

Program Description

Sheriff Ken McGovern in conjunction with the County Commission formally established the Douglas County Reentry program January 28th, 2008 within the Douglas County Corrections Facility (facility). The program culminated from 2 years of stakeholders meetings to initialize recommendations from the National Institute of Corrections Justice Systems Assessment (JSA) to adopt additional intermediate sanctions for inmates' successful and safe return to the community.

The Reentry program targets adult incarcerated inmates that have been sentenced to the Douglas County Corrections Facility. In-house programming is funneled to the targeted population based on an evidence-based correctional assessment as having high risk(s) and/or need(s), the Level of Services Inventory-Revised {LSI-R} assessment:

"The LSI-R™ is a quantitative survey of attributes of offenders and their situations relevant to level of supervision and treatment decisions. ... The LSI-R helps predict ... institutional misconducts and recidivism. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment.

The LSI-R can be used by... correctional workers at jails (and) detention facilities to assist in the allocation of resources, help make decisions about...placement, make appropriate security level classifications and assess treatment progress."

Reference

[https://www.mhs.com/ecom/\(5znbzsz42qjexinmhfv1nofi\)/product.aspx?RptGrpID=LSI](https://www.mhs.com/ecom/(5znbzsz42qjexinmhfv1nofi)/product.aspx?RptGrpID=LSI)

Upon assessment and subsequent completion of in-house programming, a release plan is developed to guide the inmate into appropriate interventions and services within the community upon their release.

The Douglas County Reentry Program is built upon evidence-based correctional practices. The use of a valid risk/needs assessment (LSI-R) is crucial to start and continue monitoring progress. Ensuring we address those inmates with higher needs is effective and efficient in targeting available resources and programming. Structuring inmates' time within the facility along with coordinating their community-based transition is a correctional best practice. Overall, studies have found that former practices of incarcerating inmates without providing coordinated, individualized targeted tools for success have proven to backfire:

"The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources." <http://www.nicic.org/Library/019342>

Needs Assessment

State-wide, substance abuse continues to dominate social and correctional arenas. According to Social and Rehabilitation Services (SRS) Addiction and Prevention Services (AAPS), \$583 million is spent from the Kansas state budget on substance

abuse related services with 32% of that cost spent on adult and juvenile corrections. The impact is greater than just the offender; 10% of substance abuse related costs go toward child welfare programs, children affected by the long-reach of abuse. Treatment services only reach 18% of those in need of such intervention (12,791 of the estimated 69,500 eligible for services with a treatment need). Treatment has been proven to work *and* to be a cost-efficient investment. With every \$1 spent in substance abuse treatment, budgets see a \$7 reduction in cost.

http://www.srskansas.org/hcp/aaps/pdf/unmet_needs_brief.pdf

Locally, our facility conducted 3,716 booking inmate medical screenings in calendar year (CY) 2007. Of these screenings, 65% (2,405) indicated they used alcohol and/or drugs. And, of the 813 initial custody assessments conducted (for those that remained in custody more than 72 hours), 78% indicated alcohol and/or drug abuse had resulted in social, economic or legal problems:

<i>Inmate Medical Screening Form</i>	3,716	100%
<i>Do you use alcohol/drugs-----</i>	2,405	65%
<i>Initial Custody Assessment</i>	813	100%
<i>Abuse Resulting in Social, Economic or Legal Problems-----</i>	632	78%

Thus, our facility has identified a high inmate substance abuse need that results in great costs to our own community stemming from those social, economic and/or legal problems. But once indigent individuals are incarcerated, they lose available state AAPS funding assistance for potential treatment placement. Since the targeted population for reentry is post-conviction, sentenced inmates, they have an opportunity to begin work on their community integration plan culminating through to their release date with continued services identified and coordinated into the community. This gap through AAPS currently places continued burdens on the community when inmates aren't able to properly be assessed and placed into treatment interventions until well after their return to the community. It may take upwards of 60 days after release to be assessed and complete intake/orientation paperwork before actual treatment can begin. In this gap of time in the community, inmates often turn back to substance abuse after having a period of sobriety in custody. Intervening *during* active use and abuse lessens the chance for success.

The need for continued substance abuse therapies and care continues when incarcerated. In calendar year 2006, 1,070 visits were made by inmates to Alcoholics Anonymous meetings held in the facility; 368 visits were made by inmates to Narcotics Anonymous (inmates may attend more than one time). Beginning July 2007, Bert Nash Community Mental Health Center facilitated 36 (hour-long) Alcohol and Drug/Dialectical Behavior Therapy to groups of inmates. There is a need for continuing these existing internal interventions by coordinating evaluations, assessments and referrals into the community.

Outcomes

Process: *100% of the targeted inmates that score as having a high need/risk via the LSI-R as having a substance abuse need (noted on the LSI-R as “alcohol/ drug problem”) will obtain a substance abuse evaluation within 60 days of their release date.*

100% of inmates that are recommended services will have pre-treatment care coordinated prior to release.

35 inmates will obtain public transportation passes to attend recommended community-based treatment interventions.

The LSI-R correctional assessment tool will be the baseline data utilized to identify inmates with a high risk/need related to substance abuse.

Behavioral: *75% of assessed and referred inmates will attend the recommended treatment within 2 weeks of release from custody.*

Data management will be developed to identify and measurably report out the number of assessed inmates, the number of referred inmates and the number that attended the recommended treatment within 1 week of release from custody.

Impact: *66% of the former inmates that initiated the recommended treatment will not be re-incarcerated 6 months after noted treatment services are identified, coordinated and completed.*

A review of the facility’s jail management system (Spillman/Summit) will be reviewed for re-incarceration rates.

Coordination

Bringing available community-based substance abuse evaluations and assessments into the facility allows inmates to actively begin work on their reentry plan into the community. Currently, inmates are not eligible for state-funded substance abuse treatment while in custody. But, delaying these evaluations until they are released also delays the ability to start immediately in the desired community-based treatment intervention, likely resulting in an immediate return to use and abuse before the intervention is initiated.

Evaluations will be conducted within of 60 days prior to their release by Heartland Regional Alcohol and Drug Assessment Center (RADAC). Upon completion and receipt of the recommendations for the level and referral of treatment services, pre-treatment care coordination will occur with the recommended provider to start intake/orientation paperwork while in custody. Then, the treatment program appointment will be scheduled for dates immediately following their release, targeting within the first 2 weeks of their release. Public transportation passes will be provided to Lawrence-based inmates accessing community-based treatment services.

Organizational Capacity

The Douglas County Sheriff's Department has provided the county with public safety services since 1855. Our mission is to provide effective and efficient services, including a commitment to meeting the future needs of the community. A new direct supervision facility, built in 1999 to accommodate the ever-growing inmate population, has more than 3 times the number of beds (188) than the previous facility (55), yet overcrowding is a growing concern. Direct supervision "allows correctional officers to interact (directly) with inmates inside the housing unit to manage their behavior (<http://www.nicic.org/DirectSupervisionJails>)".

Because of the increasing complexity of inmates and our classification policies, we have had to utilize other jurisdictions to house inmates beginning again in 2006. Thus, Sheriff Kenneth McGovern requested the Justice Systems Assessment (JSA) from the National Institute of Corrections Jail Center conducted on-site March 14th-16th, 2006 to analyze and offer recommendations for increasing available intermediate sanctions and services within the facility to control the growing population.

Budget

This request seeks substance abuse evaluations for sentenced incarcerated inmates to assist in identifying appropriate treatment referrals for a successful substance abuse intervention in a timely manner. Currently, funding has not been allocated for such evaluation services to bridge inmates from incarceration to the community. Transportation tickets are also being requested to assist inmates in Lawrence to get to and from the recommended community-based treatment services. It is unknown if this will be an annual request as the Reentry Program intends to continually look for funds from available sources to close the time gap of service intervention.

Budget Categories (all must be completed):

- Personnel (list each staff position individually and note if new or existing)
 - Existing Reentry Director: In-kind via Sheriff's Dept
- Fringe Benefits
 - Existing Reentry Director: In-kind via Sheriff's Dept
- Travel
 - Existing Reentry Director: In-kind via Sheriff's Dept
- Office Space In-kind via Sheriff's Dept
- Supplies: office In-kind via Sheriff's Dept
- Supplies:
 - Substance Abuse evaluations 50 inmate evaluations @ \$150 \$7,500
 - Transportation 100 10-punch tickets @ \$10 \$1,000
- Equipment In-kind via Sheriff's Dept
- Other sources of funding for this specific program and amount None

TOTAL INTERVENTION REQUEST: \$8,500

ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Upon arrest, 65% (2,405) indicated they used alcohol and/or drugs in CY 2007.</p> <p>Upon classification (after 72 hours), 78% (632) indicated alcohol and/or drug abuse had resulted in social, economic or legal problems in CY 2007.</p> <p>The LSI-R correctional assessment tool will be the baseline data utilized to identify inmates with a high risk/need</p>	<p>Identify and coordinate recommended substance abuse treatment services for sentenced inmates reentering the community.</p>	<p>Inmates sentenced to serve a minimum sentence of 60 days with the Douglas County Correctional Facility by Douglas County District Court or Municipal Courts (Lawrence, Eudora, Baldwin City, Lecompton) for misdemeanor convictions and some non-grid, targeted felonies (i.e.: DUI, Forgery, Domestic Battery) that are returning</p>	<p>Utilize the LSI.R risk/needs assessment to determine initial substance abuse problem.</p> <p>Coordinate evaluation recommendations for treatment services upon release into the community, including completing administrative intake/orientation paperwork and scheduling initial treatment intervention appointment through the recommended community treatment intervention partners.</p> <p>Provide</p>	<p>100% of the targeted inmates that score as having a high need/risk via the LSI.R as having a substance abuse need (noted on the LSI.R as "alcohol/ drug problem") will obtain a substance abuse evaluation within 60 days of their release date.</p> <p>100% of inmates that are recommended services will have pre-treatment care coordinated</p>	<p>75% of assessed and referred inmates will attend the recommended treatment within 2 weeks of release from custody.</p>	<p>66% of the former inmates that initiated the recommended treatment will not be re-incarcerated 6 months after noted treatment services are identified, coordinated and completed.</p>

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related to substance abuse.		to communities in the state of Kansas.	transportation passes to those scheduled for community-based treatment services in Lawrence, Kansas.	prior to release. 35 inmates will obtain public transportation passes to attend recommended community-based treatment interventions.		