

# **SB 618 Eligibility**



**County of San Diego**

## San Diego Reentry Program (SB618)

### What is the SB618 Reentry Program?

A comprehensive, multi-agency program designed to assist, educate, treat addictions and transition parolees into the community.

### Current Availability

- \* There are only six total spaces available per week.
- \* The new week begins every Thursday and ends on Wednesday.
- \* The program is only available in the Central and East County Divisions.
- \* The goal is to expand to all county courthouses.

### Eligibility Criteria

- \* *Only available* at Readiness Conference
  - East County: Pre-prelim Readiness Conference in Department 2
  - Central: Departments 29, 30 and 31
  - Never available after a jury trial.
  - Space availability must be cleared through the DA Disposition Unit.
- \* *Only available* when Defendant and the People enter into a Stipulated Prison Sentence for a new prison term
  - The sentence must be at least 8 months and no more than 72 months
  - The time to serve must be no less than 4 months and no more than 72 months
- \* *Only available* if Defendant is a legal resident of San Diego County.
- \* *Only available* if Defendant is *in custody*.
- \* *Only available* if the current crime is a non-violent felony.

### Exclusionary Criteria

- \* Current commitment offense is a violent offense pursuant to Penal Code section 667.5(c).
- \* If the defendant committed any crime (including the current one) wherein the victim suffered death, great bodily injury or a permanent disability, the defendant is permanently excluded.
- \* Other prior convictions for violent felonies within Penal Code section 667.5(c) that do not involve death, great bodily injury or permanent disability, will be screened on a case by case basis if the defendant remained free of prison for at least five years after the commission of the violent felony.
- \* Eligibility for Prop 36 treatment.
- \* 290 Registration
- \* Arson (457.1) Registration
- \* Security Housing Unit placement for violent acts within the last year.
- \* Protective Housing Unit placement for safety concerns within the last year.
- \* Documented Prison Gang affiliation.
- \* Felony holds by another jurisdiction.
- \* Inmates assigned by CDCR regulations to a classification score of Level IV – this score would preclude placement at Richard J. Donovan Correctional Facility.
- \* May be excluded due to special needs programs pursuant to CDCR regulations which may include, but are not limited to, permanent wheelchair use, medical needs, psychiatric needs, protective custody needs, or developmental needs.

### Important Notes:

- SB 618 SCREENING IS NOT PART OF THE NEGOTIATION PROCESS.
- There should be no reference to the SB 618 program on the change of plea form.
- Defendants must be advised during the change of plea that they may or may not get into the SB 618 program, but they will serve their prison sentence either way.

### Procedure:

- Defendant signs a change of plea form with a stipulated prison sentence as agreed between the People and the Defendant.
- DDA informs Defense Counsel of the defendant's eligibility to be screened.
- Defense counsel advises Defendant of eligibility.
- Defendant and Defense Counsel sign Letter of Intent and Waiver.
- During the oral Change of Plea, the Court must:
  - Take Judicial Notice of Defendant's application to be screened for the SB 618 program, and
  - Advise Defendant that whether or not the defendant is accepted into the program, the defendant will be sentenced to the agreed upon prison term.
- Sentencing is set for due course or later.
- The Court's Clerk certifies the letter of intent, and provides a copy of the letter of intent and the original waiver to the DDA, who faxes them to the Sheriff and the Probation Department.
- Defendant is screened
  - Defendant is transferred to George Bailey or Las Colinas
  - Dental and psychological screening are conducted the SDSO
  - Probation administers the assessments and testing.
  - Defendant is screened by Department of Corrections and Rehabilitation Classification Counselor.
  - Life plan is created by Multi-Disciplinary Task Force and Defendant.
- If Defendant is found acceptable by all participants and still wants to participate, Defendant signs Contract at sentencing.
- On the day of Sentencing:
  - Court sentences Defendant to original stipulated prison sentence, but also states on the record "The Court takes judicial notice that the defendant has read, reviewed and signed the SB618 contract and has agreed to abide by the program requirements."
  - Court Clerks prepare abstract of judgment within 48 hours.
- Defendant is promptly transported to Donovan or CIW to begin prison sentence.

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6695 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	<i>FOR COURT USE ONLY</i>
PEOPLE OF THE STATE OF CALIFORNIA  <p style="text-align: center;">VS.</p>	CRIMINAL CASE NUMBER  DA
<b>LETTER OF INTENT FOR REENTRY PROGRAM (SB618)</b>	

I have been informed that I am eligible to be screened to determine if I may be accepted into the San Diego County Reentry Program (SB 618). I agree to cooperate with the screening process and understand that ***I may or may not be selected to participate.*** I understand that I am receiving a stipulated prison sentence as part of the entry of my guilty plea, and that my plea and this sentence may not be withdrawn if I am not accepted into the Reentry Program. If I am accepted into the Reentry Program, I will sign a contract that outlines the specific requirements of the program.

I have been informed of the following benefits of participating in the program at the Richard J. Donovan Correctional Facility or the California Institute for Women:

- Priority for prison resources
- Employment opportunities
- Educational services
- Other potential pre-release services

I have also been informed of the following potential post-release resources:

- Case Manager Support
- Child Support Guidance
- Counseling
- Educational Services
- Family Reunification
- Financial Planning
- Health Services
- Housing
- Job Readiness
- Legal Aid
- Tattoo Removal
- Transportation Assistance

I understand I must follow the rules and regulations of the prison and parole system, and those of the Reentry Program, which include:

- Participating in random drug testing.
- Taking all prescribed medications.
- Not violating any law or possessing any weapons.
- Following the course of conduct prescribed by the reentry team and parole agent relating to my ability to work, obtain treatment, housing, and education.

Violations of any of these rules may result in my termination from the Reentry Program. Like any other parolee, violations committed after my release from prison on parole may result in being returned to prison.

Understanding the above, I agree to be screened for acceptance into the Reentry Program.

Date: \_\_\_\_\_ Signature of Defendant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Defense Counsel: \_\_\_\_\_

**CLERK'S CERTIFICATE**

The foregoing is a full, true and correct copy of the original on file in this office.

**CLERK OF THE SUPERIOR COURT**



Date: \_\_\_\_\_ by \_\_\_\_\_, Deputy

## **Benefits of Joining the SB 618 Re-Entry Programs**

By agreeing to the attached contract and becoming an SB 618 Program participant you will gain some of the following:

### **Male Candidates**

While in prison, you may receive the following resources:

- A designated Prison Case Manager
- Comprehensive vocational assessments within the first 120 days in prison.
- Designated housing at RJD
- Programs/services as available
  - SAP (Substance Abuse Program)
  - PIA (Prison Industries Authority)
  - IDL (Inmate Day Labor)
  - Life skills
  - Parenting Classes
  - Anger Management Classes
- Enhanced educational services as available
  - High School diploma and/or GED
  - Incarcerated Youth Offender (IYO)
  - Vocational Training
  - Pre-Release Classes
  - Adult Basic Education (ABE)
  - Thinking for Change Classes
  - Peer Tutoring Program
  - College Correspondence Classes (up to an Associate's Degree)
- Faith based support (if requested)
- SB 618 Certificates
- Meetings with your Community Case Manager six months prior to release.

### **Female Candidates**

While in prison, you may receive the following resources:

- A designated Prison Case Manager
- Comprehensive vocational assessments within the first 120 days in prison.
- Designated housing at CIW
- Programs/services as available
  - SAP (Substance Abuse Program)
  - PIA (Prison Industries Authority)
  - IDL (Inmate Day Labor)
  - Life skills
  - Parenting Classes
  - Anger Management Classes
- Enhanced educational services as available
  - High School diploma and/or GED
  - Incarcerated Youth Offender (IYO)
  - Vocational Training
  - Pre-Release Classes
  - Adult Basic Education (ABE)
  - Thinking for Change Classes
  - Peer Tutoring Program
  - College Correspondence Classes (up to an Associate's Degree)
- Faith based support (if requested)
- SB 618 Certificates
- Meetings with your Community Case Manager six months prior to release.

Post-release, you may receive the following resources to help you reenter into the community:

- A Community Case Manager
- Assistance with placement in Residential Treatment Facilities and/or Sober Living homes
- Job readiness and placement assistance, for example:
  - Soft skills training
  - Occupational support
- Family reunification services
- Counseling, for example:
  - Substance abuse
  - Mental health
  - Faith-based support
  - Mentoring
  - 12 Step
- Educational referrals
- Child support guidance
- Legal aid referrals/assistance
- Budget Planning/Financial Education assistance
- Clothing assistance
- Gang Tattoo removal referrals (for visible tattoos only)
- Physical and mental health referrals/assistance
- Transportation assistance
- Assistance in obtaining personal identification documents, for example
  - Social Security card
  - Birth Certificate
  - California Driver's License/Identification cards

**San Diego SB 618 Reentry Program**

**PARTICIPANT CONTRACT**

Name: \_\_\_\_\_

Case No.: \_\_\_\_\_

In addition to the rules and regulations governing your incarceration and parole, the following describe the obligations and benefits of participating in the San Diego Reentry program.

I understand that...

... the validity of this contract is conditioned upon my eligibility for the SB 618 Reentry Program. If at any time after the execution of this agreement and in any phase of the SB 618 Reentry Program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program. \_\_\_\_\_

... I am entitled to participate in SB 618 for up to eighteen months (or otherwise determined by my SB 618 team) post-release, which includes a Continuing Care component consisting of six months. \_\_\_\_\_

... during the entire course of the SB 618 Reentry Program, I will be required to attend roundtable sessions, treatment sessions, have regular and frequent contact with my case manager, submit to random drug testing, remain clean and sober, and law-abiding. I agree to abide by the rules and regulations imposed by the SB 618 Reentry Team and/or parole agent. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. \_\_\_\_\_

... sanctions during incarceration may include assignment to another institution, may affect credit earning status, increased drug testing, loss of privileges and resources, removal from program and such other sanctions deemed appropriate by the SB 618 Reentry team. \_\_\_\_\_

... post-release sanctions may include more frequent drug testing, more frequent supervision, loss of privileges and resources, community service and such other sanctions deemed appropriate by the SB 618 Reentry team. \_\_\_\_\_

... I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by the California Department of Corrections and Rehabilitation, the SB 618 Reentry team, and/or treatment provider or case manager. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered positive and I may be sanctioned. \_\_\_\_\_

... substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from the SB 618 Reentry Program. \_\_\_\_\_

I will not possess drugs (including marijuana), or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used by others. I may also be asked to abstain from the use of alcohol and association with alcohol. \_\_\_\_\_

... I may not possess any weapons while I am participating in the SB 618 Reentry Program. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from the SB 618 Reentry Program and possible prosecution for illegal possession of any weapon. \_\_\_\_\_

I agree to inform any law enforcement officer who contacts me that I am an SB 618 Reentry Program participant and to report any law-enforcement contact to my parole agent and case manager. \_\_\_\_\_

... I may not work as a confidential informant with any law enforcement agency while I am an SB 618 Reentry Program participant, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the SB 618 Reentry Program. \_\_\_\_\_

If I am a recovering addict and/or alcoholic, I will inform all treating physicians and may not take narcotic or addictive medications or drugs. If a treating physician deems necessary to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider, parole agent and case manager. \_\_\_\_\_

... SB 618 case managers will work to place me in programs best suited for my success and subject to availability and agree that I will not leave any SB 618 referred program without prior approval from my treatment provider, parole agent or case manager and the SB 618 Reentry team. \_\_\_\_\_

... my full participation in my reentry plan may include residential placement, vocational training, education, and/or anger management, parenting or relationship counseling. I understand that I may be asked to sign a contract for each reentry program. I will abide by the rules and regulations of my assigned programs. \_\_\_\_\_

... successfully completing the SB 618 Reentry Program makes me eligible to participate in a graduation ceremony. \_\_\_\_\_

... during the early phases of reentry, I may be precluded from working or from gaining employment. I further understand that within the time directed by the SB 618 Reentry team, I will seek employment, job training and/or further education as approved by the SB 618 Reentry team, and that failure to do so may result in sanctions or termination. \_\_\_\_\_

... I have the right to submit grievances, and that I will be given a full and fair hearing in this regard. \_\_\_\_\_

I agree to keep the SB 618 Reentry team, treatment provider or case manager and parole agent advised of my current address and phone number at all times and whenever changed. My place of residence is subject to SB 618 Reentry team approval. \_\_\_\_\_

I agree to disclose all SB 618 program-related assessments and all associated records, including Confidential Substance Abuse Information during my participation in the SB 618 program. I understand that any information obtained from this release will be kept apart from the Court file. \_\_\_\_\_

... termination from or failure to complete the SB 618 Reentry Program cannot be a basis for withdrawing my previously entered guilty plea. \_\_\_\_\_

... that the successful completion of the SB 618 Reentry Program may be independent of my parole term. \_\_\_\_\_

... participation in the SB 618 Reentry Program is a privilege, not a right, and that it is a unique opportunity to obtain information, skills, services, and associations to help me change my life and fulfill my potential. I promise to give SB 618 my honest and best efforts. \_\_\_\_\_

I reviewed this contract with the participant.

\_\_\_\_\_  
SB 618 Probation Officer

\_\_\_\_\_  
Date

I have read the above contract and I understand what I have read. I am willing to enter into this agreement with the Senate Bill 618 Reentry Program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Participant

\_\_\_\_\_  
Date



**DUTIES AND RESPONSIBILITIES OF THE SB 618 REENTRY TEAM**

In consideration of the promises made by the above-referenced participant, the SB 618 Reentry team (by and through its individual members) does herein promise:

- To closely monitor Participant’s progress and sobriety in order to provide structure and incentives to remain motivated, drug and alcohol free;
- To assess, evaluate, and guide Participant into and through appropriate programs for successful reentry;
- To coordinate and provide services which will assist participant in meeting needs, obtaining guidance, and fulfilling one’s potential;
- To consider each case on individual merits and circumstances, while remaining consistent within guidelines;
- To hold all Participants accountable for their own behavior, and to respond in a therapeutically appropriate manner;
- To treat Participants with due dignity and respect, and to listen with an open mind;
- To keep team members current and trained in all facets of maintaining the highest caliber and most enduringly successful SB 618 Reentry Program;
- To encourage graduates to return to the SB 618 Reentry Program (after completion) to mentor new participants and demonstrate what can be accomplished by honestly working this program.
- To participate in SB 618 Reentry team meetings: weekly for the first month, bi-weekly the next 3 months, and monthly for the last 8 to 12 months.

\_\_\_\_\_  
Parole Agent’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SB 618 Community Case Manager

\_\_\_\_\_  
Date

**I authorize (releasing party):**

Name San Diego County Sheriff's Dept.  
Authorized CDCR Staff,  
RJD or CIW Prison Case Manager,  
San Diego County Probation Department,  
Community Case Manager  
Address P.O. Box 939062  
City/State San Diego, CA 92193-9062

**To disclose to (receiving party):**

Name SANDAG, Authorized CDCR Staff,  
RJD or CIW Prison Case Manager,  
San Diego County Probation Department,  
San Diego County Sheriff's Department,  
Community Case Manager, UCSD Case Manager

By paper, oral, and electronic means any and all of my medical records, assessments, test results, statements and criminal case history, listed below, including but not limited to:

- MEDICAL** injuries, illnesses, conditions
- MENTAL** illnesses, conditions
- Vocational, COMPAS, Literacy Assessments
- HIV** test results
- ALCOHOL/DRUG** abuse

PURPOSE for release:  Continuity of care  Other: SB618 Compliance

SPECIFIC records to release:  HIV test results  Other: Any other test(s), examinations

**NOTICE:** I understand that the medical information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations (HIPAA). I further understand that the Sheriff's Department may not condition treatment on whether I sign this authorization. California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained or unless such disclosure is specifically required or permitted by law.

**EXPIRATION:** This authorization will expire automatically in one year: \_\_\_\_\_

**REVOCATION:** I may revoke this authorization at any time by notifying the issuing party in writing.

**COPY:** I authorize the use of a facsimile or photocopy of this form. I may receive a copy of this authorization.

(Initial here for copy): \_\_\_\_\_ Copy given:  Yes  No

\_\_\_\_\_  
Social Security Number                      AKA                      CDC Number

\_\_\_\_\_  
Patient's Signature                      Date of Birth                      Date

\_\_\_\_\_  
Patient's Name (Please Print)

Send in County Mail to: O-317 MRU, Attn: Chief, Medical Records, San Diego County Sheriff Department. For additional forms, call (858) 974-5968.

<b>ASSESSMENT AREA</b>	<b>DONE BY</b>	<b>SPECIFIC TOOL TEST/SCREEN/ASSESSMENT</b>	<b>TYPE TEST</b>	<b>MANDATED BY STATE/FEDS? COURTS?</b>	<b>FREQUENCY MANDATED BY STATE/FED?</b>
<b>MEDICAL</b>	N/A	NO REQUIREMENTS FOR COUNTY STAFF	N/A	N/A	N/A
<b>DENTAL</b>	S/O	CDCR FORM 237-A	HEALTH RECORD DENTAL REC SCREENING	YES - PEREZ - COURT	RC PROCESSING ONLY
	S/O	CDCR FORM 128-C1	MED. CLEARANCE AND RESTRICTION CHRONO	YES - PEREZ - COURT	RC PROCESSING ONLY
<b>MENTAL HEALTH/DD</b>	S/O	CDCR 31 QUESTIONS	MH SCREENING INTERVIEW	YES -COLEMAN - COURT	RC PROCESSING ONLY
	S/O	MH-7	SECONDARY MH EVAL	YES-COLEMAN-COURT	RC PROCESSING ONLY
		CDCR FORM 128-C	MH PLACEMENT CHRONO	YES-COLEMAN-COURT	RC PROCESSING ONLY
	S/O	CDCR FORM 7386	MH SCREENING CHRONO	YES - COLEMAN - COURT	RC PROCESSING ONLY
		TONY ,QUICK TEST PHASE III, GAMA	DD SCREENINGS AND CHRONO	YES - CLARK - DD - COURT	RC PROCESSING ONLY
<b>EDUCATIOIN</b>	S/O GC	TABE - FULL BATTERY	READING ONLY	YES-STATE	RC PROCESSING ONLY
	S/O GC	CASAS LIFE SKILLS	LIFE SKILLS	YES - FEDERAL	RC PROCESSING ONLY
	S/O GC	IDEAS*	INTERESTS	YES-STATE	RC PROCESSING ONLY
<b>VOCATIONAL ASSESSMENT</b>	JOB DEV CONTR.	MYERS-BRIGGS O*NET VALUES O*NETABILITIES	PERSONALITY VALUES ABILITIES	NO - REQUIRED FOR PROJ. NO - REQUIRED FOR PROJ. NO - REQUIRED FOR PROJ.	NO- RC PROCESSING ONLY NO- RC PROCESSING ONLY NO- RC PROCESSING ONLY
<b>ALCOHOL AND DRUG</b>	S/O MH CLIN.	ASI -	DRUG/ALCOHOL	NO - REQUIRED FOR PROJ.	NO -RC PROCESSING ONLY
<b>CRIMINOGENIC</b>	P/O	COMPASS - MALES AND FEMALES	RISK OF RECIDIVISM RISK OF RECIDIVISM	YES - STATE. YES - STATE.	NO -RC PROCESSING AND 18 MONTH POST PAROLE
*IDEAS - INTEREST DETERMINATION EXPLANATION AND ASSESSMENT SYSTEM					
S/O SHERIFF'S OFFICE GC GROSSMONT COLLEGE P/O PROBATION OFFICE					