



**MENDOCINO COUNTY BOARD OF SUPERVISORS
ONLINE AGENDA SUMMARY**

BOARD AGENDA # 4 (○)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than noon Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 7 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☐ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: 03/07/12

FROM: Probation MEETING DATE: 03/27/12

DEPARTMENT RESOURCE/CONTACT: Jim O. Brown PHONE: 4278 Present ☒ On Call ☐
PHONE: _____

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ AGENDA TITLE: Approve and sign AB109 Community Corrections funded contract for Adult Day Reporting Center services with B.I. Incorporated

- PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** On 09/27/11 the Probation Department provided a presentation to the Board of Supervisors on behalf of the Mendocino County Community Corrections Partnership (CCP). The presentation included the preliminary CCP Plan and operating budget which included a contract to operate the Adult Day Reporting Center.

■ SUMMARY OF REQUEST: In order to provide effective and intensive community supervision, the Community Corrections Partnership selected an Adult Day Reporting Center model of service delivery. The CCP selected B.I. to run the Adult Day Reporting Center. B.I. will provide a true evidence based supervision program meeting all AB109 Community Supervision requirements. BI currently runs thirty-four day reporting centers nationally including twelve in California. BI has provided statistics from their evidence-based programs that show “real” results ranging from a 34% reduction in risk to a 40.6% reduction in recidivism. B.I. has a long track record of collaborating with local service providers to leverage and maximize resources, services and outcomes. BI is also willing to adopt the Static Risk Assessment and Offender Needs Guide (STRONG) model, a validated assessment tool, already in use by the Probation Department. This will result in a faster transition and a smoother referral system. STRONG is a statistical tool of measuring an offenders risk level of re-offending. The lower the risk the fewer amounts of resources that will need to be dedicated to the probationer. The structure of BI’s program will include and incorporate all of our requirements necessary for our AB109 programs including (but not limited to): risk and needs assessments, cognitive behavioral programs, substance abuse testing and treatment, graduated sanctions for probation violations, intensive probation supervision, employment and training assistance, case management, and program evaluation.

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____



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- SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT: www.co.mendocino.ca.us/probation/ccp.htm
■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE): ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
AB109 Community Corrections	\$30,000	\$360,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- SUPERVISORIAL DISTRICT: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☐ ■ VOTE REQUIREMENT: Majority ☐ 4/5^{ths} ☐

- RECOMMENDED ACTION/MOTION: Approve and sign AB109 Community Corrections funded contract for Adult Day Reporting Center services with B.I. Incorporated. Return two (2) sets of signed contract to Probation.

- ALTERNATIVES: Do not approve the contract

- CEO REVIEW (NAME): _____ PHONE: 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION

- ☐ Approved _____
☐ Records Executed _____

Date of Meeting _____

- ☐ Referred to _____
☐ Other _____