Correctional Facilities and Collaborative Comprehensive Case Plans

Franklin County Sheriff’s Office
Overview

• Introductions
• Overview of Collaborative Comprehensive Case Plans Web Page
• Franklin County Sheriff’s Office as Lead Case Planner
• Questions and Answers
• Introductions

• Overview of Collaborative Comprehensive Case Plans Web Page

• Franklin County Sheriff’s Office as Lead Case Planner

• Questions and Answers
Speakers

• Andre Bethea, Policy Advisor for Corrections
  BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE

• Levin Schwartz, Assistant Deputy Superintendent, Clinical and Reentry Services
  FRANKLIN COUNTY SHERIFF’S OFFICE, GREENFIELD, MASSACHUSETTS

• Mark Stovell, Policy Analyst
  THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER
The Bureau of Justice Assistance (BJA), a component of the Department of Justice’s Office of Justice Programs, provides leadership and services in grants administration and criminal justice policy development to state, local, and tribal jurisdictions. Specifically, BJA provides funding to support law enforcement, combat violent and drug-related crime, and combat victimization. Through the development and implementation of policy, services, and sound grants management, BJA strengthens the nation’s criminal justice system and restores security in communities.

To learn more, visit [https://www.bja.gov](https://www.bja.gov) or follow us on Facebook ([https://www.facebook.com/DOJBJA/](https://www.facebook.com/DOJBJA/)) and Twitter (@DOJBJA).
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by **the best available evidence**
• Authorized by the passage of the Second Chance Act in April 2008
• Launched by the Council of State Governments in October 2009
• Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
• The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception
The Federal Interagency Reentry Council: A Record of Progress and a Roadmap for the Future

The Federal Interagency Reentry Council provides a review of its accomplishments and a roadmap for its future.

Learn More

95% of adults sentenced to prison will return to the community.

Reentry will be their next step.

Click to tweet this message

New Resources Help Translate Juvenile Justice Research into Practice

JANUARY 24, 2017

The resources, organized by common challenges for juvenile justice

Apply Now for the Small Business
• Introductions
• Overview of Collaborative Comprehensive Case Plans Web Page
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• Questions and Answers
Web-Based Tool to Support Case Planning

Collaborative Comprehensive Case Plans: Addressing Criminogenic Risk and Behavioral Health Needs

The Criminogenic Risk and Behavioral Health Needs framework (see below) introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their level of criminogenic risk and needs and the severity of their behavioral health needs. Once these individuals are identified, criminal justice and behavioral health professionals can work together to develop and implement case plans that assist the participants in reducing their risk for recidivating and advancing their goals for recovery. The following tools and resources will help these professionals integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems.
Behavioral Health/Criminal Justice Framework

Low Criminogenic Risk (low)

- Low Severity of Substance Abuse (low)
  - Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)

- Low Severity of Substance Abuse (low)
  - Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

Group 1
- I-L
  - CR: low
  - SA: low
  - MI: low

Group 2
- II-L
  - CR: low
  - SA: low
  - MI: med/high

Group 3
- III-L
  - CR: low
  - SA: med/high
  - MI: low

Group 4
- IV-L
  - CR: low
  - SA: med/high
  - MI: med/high

Group 5
- I-H
  - CR: med/high
  - SA: low
  - MI: low

Group 6
- II-H
  - CR: med/high
  - SA: low
  - MI: med/high

Group 7
- III-H
  - CR: med/high
  - SA: low
  - MI: med/high

Group 8
- IV-H
  - CR: med/high
  - SA: med/high
  - MI: med/high

Low Severity of Mental Illness (low)

Serious Mental Illness (med/high)

Low Severity of Substance Abuse (low)

Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)

Low Severity of Substance Abuse (low)

Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)

Substance Dependence (low)

Substance Dependence (med/high)
Specialized Housing Provider

Case plan holder sends the following information:

- Specific supports, if any, the participant needs in order to succeed in certain housing situations
- Legal circumstances that can impact housing
- The participant’s income
- Details concerning whether the community supervisor will need to check in on the participant at home and if so, how regularly
- A list of the participant’s current medications

Case plan holder receives the following information:

- Services provided
- Housing rules
- Updates on the participant’s progress while housed, and if there are any disciplinary issues or behavioral changes
- Changes, if any, in skills and ability to function independently

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Peer Support

Case plan holder sends the following information:

- All information in the plan, so that the peer support specialist can fully understand goals, services, legal requirements/status, and recidivism risk

Case plan holder receives the following information:

- Updates regarding compliance with conditions of release/diversion or community supervision, when required
- Any information that pertains to the person's status on community supervision or in diversion programming
- Schedule of required appointments, court, and community supervision appearances
- Needs related to application for public benefits, health
- Information about the participant's prosocial activity interests
LEAD CASE PLANNER PROFILE: CORRECTIONAL FACILITY

Franklin County Sheriff's Office

Franklin County, Massachusetts

NOTABLE FEATURES

- The Franklin County Sheriff's Office in Greenfield, Massachusetts was a Second Chance Act Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grantee in Fiscal Year 2013
- Jurisdiction geography: Rural: 71,372 residents
- Size of correctional facilities and populations incarcerated: 250 men
Under the leadership of Sheriff Christopher J. Donelan, the Franklin County Sheriff’s Office (FCSO) implemented a trauma-informed, integrated substance use and mental disorders treatment program in 2014 for approximately 120 men who were sentenced and incarcerated. Most of these men were assessed as having high- to very high-criminogenic risk. Since then, the FCSO expanded program eligibility to pretrial detainees and now includes approximately 175 men. Although the FCSO only incarcerates men (women are housed in a regional facility in a nearby county), case management support is available through FCSO to both male and female participants post release. FCSO offers participants evidence-based interventions, including Integrated Dual Disorder Treatment (IDDT) case management for people while incarcerated and post release, Thinking for a Change (T4C), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Stages of Change and Motivational Interviewing, Seeking Safety, and Nurturing Parenting. Program participants also receive group therapy, peer mentoring, case management, education, and vocational services prior to release and are also connected to supported or affordable housing. As participants move through phases of the program they are transitioned to different sections of the jail with lower security levels until they are released.

FCSO staff use the following instruments to screen and assess program participants:

- PROXY static risk assessment
- Level of Service/Risk-Need-Responsivity (LS/RNR)
- Clinical diagnostic assessment
- Adverse Childhood Experience (ACE) scale
- Brief Situational Confidence Questionnaire (BSCQ)
How are Collaborative Comprehensive Case Plans Implemented?

<table>
<thead>
<tr>
<th>Topic</th>
<th></th>
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<tbody>
<tr>
<td>INTERAGENCY COLLABORATION AND INFORMATION SHARING</td>
<td></td>
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<tr>
<td>STAFF TRAINING</td>
<td></td>
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<tr>
<td>SCREENING AND ASSESSMENT</td>
<td></td>
</tr>
<tr>
<td>CASE CONFERENCE PROCEDURES</td>
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<tr>
<td>PARTICIPANT ENGAGEMENT</td>
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<tr>
<td>PRIORITIZED NEEDS AND GOALS</td>
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<tr>
<td>RESPONSIVITY</td>
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<tr>
<td>LEGAL INFORMATION</td>
<td></td>
</tr>
<tr>
<td>PARTICIPANT STRENGTHS</td>
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</tr>
<tr>
<td>GENDER CONSIDERATIONS</td>
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</tbody>
</table>
• Introductions
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Franklin County House of Correction
Greenfield MA

Levin Schwartz, LICSW
Assistant Deputy Superintendent
Clinical & Reentry Services
Presentation Outline

Screening & Assessment

Program Implementation
1. Structure Environment
2. Enhancing Capacity (client)
3. Enhancing Capacity (staff)
4. Improve Motivation
5. Generalize Skills

Reentry Outcomes
Screening & Assessment
Who’s in the FCSO?

Medium Security

- A POD (6) Orientation, Detox, MH Watch Accountability Unit
- B POD (15) Intensive Women’s Program
- C POD (42) Pre-Trial Men’s Program
- D POD (59) Intensive Men’s Program
- Minimum Security (20) Treatment Step Down
- Pre-Release (9) Treatment Step Down
- Post-Release (150+)

Assessment Data for Franklin County Inmates

Overall Risk / Needs

Criminogenic Factors

- Criminal History
- Leisure/Rec
- Companions
- Family/Marital
- Alcohol/Drug
- Education/Employment
- Anti-Social
- Procriminal Att/Orient
Clinical Diagnoses
2014-2015 N=178

- Comorbid Substance Abuse: 85%
- Major Mental Illness: 2%
- Mood Disorders: 53%
- Trauma & Stress Related Conditions: 62%
- Adjustment Disorders: 16%
- Personality Disorders: 7%
# Reentry Assessment

<table>
<thead>
<tr>
<th>Reentry Needs</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Birth Certificate?</td>
<td>Yes: Repwork complete for Greenfield Mo. To be placed in the mail today (8/1/17 KC)</td>
</tr>
<tr>
<td>Veterans Reentry?</td>
<td>Yes: Not needed (6/1/17 KC)</td>
</tr>
<tr>
<td>Parole?</td>
<td>Yes: Interested in parole (8/1/17 KC)</td>
</tr>
<tr>
<td>Parole Officer Name</td>
<td>N/A (8/1/17 KC)</td>
</tr>
<tr>
<td>Housing?</td>
<td>Yes: Will return home to live with girlfriend at XXXXX (8/1/17 KC)</td>
</tr>
<tr>
<td>Mental Health?</td>
<td>Yes: History with ServiceNet, interested in returning (8/1/17 KC)</td>
</tr>
<tr>
<td>Employment?</td>
<td>Yes: Acquired auto detailing skills while previously at FNC, wants to work in auto detailing post-release (6/1/17 KC)</td>
</tr>
<tr>
<td>Transportation?</td>
<td>Yes: Never had a driver's license. Interested in relying on support from the Reentry team for transportation post-release (6/1/17 KC)</td>
</tr>
<tr>
<td>Recovery Support?</td>
<td>Yes: Self-reports to not have SUD (Substance Use Disorder) (6/1/17 KC)</td>
</tr>
<tr>
<td>Medical?</td>
<td>Yes: History of seeing a PCP at Group/Greenfield, interested in returning post-release</td>
</tr>
<tr>
<td>SNAP?</td>
<td>Yes: Interested in SNAP benefits post-release (8/1/17 KC)</td>
</tr>
<tr>
<td>Community Reentry Group?</td>
<td>Yes: Interested in Reentry Group information to be placed on Reentry Plan (8/1/17 KC)</td>
</tr>
<tr>
<td>DCF?</td>
<td>Yes: Reports DCP involvement: Case Work ReCDI: KCI (release of info) signed by in-6 meet facilitation (8/1/17 KC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reentry Needs</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN Card?</td>
<td>Yes: Needs SSN Card</td>
</tr>
<tr>
<td>Health Insurance?</td>
<td>Yes: Self-reports that MassHealth is currently active (8/1/17 KC)</td>
</tr>
<tr>
<td>Probation?</td>
<td>Yes: Not on probation (8/1/17 KC)</td>
</tr>
<tr>
<td>Probation Officer Name</td>
<td>N/A (8/1/17 KC)</td>
</tr>
<tr>
<td>Drug Court?</td>
<td>Yes: N/A (8/1/17 KC)</td>
</tr>
<tr>
<td>Clothes?</td>
<td>Yes: Will need clothing voucher (8/1/17 KC)</td>
</tr>
<tr>
<td>Education?</td>
<td>Yes: Received GED in 2013 at FNC, interested in higher ed post-release. Email sent to</td>
</tr>
<tr>
<td>ID Card?</td>
<td>Yes: Needs Mass/State ID (8/1/17 KC)</td>
</tr>
<tr>
<td>Reentry Case Mgt?</td>
<td>Yes: Michael has a history of working with</td>
</tr>
<tr>
<td>Prescriptions?</td>
<td>Yes: Will need prescriptions and appointments with prescribers post-release (8/1/17 KC)</td>
</tr>
<tr>
<td>NAT?</td>
<td>Yes: N/A (8/1/17 KC)</td>
</tr>
<tr>
<td>DOR?</td>
<td>Yes: Has child support payments, self-reports to be behind by $600. Email sent to Attorney (8/1/17 KC)</td>
</tr>
<tr>
<td>Other Needs?</td>
<td>Yes: not at this time (8/1/17 KC)</td>
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</table>
RNR Assessment (LSRNR)

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Strength?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Criminal History</td>
<td>7</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Education / Employment</td>
<td>8</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Family / Marital</td>
<td>3</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Leisure / Recreation</td>
<td>2</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Companions</td>
<td>4</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Alcohol / Drug Problem</td>
<td>5</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Procriminal Attitude / Orientation</td>
<td>3</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Antisocial Pattern</td>
<td>3</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Section 1 Total Score:** 135

**Risk / Need:** Very High

<table>
<thead>
<tr>
<th>Override</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Client-Based / Clinical</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Administrative / Policy</td>
<td>✔</td>
<td>☐</td>
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</tbody>
</table>

**Final LS/RNR Risk / Need Level:** Very High
### Substance Abuse History

#### Inmate Substance Abuse History

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Age First Used</th>
<th>Last Used</th>
<th>Frequency of Last Use</th>
<th>Used via</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol?</td>
<td>16</td>
<td>3-1 MONTHS</td>
<td>1-2 WEEKS</td>
<td>ORAL</td>
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<tr>
<td>Cocaine?</td>
<td>16</td>
<td>3-1 MONTHS</td>
<td></td>
<td></td>
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<tr>
<td>Crack?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Marijuana / Hashish?</td>
<td>11</td>
<td>3-1 MONTHS</td>
<td>DAILY</td>
<td>SMOKE</td>
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<tr>
<td>Heroin?</td>
<td>23</td>
<td>3-1 MONTHS</td>
<td>DAILY</td>
<td>INJECT</td>
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<tr>
<td>Prescribed Opiates?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-prescribed Opiates?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PCP?</td>
<td></td>
<td></td>
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<tr>
<td>Other Hallucinogens?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Other Amphetamines?</td>
<td></td>
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<td></td>
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<tr>
<td>Benzodiazepines?</td>
<td></td>
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<tr>
<td>Barbiturates?</td>
<td></td>
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</tr>
<tr>
<td>Inhalants?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Club Drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Primary Substance:** HEROIN  
**Secondary:** MARIJUANA  
**Third:** ALCOHOL

**Times overdosed (Lifetime):** 0  
**Any Other Comments:**

---

27
Clinical Intake

Name: 
Length of Sentence: 

ACE | BSCQ
---|---
CompACT | TAS
OE | EA | VA | DDF | DIF | BOT

Group Determination

Presenting Concerns

Diagnosis

Genogram
(Draw a genogram and insert it in the space below)
The Psychological Flexibility Model Matrix
Kevin L. Polk, Ph.D.

5-Senses Experiencing

Mental Experiencing

Away

Toward

Noticing
the Difference
Behaviors that move us away from something (adverse control)

Behaviors that move us toward something (appetitive control)

Unworkable

Workable
The behaviors of individual’s stuck in the criminal justice system are dominated by behaviors governed by adverse control.
Urges to use
Interpersonal struggles
Physical Withdrawls
Anxiety
Traumatic stress
Anger
What behaviors do you do to get relief from the unwanted stuff?

What shows up inside of you and gets in the way of moving toward what’s important?

Who or what is most important to you?

What behaviors could you do to move toward what’s important to you?

The Matrix – Kevin Polk, Ph.D.
Me Noticing Behavior Mental Experiencing PAIN Struggle

Away Toward

Mental Experiencing
Program Implementation

- Reentry Planners
- Correctional Case Workers
- Post Release Case Workers

- Clinical Treatment
  - Evidence Based Practices
  - Fidelity assessment
  - Process & Outcome Measures
  - Case Management

- Security
  - Classification
  - Training on Model

- Reentry Systems
  - Evidence Based Practices
  - Fidelity assessment
  - Process & Outcome Measures
  - Case Management
FUNCTION:
Structure the environment
Re-entry Overview

- Reentry begins on day 1 of incarceration
- Counselors assess reentry needs and create a discharge plan
- A reentry planning meeting occurs in the last month of the incarceration
- Peer Mentors/Case Managers meet with clients prior to leaving FCHOC and provide post release peer support and linkage with community resources – clinical, medical, service provider, etc.
- Post Release Clinical Group
- A strong collaboration with the courts and probation
## In-House Reentry Services

<table>
<thead>
<tr>
<th>Franklin County Sheriff's Office, Greenfield MA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0 to 30 Days in PCHC</strong></td>
</tr>
<tr>
<td><strong>Staff</strong></td>
</tr>
<tr>
<td>Birth Certificate</td>
</tr>
<tr>
<td>SSN Card</td>
</tr>
<tr>
<td>Veterans Referral</td>
</tr>
<tr>
<td>MA Health</td>
</tr>
<tr>
<td>MAT (Medically Assisted Treatment)</td>
</tr>
<tr>
<td>Drug Court</td>
</tr>
<tr>
<td>DOF</td>
</tr>
<tr>
<td><strong>Process</strong></td>
</tr>
<tr>
<td>Parole</td>
</tr>
<tr>
<td>Probation</td>
</tr>
<tr>
<td>Housing – ½ Way</td>
</tr>
<tr>
<td>Housing – Sheltering</td>
</tr>
<tr>
<td>Housing – for men with a sex offense</td>
</tr>
<tr>
<td>Housing – Window Initiative</td>
</tr>
<tr>
<td>DHR Referral</td>
</tr>
<tr>
<td><strong>90 Days Before Release</strong></td>
</tr>
<tr>
<td><strong>Employment needs</strong></td>
</tr>
<tr>
<td>Employment Readiness</td>
</tr>
<tr>
<td>Chores</td>
</tr>
<tr>
<td><strong>60 Days Before Release</strong></td>
</tr>
<tr>
<td><strong>MA Health</strong></td>
</tr>
<tr>
<td>Clothing</td>
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<tr>
<td><strong>30 Day Before Release</strong></td>
</tr>
<tr>
<td><strong>Transportation Needs</strong></td>
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<tr>
<td><strong>ID</strong></td>
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<tr>
<td><strong>Recovery Supports</strong></td>
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<tr>
<td>Reentry Case Management</td>
</tr>
<tr>
<td>Reentry Planning Meeting</td>
</tr>
<tr>
<td>Release</td>
</tr>
<tr>
<td>1 week before</td>
</tr>
<tr>
<td>Exit Interview</td>
</tr>
<tr>
<td>Medical discharge meeting</td>
</tr>
<tr>
<td>SNAP (1 week before release)</td>
</tr>
</tbody>
</table>
Medium Security
Pod C: Pre-Trial
Pod A: Accountability Unit
Pod D: Intensive Treatment Unit

Minimum Security Treatment Unit

Pre-Release House

Post Release Case Work

Treatment Continuum

Highly Structured Environment
Intensive Clinical Programming

Continued Treatment
More Vocational Training Opportunities

Treatment to the Community
Focus on Job Placement

Reentry Services
Outreach Case Workers “coaches”
Treatment Flow & Intervention System

Initial Intake Process

- Intake Process:
  - Medical Assessment & Stabilization
  - POGO orientation
  - Informed Consent for Clinical Reentry Program
  - Criminalistic Assessment (CSRN)
  - Education Assessment
  - Clinical Intake
  - Individual Service Plan
  - Initial Reentry Checklist

- If intake into Intensive Treatment:
  - Exit to lower security

- If continued in treatment as usual, individual may be returned to POD B for reasons of D-Report or excessive program
  - Individual may be returned to POD A, for reasons of D-Report or excessive program

Medium Security
- POD Housing

- POD A-BET
  - (Open Group)

- Individual must complete a clinical intervention and may participate in a POD treatment prior to moving back to D POD

Medium Security
- POD Housing
# Programming Structure

## Medium Security

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
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<tr>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
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<td>1-4</td>
<td>1-4</td>
<td>1-4</td>
<td>1-4</td>
</tr>
</tbody>
</table>

**Activities:**
- Morning/Afternoon Meetings
- Program Review
- Group Discussions
- Tutoring Sessions
- Class Assignments

**Locations:**
- Main Building
- Library
- Science Lab
- Computer Room

**Office Hours:**
- 9:00 AM - 11:00 AM
- 1:00 PM - 3:00 PM

**Special Events:**
- Field Trips
- Guest Lecturers
- Cultural Events

**Contact:**
- Office Manager
- Program Coordinator
- Student Advisor

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**the NATIONAL REENTRY RESOURCE CENTER**

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**Page 43**
FUNCTION:
Enhancing Capabilities of Participant
Good programs stand on science and theory

Risk, Need, Responsivity (RNR)

Cognitive Behavioral Therapy

Systems-Based Reentry Services
CBT intervention through the lens of RNR

• Treatment that teaches skills to change ways in which one responds to cognition.

• Cognitive appraisals → emotional & behavioral responses → can lead to criminality.
Cognitive Behavioral Treatment
3rd Wave CBT Treatment

Acceptance

Mindfulness

CBT Treatment
Skills Teaching
Cognitive Modification
Exposure Procedures
Contingency Procedures
Dialectics

Acceptance

Change
Medium Security Men’s Programming

- Dialectical Behavioral Therapy Skills Group
- ACT Matrix Group
- Mindfulness Based Sobriety
- ACT Domestice Violence Group
- Thinking for a Change (Section 3)
- Thinking for a Change (Sections 1&2)
- Nurturing Parenting Program
- Staying Connected
- Elective Programming
  - Guitar
  - Yoga
  - Art
  - Exercise
  - Gardening
  - College Classes
Medium Security Women’s Programming

- Seeking Safety
- Staying Connected
- Nurturing Parenting Program
- Dialectical Behavioral Therapy Skills Group
- ACT Matrix Group
- Thinking for a Change
- Elective Programming
  - Guitar
  - Yoga
  - Art
  - Exercise
  - Gardening
  - College Classes
Minimum Security Programming

- ACTV
  Every 3 weeks
  open enrollment

- Mindfulness Based Sobriety
  Open

- T4C (3)
  Open

- Staying Connected
  Open
FUNCTION:
Enhance & Motivate Staff
Risk Need Responsivity Training
Quarterly Training

- Motivational Interviewing
- Physiology of Addiction
- DBT – Skills Training
- Acceptance & Commitment Therapy
- Mindfulness
Reinforcing staff skills

- Daily Post-Release Reentry Meeting
- Minimum/Pre-Release Unit Meetings
- Medium Security Unit Meetings
- Clinical Meeting
- DBT Team Meeting
Reinforcing & Teaching Staff Skills

Monthly DBT Case Presentations

Westfield State University Collaboration

Monthly Training Didactics
FUNCTION:
Improve Participant Motivation
Informed Consent

Clinical Reentry Program
- Clinical Group Descriptions
- Group Rules

Treatment Communities
- Phase-Up Process
- Program Rules

Assessments
- LSRNR
- Clinical Assessment
- Substance Abuse History

Reentry Services
- Correctional Case Work
- Post Release Case Work

Education & Vocational Programs

Application & Treatment Agreement
Consequences of criminality:
- Withdrawal
- Physiological dysregulation
- Pain
- Stress
- Numbness
- Hopelessness
- Legal involvement
- Family cut-offs
- Anger/violence/guilt

SKILLS ACQUISITION:
- Distress Tolerance
- Interpersonal Effectiveness
- Emotional Regulation
- Mindfulness
- Psychological Flexibility

Negative emotions that were suppressed by drug/alcohol abuse

Appetitive control:
- Difficulties of change
- Developing new behaviors
- Entering unfamiliar environments

High Volume

Consequences of criminality

Appetitive control

Values clarification
Committed actions
Phase Up Process: Incentivized Treatment

1. Orientation
   become familiar with the program and what can be expected

2. Preparation:
   learn skills that may increase your ability to stay out of jail and active in your community

3. Action:
   practice the skills that you are learning and incorporate them into your daily life

4. Maintenance:
   continue practicing skills in daily life while learning ways to apply the skills to home life
Reinforcing Adaptive Behavior
Contingency Management

"Reentry Bucks"

Two ways to earn points:

- Practice assignments in clinical groups
- DBT Module assessments

Potential examples:

- The clinicians will keep score of each client’s points.
- Points earn privileges.
- Coffee & Donuts at end of each module of treatment group
- "Free homework pass"
FUNCTION:
Generalize Skills
To The Environment
Behavioral Principles Works!

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Discipline Reports Pod D

Discipline Reports Minimum
Reentry by Town in Franklin County

- **Greenfield**: 39 (52%)
- **Orange**: 13 (17%)
- **Montague**: 8 (11%)
- **Athol**: 5 (7%)
- **Conway**: 1 (1%)
- **Deerfield**: 1 (1%)

**Total**: N=137
# Reentry Plan

**Franklin County Sheriff’s Office**  
**Client Reentry Plan**  
**- Post Release Copy -**

**Name:** XXXXXXXX  
**Date Released:**  

The following needs have been identified and appointments/reservations may have been made prior to your release.  
If you have any questions or need assistance, contact your Reentry Coordinator: 413-774-4814

<table>
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<th>Need</th>
<th>Resource Name</th>
<th>Resource Address</th>
<th>Phone #</th>
<th>Status</th>
<th>Indications</th>
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| Community Reentry Gov         | Welfare Building               | 2 Walls St, Greenfield MA 01201   | 413-774-0753     | Open Information        | Open Reentry appointments for support, info, and guidance Tuesdays, 6:30 PM @ Welfare Building, 2 Walls St., Greenfield MA  
| Education                     | Mass Rehabilitation Commission | 259 Main St, Greenfield MA 01201  | 413-774-2228     | Appointment Made         | Continue to attend educational training through MA Rehab.  
| Employment                    | Mass Rehabilitation Commission | 259 Main St, Greenfield MA 01201  | 413-774-2228     | Appointment Made         | Continue to attend educational training through MA Rehab.  
| Employment                    | Franklin W. Roosevelt Regional Employment Board | One Arch Place, Greenfield MA 01201 | 413-775-0156 | Appointment Made         | Info Maine Rehab, appointment with HMO on 02/25/2014 @ 1:30 PM  
| Food Stamps                   | Other - See Instructions       | N/A                               | 413-774-0753     | Pending                 | Pending                                                                 |
| Health Insurance              | Mass Health                    | N/A                               | 413-774-0753     | Pending                 | Pending                                                                 |
| Housing                       | Welfare Building               | 2 Walls St, Greenfield MA 01201   | 413-774-0753     | Related                 | You have been accepted into the Welfare. Start tapering off any medicines.  
| Medical                       | Baystate Health - Greenfield   | 48 Seabury St, Greenfield MA 01201 | 413-775-0222     | Self Selected           | You have an appt with Dr. Z. of Baystate Medical on 12/5/2014 at 3:00 PM  
| Mental Health                 | Service Not Supplied Clinic     | 59 Federal St, Greenfield MA 01201 | 413-772-0755     | Appointment Made         | You have a pending appointment with XXXXXXXX on 02/27/2014 @ 12:30 PM.  
| Recovery Support              | Clean State - Greenfield       | 278 High St, Pittsfield MA 01201  | (413) 774-0249    | Appointment Made         | Day 2 appointment at Clean State on Tuesday 12/18/2014 @ 9:30 AM  
| Recovery Support              | Other - See Instructions       | N/A                               | 413-774-0753     | Pending                 | Pending                                                                 |
| Reentry Caseworker            | Other - See Instructions       | N/A                               | 413-774-0753     | Related                 | David Wragge is assigned as Reentry Caseworker (413) 202-9228  
| Transportation                | Other - See Instructions       | N/A                               | 413-774-0753     | Pending                 | Pending                                                                 |
Transition from Jail to Community Collaboration

Sheriff’s Executive Council

TJC Core Committee

Community Action Greenfield TJC Team

North Quabbin Community Coalition TJC Team
Employment and Housing Program

- Partnership with Career Centers
- Job Readiness classes in Medium Security
- Focus on Vocational Training in Minimum Security
- Increased Job Placement Opportunity in Pre-Release/Work-release House
- Strong collaboration with local Chamber of Commerce and regional employers
- Housing Placements at Recovery Homes through the State
- Partnership with the Greenfield Housing Authority to place individuals in subsidized housing
Reentry Data: 2017

Mental Health & Substance Abuse Treatment
Appointment Upon Reentry

Department of Mental Health
Clients upon Reentry

69% Placement

10% Eligible and Referred for Services
Reentry Data: 2017

- Reentry with Active Health Insurance: 89%
- Primary Health Care Appointment upon Reentry: 62%
47 Clients
Average LOS
29 days

FCSO Administered Medication-assisted Treatment (Suboxone) upon discharge from Pre-Trial

FCSO-Administered Medically Assisted Treatment (Vivitrol) upon Reentry

Reentering to a Long-Term Recovery Program

Transportation Services Provided upon Release

36% Received Medication

28% Placement

70% Received Services

Reentry Data:
2017
Case Work
“Behavioral Coaching”

- **FOCUS** on client, FOCUS on problem
- **ASSESS** problem behavior
- **VALIDATE** client’s pain and difficulty of changing behavior
- **OFFER** skills (instruct, model)
- **REINFORCE** effort toward listening, learning, and practicing new skills
Post-Release Reentry 2014-2017

Currently Active Post Release Clients

- Environmental Intervention
- Work, Education & Housing
- Behavioral Coaching
- De-escalation & problem solving
- Relapse & Recovery

101
416

Post-release clients since 2014
“Someone came back here and the Unit Manager (LT) said, ‘I don’t care that you are back, I care that you are alive.’”

“I have nothing. I’m scared to leave here!”

“My stomach churns when I think of release.”

“From here I feel like I’m not going out with nothing.”

“The program helped me [learn] to walk around the hole instead of falling into the hole.”
Contact information

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Policy Analyst
The Council of State Governments
Justice Center
mstovell@csg.org

Levin Schwartz, LICSW
Assistant Deputy Superintendent
Clinical and Reentry Services
Franklin County Sheriff’s Office
160 Elm St, Greenfield, MA 01301

Ph: 413-774-4014 ext. 2176
Cell Phone: 413-834-4528
Fax: 413-223-8639
levin.schwartz@fcs.state.ma.us
• Introductions
• Overview of Collaborative Comprehensive Case Plans Web Page
• Franklin County Sheriff’s Office as Lead Case Planner
• Questions and Answers
Resources


• Collaborative Comprehensive Case Plan Web Tool: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/

• Developing Collaborative Comprehensive Case Plans: https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/
Thank you!

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For more information, contact
info@nationalreentryresourcecenter.org

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