lieu program for inmates. 8 hours of public labor will exchange for one days sentence.

CCC is a program assigned by the judges usually for minor DUI related offenses. Sentences tend to be 2-10 days, but there is no written limit

b. Please identify the primary objectives of his program.

1) PROVIDE ABILITY TO CARE FOR FAMILIES AND STILL WORK, WHILE PERFORMING A SERVICE TO THE COMMUNITY IN EXCHANGE FOR THEIR CRIME.

2) A means of population management

c. Where is this program conducted:

Organized and signed in and out at the jail, then distributed with participating agencies.

2. Program Eligibility

a. Program is made available to (check):

Males Females

b. Program is made available to (check):

Pre-sentenced Sentenced

c. Please identify other criteria which are used to determine eligibility for participation in this program.

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of participants which entered this program during the complete year 2004:

Approx 200 No. of Males approx 100 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

_____20_____ No. of Males _____10_____ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

_____4_____ No. of Days (**note: this varies greatly depending on the remaining time left in a sentence**)

d. Please quantify the percentage of individuals participating in this program which achieved successful completion for the year 2004:

___99___ % of Males ___99___ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

Completed dates assigned by courts

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

___X___ Yes ___ No

If so, what county agency is responsible for the conduct of this program?

Department of Corrections

b. Is this program conducted by (in-house) county resources but funded by an external source?

___X___ Yes ___ No

If so, what external source provides funding for this program?

Inmates pay \$50 a day to participate

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

___ Yes ___X___ No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

___ Yes __X___ No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

__X___ Yes ___ No

If so, what is the title of the volunteer organization?

The school District and County Public Works take inmates to work sites.

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

___ Yes __X___ No

Please explain:

With an average of 30-40 inmates twice a month we need more resources for distribution of inmates. We need more volunteer agencies to use their labor

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

___ Yes ___ No __X___ Unknown

Please explain:

We are working with Risk management and county council to check on options for expansion of participants, this includes a look at Workers Comp issues. .

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
10%	Correctional Officer II

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

 1 No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ 8,000 for correctional officer support

\$ _____ for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

- e. Are any of the costs associated with this program charged back to the inmate?

Yes No

If so, what is the basis for the cost charge back?

Cost reimbursement for time to check in and out and check on site.

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

Very low rate of failure while on site working

b. What changes to the program would be necessary to increase its effectiveness?

More participant agencies using inmate labor

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-custody Program Inventory
Napa County

Title of Program: County Parole (County Board of Parole Commissioners)

Your Name/Title: John Pearson

Your Telephone No.: 707-337-0947 **E-mail:** pearsonjw@sbcglobal.net

1. Program Description

a. Please provide a description of the nature and scope of this program.

As provided for under Penal Code sections 3074-3089, "There is in each county a board of parole commissioners, consisting of each of the following: (1) The sheriff, or his or her designee, or, in a county with a department of corrections, the director of that department, (2) The probation officer, or his or her designee. (3) A member, not a public official, to be selected from the public by the presiding judge of the superior court.

The board may make, establish and enforce rules and regulations describing the reasons by which any sentenced prisoner may be allowed to be released on parole, but remains, while on parole, in the legal custody and under the control of the board. At time of sentencing the court may determine a prisoner to be not eligible for parole, if convicted of a felony.

The Napa County Board of Parole Commissioners, meets weekly, or as needed, to consider applications for parole. If the inmate is also on probation, supervision is deferred to the Probation Department, and the parole term usually ends on the date the inmate's sentence would have been completed. If not on probation, the Board adopts conditions of parole the inmate signs, and sets a parole term, which can be up to two years. In this instance, the Department of Corrections provides supervision, and other conditions which include, where appropriate, drug testing, counseling, payment of fines, restitution, etc.

Note: A common term for a county parole board is "Sheriff's" Parole", but that is not applicable in Napa County.

b. Please identify the primary objectives of his program.

1) Early release incentive based on performance while in custody, if the inmate has a valid reentry plan including a means of self-support and a place to live.

2) Release for serious medical conditions where treatment can best be provided in the community

3) A means of population management

4) Release to another jurisdiction where the inmate has criminal matters pending. Examples include other counties or states, immigrations, etc.

5)

c. Where is this program conducted:

It is a community-based program, but correctional staff who support the program are located in the Inmate Worker/Work Furlough housing area. If required to report regularly to check in or for testing it would be done in this location

2. Program Eligibility

a. Program is made available to (check):

Males Females

b. Program is made available to (check):

Pre-sentenced Sentenced

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Must have a valid, verifiable, reentry plan or a condition, medical or legal that requires immediate attention

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of participants which entered this program during the complete year 2004:

_____ 50 _____ No. of Males _____ 15 _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

_____5_____ No. of Males _____2_____ No. of Females

c. Please quantify the average duration of participation in this program for the year 2004:

_____45_____ No. of Days (note: this varies greatly depending on the remaining time left in a sentence)

d. Please quantify the percentage of individuals participating in this program which achieved successful completion for the year 2004:

_____Not Available_____ % of Males _____Not Available_____ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Completed term of parole without a violation serious enough to be returned to custody, or commission of a new offense while on parole

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

___X___ Yes _____ No

If so, what county agency is responsible for the conduct of this program?

Department of Corrections

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes ___X___ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

_____ Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes _____ No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

If an increasing number of inmates are granted parole that are not then on probation, additional staffing might be necessary to provide the needed supervision.

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
10%	Correctional Officer II

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ \$8,000 _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes _____ No

Please explain:

Very low rate of failure over the years while on parole.

Has provided an incentive for inmates to earn an early release

b. What changes to the program would be necessary to increase its effectiveness?

None at this time

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-custody Program Inventory
Napa County

Title of Program: Home Detention

Your Name/Title: Ed West Administrative Corporal

Your Telephone No.: 707-644-2030 **E-mail:** jailcop42@comcast.net

1. Program Description

a. Please provide a description of the nature and scope of this program.

All sentenced Inmates are interviewed and evaluated for Home Detention.

Sentenced Inmates determined to be a good risk are placed on Home Detention.

The Administrative Corporal will examine the case file and concur with the decision or express concerns. These concerns will be worked out either in favor or against the participation.

b. Please identify the primary objectives of his program.

1) Insuring the safety and security of the community while-

2) allowing inmates to continue providing for their families and stay productive in the community while still serving their time.

3) Helps solidify the home environment for each Home Arrest inmate.

4)

5)

c. Where is this program conducted:

In the basement Work Furlough Center

At the homes of the inmates on home Arrest

2. Program Eligibility

- a. Program is made available to (check):
X Males X Females
- b. Program is made available to (check):
___ Pre-sentenced X Sentenced
- c. Please identify other criteria which are used to determine eligibility for participation in this program.

- 1) Must be employed

- 2) Have an established residence

- 3) Demonstrate an interest and ability to deal with issues that landed the inmate in jail.

- 4)

- 5)

3. Program Participation

- a. Please quantify the number of participants which entered this program during the complete year 2004:

30 (estimate) No. of Males 5 (estimate) No. of Females
- b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

2 No. of Males 1 No. of Females
- c. Please quantify the average duration of participation in this program for the year 2004:

38 days No. of Days
- d. Please quantify the percentage of individuals participating in this program which achieved successful completion for the year 2004:

95 % of Males 98 % of Females
- e. Please identify the criteria utilized to assess successful completion of this program:

1) Subjects did not violate a policy resulting in their removal from the program.

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

Yes No

If so, what external source provides funding for this program?

Participants support

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

1.75 County staff access the inmates once selected as a viable Home Detention candidate, subject turned over to outside contractor .

LCA Leaders in Community Alternatives

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

Participants support the program

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
1	Correctional Officer II process applicants
.5	COII- to evaluate sentenced inmates and process applicants
.25	Corporal to approve the COII's decisions and insure adherence to the standards and protocol of the program.
1	Respond to violations

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

1 No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$40,000 for direct program staffing (50% of the COII's time spent on processing applicants.

\$8000 for COII to interview inmates and determine the proper path. This accounts for 10% of their time- for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$0 to Napa County- Contracted, inmates pay \$18 and the county collects \$3 back as an administrative fee.

- e. Are any of the costs associated with this program charged back to the inmate?

X Yes ___ No

If so, what is the basis for the cost charge back?

Inmates carry complete costs of program, \$18 a day. Indigent inmates are not charged and are paid for by the County (rare).

\$3 of the \$18 is returned to Napa County for Administrative fee costs.

6. Program Evaluation

- a. Is this program, in its current form, considered to be successful?

X Yes _____ No

Please explain:

- b. What changes to the program would be necessary to increase its effectiveness?

Add staff allowing NCDC to monitor and supervise the program, for a smaller cost per day and more control.

c. Has a formal evaluation of this program been recently completed?

X Yes No

If so, please attach a copy of the results of the evaluation.
Not available yet

Out-of-custody Program Inventory
Napa County

Title of Program: Marin Services for Women

Your Name/Title: Tani Williams-Deputy Probation Officer

Your Telephone No.: (707) 253-6020 **E-mail:** twilliam@co.napa.ca.us

1. Program Description

a. Please provide a description of the nature and scope of this program.

30-90 day Program provides Alcohol and Drug Treatment to women who are willing to fully focus

On their recovery. Program accepts women with children under 12 (2 children max). Program

Includes daily counseling (individual and group sessions), art therapy, 12-Step study, AA and NA

Meetings, chemical dependency education, parenting classes, and more.

b. Please identify the primary objectives of his program.

1) Opportunity for women with children to focus on recovery.

2) Chemical dependency recovery and education.

3) Parenting classes.

4)

5)

c. Where is this program conducted:

1251 S. Eliseo Dr. Greenbrae, CA 94904

2. Program Eligibility

a. Program is made available to (check):

___ Males ___X Females

b. Program is made available to (check):

___ Pre-sentenced ___X Sentenced

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Women with children

2) Marin County Resident or Ability to pay by Medi-cal or private pay.

3) Willingness to participate in recovery treatment

4)

5)

3. Program Participation

a. Please quantify the number of individuals which entered this program during the complete year Nov. 2004 to Nov. 2005:

___0___ No. of Males ___3___ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

___ No. of Males ___ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

___ No. of Days

d. Please quantify the percentage of individuals participating in this program which achieved successful completion for the year 2004:

___ % of Males ___100___ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Completion of 30-90 treatment program.

2) Successful completion of designated goals.

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes ___X___ No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes ___X___ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes ___X___ No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

N/A

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes _____ No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

Program is evaluated by participating clients as very helpful and supportive to women with
Children and their needs.

b. What changes to the program would be necessary to increase its effectiveness?

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-custody Inmate Program Inventory
Napa County

Title of Program: Salvation Army-Lytton Adult Rehabilitation Center

Your Name/Title: Tani Williams Deputy Probation Officer

Your Telephone No.: (707) 253-6020 **E-mail:** twilliam@co.napa.ca.us

1. Program Description

a. Please provide a description of the nature and scope of this program.

Program is a 6-9 month program for males age 21-65. The residential program includes

Chemical dependency education, work therapy, counseling (one on one and group sessions,

12-Step groups, HIV education, G.E.D. classes, anger management/conflict resolution classes,

Spiritual education, relapse and reentry classes, AA big book investigations,

And denial management.

b. Please identify the primary objectives of his program.

1) Lifestyle transformation

2) Chemical dependency recovery and education

3) Work therapy

4) Strong spiritual education component

5)

c. Where is this program conducted:

Located: 200 Lytton Springs Rd. Healdsburg, CA 95448

2. Program Eligibility

a. Program is made available to (check):

Males Females

b. Program is made available to (check):

Pre-sentenced Sentenced

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Males age 21-65

2) Willingness to change way of life

3) No outside income such as SSI, SSD or be willing to pay 75% of income.

4) Physical ability to work an 8 hour day and lift 50 lbs

5) Must be willing to attend bible study and chapel services

3. Program Participation

a. Please quantify the number of individuals which entered this program during the complete year Nov. 2004 to Nov. 2005:

_____19_____ No. of Males _____0_____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

_____ No. of Males _____ No. of Females

c. Please quantify the average duration of participation in this program for the year 2004:

_____ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

_____10_____ % of Males _____ % of Females

** 6 of the 19 placed in the program remain in the program currently.

e. Please identify the criteria utilized to assess successful completion of this program:

1) Graduation from the Six or Nine month Program.

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the participant?

_____ Yes _____X No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

_____X Yes _____ No

Please explain:

Graduates of the Salvation Army program generally are able to find work upon completion of the

Program. They establish a significant amount of clean time while in the program and are

Well connected in the recovery community.

The program offers transitional living and employment to graduates.

b. What changes to the program would be necessary to increase its effectiveness?

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-custody Program Inventory
Napa County

Title of Program: **Turning Point**

Your Name/Title: Tani Williams, Deputy Probation Officer II

Your Telephone No.: (707) 253-6020 **E-mail:** twilliam@co.napa.ca.us

1. Program Description

a. Please provide a description of the nature and scope of this program.

Turning Point is a co-ed residential treatment facility. The length of treatment varies from 30 days to 9 months. It offers adult women and men with problems of alcohol and other drug addictions an opportunity to change the direction of their lives. It teaches individuals to live with-
out alcohol and other drugs, and fosters their physical and emotional health. Residents attend daily group meetings, AA/NA meetings, and individual counseling once a week.

b. Please identify the primary objectives of his program.

- 1) Teaching recovery concepts and tools.
- 2) Incorporation of recovery tools into daily life.
- 3) Vocational rehabilitation and assistance with job searching
- 4) Transition back into the community.
- 5)

c. Where is this program conducted:

Program is located at 440 Arrowood Dr. Santa Rosa, CA 95407

2. Program Eligibility

a. Program is made available to (check):

Males Females

b. Program is made available to (check):

Pre-sentenced Sentenced

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Probation offers a select number of county contract beds to defendants sentenced to a residential treatment program.

2) Defendants must be appropriate and meet program eligibility criteria.

3)

4)

5)

3. Program Participation

a. Please quantify the number of individuals which entered this program during the complete year 2004:

17 No. of Males 6 No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of individuals actively participating in the program on a daily basis) throughout the year 2004:

No. of Males No. of Females

c. Please quantify the average duration of participation in this program for the year 2004:

90 No. of Days

d. Please quantify the percentage of participants in this program which achieved successful completion for the year 2004:

70 % of Males 40 % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Completion of 90 day treatment program.

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

_____ Yes ___X___ No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

_____ Yes ___X___ No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

_____ Yes ___X___ No

Please explain:

Turning Point is conducted and funded by an external source; however, defendants placed in the program by Napa County are funded by a Napa County contract

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

_____ Yes _____ No ___X___ Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes _____ No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

____X_ Yes _____ No

Please explain:

b. What changes to the program would be necessary to increase its effectiveness?

When a Napa County defendant participates in the 90 treatment program and returns to Napa County, the program should/could prepare a better after-care treatment plan for the defendant.

The defendant is eligible for lifetime after-care through the program; however, that is not easily accessed by Napa County residents, especially those with limited transportation.

c. Has a formal evaluation of this program been recently completed?

_____ Yes ____X__ No

If so, please attach a copy of the results of the evaluation.

**Out-of-custody Inmate Program Inventory
Napa County**

Title of Program: Project 90

Your Name/Title: John Perga, Esther Carrillo

Your Telephone No.: (707) 603-1112

E-mail:

1. Program Description

a. Please provide a description of the nature and scope of this program.

Project 90 is a 3-month program. The first month consists of self-evaluation and gaining awareness. The second month is planning the future. The last month is putting the plan into action. The client learns about recovery through individual and group counseling, with a strong emphasis on peer support. The client is introduced to functioning in social situations such as dances, sporting events, and excursions, and learns how to have fun without being high. Project 90 has a weekly family group to include family members in the person's recovery process. The family members learn what the person is going through and how to create an environment at home that supports recovery. Clients learn communication skills and learn to implement the principles of Alcoholics Anonymous and Narcotics Anonymous. The program uses an intensive curriculum to provide structured activities to address drug use and all aspects of a person's recovery, including any associated medical, psychological, social, vocational, and legal problems.

b. Please identify the primary objectives of his program.

1) To keep folks clean and sober, get themselves back into society, and be functional citizens – be employed, and learn the full realm of responsibility.

2) Have clients keep their support system; develop it and maintain it.

3) We use A/A & N/A primarily, from the day they walk in.

4)

5)

c. Where is this program conducted:

2100 Napa Vallejo Hwy, M1/M2 Napa, CA 94558

Mailing address: 720 South B Street, San Mateo, CA 94001

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates – (either; some are sentenced to do residential treatment, some to do jail time AND residential treatment....)

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Be at least 18 yrs of age

2) the individual must be willing to receive treatment / want treatment

3) We can work with dual-diagnosed individuals as well

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

[This program only opened in October 2005, so these questions are inapplicable.]

_____ No. of Males _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

_____ No. of Males _____ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

_____ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

_____ % of Males _____ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) No one has successfully completed the program yet, because it has only been functioning for two months. But, in order to successfully complete, the individual must meet all the requirements of the program:

2) Stay clean, follow program rules, do all written assignments, and obtain a sponsor.

3) Ester commented: they do most of their own work, and we empower them to do their recovery program. We look at whether they need to do vocational rehab, or do college courses, or whatever. They can also get a job here after completing 90 days; at that point they can become a residential manager, if they so choose. So they don't actually have to leave after 3 months. They can decide whether to become a counselor at Project 90. If they want to do this, we have them serve as an intern first, and we pay for them to go to school. The other option is for them to return to the community. We can also help them with housing. The program is strongly based on N/A and A/A – the participants become 'alumni' after they graduate.

4) They must get to the 4th Step of the 12-Step process before they graduate.

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

Esther did not know. She believes it is referred to as "The Napa County Contract".

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

_____ Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

_____ Yes _____ No

Please explain:

N/A; the program has been in operation for only 2 months.

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes _____ No _____ Unknown

Please explain:

Everything looks good for now.

5. Program Costs

- a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
1	Executive Director
1	Facility Manager (one for each of the 4 locations; one of the 4 is Napa)
3	Counselors
1	Program Director (John Perga)
2	Assistant Counselors
4	Resident Mangers

- b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

 N/A No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ N/A Contracted

- e. Are any of the costs associated with this program charged back to the inmate?

Yes No

If so, what is the basis for the cost charge back?

If the client is on SDI or SSI, a percentage of that amount is taken out, either 70 or 80%. Otherwise, they go to a Napa-funded-bed or a private-pay situation. The private pay cost is \$9500 for 90 days.

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

It's a 'social model' ; they treat adults like adults. The clients write their own recovery plan, and they get to leave and be human beings. We have graduates of the program who come up from our other (more established) location in San Mateo, and they give speeches and try to give back some of what they themselves have gained. They come up here and address the newcomers.

Ester commented that she herself had spent 18 years working at Our Family, and she is a graduate of that program, so she has a lot of experience with recovery work. She previously worked at Contra Costa County, and when she became aware that Project 90 was opening, she came to work there. She noted that this is their first co-ed facility. Currently the alumni number 7,000, including the founder of the program. Ester said she spent a whole day speaking with the men in the program at San Mateo, and determined that it was a very successful and well-run program, and that is why she decided to work there. She commented that the clients she met in the San Mateo location are "really serious about their treatment".

b. What changes to the program would be necessary to increase its effectiveness?

It's a new program, so we just need time. It's different from other Project 90 programs because it's the first co-ed program, so it's a matter of adjusting and getting the County to accept this new program.

We have nothing for Christmas for these guys. In time, I hope we can get some of the local wineries to donate some funding, and maybe help us get furniture. But right now my concern is that I'd like to get \$20 cash for each client, so that they can buy gifts for each other. We have a Christmas tree lot, and I think it's a lucrative business, so I am hopeful that we can utilize some of that money to allow the clients to buy gifts for each other.

We have 16 clients total right now. We have a maximum capacity of 55. 12 beds are funded by Napa, then BASN, Prop 36.

c. Has a formal evaluation of this program been recently completed?

_____ Yes No

If so, please attach a copy of the results of the evaluation.

In-custody Inmate Program Inventory Napa County

Title of Program: Mana Home

Your Name/Title: Sandy Strack, House Manage and Patty Afton, Program Manager

Your Telephone No.: (707) 576-1471 **E-mail:** _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Recov program for women – drugs and alco, 10 mos long, Christian based. Part of redwood gospel mission. Also have a men’s program – New Life Program. Residential program with individual counseling. They go to Na and AA mtgs, they have bible study and also study other Christian books. Go to church on Sunday and do various other church activities. The redwood gospel mission runs 2 thrift stores, so each person is rq’d to serve 7 hrs per week. Residents perform assigned chores on a rotating basis. No smoking is allowed. The women cannot have any contact with men at all for 10 months, unless it’s their father, brother, or son. We do have family classes once a month. 2 hrs on a Saturday – taught about recovery.

GED classes and computer classes – somewhat of an academic program. Also help them do resumes when they get to end of program. In the last phases (last 3 mos) they are looking for work, figuring out where they’re going to live, looking for a car – there is no direct assistance for getting them employment. Some do work during the last 3 mo.s

b. Please identify the primary objectives of his program.

1) To see that the resident has become clean and sober, and stays that way.

2) Ensure that the resident has good background in Christian principles and recovery principles to help them when they leave here.

3) That they focus on themselves and they are encouraged to get free of things in the past that are holding them down.

4)

5)

c. Where is this program conducted within the jail:

Not within the jail: it's in Santa Rosa - Mana Home -

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

both ? not sure - Pre-sentenced Inmates Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Usually the rule is that women cannot bring children with them, but sometimes there are exceptions – like if they're pregnant. They must focus on themselves. .

2) The director meets them individually and determines who is eligible. In order to be admitted to the program, the woman has to write a letter to the director stating their motivation, what kind of drugs they were using, etc.

3)Must be someone who will obey rules.

4)The women can come voluntarily, don't have to come from jail.

5) Must be over 20 years of age.

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

_____ No. of Males 2 _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

_____ No. of Males 1 or 2____ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

__supposed to stay 10 mo,s but not everyone stays that long. _____ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

_____ % of Males _____ 100_(both)_____ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) Successful progression of phases, memorize bible verses, write autobiography, complete assignments,

2)Get housing for themselves before they leave.

3)must have 100% clean testing for alcohol, drugs, and nicotine, for 10 mo.s in order to graduate.

4)Working the 12 steps up to 8 or 9 or so.

5)at graduation they are expected to continue to work with their sponsor.

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes ___x___ No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes ___x___ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

Funded by private donations, and church donations.

e. Is this program conducted and funded by volunteer resources?

_____ Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

_____ Yes No

Please explain:

It's been worse since 2001 – the donations have been way down and we're barely treading water.

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

_____ Yes _____ No Unknown

Please explain:

We have been really concerned about whether we'll have enough money to keep the doors open.

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
1	Director – of the residential tx facility and the shelter - FT
1	Program Manager - FT
1	Case manger - FT
1	House manager - FT
1	Education Coordinator - part time

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___0___ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ ___no idea_____ for direct program staffing

\$ ___N/A_____ for correctional officer support

\$ ___no idea – not avail_____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

About 80% remain clean and sober and remain in recovery.

b. What changes to the program would be necessary to increase its effectiveness?

Having 24 hr staff would help. There is a lot of "on your honor" stuff, but it would be nice to have a night person. To make sure they're doing what they're supposed to be doing – for supervision. There is someone available at night for crises intervention, but not someone making sure they are in their rooms and staying there. So it would be good to have more staff in order to enforce the rules at night. We are non-smoking, I'd like to get the tester for nicotine. Also, it help to have another part time counselor. Patty (the Program Mngr) is the only counselor – sometimes it doesn't click with a person, so if we had another person available to do counseling that would help in the cases where the client and I just don't click.

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-custody Inmate Program Inventory

Napa County

Title of Program: __Twelve Step Programs San Francisco _____

Your Name/Title: __Gerald Jones, Program Administrator_____

Your Telephone No.: __ (415) 566-4357__ E-mail: __grjones@hotmail.com_____

1. Program Description

a. Please provide a description of the nature and scope of this program.

We are a secondary residential program; this is a program for people who've had experience with recovery in the past. (A primary program, in contrast, is a very rigidly structured program. In this program the client is more responsible for him or herself than in a primary program.)

Furthermore, we are a program for individuals who are employed, or who are willing to work.

We are close to being "clean and sober living".

Through the program, clients attend on-site meetings of N/A and A/A a minimum of 3 times per week. The on-site meetings happen in the evening.

Clients have to adhere to rules within the house.

It's a self-payment program. So they must work, unless they are financially stable enough to pay for the program without working. Either way, we require that they be doing something productive with their time. There is no program curriculum during the day, because that is when everyone is either at work or at school.

The program is 6 mo.s long, but can be extended, depending on the individual situation. We also offer a transitional program for those who want to live off-site; it's a clean and sober living environment.

b. Please identify the primary objectives of his program.

1) To get people clean and sober.

2) To help them learn to lead a regular life (in a residential program) without using.

3) We are a social-model program. Using peer support, we show them how to handle the stresses of daily life without having to depend on alcohol or drugs.

4)

5)

c. Where is this program conducted:

4049 Judah Street #B, San Francisco, CA 94122

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates (but the programs are separate, not co-ed)

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates (The staffperson surveyed believed this to be the case, but added that it was not a locked facility.)

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) One needs to have had experience with recovery in the past, and understand the 12-Step Process.

2) Be in relatively good health.

3) Not have a dual-diagnosis, unless it's very small or minor.

4) The program does not take individuals convicted of sex crimes or violent crimes.

5) You have to have an addiction or a substance abuse problem; we are not for gambling addiction.

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

_____ No. of Males _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

_____ No. of Males _____ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

_____ No. of Days

- d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

_____ % of Males _____ % of Females

- e. Please identify the criteria utilized to assess successful completion of this program:

1) It's a point-system. A person has to get 173 points over the course of 6 months.

2) The client must attend a certain number of meetings, do the required written assignments, and obtain a sponsor.

3) The client has to be actively working the 12 steps.

4)

5)

4. Program Operations

- a. Is this program conducted and funded by (in-house) county resources?

_____ Yes _____ No

If so, what county agency is responsible for the conduct of this program?

- b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes _____ No

If so, what external source provides funding for this program?

- c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes _____ No

If so, what is the title of the contracted provider?

- d. Is this program conducted by an (outside) provider and funded by an external source?
 Yes No

If so, what external source provides funding for this program?

All of the funding comes from the fees paid by the clients.

- e. Is this program conducted and funded by volunteer resources?
 Yes No

If so, what is the title of the volunteer organization?

Volunteers contribute to the functioning of the program, but in an ad-hoc sort of way.

- f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?
 Yes No

Please explain:

- g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?
 Yes No Unknown
-
-

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___N/A___ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

Yes No

If so, what is the basis for the cost charge back?

The clients are charged for participation. The fees cover the cost of their rooms, and the cost of participation in the program, but not meals.

The cost is \$775 per month for men, and \$700 per month for women.

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes No

Please explain:

We actually don't keep track of folks once they leave here – traditionally, though, only 5% of the people make it all the way through recovery.

b. What changes to the program would be necessary to increase its effectiveness?

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.

Out-of-Custody Inmate Program Inventory Napa County

Title of Program: ___Napa County Adult Recovery Program (ARP)_____

Your Name/Title: Lupe Alexander Senior Office Assist_____

Your Telephone No.: _(707)253-4721

E-mail: ___lalexand@co.napa.ca.us_____

1. Program Description

a. Please provide a description of the nature and scope of this program.

We offer 2 programs: full day tx (level 2) – which is 22 1/2 hrs per week (this is considered full-time day tx) – M through F, 8 to 3:30. there are 3 groups per day – education and treatment groups, and breakfast and lunch.

MWF, after lunch they go to N/A mtg on campus. The educational component addresses different drugs and their effects, and community resources, conflict resolution, relapse prevention.

The other program is in the evening – varying from one eve per week up to 4. Usually 90 mins per mtg- this is education and tx. This is usually for people who have already completed level 2, or are working or going to school during day. This is called Level One, and it's 9 hrs or less per week.

Plus, there are orientation groups that happen on a weekly basis.

b. Please identify the primary objectives of his program.

1) Keeping people off drugs.

2) Getting clean and staying clean.

3) Give the tools to live a healthy life in recovery.

4)

5)

c. Where is this program conducted within the jail:

It is not within the jail: it is located at 2344 Old Sonoma Rd, bldg C. Napa, 94559.

2. Program Eligibility

a. Program is made available to (check):

Level 2 and One ___ Male Inmates ___ Level one, not two ___ Female Inmates
They also have a women's day program in a different bldg, and the hrs are different: 8am 12 noon.

b. Program is made available to (check): Not Applicable.

___ Pre-sentenced Inmates ___ Sentenced Inmates

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Must be 18 and a resident of Napa.

2)

3)

4)

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004: NOT KNOWN.

_____ No. of Males _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

__16__ No. of Males ___3___ No. of Females (referred from Probation)

c. Please quantify the average duration of inmate participation in this program for the year 2004:

Level one is 60 to 120 days, level two is 30 – 90 days. Can also be a combo of level one and two.

_____ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004: NOT KNOWN.

_____ % of Males _____ % of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1)They've completed all the steps in the levels. There are random drug tests - success is passing all the drug tests by staying clean.

2)Participation in all steps of prgm.

3)Active participation in the groups.

4)Have to present their personal story, both oral and written. Have to present it orally to other participants, and the written version goes to client's counselor.

5)Go through graduation ceremony.

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes _____ No

If so, what county agency is responsible for the conduct of this program?

The funding is a Combo of A and B: ARP is the county provider – there is county money avail to pay for most clients b. c clients are broke – we do sliding scale; they pay like \$3.50 per month. The county pays for them to come. We do get state and fed funding also. Also, for clients on Medical, Medical will pay for their treatment. If the client is working, their payment on the sliding scale is higher, but we haven't been billing the clients yet for their portion, because the county has covered it up until now.

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes _____ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

We've had ongoing financial support from the county gov't and we've had continuous funding from state and fed gov't.

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

Yes, because of the need in our community for this program.

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
7	7 clinicials – Alcohol and Drug Counselors III
1	One supervisor that oversees the pgm
1	Business office (Senior Office Asst) staffperson
1/2	20 hrs/week Senior Office Asst

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

 N/A No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ N/A for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

 Yes x No

If so, what is the basis for the cost charge back?

We do have clients that are referred through drug court, and prop 36, and BASIN (Bay Area services Network for parolees) – for all three of those groups the source pays for the client participation.

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

 x Yes No

Please explain:

It's successful b/c of the ongoing participation – we have stayed open for a long time (since 1989 as an outpatient program, and then it was a residential program before that) and it's a safe place for the clients to come.

We have a fairly high success rate.

b. What changes to the program would be necessary to increase its effectiveness?

Funding for a staffperson to assist people in getting employment, and a liaison for assistance in clients finding housing, and more parenting classes.

c. Has a formal evaluation of this program been recently completed?
(not sure this qualifies as a “formal evaluation” – MEM)

Yes No

If so, please attach a copy of the results of the evaluation.

There was a client survey that was done recently – overall there was a positive outcome. They try to do client evaluations every year. It was a questionnaire that was generated by the county.

Out-of-Custody Inmate Program Inventory
Napa County

Title of Program: __Crutcher’s Serenity House _____

Your Name/Title: __Coretta Murphy, Office Manager_____

Your Telephone No.: __(707) 963-3192__ **E-mail:** __none_____

1. Program Description

a. Please provide a description of the nature and scope of this program.

A treatment process providing education and personal tools to assist clients in working through personal barriers that prevent recovery.

Crutcher’s Serenity House is a social model residential treatment facility. It’s a family setting that allows clients to experience a quality of life free from addictive behavior.

The program uses the 12 Step Principals as well as alternative methods (e.g. nutritional supplements, herbs, aroma therapy, herbal baths, creative visualization techniques, etc.)

The program seeks to expose each individual to the experience of the healing process without the use of a drug, but with support from other people in recovery.

When deemed medically necessary, clients are provided with medication.

b. Please identify the primary objectives of his program.

1) To re-frame personal experiences and perceptions, and provide clarity on one’s relationship to his or her disease.

2) Instill clarity on how one relates to others.

3) Help clients attain the ability to design solutions for themselves.

4) Give clients objective feedback (from both peers and staff).

5) Help patients break the thought pattern that a chemical is needed to “feel better”.

c. Where is this program conducted:

50 Hillcrest Drive, St. Helena, CA 94574

2. Program Eligibility

a. Program is made available to (check):

Male Inmates Female Inmates

b. Program is made available to (check):

Pre-sentenced Inmates Sentenced Inmates (some individuals come in trying to avoid a sentence, or after a sentence is done... both happen)

c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) must be 18 or over, and must be mobile (the site is not wheelchair accessible). (And folks do a 5 and 10 mile hike while in the program.)

2) The program accepts dual diagnosis people that are bipolar, but they must be stable and on meds – there is no psychiatrist on duty.

3) Crutcher's is a social model program, so there is no 24 nursing staff.

4) If someone is coming in on insurance, that needs to go through our insurance assessment. A medical director oversees admissions.

5)

3. Program Participation

a. Please quantify the number of inmates which entered this program during the complete year 2004:

We don't keep track of this data. Probably 3 total for the entire year. The program is costly.

_____ No. of Males _____ No. of Females

b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

_____ No. of Males _____ No. of Females

c. Please quantify the average duration of inmate participation in this program for the year 2004:

_____ 6 mos. (180 days)_____ No. of Days

d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:

_____ 100% (2 people)_____ of Males

_____ 0% (1 person, who was unsuccessful and had to be terminated due to use)_ of Females

e. Please identify the criteria utilized to assess successful completion of this program:

1) The primary 28 days are spent there, and then they have recovery houses (this is not a locked facility) – the client has a contract and has to sign an agreement and abide by the contract.

2) The client must follow the rules and guidelines of the program.

3) There are mandatory meetings to attend, and the client must be checking in with staff.

4) If the client is not working, he or she must volunteer.

5) Must abide by an aftercare commitment; usually if they use substances, they will have to go back to jail. No alcohol, no illicit substances. Testing is done on suspicion, unless the court wants otherwise.

4. Program Operations

a. Is this program conducted and funded by (in-house) county resources?

_____ Yes _____ No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes _____ No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes _____ No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

Insurance, private pay, and some of the larger unions and insurance companies will cover the cost of the program. No federal or state funding is used. Once the "Victim Compensation Program" assisted a young lady in paying for the treatment. This was probably a 2004 woman.

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

We do use volunteers – they are graduates of the program. Also, if there are folks who are not working, or who are not able to pay for the program, they might for example trade volunteer work for being able to sit in on a group.

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

We're still here!

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

No for sale sign outside.

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
1	CEO / Clinical Supervisor
2	Marriage Family Therapists (MFTs)
1	Certified Counselor
1	Office staffperson
2	Interns getting CAADAC certification
4	Resident managers

2 Night Managers
 2 cooks
 1 yoga instructor
 1 bookkeeper
 plus, an office in Sacramento that does the billing.

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

_____ No. of Officers

- c. Please identify the costs associated with the conduct of this program for the year 2004.
\$ _____ for direct program staffing
\$ _____ for correctional officer support
\$ _____ for other operational expenses
- d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:
\$ _____ Contracted
- e. Are any of the costs associated with this program charged back to the inmate?
 Yes No
If so, what is the basis for the cost charge back?

No Prop 36 funds, and no BASN.

6. Program Evaluation

- a. Is this program, in its current form, considered to be successful?
 Yes No

Please explain:

We do put out feedback sheets for the clients, and we have a lot of grateful people. It all depends on whether they use the tools we give them. We DO see repeat people – we have seen recidivism increasing, actually. Some people have come through multiple times.

b. What changes to the program would be necessary to increase its effectiveness?

(Updated Gorski relapse prevention)

In terms of staff, there is a lot of turnover, so we need more support. We take on a lot of other people's stress, and that impacts the high turnover, and makes it hard to stay fully staffed.

In order to improve the program, it would be good to have someone doing vocational rehab – we used to have someone doing that, but not anymore.

Likewise, we would love to have a masseuse. We used to have that available to the clients once a month.

c. Has a formal evaluation of this program been recently completed?

Yes No

A SAMHSA was completed but they do not have a copy.

If so, please attach a copy of the results of the evaluation.

Out-of-Custody Inmate Program Inventory Napa County

Title of Program: Delancey Street Foundation

Your Name/Title: Carol Kizziah, Replication Director

Your Telephone No.: 415-512-5170 E-mail: _____

1. Program Description

a. Please provide a description of the nature and scope of this program.

Residential self help organization for former substance abusers, ex-convicts, homeless and others who have hit bottom Thirty-three years old with five facilities in San Francisco, Los Angeles, San Juan Pueblo, Brewster, NY and Greensboro, NC. Minimum stay is two years. Residents receive a GED and are trained in three marketable skills. Residents learn social values and interpersonal skills that allow them to live in mainstream society successfully.

b. Please identify the primary objectives of his program.

1) Educate hard core drug abusers, the functionally illiterate and persons with histories of violence to live crime and drug free.

2) Educate community to provide opportunities for those who have been excluded and have provided restitution to the community.

3)

4)

5)

c. Where is this program conducted within the jail:

There is a Delancey Street type program run in the San Mateo County jail system. But the five Delancey Street facilities are operated as non-profit residential education centers.

2. Program Eligibility

- a. Program is made available to (check):
 Male Inmates Female Inmates
- b. Program is made available to (check):
 Pre-sentenced Inmates Sentenced Inmates
- c. Please identify other criteria which are used to determine eligibility for participation in this program.

1) Residents must be able to work. Delancey Street is not able to accept persons with mental illness, arson and sex offense crimes as there is no professional staff at Delancey Street. The program is operated by the residents.

- 2) _____
- 3) _____
- 4) _____
- 5) _____

3. Program Participation

- a. Please quantify the number of inmates which entered this program during the complete year 2004:
 These residents all came from Probation. We also have 1 male resident that came in 2005

_____3_____ No. of Males _____1_____ No. of Females

- b. Please quantify the average daily program participation capacity (i.e., quantity of inmates actively participating in the program on a daily basis) throughout the year 2004:

_____3_____ No. of Males _____1_____ No. of Females

- c. Please quantify the average duration of inmate participation in this program for the year 2004:

_____365 days_____ No. of Days

- d. Please quantify the percentage of inmates participating in this program which achieved successful completion for the year 2004:
 Have not graduated yet – two year program.

_____ % of Males _____ % of Females

- e. Please identify the criteria utilized to assess successful completion of this program:

1) Graduation after minimum two year commitment with at least a GED and three marketable skills.

2)

3)

4)

5)

4. Program Operations

a Is this program conducted and funded by (in-house) county resources?

_____ Yes No

If so, what county agency is responsible for the conduct of this program?

b. Is this program conducted by (in-house) county resources but funded by an external source?

_____ Yes No

If so, what external source provides funding for this program?

c. Is this program funded by the county but conducted by means of a contract agreement with an (outside) provider?

_____ Yes No

If so, what is the title of the contracted provider?

d. Is this program conducted by an (outside) provider and funded by an external source?

Yes No

If so, what external source provides funding for this program?

Delancey Street does not take government funding or solicit funds. The program is self sufficient through income generated by training schools, e.g., restaurant, café, moving company.

e. Is this program conducted and funded by volunteer resources?

Yes No

If so, what is the title of the volunteer organization?

f. Has this program been adequately supported (by funding or volunteer resources) over the past five years?

Yes No

Please explain:

g. Is it anticipated that this program will be adequately supported (by funding or volunteer resources) over the foreseeable future?

Yes No Unknown

Please explain:

5. Program Costs

a. Please quantify the direct program staffing (by job title) associated with the conduct of this program for the year 2004:

Qty.	Title
	Delancey Street has no staff.

b. If correctional officers are required to provide security for the conduct of this program, please quantify the number involved on a daily basis:

___NA___ No. of Officers

c. Please identify the costs associated with the conduct of this program for the year 2004.

\$ _____ for direct program staffing

\$ _____ for correctional officer support

\$ _____ for other operational expenses

d. If this program was contracted to an (outside) provider, please identify the total contracted cost for the year 2004:

\$ _____ Contracted

e. Are any of the costs associated with this program charged back to the inmate?

_____ Yes No

If so, what is the basis for the cost charge back?

6. Program Evaluation

a. Is this program, in its current form, considered to be successful?

Yes _____ No

Please explain:

Over the last thirty-three years Delancey Street has graduated thousands of residents who are living successfully in communities around the country.

b. What changes to the program would be necessary to increase its effectiveness?

c. Has a formal evaluation of this program been recently completed?

Yes No

If so, please attach a copy of the results of the evaluation.