

# Transition from Jail to Community (TJC)



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# Presentation Outline

- **Overview of the Denver TJC Model**
  - Community Investment
  - CPCC Sanctioning Philosophy and History
  - TJC components; Major Implementation Accomplishments
  - CRP Eligibility criteria & Reentry Services
- **Evidence Based Practices for Reentry**
  - Criminogenic Risk/Needs Factors
  - Gender Responsiveness
  - Cognitive Behavioral Ed. & Motivational Interviewing
- **CRP 2014 Performance Review**
  - Redefining Success
  - Units and Levels of Service
  - Recidivism data



# Overview of the Denver TJC Model

# Community Investment

- 2005 - "Fail the Jail" campaign opposed Measure 1A's \$600 million expansion of the Denver jail and criminal courts.
- Groups included CCJRC, CPC, Padres Unidos/Jovenes Unidos, Denver Inner City Parish Golden Triangle Arts District Neighborhood Association, and Charity's House Ministries.
- Opposed prioritizing massive jail expansion while underfunding substance abuse treatment, mental health treatment and alternatives to incarceration.
- May 3, 2005 Measure 1A was passed with 56% of the vote
- CPCC launched September 2005 - CRP created 2007

# CPCC Sanctioning Philosophy, Goals & Strategies – CRP's Impact\*

**Sanctioning Philosophy determine primary policy and funding recommendations (2006)**

- Recidivism Reduction
- Community Satisfaction\***

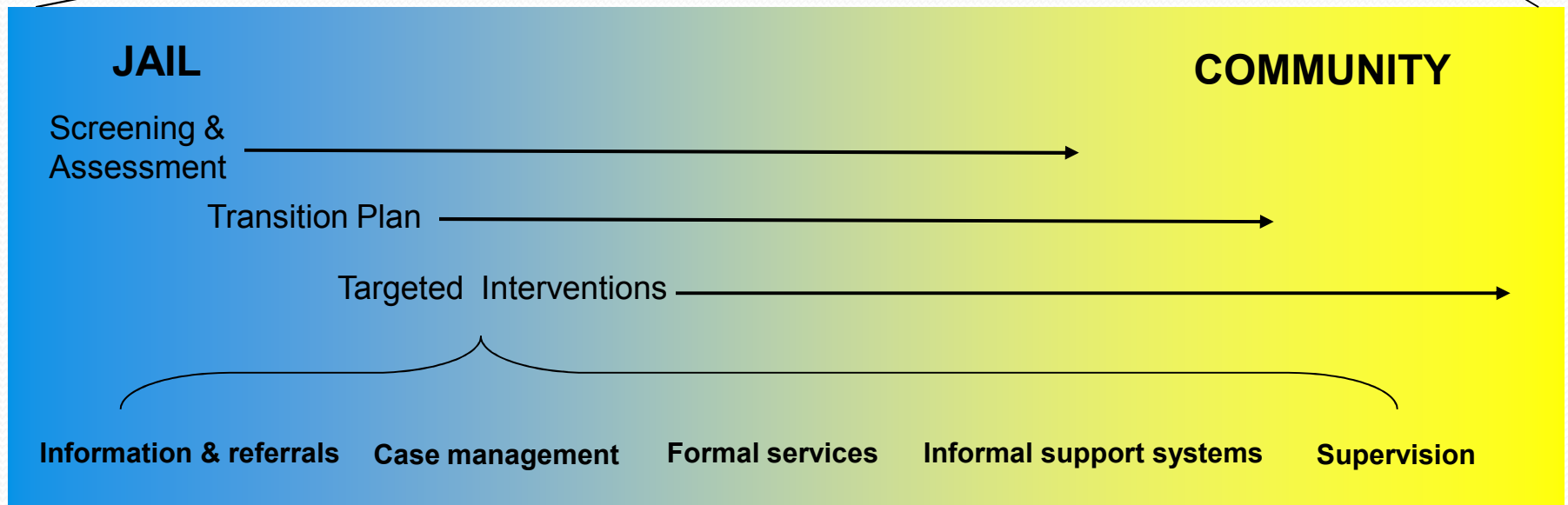
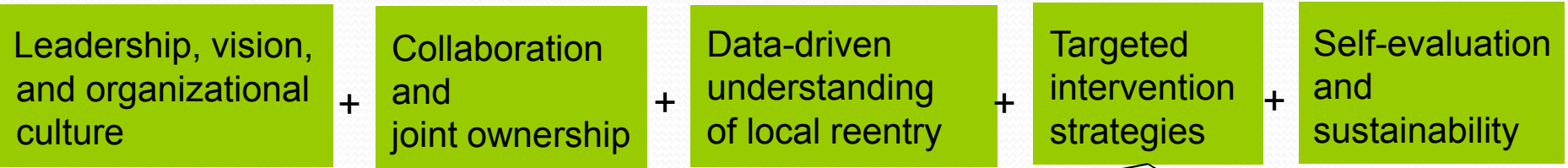
**The Commission created the following goals (2006):**

- Better manage jail beds\***
- Reduce the need for jail beds
- Reduce recidivism, and
- Prevent Crime

**The Commission has four strategies (2012):**

- Strategy #1: Improve and/or promote data efficiency, integrity and access
- Strategy #2: Analyze data to understand gaps, barriers and inefficiencies
- Strategy #3: Develop and implement alternatives that address gaps and barriers\***
- Strategy #4: Evaluation and continuous improvement

# TJC Model Components



# Stages of Implementation

Implementation occurs in (additive) stages:

- Exploration
  - Installation
  - Initial Implementation
  - Full Implementation
  - **Innovation and Sustainability: ongoing**
- 2-4 years
- *Innovative practices do not fare well in existing organizational structures and systems (legacy systems)*

*Program Implementation – Bridging the Gap Between Science and Practice, The Center for Effective Interventions, David Bernstein, M.S.W., The Implementation Group, Jennifer A. Schroeder, Ph.D.*

# Major Implementation

## Accomplishments: 2008-2012

- **Implemented** - Major accomplishments – (NIC & Urban Institute):
  1. Jail-wide risk screen (Proxy) for all incoming persons
  2. Risk/Needs assessment (LSI); Women's Risk/Need assessment(WRNA)
  3. Cognitive behavioral curriculum that is consistent, evidence-based, gender responsive and addresses criminogenic factors
  4. Motivational Interviewing
  5. Trauma Informed Response
  6. Mental Health First Aid
  7. TBI, SSI-R (alc/drugs), SOAR (SSI/SSDI benefits),
  8. (2014) GAINS behavioral health checklist in jail; ACA enrollment
  9. Continuum of transition services between the jail and community
  10. Data collection and review process to measure performance





# Reentry Starts Before Release

# Jail to community transition planning

- **Criteria:**

- Misdemeanor offenders (women – both misdemean. & felony)
- Sentenced to the Denver County Jail (expanding to DDC)
- Within 1 year of release
- Adult Denver residents (including homeless persons)
- Medium-to-high Proxy screen scores (Eligibility)

- **Additional Considerations:**

- Low to medium institutional risk for access to programs
- Most are in men's Building 24, Denver County Jail

# Denver County Jail Transition Services

## Life Skills – DSD Staff

- Cognitive Behavioral Education (T4C) (3 weeks 2x a week)
- Healthy Living (8 weeks)
- Job Readiness (8 weeks)
- Transition Planning
- Information & Referral
- Intake/Screening

## CRP – Community Staff

- Cognitive Behavioral Education (T4C) (3 weeks 2x a week)
- Healthy Living (8 weeks)
- Job Readiness (8 weeks) & Edu services
- Transition Planning/Case Mgmt
- Information & Referral

### **In the Community:**

- Enrollment in community services
- LSI & WRNA Assessment

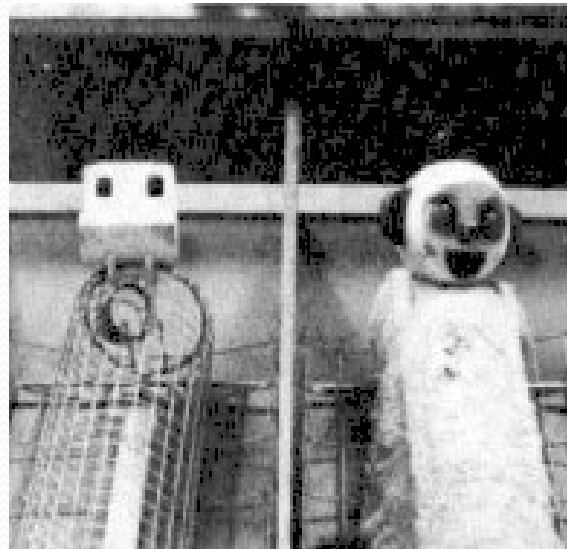
### **CRP is an incentive based program**

- Immediate Needs Services (housing, transportation, clothing, etc.)
- Vouchers for treatment, emergency shelter, benefits enrollment

# Healthy Living – 8 Weeks (2 earned days off)

Sources: PBS' *This Emotional Life*; University of Colorado Behavioral Health Center

1. Healthy Attitudes
2. Healthy Lifestyles
3. Healthy Friendships
4. Healthy Families



Dr. Harlow's 1950's experiments manifested the importance of care-giving & companionship in social and cognitive development.

# Healthy Living – 8 Weeks (2 earned days off)

*Sources: PBS' This Emotional Life; University of Colorado Behavioral Health Center*

1. Healthy Attitudes
2. Healthy Lifestyles
3. Healthy Friendships
4. Healthy Families
5. Healthy Relationships – Part I
6. Healthy Relationships: Part II – Domestic Violence
7. Tobacco Education: Part I (marketing, health effects)
8. Tobacco Education: Part 2 (quitting strategies)
9. Money Math
10. Drugs and Society

# Job Readiness – 8 Weeks (2 earned days off)

*Adapted from DOC Pre-Release Curriculum; Cognitive Behavioral Education*

Career Development Workshop (jail and community)

## Community Based Services

- Pre-Employment Screen
- Career Coaching
- Career Search
- Educational Counseling
- Computer Skills
- Vocational Rehabilitation applications
- Disability benefits applications



# Evidence Based Practices for Reentry



# What Does “Evidence Based” Mean?

- **Evidence exists that the program or intervention is effective.**
  - Evidence is obtained through empirical research not anecdotes, stories, common sense, or beliefs about effectiveness.
- **Literature review**
  - Meta-analyses are summaries of many studies of correctional interventions.
  - The most current and informative method.





# Criminogenic Needs/Risk Factors

- **The “Big Four” Risk Factors on recidivism:**

- Antisocial attitudes, values, and beliefs
- Antisocial friends, lack of prosocial friends
- Antisocial personality (impulsivity, restlessness)
- Criminal History

- Family/marital factors
- Low levels of education/employment achievement
- Lack of appropriate leisure and recreational outlets
- Substance abuse

# What is “Gender-Responsive?”

- Acknowledges that gender matters
- Addresses trauma issues resulting from victimization and relational motivations
- Recognizes women’s pathways into crime
- Women-centered services
- Recruits personnel who have both the interest and knowledge to work with incarcerated women

Bloom, B., Owen, & B., & Covington, S. (2003). *Gender-responsive strategies: research, practice, and guiding principles for women offenders*. Washington D.C: U.S. Department of Justice

# Women's Risk/Need Assessment (WRNA)

## Women's Top Criminogenic Needs

- **Criminal history**
- **Criminal thinking**
- **Antisocial associates**

## Additional Risk Factors

- Housing Safety
- Mental health/Trauma history
- Adult victimizations
- Relationship dysfunction
- Parental stress (community)

# Cultural Competence

*Enables a system to work effectively in cross-cultural situations*

- **Five Essential Elements**

- Valuing diversity
- Cultural self-assessment
- Being conscious of cultural dynamics
- Having institutionalized cultural knowledge
- Adapting service delivery reflecting understanding of cultural diversity

- Source: The National Center for Cultural Competence (NCCC), Georgetown Univ.



# Motivational Interviewing (MI)

- An evidence-based technique, when used with other interventions, has proven to reduce offender recidivism.
- OARS
  - Open ended questions
  - Affirmations
  - Reflections
  - Summarizations

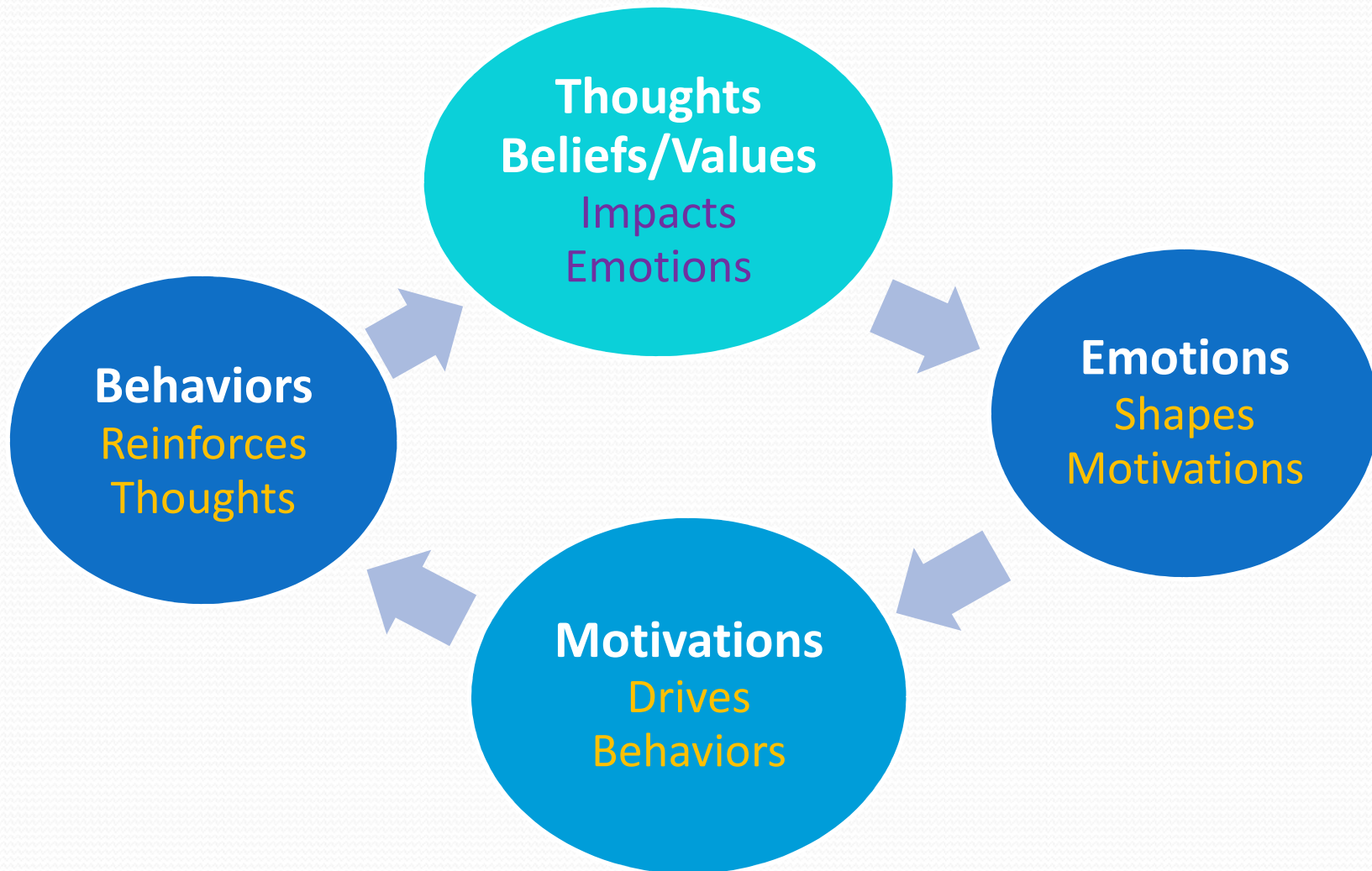


# Cognitive-Behavioral Education

- Thinking for a Change (T<sub>4</sub>C) - twice a week for 7 weeks
  - **Cognitive**
    - Targets attitudes and thought processes
  - **Behavioral**
    - Practices role-modeling and reinforcement

# Cognitive Behavior:

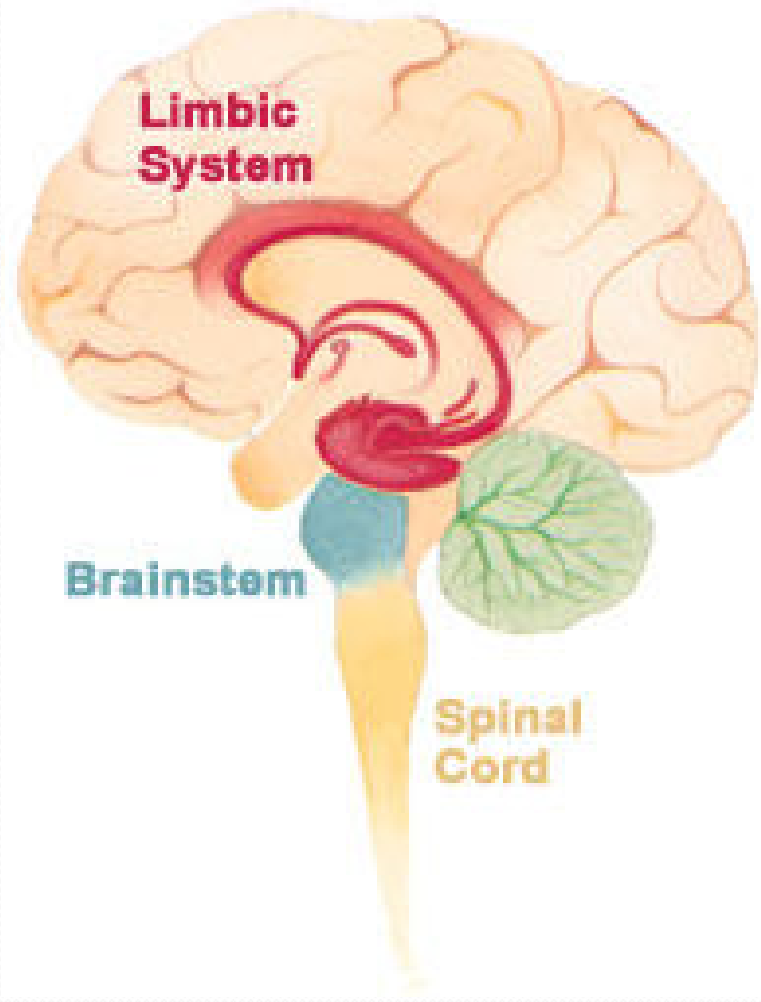
Thoughts, Emotions, Motivations, Behavior



# Creating Change in the Brain

[http://www.morris.umn.edu/~ratliffj/psy1051/brain\\_overheads.htm](http://www.morris.umn.edu/~ratliffj/psy1051/brain_overheads.htm)

- **Limbic system: the core & oldest (reptilian) part**
  - largest in prehistoric times
- **Emotional center**
  - Strong emotions, survival instincts, trauma, impulsive behaviors
  - Addiction center
- **Generational learning**





# Romancing the Brain in Recovery

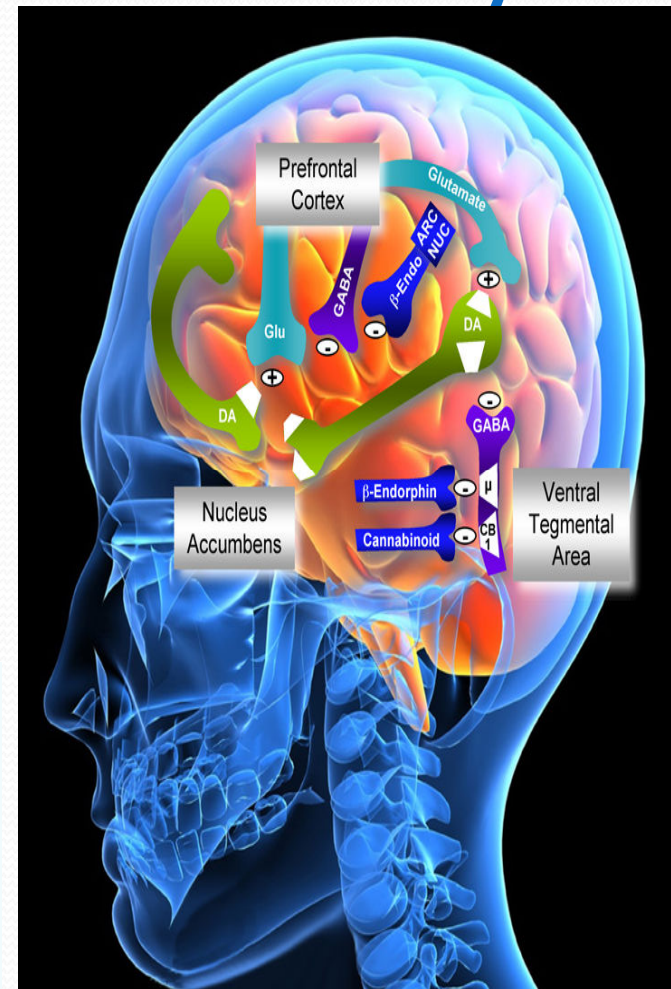
Cynthia Moreno Tuohy

## Cortex – Discovery/Thinking Brain

- Reasoning, consequential thinking
- Problem solving/resolution
- Creativity and imagination
- Likes options/choices
- Maturity & impulse control
- **Last part of brain to fully develop**

## More energy to appeal to the Cortex

- Can feed the Limbic
- Tolerance for another's resistance
- Choices, validation, explanations
- *Paradox of control is to not control*





# CRP 2014 Performance Review

# 2015 Scope of Work Budget

Category	Contract Amount
<b>OPERATIONS COSTS:</b>	
Indirect Costs (Admin/operating)	\$48,577.00
Occupancy - rent & parking passes	\$31,422.00
Copier Lease - paid from CPCC	\$4,417.00
Office Supplies	\$3,300.00
Staff Training and Development	\$1,000.00
Staff Travel/Mileage	\$4,500.00
Client Services	
Refreshments/Meals	\$3,000.00
Emergency Housing	\$20,000.00
Transportation (RTD)	\$20,000.00
Group Incentives	\$3,000.00
Client Specific Tx	
Testing Services	\$2,000.00
Tx Services*	\$3,000.00
<b>Total Operations:</b>	<b>\$144,216.00</b>

Category	Contract Amount
<b>PERSONNEL COSTS:</b>	
Program Director	\$53,992.00
Office Mngr/Management Analyst	\$41,265.00
Case Manager 1	\$45,204.00
Case Manager 2	\$45,204.00
Case Manager 3	\$45,204.00
Career and Benefits Coordinator 1	\$45,204.00
Career and Benefits Coordinator 2	\$45,204.00
<b>Total Direct Salaries:</b>	<b>\$321,277.00</b>
Fringe Benefits - 26%	\$83,532.00
<b>Total Personnel + Benefits:</b>	<b>\$404,809.00</b>

<b>Total:</b>	<b>\$549,025.00</b>
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# Redefining Success

## CPCC

- Program Completion
- Recidivism Reduction
- ROI

## CRP

- Program Completion
- Recidivism Reduction
- Caseplan Goals

## Community Stability (Second Chance Act)

- Complete Routine Services
- Recidivism Reduction
- Improved Com. Sup. Systems
- Cooperation in treatment
- Improved MH outcomes & decreased symptoms
- Decrease chemical dependency symptoms
- Increased income/benefits
- Increased coping skills
- Increased understanding of criminogenic risk factors
- Reduced LSI/Increased Rater

## 2014 Data: Total Clients Served by CRP in Jail and Community = **696** (unduplicated; 474 in DCJ & 275 Community)

- **474 Inmates served by CRP in DCJ**
  - 5,233 units of service = classes & 1:1 mtgs
- **435 Life Skills jail intakes by DSD staff**
- **423 Eligible contacted CRP**
  - Phone and walk-in inquiries
- **275 Enrolled**
  - (220 new and 55 continuing from 2013)
- **210 Discharged**
- **142 LSI assessment completed at intake and discharge**

### Jail bed days saved 2014

- **821** days of earned time
- **\$42,692** cost savings  
(821 x \$52 per day)

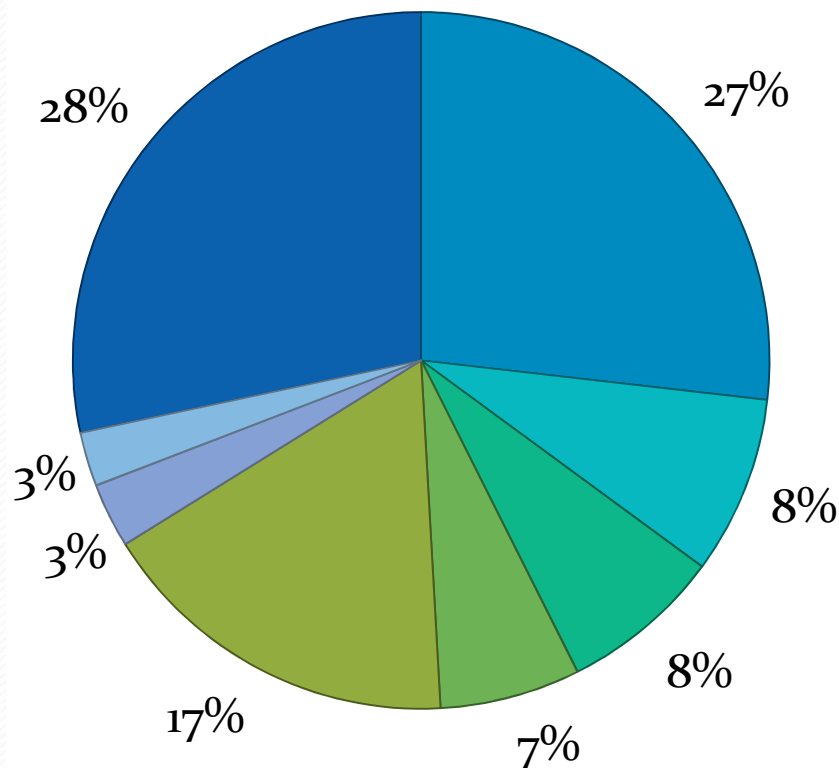
### Jail bed days saved 2015

- Q1 & Q2 (Jan 1-Jun 30 2015):
- **781** days of earned time
- **\$40,612** cost savings

### Total Projected Savings 2015:

- **1567** days of earned
- **\$81,484** cost savings

# Referrals Chart – 275 Enrolled Clients



- DCJ Life Skills (a Life Skills staff person or a Life Skills class)
- DCJ Non-Life Skills (a deputy or other staff not associated with Life Skills or RISE: Transition Unit, Medical Staff, etc.)
- Other Provider (community providers such as Metro CareRing, DOC Reentry, MHCD, etc.)
- DCJ RISE (Women's or Men's RISE at the county jail)
- Probation Officer (Denver County, Denver District, or other county)
- Word of Mouth (a fellow inmate, friend, family member, or current CRP client)
- Downtown Detention Center (deputy or other staff)
- Unknown (client hung up or left office before referral source was obtained)



## Units\* & Levels of Service for 210 Discharged Clients

*\*(# of classes attended and 1:1 appointments with CRP staff)*

- **Level 1:** Clients received 1-4 units of service (n=94)
- **Level 2:** Clients received 5-20 units of service (n=66)
- **Level 3:** Clients received 21+ units of service (n=50)

# Dosage Considerations for Level 3 Clients

- \* **21+ Units Of Service Analysis**
  - Ranged from 21 to 89 (median = 44 units of service)
  - There wasn't a significant statistical difference past 21 units.
  - Most Level 3 clients had intensive mental health, substance abuse, cultural, and/or systemic process issues.
- **Considerations:\***
  - The “saturation effect” - the possibility of over- programming resulting in higher rates of recidivism.
  - Quality over Quantity
    - dosage by risk
    - monitor quality of dosage
    - monitor outcomes
- *Source: “Quantifying and Executing the Risk Principle in Real World Settings” Webinar Presentation, Strategic Solutions, Kimberly Gentry Sperber, PhD*



# 210 Discharged Clients

Level 1 Demographics (n=94)		
<b>Race</b>		
Black	32	33%
Latino	24	25%
White	26	27%
Multi	7	7%
Native	5	5%
Asian	0	0%
Mid East	0	0%
<b>Gender</b>		
Male	81	84%
Female	13	14%
<b>Age</b>		
18-24	4	4%
25-34	29	30%
35-44	27	28%
45-54	20	21%
55+	14	15%

Level 2 Demographics (n=66)		
<b>Race</b>		
Black	22	34%
Latino	22	34%
White	15	23%
Multi	3	5%
Native	3	5%
Asian	1	2%
Mid East	0	0%
<b>Gender</b>		
Male	54	84%
Female	12	19%
<b>Age</b>		
18-24	8	13%
25-34	15	23%
35-44	12	19%
45-54	18	28%
55+	13	20%

Level 3 Demographics (n=50)		
<b>Race</b>		
Black	12	24%
Latino	13	26%
White	17	34%
Multi	3	6%
Native	4	8%
Asian	0	0%
Mid East	1	2%
<b>Gender</b>		
Male	36	72%
Female	14	28%
<b>Age</b>		
18-24	0	0%
25-34	9	18%
35-44	11	22%
45-54	19	38%
55+	11	22%

# 210 Discharged Clients

<b>HOMELESSNESS</b>	<b>Enrollment of individuals</b>		<b>Discharge of individuals</b>	
<b>Level 1 (1-4) (n=96)</b>				
<b>Homeless</b>	54	<b>56%</b>	46	<b>48%</b>
<b>Temporary</b>	29	<b>30%</b>	38	<b>40%</b>
Transitional	5	5%	5	5%
Permanent	6	6%	5	5%
<b>Level 2 (5-20) (n=66)</b>				
<b>Homeless</b>	34	<b>53%</b>	22	<b>34%</b>
<b>Temporary</b>	25	<b>39%</b>	28	<b>44%</b>
Transitional	2	3%	7	11%
Permanent	5	8%	9	14%
<b>Level 3 (21+) (n=50)</b>				
<b>Homeless</b>	24	<b>48%</b>	9	<b>18%</b>
<b>Temporary</b>	15	<b>30%</b>	16	<b>32%</b>
Transitional	4	8%	5	10%
Permanent	7	14%	20	40%

# 210 Discharged Clients

<b>EMPLOYMENT</b>	<b>Enrollment of individuals</b>		<b>Discharge of Individuals</b>	
<b>Level 1 (1-4) (n96)</b>				
<b>Employed</b>	12	<b>13%</b>	19	<b>20%</b>
<b>Unemployed</b>	71	<b>74%</b>	64	<b>67%</b>
Unable to Work	3	3%	5	5%
Benefits Only	8	8%	6	6%
Students Only	0	0%	0	0%
<b>Level 2 (5-20) (n66)</b>				
<b>Employed</b>	7	<b>11%</b>	27	<b>42%</b>
<b>Unemployed</b>	49	<b>77%</b>	30	<b>47%</b>
Unable to Work	2	3%	4	6%
Benefits Only	8	13%	5	8%
Students Only	0	0%	0	0%
<b>Level 3 (21+) (n50)</b>				
<b>Employed</b>	4	<b>8%</b>	24	<b>48%</b>
<b>Unemployed</b>	35	<b>70%</b>	11	<b>22%</b>
Unable to Work	4	8%	5	10%
Benefits Only	7	14%	7	14%
Students Only	0	0%	3	6%

# LSI Score Changes from Intake to Discharge

Of the 142 total clients who completed an LSI assessment at intake & discharge:

**Level 1:** No change in LSI

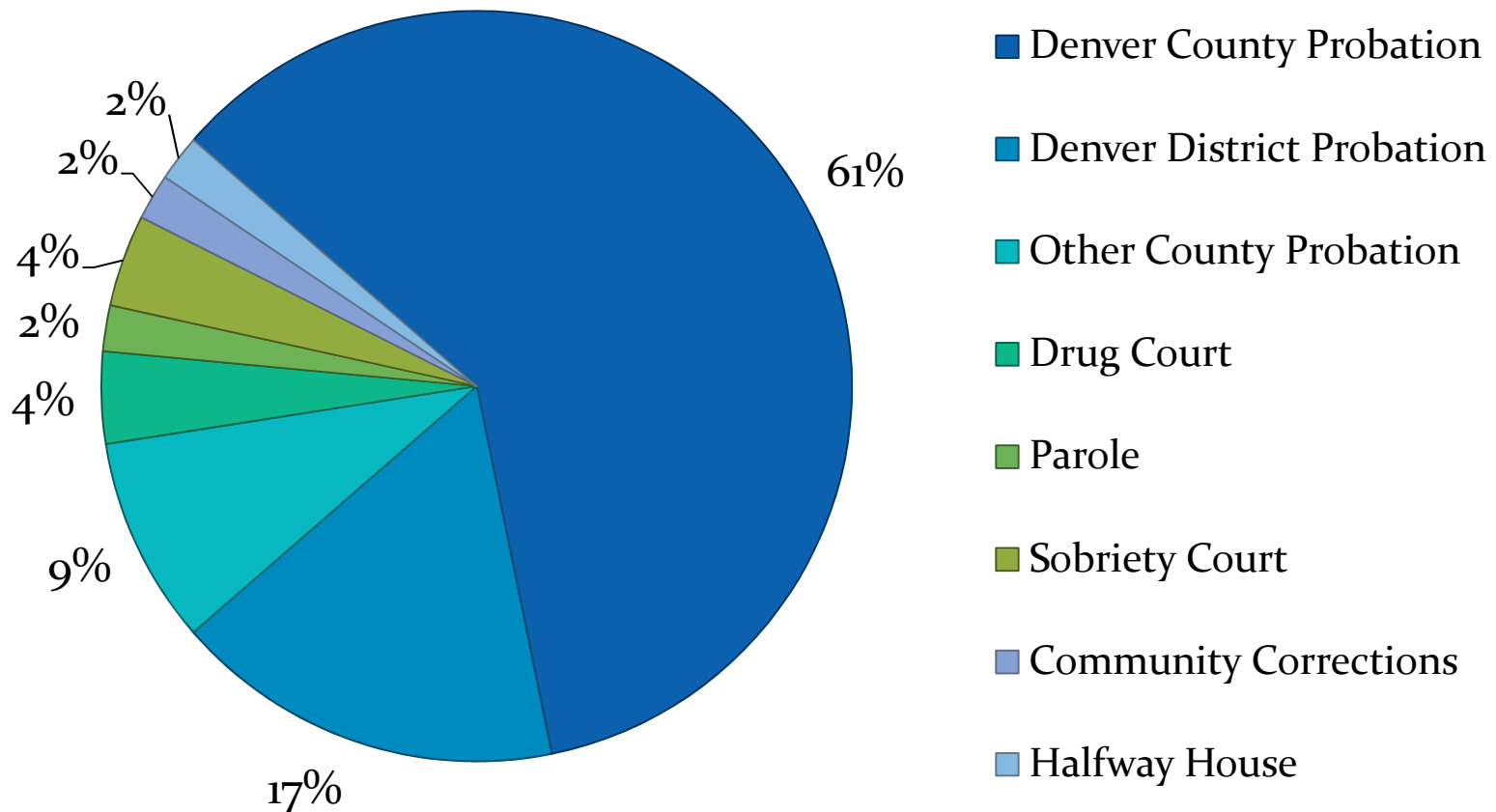
**Level 2:** Slight change in LSI

**Level 3:** Significant change in scores (Risk score went down 6 points and Rater box [protective factors] score went up 9 points)

Level 1 Scores			Level 2 Scores			Level 3 Scores		
<b>Total Clients</b>		51	<b>Total Clients</b>		49	<b>Total Clients</b>		42
<b>Average Proxy</b>		5.8	<b>Average Proxy</b>		5.1	<b>Average Proxy</b>		5.3
	<b>Intake</b>	<b>Discharge</b>		<b>Intake</b>	<b>Discharge</b>		<b>Intake</b>	<b>Discharge</b>
<b>Avg LSI Total</b>	32.0	32.5	<b>Avg LSI Total</b>	31.0	30.1	<b>Avg LSI Total</b>	30.0	23.8
<b>Avg Rater Box</b>	14.2	14.7	<b>Avg Rater Box</b>	14.8	17.5	<b>Avg Rater Box</b>	15.3	24.5

# Probation Status at Intake

Of the 210 clients discharged in 2014, 102 (49%) were under some type of supervision.



# Probation Compliance at Discharge

Of the 210 clients discharged in 2014, 102 (49%) were under some type of supervision.

Level 1: 94 clients		
On Probation: 39 clients		
Yes, in compliance	17	44%
Not in compliance	3	8%
Unknown	19	49%

Level 2: 66 clients		
On Probation: 33 clients		
Yes, in compliance	26	79%
Not in compliance	6	18%
Unknown	1	3%

Level 3: 50 clients		
On Probation: 31 clients		
Yes, in compliance	30	97%
Not in compliance	0	0%
Unknown	1	3%

Not on probation	55	59%
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Not on probation	33	50%
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Not on probation	19	38%
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# 2013 Recidivism\* for 242 Discharged Clients

*\*Based on 12-months post-discharge from CRP for new convictions*

Level 1 Recidivism		
Total Clients	102	
Open Cases	6	96
Denver County	32	<b>33%</b>
Other County	12	13%

Level 2 Recidivism		
Total Clients	88	
Open Cases	8	80
Denver County	27	<b>34%</b>
Other County	6	8%

Level 3 Recidivism		
Total Clients	52	
Open Cases	2	50
Denver County	7	<b>14%</b>
Other County	1	2%

# Summary of Data

- **Level 1 Clients** (1-4 services) little to no change
- **Level 2 Clients** (5-20 services)
  - Demonstrated **some change** across most indicators, especially LSI Rater Box Scores, Homelessness, Employment, and Probation Compliance.
- **Level 3 Clients** (21 units of service) or more
  - Demonstrated **significant changes** across indicators, in addition to those above.
  - Exhibited a **moderate decrease in LSI risk score** and a **significant increase in LSI protective factor score**.
  - Had **significantly lower new conviction rates\*** than those who had fewer units.

\*Based on 12-months post discharge from CRP programs





# CRP's Work on the Horizon

- Expand Healthy Living & Career Development in DDC
- Develop data system to capture more robust outcomes including the 21+ Level 3 clients; and reassess how to count recidivism
- Streamline handoff services including mental health & housing
- Launch Reentry Educational Academy of Denver (READ) in DCJ
- Support Gender Equity Commission implementation in DCJ
- Explore CRP's sustainability



# Thank you!

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