



SAN DIEGO COUNTY

COMMUNITY CORRECTIONS PARTNERSHIP MEETING

JANUARY 15, 2015



EMPLOYMENT STRATEGIES FOR JUSTICE INVOLVED INDIVIDUALS

Andy Hall, Director of Adult Programs- San Diego Workforce Partnership



Employment Strategies for Justice Involved Individuals

January 15th 2015

Andy Hall, VP of Programs
San Diego Workforce Partnership

Goals for Today

- *What is* the public workforce system?
- *How does it serve* this population now?
- *What could be...* strategies and promising practices



SDWP Governance Structure





America's **Job**Center
*of California*SM

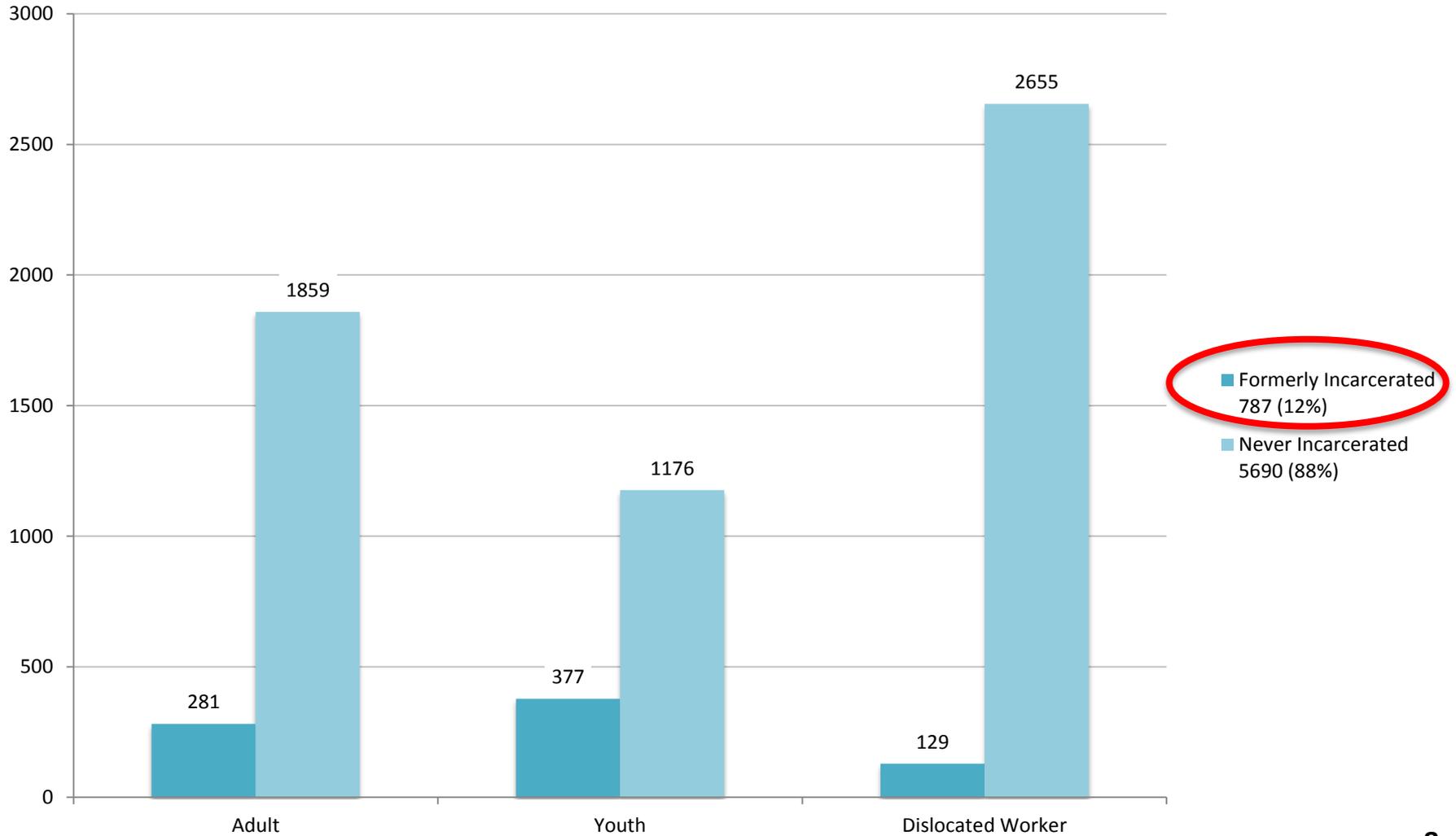
- Universal access and informed choice
- 900+ visits a day, 225,000+ a year
- 12,000 unique customers a year

How does the public workforce system currently serve the justice involved population?

SDWP data from July 2012 – April 2014

Enrollments by Incarceration Status

i.e., people enrolling in services
Enrollment dates July 2012–April 2014



Basic Demographics

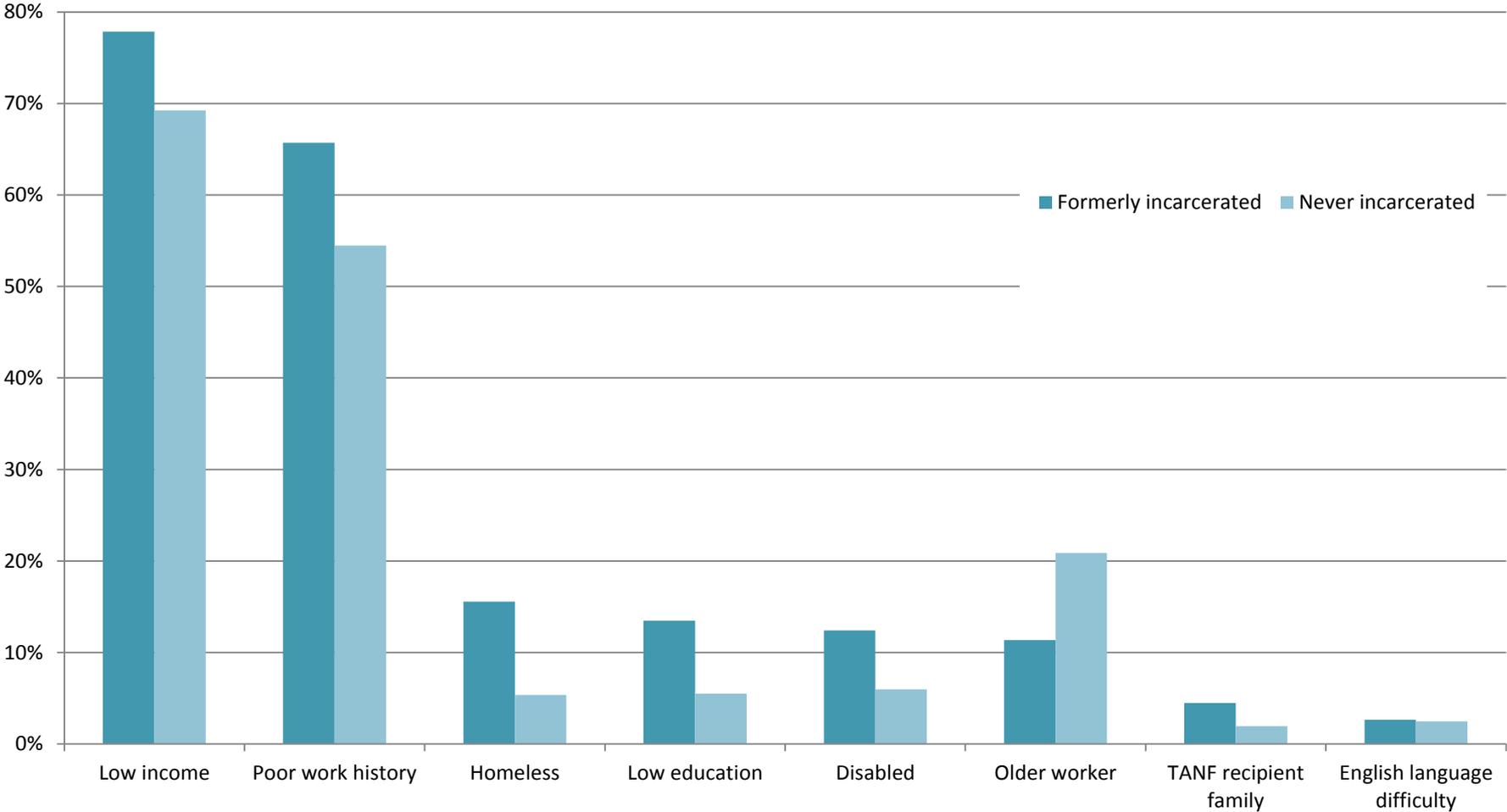
AJCC Enrollments, July 2012 – April 2014

Formerly incarcerated individuals enrolling at our AJCCs are slightly younger and more likely to be male than the general AJCC population

Average age	Formerly incarcerated	Never incarcerated
Adult	40	41
Dislocated worker	43	45
Youth	18	18
% female	Formerly incarcerated	Never incarcerated
Adult	22%	46%
Dislocated worker	29%	54%
Youth	26%	51%

Barriers to Employment (Self-Reported)

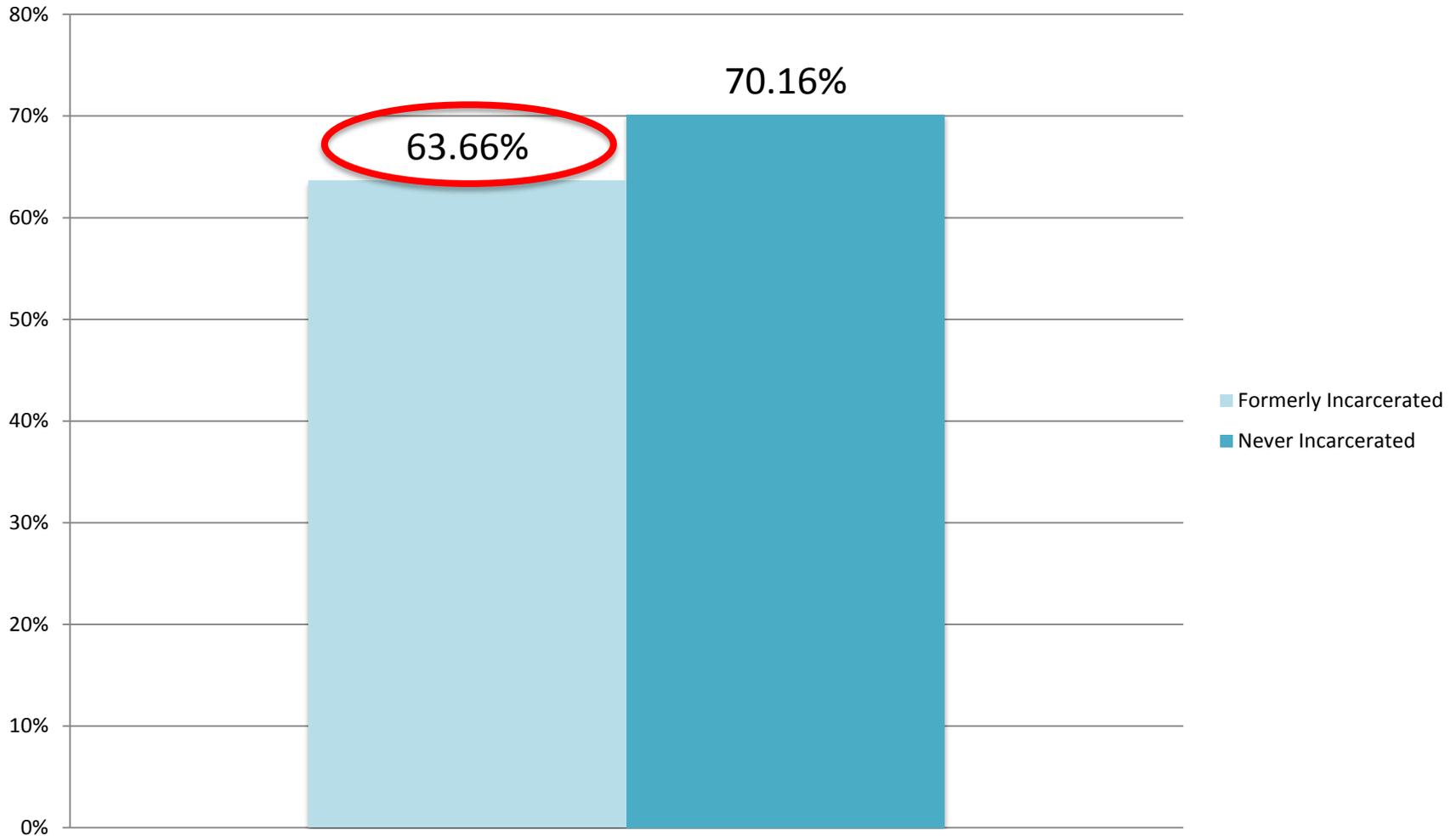
Enrollment dates July 2012–April 2014



Adult/DW Formerly Incarcerated Mean = 2.03 (n=410)
Never incarcerated (mean = 1.66) (n= 4514)

Entered Employment Rate by Incarceration Status

for those exiting services who entered employment
Exit dates July 2012 - April 2014

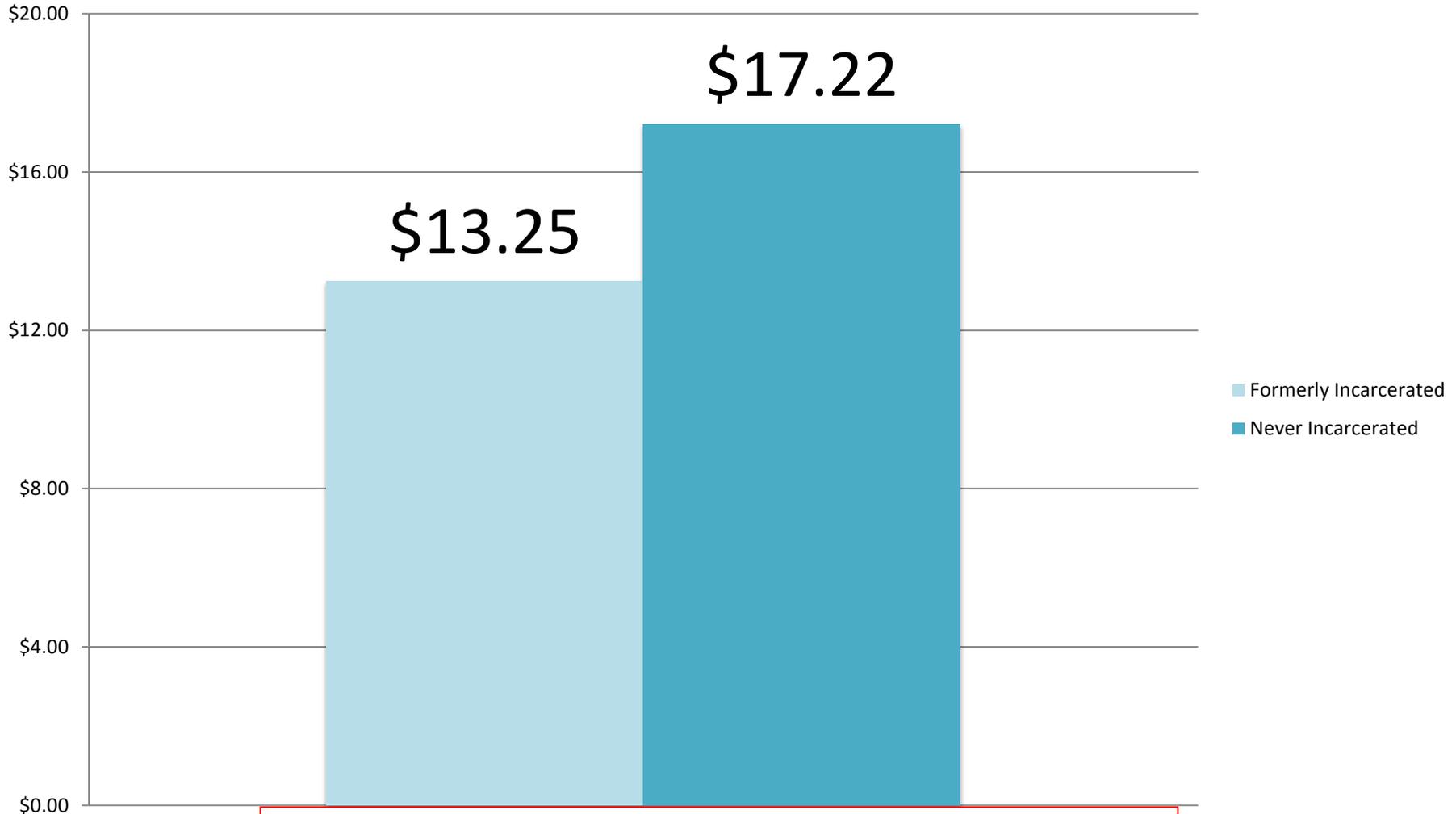


Formerly Incarcerated Exits During Period: (n=410)
Never Incarcerated Exits During Period: (n=4514)

Hourly Wages by Incarceration Status

for those exiting services who entered employment

Exit dates July 2012 - April 2014



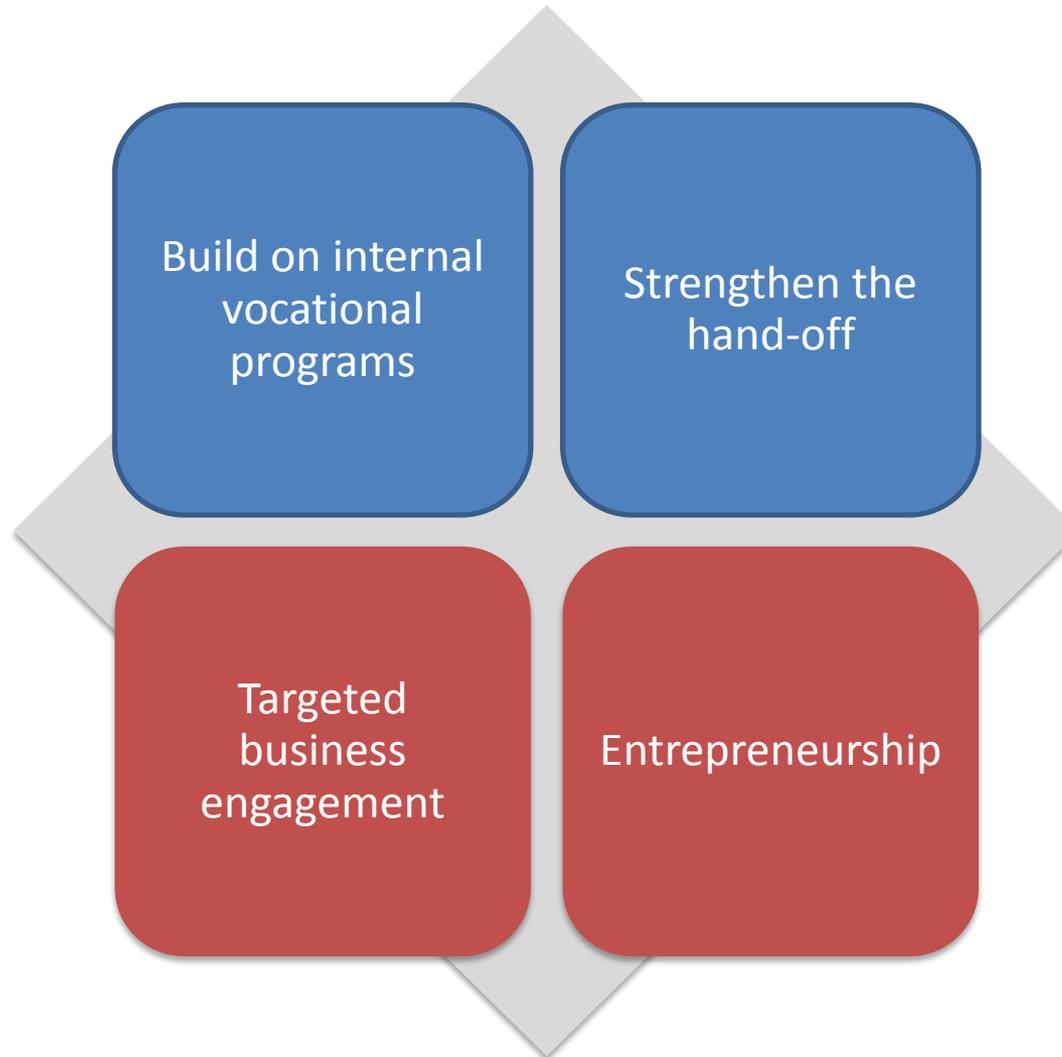
Formerly Incarcerated EE During Period: (n=261)

Never Incarcerated EE During Period: (n=3167)

Even during the sluggish labor market of 2012-2014, data suggests AJCC services can be appropriate for this population...

...if and when they make it to our doors.

What Could Be...Strategies and Promising Practices



Build on Internal Vocational Programs

Las Colinas Detention and Reentry Facility



East Mesa Detention and Reentry Facility

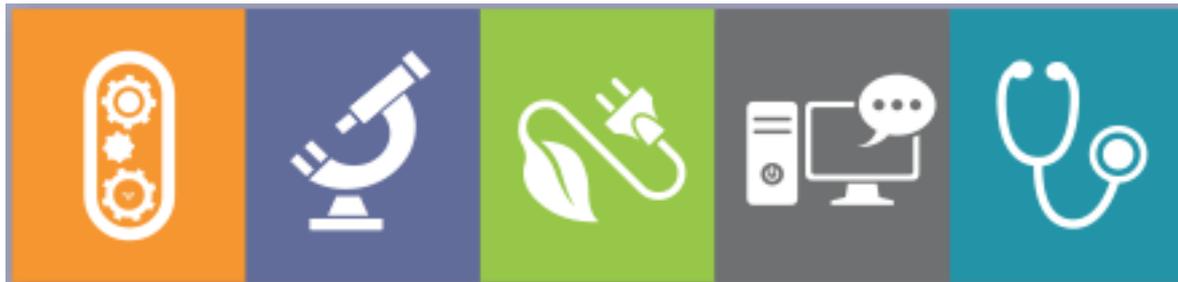
Strengthening the Handoff

- Soft vs. hard referral
- Team based case management with probation (joint plan development and data sharing)
- Job Center on the inside (Montgomery Works, MD)
 - County jail provided in-kind space
 - WIA and other funding to support staff
 - Volunteers and peer to peer learning (ownership model)
 - Enrollment and performance drives follow up after release



Targeted Business Engagement

- Dedicated staff that speak the language of employers
- Target employers that line up with in-custody vocational programs
- Build/expand voc. programs that are responsive to local employer needs
 - Invest in research and employer engagement



Entrepreneurship



- Many traditional labor market opportunities not available (Holzer, Raphael and Stoll 2002)
- Adversity inspires entrepreneurship (Thetford and Edgcomb 2004)
 - Demonstrated results for TANF and Refugee populations (Lindahl 2007)
- Many justice involved individuals have high entrepreneurial aptitudes (Lindahl 2007)
- Changing economy and world of work (Economist 2015)

Prison Entrepreneurship Program (Houston, TX)



	Treatment Group	Control Group	Impact on Recidivism	Improvement vs. Avg. of Others
TDCJ General Population (Men)	--	23.4	--	--
Avg of 9 Other Programs	17.9	22.4	-4.5	--
PEP	6.9	24.0*	-17.1	380%

** Inmates selected for PEP but who did not participate in PEP's programs*

n of control group = 50

n of treatment group = 94

Baylor University, 2013

Venturing beyond the Gates

Facilitating Successful Reentry with Entrepreneurship

Nicole Lindahl

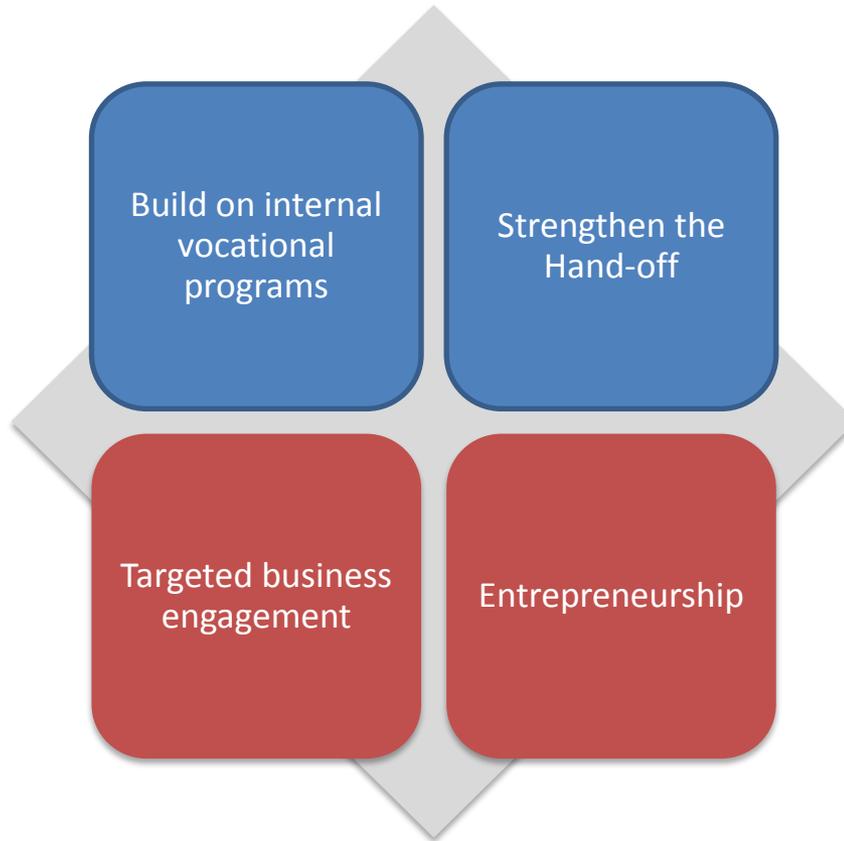
with assistance from Debbie A. Mukamal



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

Prisoner Reentry Institute
at John Jay College of Criminal Justice
Summer 2007

Opportunities exist to drive greater alignment across the criminal justice and public workforce system.





PROBATION TREATMENT DIRECTOR UPDATE

Dr. Geoff Twitchell, Treatment Director- Probation

AB 109 FUNDED TREATMENT SERVICES

For Fiscal Year 2014-2015, the San Diego County Probation Department has allocated \$18.5 million dollars to be spent towards treatment and intervention services for the Realignment (AB 109) population.

The following provides an overview of our AB 109 funded services and the associated capacity per program.

\$5.7m

SUBSTANCE ABUSE TREATMENT

Residential

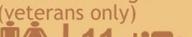
Central (5)

CRASH
 | 19 beds

House of Metamorphosis
 | 16 beds

Volunteers of America (detox available)
 | 42 beds

Lighthouse
 | 40 beds

Veteran's Village of San Diego (veterans only)
 | 11 beds

North (3)

Casa Raphael
 | 68 beds

Amity Foundation
 | 30 beds

Serenity House
 | 21 beds

East (1)

MITE (detox only)
 | 9 beds

Outpatient

Central (2)

Central East RRC (MHS, Inc.)
 | 10

North Central/Mid-Coast (MHS, Inc.)
 | 4

North (2)

North Coastal RRC (Mc Alister Institute)
 | 28

North Inland RRC (MHS, Inc.)
 | 4

South (1)

South Bay RRC (Mc Alister Institute)
 | 36

East (1)

East County RRC (Mc Alister Institute)
 | 46

\$1.2m

TRANSITIONAL HOUSING

All Regions (5)

Ethridge Recovery Center
 | 10 beds

Foundations in Recovery
 | 15 beds

JH Therapeutic
 | 2 beds

San Diego Second Chance
 | 20 beds

National Crossroads
 | 10 beds

\$3.2m

MENTAL HEALTH

All Regions (1)

Telecare
 | 60

Central & North (3)

Exodus (Central, North Coastal & North Inland)
 | 200

South (1)

CRF Maria Sardinas Center
 | 27

East (1)

CRF Heartland Center
 | 25

\$250k

EMPLOYMENT & VOCATIONAL

Central (1)

Center for Employment Opportunities (CEO)
 | serves approx. 150 per year

\$500k

COGNITIVE BEHAVIORAL THERAPY (CBT)

All Regions (1)

SAY San Diego
 | serves approx. 400 per year

OTHER SERVICES PAID FOR WITH AB 109 FUNDING

\$4.7m

Residential Reentry Center (RRC)

The RRC provides housing and rehabilitation, with a key focus on employment, job readiness and vocational programming.

Most residents serving time at the RRC are either in the closing weeks of their sentence or have been assigned to the center in lieu of a jail sentence.

When RRC participants are not searching for employment or at work, they may participate in a range of programs offered by CAI-trained professionals, including substance abuse counseling and life skills programs.

\$1.7m

Community Transition Center (CTC)

The CTC is the site of a multi-disciplinary team (MDT) designed to fully support offenders returning to the community from incarceration.

Co-located at the Lighthouse Residential Treatment Program, Probation officers, treatment staff, and Medi-Cal application assistants work with offenders and link them to indicated services, in order to facilitate reentry, increase compliance to supervision conditions, and reduce recidivism.

\$1m

Reentry Court

The Reentry Court is a comprehensive multiagency collaboration designed to assist, educate, treat addictions, provide mental health services, and transition the PRCS/Parolee populations with high recidivism into the community.

The target population is those PRCS/Parolees who have committed a new crime while under supervision and have a drug addiction (some have minor mental health issues too). Program lasts from 12-24 months and has a designated treatment facility.

\$200k

PC 290 Assessment & Treatment

Every PRCS PC 290 registrant and/or those with a sex crime conviction undergo a comprehensive sex offender assessment to determine the need for sex offender specific treatment. If an offender is determined to be in need of treatment, the offender is referred to one of four vendors who provide state certified sex offender treatment as necessary.

COMMUNITY RESOURCE DIRECTORY (CRD)

The CRD assists probation officers in making appropriate referrals to meet offender needs and enhances communication between providers and officers.

APPLY TO BE IN THE CRD TODAY!

If your agency would like to be included in the CRD, please visit the CRD website at the following link: <https://crd.sdcounty.ca.gov/#>

TREATMENT REFERRALS

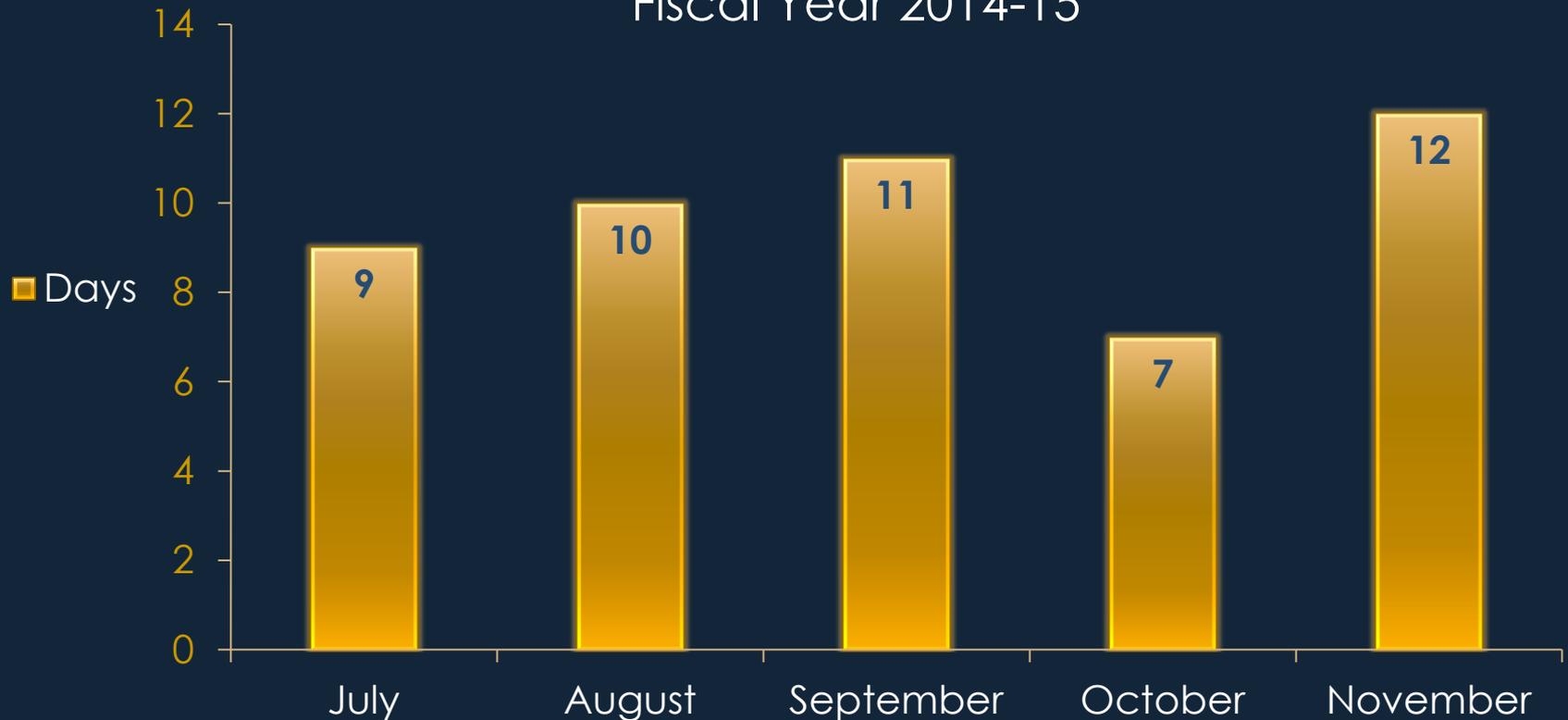
FISCAL YEAR 2014-15

Program Type	Total # of Referrals	Average being Serving Over Funded Capacity (Per Program)	Average # on Waitlist (Per Program)	Average time on Waitlist (Per Program)
Residential Treatment Programs	886	7	14	4 weeks
Outpatient Substance Abuse	568	26	1	2 to 4 weeks
Mental Health	309	3	13	4 to 8 weeks

Program Type	Number of Referrals	# of Offenders Engaged
CBT	313	270
Vocational	353	250
Housing	134	134

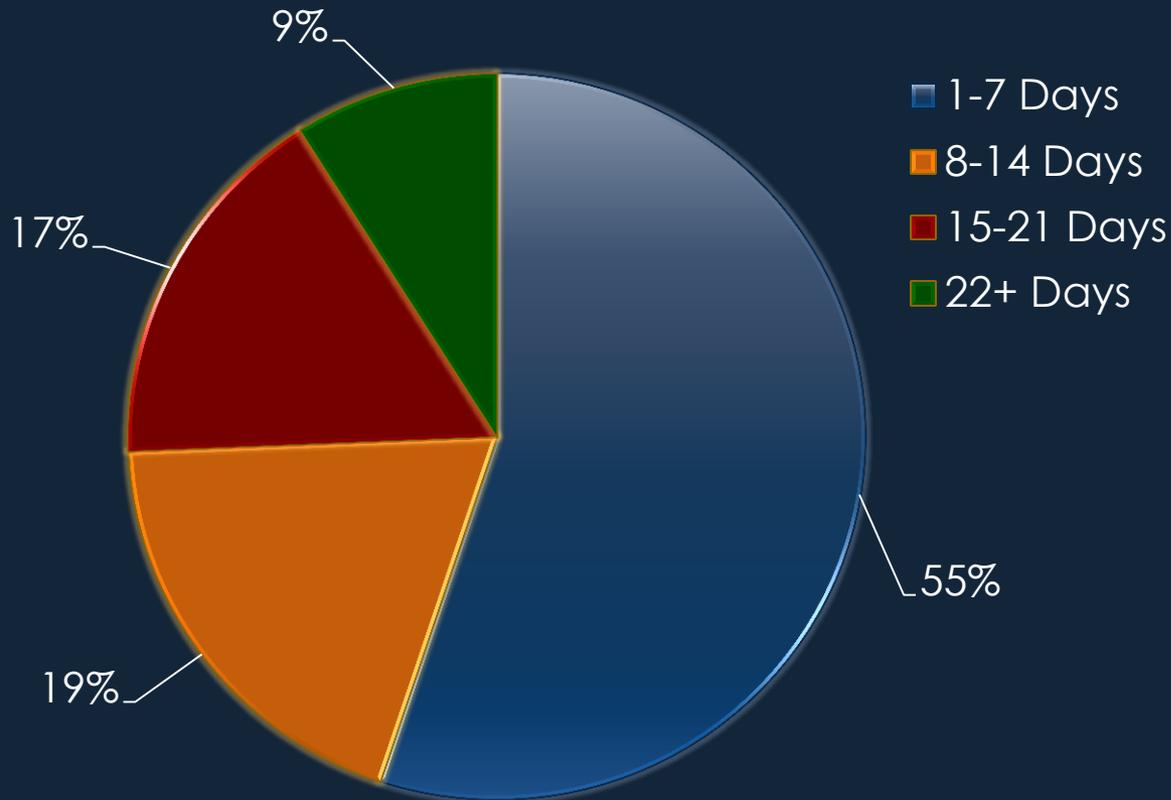
COMMUNITY TRANSITION CENTER

Average Length of Stay Fiscal Year 2014-15



AVERAGE LENGTH OF STAY NOVEMBER 2014 DATA

Average Length of Stay
November 2014 Data



TREATMENT INTERVENTION RETURN ON INVESTMENT

Figure 2

Iowa Used Cost-Benefit Analysis to Compare Community-Based Programs for Prison Releasees

Projected return on investment by program



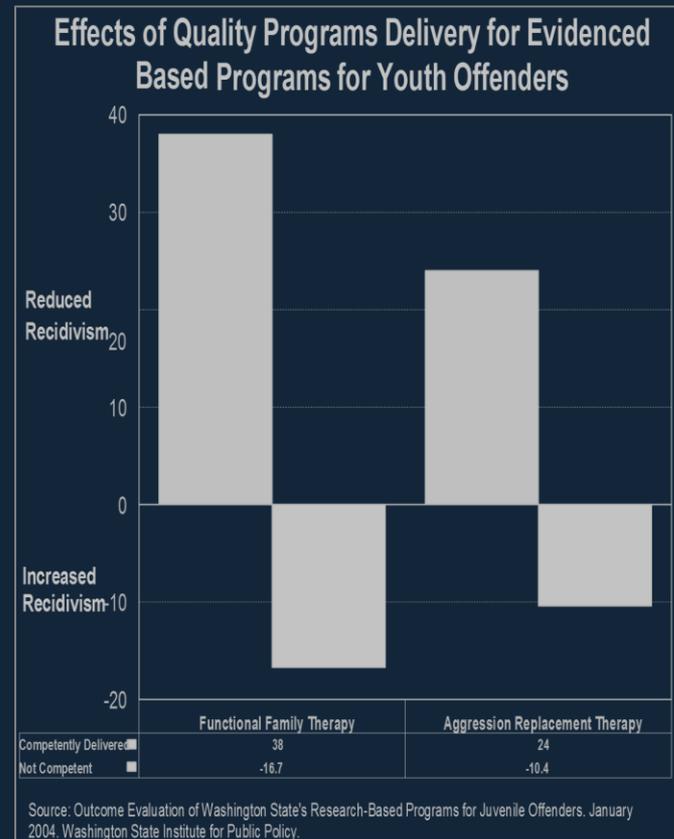
Note: The category "work release" is excluded because benefit-to-cost ratio could not be computed.

Source: Iowa Department of Corrections, "Return on Investment: Evidence-Based Options to Improve Outcomes" (May 2012), http://www.doc.state.ia.us/Research/DOC_HandoutROI_OffenderPrograms.pdf.

© 2013 The Pew Charitable Trusts

THE CORRECTIONAL PROGRAM CHECKLIST (CPC) TOOL

- A program **evaluation tool**
- Developed from research on evidence based practices
- Contains items correlated with reductions in recidivism
- Assist programs in **identifying areas of needed improvement** and outline necessary changes
- Allows change to be **measured across time**
- Promotes **accountability**



BEHAVIORAL HEALTH TREATMENT FOR REALIGNED OFFENDERS

Presented by:
Susan Bower, MSW, MPH
Director of Service Integration, HHSA

COMING IN THE DOOR

Admissions to Behavioral Health Treatment

	Fiscal Year 12/13	Fiscal Year 13/14
Substance Abuse	1,595	1,939
<ul style="list-style-type: none">• Detox/Residential• Outpatient	66% 34%	62% 38%
Mental Health	364	493
<ul style="list-style-type: none">• Full Service Partnership• Enhanced Recovery	18% 82%	16% 84%
TOTAL ADMISSIONS	1,959	2,432

DRUG OF CHOICE

Drug of Choice	Realigned Offenders	Overall Population
Methamphetamine	45%	35%
Alcohol	16%	27%
Heroin	16%	15%
Marijuana	13%	16%
Cocaine	8%	4%
Other	2%	3%

TREATMENT “COMPLETION”

- General national rule of thumb for substance abuse:
 - 1/3 complete
 - 1/3 make progress
 - 1/3 leave

	Fiscal Year 12/13	Fiscal Year 13/14
Substance Abuse	54%	55%
Mental Health	31%	29%

SPENDING

	Fiscal Year 11/12	Fiscal Year 12/13	Fiscal Year 13/14	Fiscal Year 14/15
Allocation	\$3m	\$7.7m	\$10m	\$10m
Expenditures	\$1.78m	\$6.43m	\$9.45m	\$9.2m*

*Projected expenditures for FY 14/15 based on 1st Quarter

THE CHANGING ENVIRONMENT

- Data match completed in December between BHS and Probation of Prop 47 eligible individuals
- 1,036 people in treatment eligible for Prop 47 sentence reduction
- Of those, 17% (180) were realigned offenders



CCP FUNDING PROPOSALS

Eunice Ramos, Group Finance Director- Public Safety Group

AB 109 FUNDING

- Resources Depend on **State Sales Tax Revenue**
- Managing Workload within Resources Available
- Long Term Funding Formula in Place

AB 109 ALLOCATION FORMULA

BASE FUNDING FACTORS *

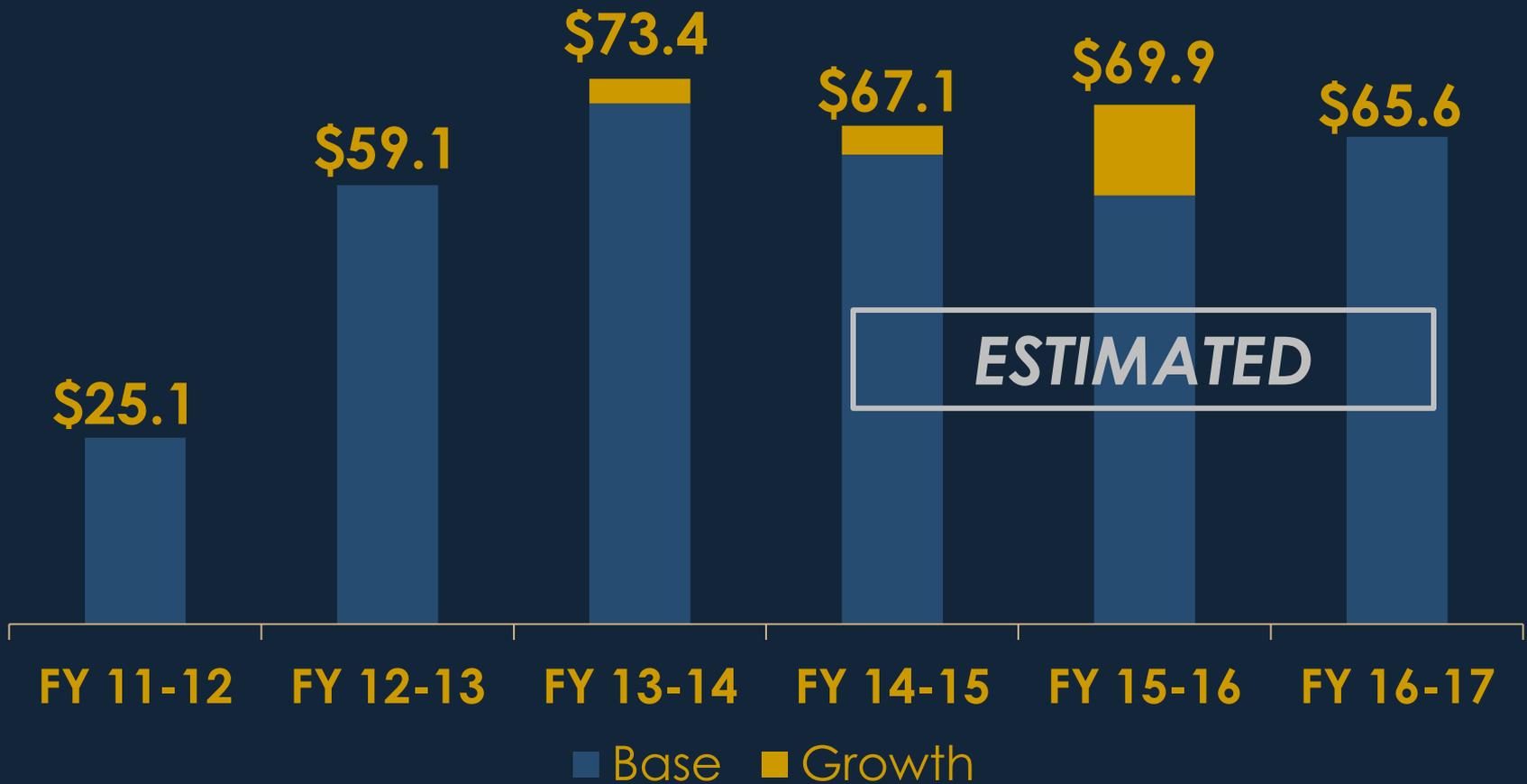
Guided by CAO Developed Key Principles

Caseload 45%	<ul style="list-style-type: none">• Jail – 22.5% <i>(1170 (h) Sentences)</i>• Probation – 22.5% <i>(PRCS and Felony Probation Caseload)</i>
Crime and Population 45%	<ul style="list-style-type: none">• County Population – 22.5%• Total Part 1 Crimes – 22.5%
Special Factors 10%	<ul style="list-style-type: none">• Poverty – 10%• Small County Minimums• Impacts of State Prisons

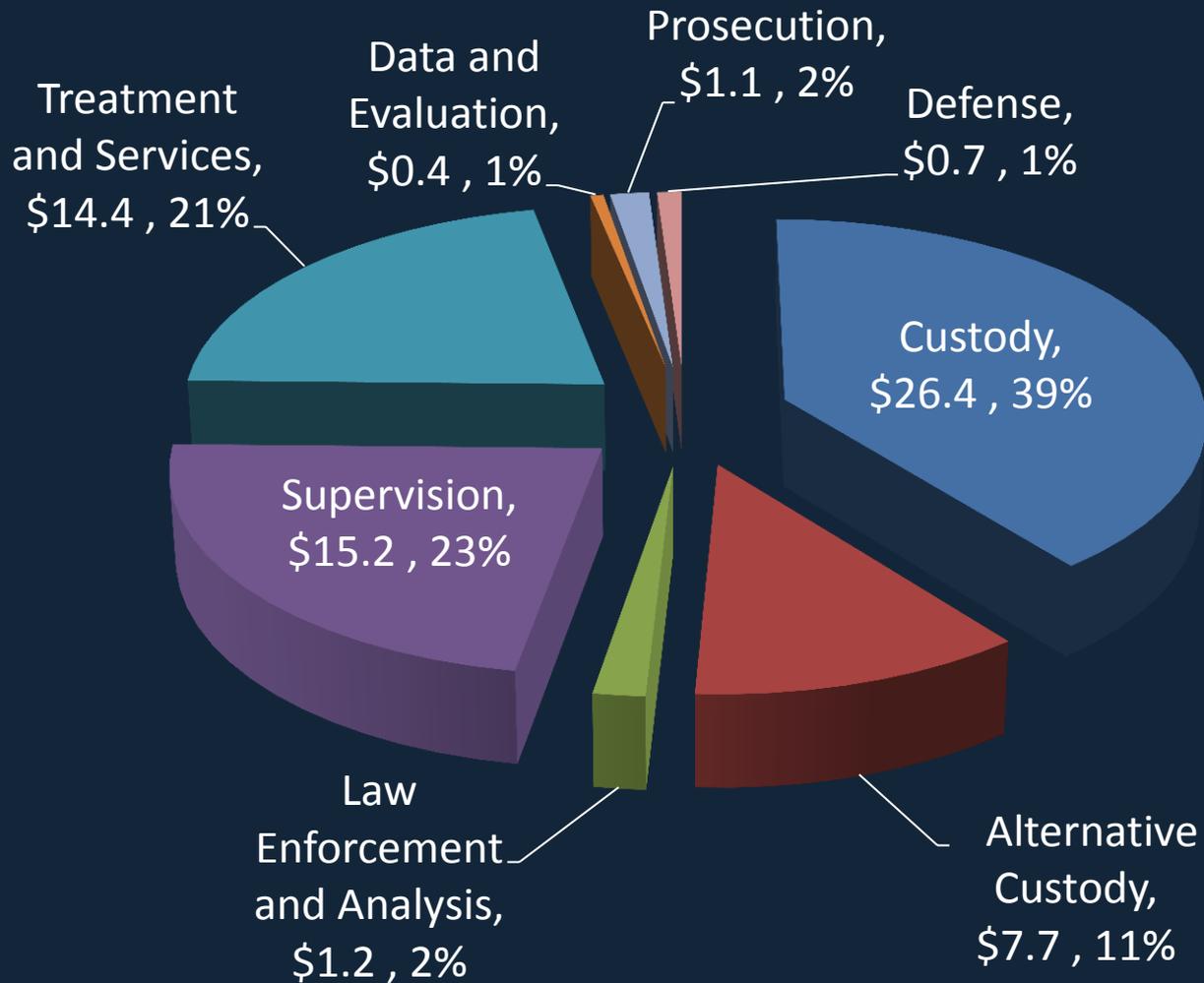
* Percentages Approximate

AB 109 SAN DIEGO COUNTY ALLOCATIONS

(\$ IN MILLIONS)



AB 109 BUDGET BY CATEGORY FY 14-15 (\$67.1 MILLION)



AB 109 RESOURCES

- Resources Depend on **State Sales Tax Revenue**
 - Plan for Economic Fluctuations
- **Align Services to Revenue** - Estimated Ongoing Annual Revenue of \$66 M for both current services and future needs
- **Reevaluate Needs & Strategies** – Proposition 47

ACTION ITEMS

- Funding Proposals – FY 14-15
 - SANDAG Evaluation Period Extended - \$200,000
(3 Year Extension. This amount represents FY 14-15 estimate only)
 - Regional Realignment Response Group - \$800,000
- The recommendations of the CCP Executive Committee will be brought to the County Board of Supervisors for consideration and budget actions



CCP STEERING COMMITTEE UPDATE

Scott Brown, Special Project Manager- San Diego Superior Court

STEERING COMMITTEE MEMBERSHIP

1. Started informally during Spring 2012 as a way to address issues of mutual concern involving realignment, best practices, and operations.
2. Comprised of the agencies on the Executive Committee of the Community Corrections Partnership (Penal Code § 1230.1), including representatives from:

MEMBERS

- County CAO
- District Attorney
- Health & Human Services
- Police Department
- Public Defender
- Probation
- Sheriff
- Superior Court

STEERING COMMITTEE OBJECTIVES

1. Coordinate implementation of the CCP plan. Evaluate and analyze progress, trends, and make recommendations.
2. Communicate and establish consensus, coordination, and consistency. Act as liaison between work groups and Executive committee of the Community Corrections Partnership.
3. Prioritize and make funding recommendations to the Community Corrections Partnership.
4. Plan and direct collaborative projects to achieve state and local goals.

STEERING COMMITTEE RECOMMENDATIONS

1. Update realignment vision/mission.
2. Update the goals and strategic initiatives.
3. Re-evaluate committee assignments, projects, and distribution of work.



PROBATION AND CASE MANAGEMENT

Scott Huizar, Post Release Offender Division Chief- Probation

DEFINITION OF CASE MANAGEMENT

- “A collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual’s health needs, using communications and available resources to promote quality, cost-effective outcomes.”

Case Management Society of America

MORE DEFINITIONS

- The provision of, or referral to a comprehensive set of services designed to increase an individual's overall success.
- A system of support, monitoring and advocacy to assist an individual through change.
- “helping people whose lives are unsatisfying or unproductive due to the presence of many problems which require assistance from several helpers at once” (Ballew and Mink, 1996, p. 3)

CORE FUNCTIONS OF CASE MANAGEMENT

Not Just a Case Plan....

SAN DIEGO COUNTY PROBATION SUPERVISION MODEL

Evidence-Based Practice Strategic Initiatives

- Use Assessment Tools
- Match Supervision to Risk Level
- Create Individualized Case Plans
- Employ Incentives and Sanctions Continuum
- Educate Stakeholders
- Improve Officer Skills
- Manage/Reduce Detention Population
- Use Screening Tools for Diversion Strategies
- Explore Detention Alternatives

Supervise Probationers to Reduce Recidivism using Integrated Behavioral Intervention Strategies (IBIS) and Case Management

Motivational Interviewing

- Collaborative style of conversation to strengthen a person's own motivation to change
- Brief Interaction
- Complementary with other tools

Cognitive Behavioral

- Thinking affects behavior
- Antisocial and unproductive thinking causes antisocial and unproductive behavior
- Thinking can be influenced
- We can change how we feel and behave by changing how we think.

Incentives and Sanctions

- Swift, certain and consistent
- Administrative, not adversarial
- Proportionate to behavior and risk level

ASSESSMENT

- Use empirical assessment tool
- Assign to a supervision level by risk
- Understand criminogenic needs

PLANNING

- Ensure plan is comprehensive, ongoing and dynamic
- Include probationer
- Pay attention to stage of change

LINKING

- Make appropriate referrals
- Use Community Resource Directory
- Engage community supports

MONITORING

- Provide incentives
- Apply swift and certain sanctions
- Acknowledge relapse triggers
- Revise case plan as needed

ADVOCACY

- Working with and on behalf of probationers to obtain services and resources
- Increase probationer's belief in the ability to succeed

ENGAGEMENT IS KEY

- Establish a positive, professional, and balanced relationship with the offender.
- Discuss realistic criminal justice system (or other) consequences.
- Determine motivation to change behavior
- Identify degree of support from family and friends
- Be consistent
- Use Integrated Behavioral Intervention Strategies (IBIS) skills. IBIS is an engagement model

ASSESSMENT

- Initial and on-going (at least every 6 months?)
- Be aware of different types, i.e. criminal risk/need, clinical Level of Care
- Consider formal and informal assessment
- Ensure all necessary parties have access to the results, i.e. treatment, service providers
- Coordinate the delivery of services

ASSESSMENT

The purpose of an assessment is to identify the issues in order to develop plan to address them.

- Is it addiction?
- Is it criminal thinking
- Is it co-occurring disorders (MH, DD, Physical)

ELEMENTS OF A CASE PLAN

- Supervision Strategy
- Treatment Plan
- Behavioral Contract (signed Case Plan)

AREAS TO TARGET IN A CASE PLAN

- Substance Abuse
- Criminal Thinking
- Criminal Associates
- Employment
- Housing

CASE PLANNING ESSENTIALS

- Don't overwhelm the offender—make it doable
- Include the offender in developing the case plan
- Make the tasks and objectives measurable
- Prioritize the needs/tasks
- SMART: specific, measurable, attainable, realistic, timely
- Individualize the case plan based on the needs identified in the assessment

LINKING

- Know the services available in the community (CRD)
- Know the services for which offenders are eligible
- Know the services which are funded and those which would require the offender to pay
- Does the offender have health insurance?
- Help the offender make the initial contact
- Match the services to the targeted need
- Follow up after a referral is made (i.e. Effective use of Approval or Disapproval, incentivize or sanction)

MONITORING (SUPERVISION STRATEGY)

- Minimum contact standards
- UA requirements
- Curfew
- GPS/EM
- Registration
- Community Service
- Restitution

MONITORING (TREATMENT PLAN)

- Monitor progress towards case plan goals
- Maintain on-going contact with the offender
- Detect non-compliance including new AOD use
- Incentivize or sanction offender non-compliance and progress
- Follow the “swift and certain” principle
- Track program attendance and participation (solicit feedback from and maintain communication with the service provider(s))
- Look for and recognize small changes

FIELD CONTACTS (OFFENDER'S HOME)

- Announced and Unannounced
- The frequency of field contacts should be driven by the case plan and offender progress
- Identify goals of visit in advance (not always a 4th)
- Use visit to assess the recovery environment
- Engage family members
- Communicate pertinent information to appropriate parties
- Always follow safety practices as trained

ADVOCACY

- Know what offenders can do and what they need help with
- Help the offender assert him/herself and learn to advocate for him/herself
- Develop an “exit” plan for after supervision ends
- Identify program areas that need advocacy for the benefit of all offenders
- What’s the difference between helping and enabling?

THE BALANCED APPROACH

Behavior Management (Supervision Strategy)

- Driven by Court Order
- 4th Waiver Searches
- Drug Testing
- Compliance checks

Behavior Shaping (Treatment Plan)

- Dynamic Case Plans driven by assessment
- Use of Incentives and Sanctions
- Quality Contacts
- Motivational Interviewing





THANK YOU

JANUARY 15, 2015