



County Of Northampton
Criminal Justice Advisory Board



County-Wide Strategic Plan for Reentry
MARCH 2014

County of Northampton Criminal Justice Advisory Board

OUR MISSION is to examine and address community criminal justice issues and recommend ways in which public safety, governmental agencies and private organizations can efficiently, effectively and collaboratively deliver criminal justice programs throughout those communities encompassed by Northampton County.

OUR VISION is to have CJAB provide a forum to identify opportunities, resolve issues and create solutions with a unified approach, combining agency strengths, efficiently using resources and educating the community; thereby improving the quality of life for the citizens of Northampton County.



OUR VALUES:
INTEGRITY
COLLABORATION
ACCOUNTABILITY
DEDICATION
COMMITMENT
RESPECT
OPTIMISM
TEAMWORK



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50

STAFF AND VOLUNTEERS from different agencies/divisions (over 80 individuals) participated in developing this plan over 12 MONTHS.



COUNTY OF NORTHAMPTON

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ALBERT B. JORDAN JR.
PRESIDENT
CRIMINAL JUSTICE ADVISORY BOARD

It is with great enthusiasm that the County of Northampton CJAB adopts this Strategic Plan for Reentry. In 2012 the CJAB identified reentry as a priority area. For the past year the CJAB, particularly the Reentry Coalition subcommittee, has worked to develop this plan. This process has been a grass roots, multi-system, and collaborative effort. Over 80 people representing 50 entities (government, for- and non-profit) met monthly to identify what is working well in the county and where there are barriers to or a lack of services for returning citizens. It is important to note at the beginning of this document that reentry services hold at their core the two goals of reduced recidivism and enhanced public safety.

Building on the Mental Health Mapping 2-day workshop in June 2013, this plan uses the Sequential Intercept Model to organize the strategies designed by the work teams. Many thanks are in order to the Pennsylvania Mental Health and Justice Center of Excellence and Dr. Patricia Griffin who facilitated the workshop. Dr. Griffin's consultation and input into using the Sequential Intercept Model for this plan was invaluable. The model identifies five points in time (intercepts) in the criminal justice system. This plan uses all five intercepts- law enforcement, initial detention/initial court hearings, jail, reentry planning, and community corrections. This plan also identifies a category for non-intercept tied strategies. Strategies are outlined for five areas:

- Education
- Mental Health Treatment
- Drug and Alcohol Treatment
- Housing
- Employment

Additional thanks are due to the Pennsylvania Commission on Crime and Delinquency who have supported this project and many other efforts related to reentry planning in Northampton County.

This plan has served to outline strategies that will improve services and systems in the county. In addition to yielding a documented strategy, the planning process has served to unite providers and returning citizens with a common focus. We eagerly look forward to implementation and are excited to engage additional stakeholders and forge new partnerships.

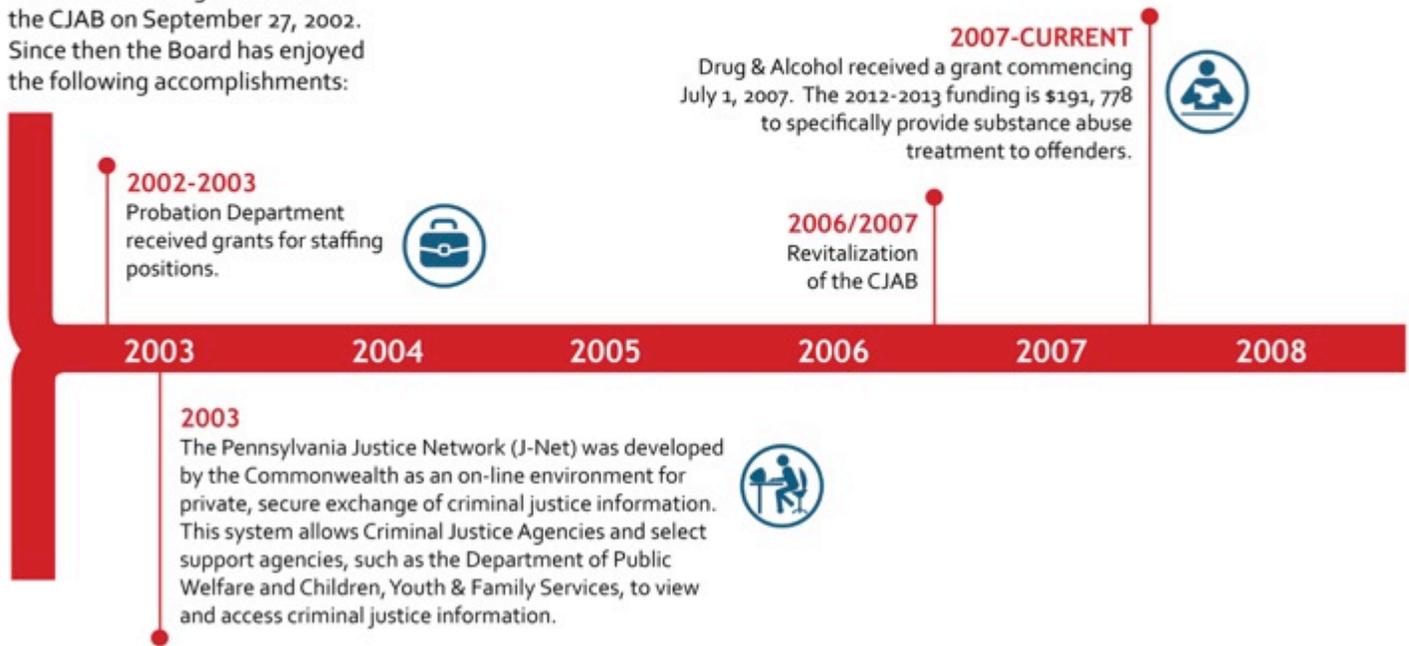
Please join us in our next steps toward enhancing Northampton County's reentry services.

Sincerely,

Albert B. Jordan Jr.
President
Northampton County Criminal Justice Advisory Board

COUNTY OF NORTHAMPTON CRIMINAL JUSTICE ADVISORY BOARD (CJAB) TIMELINE

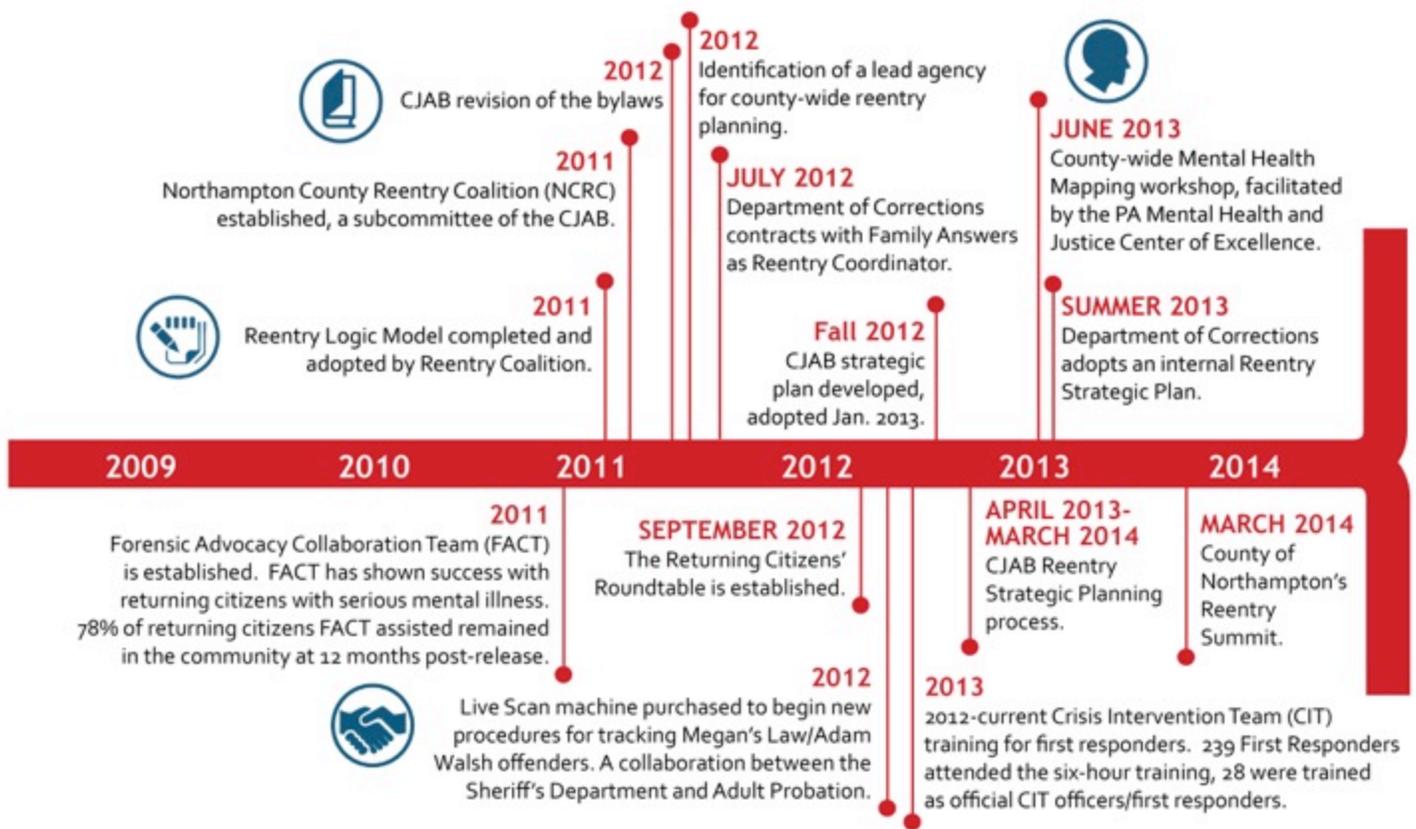
The County Executive and the President Judge established the CJAB on September 27, 2002. Since then the Board has enjoyed the following accomplishments:



Why Does Northampton County Need A Reentry Strategic Plan?

In 2012 the Northampton County Criminal Justice Advisory Board decided to develop a strategic plan and what has been discovered along the way is that even more so we needed a planning process. *The professional relationships and networks created, re-created and nurtured through this process have become one of the strongest assets of the face of reentry in Northampton County.* As in many systems Northampton County has highly experienced, competent professionals who are good at performing their assigned duties. This planning process has allowed these professionals the opportunity to hear directly from each other as well as from returning citizens allowing for system efficiencies to be discovered and designed.

We need a plan to *focus efforts* that are tailored to our county's needs and circumstances. Northampton County has many features to be taken into consideration in planning such as it being part of the larger Lehigh Valley, in particular adjacent to Lehigh and Monroe Counties as well as Warren County in New Jersey. Northampton County also has many different demographic types—from rural to suburban to urban—we have it all and each area tends to have its own set of needs when it comes to accessing needed services and supports. Additionally this plan intends to serve the needs for citizens returning from both State Corrections Institutions and Northampton County Jail.



Finally we need a plan to establish and maintain networks that will allow the county to *build economic efficiencies* as well. Collaboration among federal, state and local government, private and non-profit sectors allows each sector to perform within their strongest competencies and will allow for innovative solutions to complex problems. Focused interventions, particularly with individuals who are frequent users of the county's resources in both the criminal justice and human services systems will result in a positive financial impact for the county by building assets—ultimately supporting a crime-free and self-sufficient lifestyle.

A strategic plan is needed to guide the way for stakeholders to address the collateral impact of incarceration on many county systems that influence public safety and quality of life. This document is the result of dozens of stakeholders' vision for what reentry can be in Northampton County, it is the hope for thousands of returning citizens whose lives in the community hinge on establishing a stable crime-free life. Please use this document as a map for success, continue reading, and get engaged with the implementation of the strategies outlined here.

Community Input



THE REENTRY GOALS IDENTIFIED IN THE LARGER CJAB STRATEGIC PLAN ARE:

01. INCREASE PUBLIC SAFETY THROUGH REDUCED RECIDIVISM
02. EDUCATE AND POSITION RETURNING CITIZENS
03. CONTINUED STRATEGIC PLANNING AND PLAN IMPLEMENTATION

In 2011 Easton Weed and Seed found itself re-tooling toward reentry. Northampton County Jail sits within Easton's West Ward, which was the Weed and Seed target area. Weed and Seed's familiarity with the needs of the neighborhood and established community collaborative were foundational to the start of the Reentry Coalition. Not only was the Weed and Seed Coordinator familiar with the needs of the neighborhood surrounding the jail and government center, there was an already established group of invested stakeholders. Although this group has expanded and transformed somewhat as the focus has sharpened toward reentry and the criminal justice system, its beginning as the grass roots collaboration has given a strong foundation and framework for operations.

The Planning

Process

STAKEHOLDERS CONTRIBUTED TO THE PLANNING PROCESS THROUGH FIVE ORGANIZED WORK TEAMS:

- EDUCATION
- EMPLOYMENT
- HOUSING
- DRUG AND ALCOHOL TREATMENT
- MENTAL HEALTH TREATMENT

In July 2012 the Northampton County Department of Corrections engaged Family Answers to be the Reentry Coordinator. The responsibilities include developing a strategic plan for reentry for internal use for the jail (adopted August 2013) as well as maintaining the coalition and seeking new funding to support reentry efforts at the jail and county. At that time the CJAB did not have a strategic plan. The Reentry Coordinator was asked to assist the CJAB in developing a plan, which was then adopted in December 2012. From there priorities were established, with reentry being one. In the first few months of 2013 funding through the Pennsylvania Commission on Crime and Delinquency (PCCD) became available for reentry strategic planning, and with the CJAB's recently adopted plan, the CJAB pursued the opportunity to expand the reentry section of that plan into a comprehensive county-wide reentry plan.

The Reentry Coordinator and Reentry Consultant along with others deeply involved in the various other planning processes began this strategic planning work with teams consisting of Reentry Coalition members. Those networks grew to include other providers and stakeholders. Each work team invited input from a wide variety of sources including neighboring counties. Returning citizens provided critical input through the Returning Citizens' Roundtable and through participation on work teams. In total staff and volunteers from 50 different agencies/divisions participated in the planning which reflects 80 individuals. Work teams met monthly for nine months.

Each work team identified barriers to success and developed strategies to be implemented at various points in time across the criminal justice system. Work teams met monthly in various locations, often giving participants the opportunity to tour other facilities/provider offices. Stakeholders who were not able to attend work team meetings

were able to provide feedback electronically or at separate meetings with the reentry staff.

The Importance of Research and Evidence in Strategic Planning

In recent years the spotlight has focused on evidence-based programs and practices. Funders at all levels look for their resources to have the greatest impact using research proven models.

As noted in a recent BJA Second Chance Act grant announcement, "Based upon reliable research findings there are six fundamental principles of evidence-based correctional practice that are widely accepted as strategies to reduce future criminal behavior" (BJA-2012-3112, Appendix 1, p. 29). Northampton County believes these practices will be informative into its process of developing and implementing comprehensive reentry efforts in its system. The principles are:

1. Objectively assess criminogenic risks and needs
2. Enhance intrinsic motivation
3. Target higher risk offenders
4. Address offenders' greatest criminogenic needs
5. Use cognitive-behavioral interventions
6. Determine dosage and intensity of services

Criminogenic risk factors have been identified as risk factors that drive criminal behavior. When an inmate is assessed for these risk factors an individualized plan may be developed to address the specific reasons why the inmate had engaged in criminal behavior in the past and reducing the likelihood of future criminal involvement. Each person's needs and risk factors are important to understand when developing programming and matching participants to programming to maximize impact on their behavior and choices upon release. Each criminogenic need refers to the aspects of offenders that contribute to their criminal behavior—what drives them to commit a crime? It is widely supported by research that unless the needs, indicated by a risk/needs assessment tool, are addressed through programs, resources, treatment etc., individuals will be at a higher risk for recidivism.

In October 2013 The PROGRAM for Women and Families, with funding from PCCD, started the Northampton County Reentry Enhancement Initiative (NCREI). This new project is housed at the jail and provides for the risk/needs assessment of all inmates at the jail. The project uses the COMPAS 8 tool which indicates not only the inmates risk level for recidivism but also their individual criminogenic need. This tool, and the data it will provide the jail, is laying the foundation for a more data driven understanding of the issues which can inform decisions about treatment and programming. COMPAS 8 identifies inmates as low, medium or high risk for recidivism. The Department of Corrections and the Reentry Coalition will provide interventions for those who are at greatest risk for recidivism. Also, the CJAB though the coalition will provide more support for data collection and local analysis of program performance.



CRIMINOGENIC RISK FACTORS:

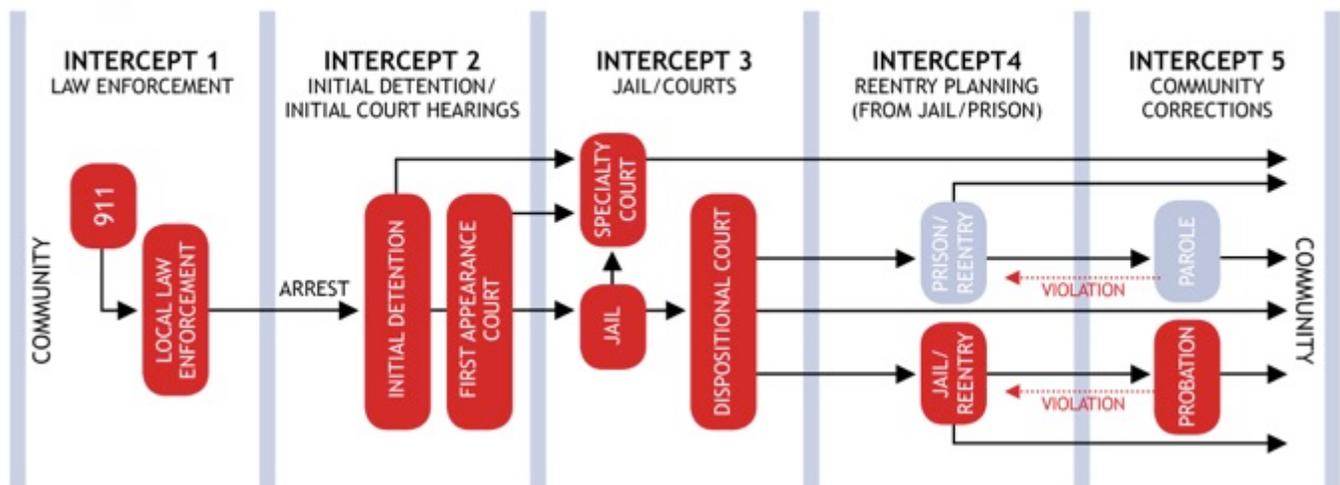
- ANTI-SOCIAL PERSONALITY
- ANTI-SOCIAL ATTITUDES AND VALUES
- ANTI-SOCIAL ASSOCIATES FAMILY DYSFUNCTION
- POOR SELF-CONTROL, POOR PROBLEM SOLVING SKILLS
- SUBSTANCE ABUSE
- LACK OF EMPLOYMENT/ EMPLOYMENT SKILLS



Introduction to the Plan

Early in the planning year (2013/2014) the county hosted a two-day Mental Health Mapping workshop conducted by Patricia Griffin, PhD of the Pennsylvania Mental Health and Justice Center of Excellence. Most of the participants were also coalition members. The Sequential Intercept Model was presented and a framework was laid for understanding the five phases, or intercepts, an individual in the criminal justice goes through and how to design interventions and services specific for each intercept. This strategic plan addresses more than mental health, for which the Sequential Intercept Model was designed, but uses the five intercepts as a structure to conceptualize all five work teams' strategies. Using this model we are able to map out what the overall picture for reentry looks like and more clearly see the links between systems and services.

THE SEQUENTIAL INTERCEPT MODEL



"The Sequential Intercept Model... can help communities understand the big picture of interactions between the criminal justice and mental health systems, identify where to intercept individuals with mental illness as they move through the criminal justice system, suggest which populations might be targeted at each point of interception, highlight the likely decision makers who can authorize movement from the criminal justice system, and identify who needs to be at the table to develop interventions at each point of intercept. By addressing the problem at the level of each intercept, a community can develop targeted strategies to enhance effectiveness that can evolve over time." (<http://www.gainscenter.samhsa.gov>)

Every \$1 spent on prison education
reduced incarceration costs by

\$4 to \$5

within the first three years
post-release.

Those who participated in correctional
education programs had

43%

lower odds of **RECIDIVATING**
than inmates who did not.

—RAND CORPORTATION





Education

A 2013 RAND Corporation meta-analysis of research of education and vocational training received in a corrections setting found that every \$1 spent on prison education reduced incarceration costs by \$4 to \$5 within the first three years post-release. RAND reports an additionally impressive finding that those who “participated in correctional education programs had 43 percent lower odds of recidivating than inmates who did not.” (RAND Corporation, Evaluating the Effectiveness of Correctional Education, 2013; and summary, http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR266/RAND_RR266.sum.pdf.)

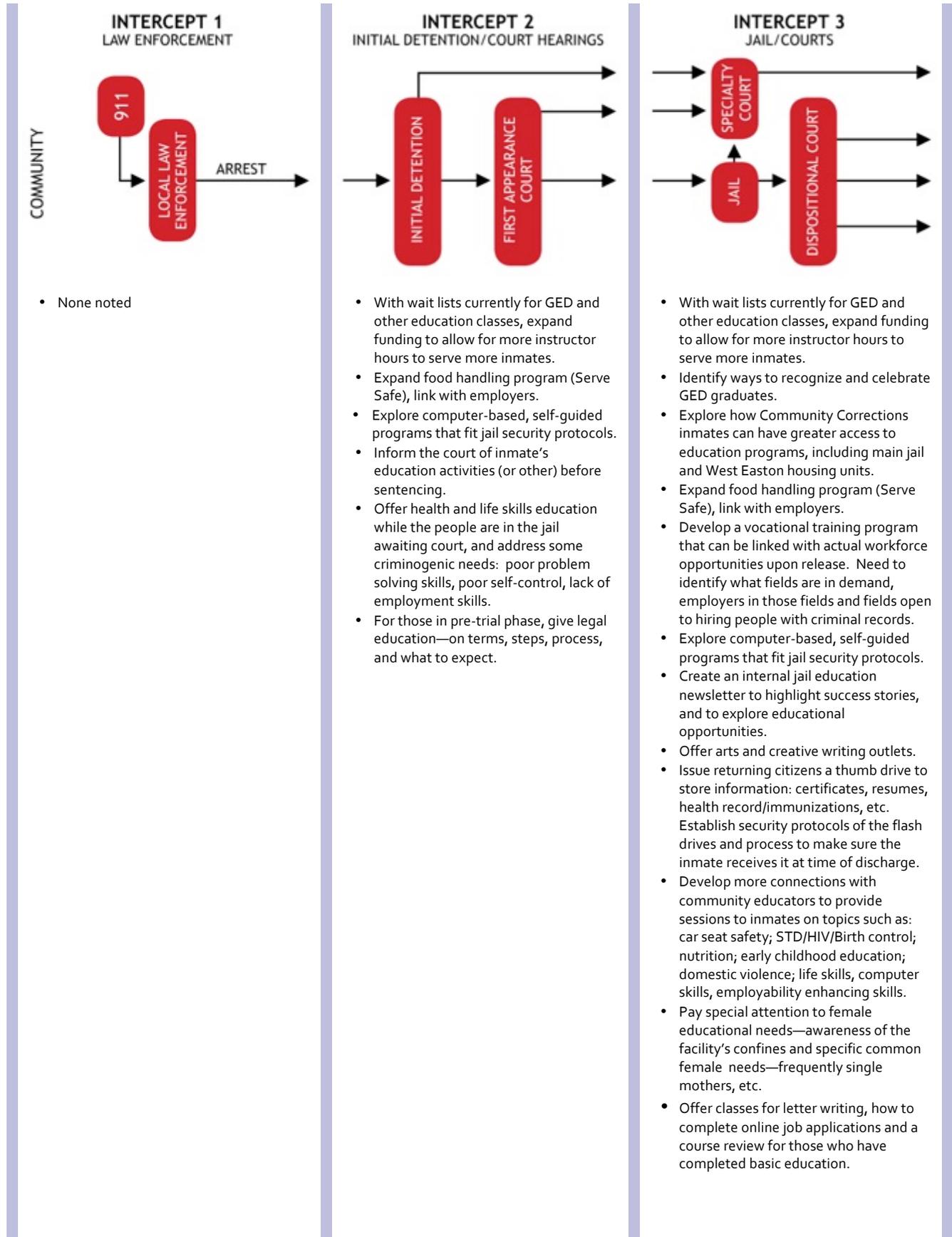
SUCSESSES

Many very positive things are already happening within the education department at Northampton County Jail. The team noted that the judiciary values education as seen through their advocacy for education. Health education at the jail has historically been well attended and successful. The GED classes are always full with waiting lists, meaning the demand is there to expand classes, both GED classes and classes to guide people through further educational opportunities. Easton Area School District holds High School classes in the jail, if students are released prior to graduation they may continue their education at their “home” high school. Each year several inmates graduate with an Easton High School diploma. The High School teacher has established strong working relationships with other area high schools to assist students with continuing their education from that school—for example if an inmate has been a student at Liberty High School in Bethlehem, the school may prepare materials for the teacher to pick up, deliver to the student and assist that student in completing the work and return it to Liberty. There are several community based organizations investing in education, such as, Journey Home, Fowler Center for Literacy, and the Easton Area Community Center.

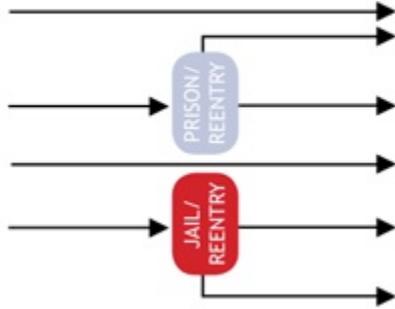
CHALLENGES

The education work team identified several challenges that returning citizens face. Due to the nature of the county jail, many inmates taking GED classes may be released prior to testing. These students need to be referred to community-based GED classes—stronger connections and clear explanations of how to proceed with education in the community need to be made. For education, classroom space is a concern. The “towers” (or newer part of the jail) have classrooms in each housing unit, while the “old side” has a different layout-representing a different set of underlying correctional principles from the era in which it was constructed—with fewer classrooms. Additionally, the success of the Volunteer Coordinator in the last several years has the classroom schedule rather full. Northampton Community College, the provider of the GED instruction has had a reduction of funding the last several years; this has been acknowledged and addressed by the jail in FY 2014 with an increase in jail funded instruction hours. At times other programming in the jail takes precedence over GED instruction and barriers such as work schedules for those in community corrections can delay or end an inmate’s educational goals.

EDUCATION INTERCEPT STRATEGIES

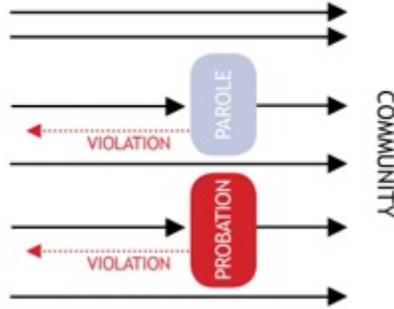


**INTERCEPT 4
REENTRY PLANNING**



- Develop protocol for referring to outside agencies/schools for continuation of education; develop any needed partnerships; and formalize processes through memoranda of understanding between entities
- Area colleges can come and recruit students who are looking into continuing past a HS diploma or GED—develop engaging programs that will encourage higher education
- Help parents plan for childcare needs for when return to the community and go to work or school
- Communication between agencies/ county divisions. There is a need to set up a structured process that will assist the inmate in accountability in following through with their goals.
- Utilize community resources such as CareerForce for younger (16–21) people.
- Targeted health education for people who will need on-going chronic care in the community.
- Coordinate with State Parole/ASCRA agent regarding those returning from state corrections institutions. Build those connections

**INTERCEPT 5
COMMUNITY CORRECTIONS**



- Develop protocol for referring to outside agencies/schools for continuation of education; develop any needed partnerships; and formalize processes through memoranda of understanding between entities
- Explore more formal partnerships and communication between service providers and Adult Probation, such as CareerForce referrals for ARD clients
- Link actual stories to the messages of the importance of education, for example: having past ARD participants who may have learned the hard way explain to current ARD clients the steps they had to take to get to a better place. Provide venue for successful returning citizens to share how education impacted them.
- Have speakers come to classrooms to speak on focused industry areas that are growing in the Lehigh Valley.

**NON-INTERCEPT TIED
STRATEGIES/IDEAS/CONCERNS**



- Learn from entities that are successful in connecting people with services and reducing recidivism (best practices).



23 IN APRIL 2012,
SUPERVISORS AND CHIEFS
ATTENDED ONE 3-HOUR
INTRODUCTORY CIT COURSE.

52 SINCE THEN
SHERIFF'S DEPUTIES
RECEIVED A FOUR-HOUR
CONDENSED TRAINING.

239 OFFICERS WERE
TRAINED AT
ELEVEN DIFFERENT
SIX-HOUR TRAININGS.

28 INDIVIDUALS WERE TRAINED
AS OFFICIAL CIT
OFFICERS/FIRST RESPONDERS
AT A 40-HOUR TRAINING.



Mental Health

Mental health treatment was identified as a work team area because of the predominance of inmates receiving mental health treatment in the jail. At any given time approximately one-third of the jail's population is receiving psychotropic medications. These inmates need services while incarcerated and focused attention on their mental health treatment for reentry planning. They also need services to link them to community providers and assist with establishing care in the community. There are some within this category who are considered seriously mentally ill by the nature of their diagnosis. Within that sub-group of seriously mentally ill, there are a group of inmates who would benefit from a problem solving court (Mental Health Court) that would accept screened individuals who would then be required to follow the court's direction for treatment and supervision in lieu of a standard jail sentence.

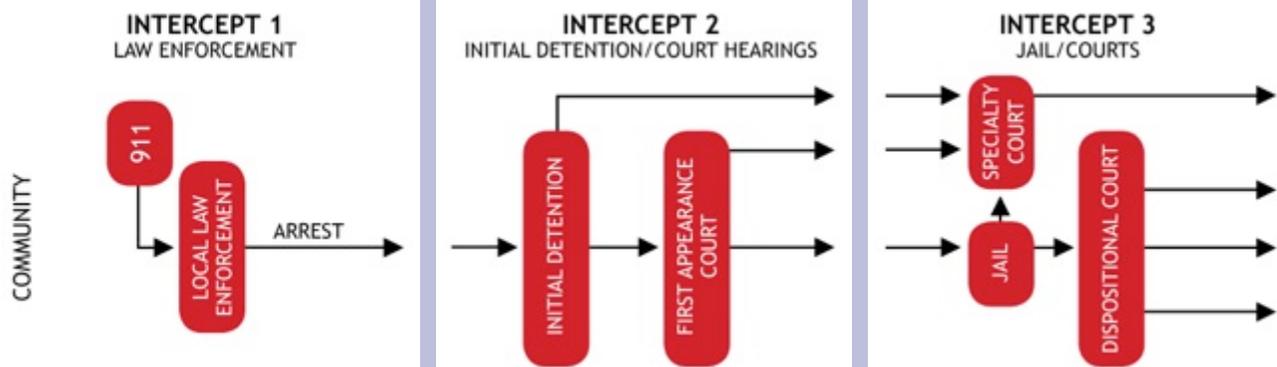
SUCSESSES

The multi-disciplinary Forensic Advocacy Collaboration Team (FACT) has been meeting since 2011. FACT reviews between 14–16 individuals per month who have a serious mental illness. Jail, Adult Probation, county Mental Health (MH) staff and well as the jail's medical provider Prime Care participate on this team developing individualized treatment and reentry plans for inmates with serious mental illness. Northampton County also has begun a robust training program called Crisis Intervention Team (CIT). It is a training for law enforcement and first responders who would be most likely to be on the scene with someone in a mental health crisis. CIT began training first responders in April 2012. In April 2012 23 supervisors and chiefs attended one 3 hour introductory CIT course. Since then 52 Sheriff's deputies received a four hour condensed training; 239 officers were trained at eleven different six hour trainings; 28 individuals were trained as official CIT officers/first responders at a 40 hour training. At this time CIT trainings are held monthly and are offered by volunteer presenters. The involved agencies/departments are as follows: Bethlehem Police Department (PD), Bethlehem Township PD, Easton PD, Tatamy PD, Lehigh Township PD, Palmer Township PD, NCCC Campus Security, Lehigh University PD, Moravian College PD, Northampton County Emergency Management, Northampton County Mental Health, Northampton County Emergency Services, Bangor PD, Pen Argyl PD, Walnutport PD, Freemansburg PD, Hellertown PD, Northampton County Sheriff's Department, Northampton Regional EMS, Northampton County Jail, Washington Township, Northampton County Probation, Northampton County Pretrial, Washington Township Police and Lower Saucon PD.

CHALLENGES

The main challenge initially for returning citizens with regard to mental health treatment is securing health insurance. With most individuals eligible for medical assistance, a process that takes time and has its own parameters to be met before activating a policy, reviewing the application process is a priority. If a streamlined process were to be established for returning citizens to have insurance upon release this would be a tremendous accomplishment with system-wide impact. Returning Citizens leave the jail with three days of medications (mental and physical health prescriptions). This supply does not allow for enough time for insurance to activate nor to locate and schedule an appointment with a prescriber. There have been some "work arounds" developed but, ultimately, the issues are deeper and require more state investment and local collaboration. Lehigh Valley Health Network has identified the top two concerns of those seeking emergent Mental Health (MH) services are medication and homelessness.

MENTAL HEALTH INTERCEPT STRATEGIES

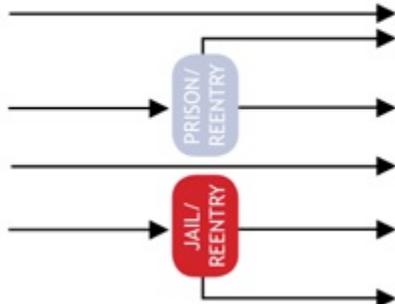


- Crisis Intervention Team Training—Already happening, expansion for Corrections and Probation Officers and other county divisions. The goal is to have officers representing each police department in the county to have received the training.
- Staff training and protocol established for those released from ERs to custody of the jail to track their MH progress. (ie: immediate referral to Northampton County (NC) MH etc)
- Deploy a social worker to police departments who can assist in MH or similar crises at time of emergency response.

- Review process on how people (already diagnosed and taking prescription medicines) can continue with their medications (or allowable equivalent on jail's formulary) in the jail. The availability of a psychiatrist or other prescriber is a concern.
- Prime Care is the provider for those in the jail. For those in the community on bail, they continue to access services as they had been before using insurance and community agencies.
- Referrals to NC MH staff are available at this intercept
- Referrals for FACT team review available
- Increase Prime Care's MH staff and prescriber time in the jail—can CRNP time be used for med checks?
- Education of the court on MH issues, services available and best practices.
- Invest in diversion options (ensure available appropriate level of care for the individual so the court has viable alternative to incarceration for those that would be appropriate for). This could mean new services or additional training for existing providers on forensic issues. It also means looking at service capacity—the actual program spots for individuals need to open up in a timely manner for it to truly be diversion.
- Explore and establish a mental health court, which is considered a best practice.

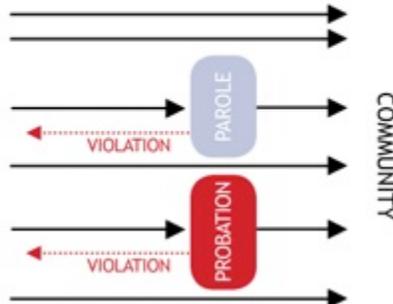
- Prime Care is provider, FACT and NC MH referrals available
- National Alliance on Mental Illness (NAMI) can offer support/educational classes in the jail
- Review internal management of MH client tracking and service—consistency across staff
- Need more doctor/prescriber time in the jail.
- How can peer support be more utilized in the jail?
- Increase and enhance communication between the jail and the court
- Provide MH recovery classes in the jail focused on understanding diagnoses, prescriptions, coping strategies.

INTERCEPT 4 REENTRY PLANNING



- Coordinate and build connections with State Parole/Assessment, Sanctioning Community Resource Agent (ASCRA) regarding those returning from state corrections institutions.
- Establish MOUs with MH providers to reserve doctor appointments for clients from the jail most in need. (IE: clinic "x" reserves 3 appts/month for people 1–2 days after release.)
- Develop a screen out release plan for needs-based referrals to NC MH and MH services.
- Establish consistent Dept. of Public Welfare (DPW)/jail liaisons to manage the completion, submission and processing of applications.
- Develop a protocol for those who experience a quick release and could benefit from a FACT review or other supports had there been more time to plan for reentry.
- Develop a reentry class and network to educate MH consumers on their release plan and what to expect in the community.
- Develop opportunities for further Forensic Certified Peer Specialists use.
- Identify a stable funding stream for extra Rx supply for release. (State Correctional Institutions use commissary income to fund 30 days of pills.)
- Explore costs and viability of 30-day injectable medications to administer prior to release, allowing more time to identify providers and insurance.
- Develop a fact sheet for providers/returning citizens to explain what to expect from mental health, probation and other providers. The goal: to offer a consistent message and to educate on what the MH office and Adult Probation "do" and "don't do".
- Address the insufficient amount of staff time and funding dedicated to serving the MH population in the criminal justice system.
- Look to the SSI/SSDI Outreach, Access and Recovery (SOAR) model for applications for Social Security Disability. Trained staff (from county or non-profit) to assist inmates in their applications and preparations for discharge.
- Explore solutions to inmates providing "bad" addresses for home plans.
- Establish procedures for those discharged from jail who appear to meet inpatient criteria—periodically one in an unstable mental state needs an Emergency Room assessment. This is not as a home plan or a solution for someone who is otherwise homeless.

INTERCEPT 5 COMMUNITY CORRECTIONS



- Advocate for increase in Magellan (medical assistance) funded capacity, opening new clinics/providers, addressing psychiatry shortage in the Lehigh Valley with the goal of reducing the average wait time for an appointment with a psychiatrist.
- Look to utilize Forensic Certified Peer Support Specialists (understand better how the system can use their specific expertise). Explore how they are used currently and how other areas utilize that service.
- NAMI offering support groups for MH consumers and their families
- Establish a recovery house for MH, with ability to support people returning to the community in that transitional time post-incarceration. This could be crisis, short term or longer term housing, but not looking at this idea as a permanent housing option.
- Identify locations that could be used for MH services that are convenient for returning citizens, taking into consideration areas where higher numbers of returning citizens live.
- Establish a county (or bi-county with Lehigh) MH receiving center for those who need to obtain their treatment in the community after release where people could go to see a doctor to receive medications and therapy. In a fuller picture it could include a MH transitional housing component as well.
- Develop a list of providers/agencies with descriptions to help providers understand who does what and who to call for what concern.

NON-INTERCEPT TIED STRATEGIES/IDEAS/CONCERNS



- There is a need to have bi-county conversations with Lehigh County given the high level of over-lap of clients and also overlap of service providers.
- Communication across county-level agencies, community agencies needs to be continually enhanced. Provide venues to build collaborations and staff connections that will facilitate MH recovery in Northampton County.
- Advocate for a process with Corrections/DPW that will help people move through the application process in a timelier manner.
- Coordinate with Drug and Alcohol (D&A) team's needs in terms of services for those with dual MH/D&A diagnoses.
- Data collection on the cost of providing crisis treatment (ER and inpatient settings) as compared to the cost of creating a bridge between services in the jail and the community. Explore and understand the costs associated with MH treatment and the cost benefits of a seamless transition for care.
- Learn from entities that are successful in connecting people with services and reducing recidivism (best practices).
- Provide training to medical/mental health providers on forensic-specific issues to help the medical community understand the criminal justice aspects of their patient's life. Also, provide training for the criminal justice staff on MH issues, concerns, procedures, and criteria for different levels of care, funding process, etc.
- Look to enhance supports for veterans, explore peer support models.

The Bureau of Justice Assistance reports

68%

of jail inmates met DSM criteria for drug abuse or dependence.

50%

Half of all convicted jail inmates were under the influence of DRUGS OR ALCOHOL at the time of offense.
—THE BUREAU OF JUSTICE ASSISTANCE





Drug and Alcohol Treatment

In a 2005 Bureau of Justice Assistance report Karberg and James note that “in 2002, 68 percent of jail inmates met DSM criteria for drug abuse or dependence. Half of all convicted jail inmates were under the influence of drugs or alcohol at the time of offense. Inmates who met substance dependence/abuse criteria were twice as likely as other inmates to have three or more prior probation or incarceration sentences.” (<http://www.bjs.gov/content/pub/pdf/sdatjio2.pdf>) Locally the Northampton County Uniform Crime Report (UCR) for 2013 shows that there were a total of 15,865 offenses in the county with property crimes being the highest at 10,102 and when combining drug and other alcohol offenses together for the second highest type of crime at 3,555. The UCR does not indicate which of the other crimes recorded in the other offense categories were committed while impaired or were related to an addiction. (http://ucr.psp.state.pa.us/ibi_apps/WFServlet?IBIF_ex=RUREP01&MAPAREA=48)

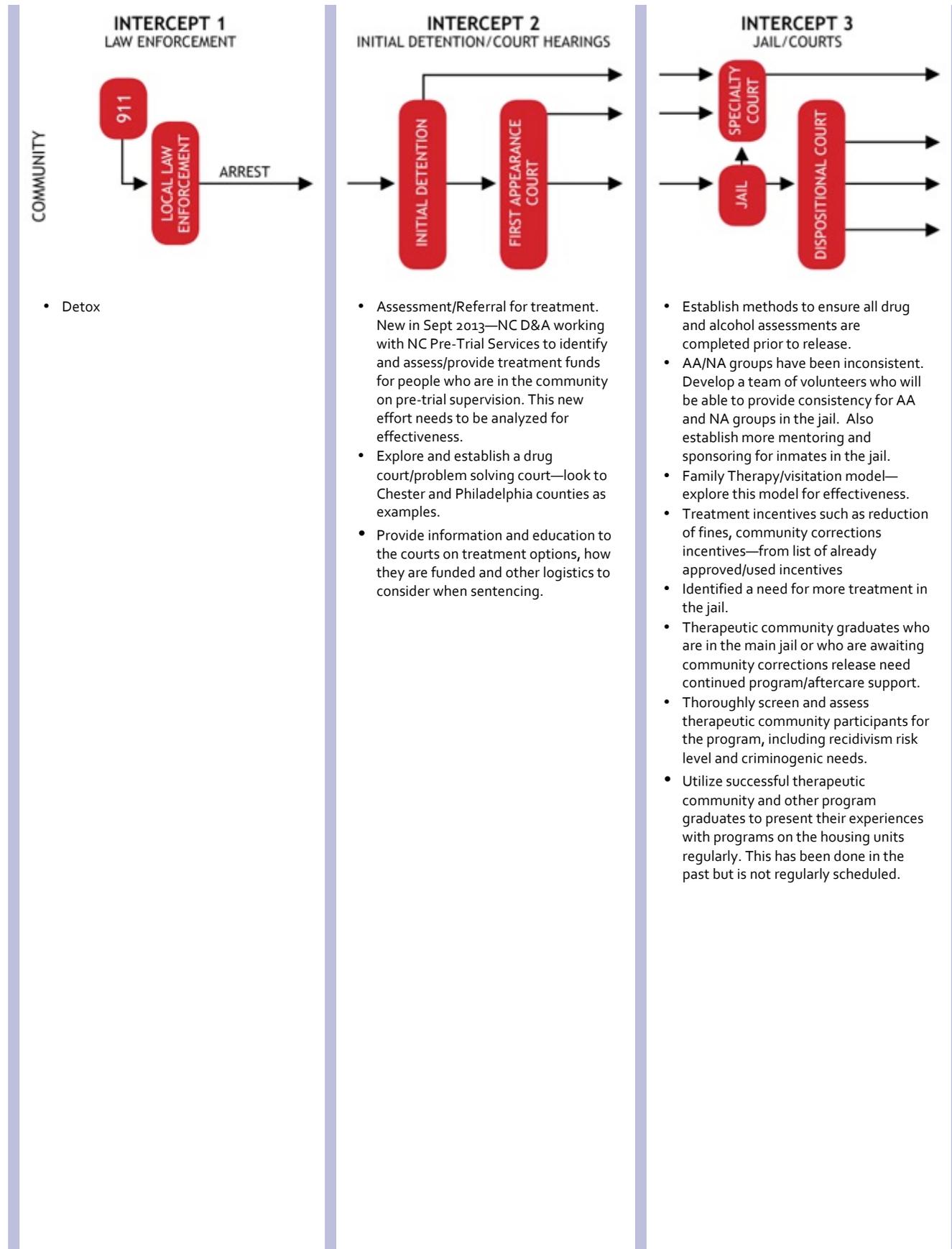
SUCSESSES

There are many successes in the area of drug and alcohol treatment. One of the strengths of this area is the number of committed quality providers in the field offering treatment and other support services such as recovery groups and transitional and recovery housing for returning citizens. Many housing programs report great successes with their residents and have found innovative ways to recruit, retain and fund their programs. Recovery Revolution of Bangor began offering an introduction to treatment class in the jail which has been met with great enthusiasm by the inmates who then can receive treatment at Recovery Revolution post-release. This model builds on relational ties motivating them to seek out initial treatment. The jail-based therapeutic communities have shown strong beneficial effects—both locally and through research performed by other entities (<http://whatworks.csjjusticecenter.org/>).

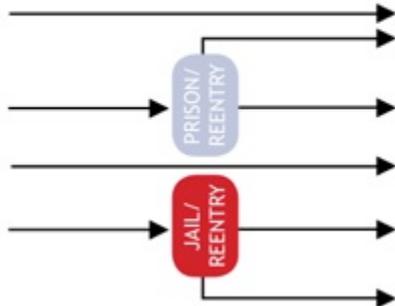
CHALLENGES

One challenge identified by the work team is trying to harness or reproduce motivation. Each person who enters recovery has their own set of motivators—some internal and some external. This is one area where the individual assessment and planning process would have great benefits. The team identified a need for more treatment opportunities to be available in the jail. Another challenge is that people often return to the environments that helped fuel their addictions. Treatment funding is a question for those released from the jail who are eligible for medical assistance, as there is typically a wait time before benefits are established, creating a treatment lag at a particularly vulnerable time.

DRUG AND ALCOHOL INTERCEPT STRATEGIES

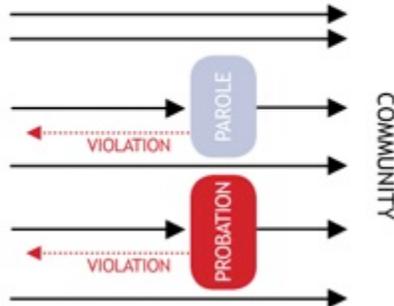


INTERCEPT 4 REENTRY PLANNING



- Coordinate and build connections with State Parole/ASCRA agent regarding those returning from state corrections institutions.
- Establish consistent, reliable DPW/jail liaisons who will manage the completion and submission of applications and then the processing of those applications. Returning citizens need medical assistance sooner than 30 days after their return to the community.
- Creatively incentivize program aftercare and follow up components
- Set up community based services to be ready for release
- Review policies, procedures and schedules for community corrections inmates able to go out for treatment and/or AA/NA meetings. Explore funding for D&A treatment for inmates in community corrections.
- Connect inmates with sponsors/mentors before release, ideally through their participation in the recovery groups in the jail.
- Develop a fact sheet for providers/ returning citizens and their loved ones to explain what to expect from drug and alcohol, mental health, probation and other providers. The goal: to offer a consistent message and to educate on what the MH office and Adult Probation “do” and “don’t do”.
- Hold a transition meeting with field officer and probation officer before a person is released from the jail—helps not only for the inmate to understand what the expectations will be, but for the staff to get to know the person and his/her unique work/living circumstances.
- Utilize the Parents and Partners group by Recovery Revolution and other providers for inmate families.
- Review the possibility of out-patient and intensive out-patient to be funded by NC D&A while someone is on the community corrections program.

INTERCEPT 5 COMMUNITY CORRECTIONS



- Transition to the community: identify funding for more follow up (including mentoring, education, and case management) that would provide a bridge for people leaving corrections and entering the community.
- Offer a step-down level of care that would bridge the gap between therapeutic community housing units and aftercare. This can be transitional living specifically for program graduates.
- Focused attention for those who receive D&A assessments and following the recommendations in the community to ensure treatment follow through.
- Mentors and Sponsors (NA/AA): build continuity into groups through volunteers at the jail as well as sponsors who were matched with inmates while incarcerated.
- Remove barriers for transportation—paying for it, assisting people in learning how to use public transportation, and providing information on what providers are located on which bus routes.
- Expand providers/locations across the county ensuring providers are accessible to returning citizens.
- Identify funding for county ASCRA agent—similar to state parole ASCRA agents.

NON-INTERCEPT TIED STRATEGIES/IDEAS/CONCERNS



- There is a need to have bi-county conversations with Lehigh County given the high level of overlap of clients and also overlap of service providers. New conversations have begun between D&A offices to coordinate efforts.
- Continually increase communication across county-level agencies. Provide venues to build collaborations and staff connections that will facilitate D&A recovery in Northampton County.
- Learn from entities that are successful in connecting people with services and reducing recidivism (best practices).



MORE THAN

10%

of those entering PRISONS and JAILS are **homeless** in the months before their **incarceration**.

For those with MENTAL ILLNESS, the rates are even higher—**ABOUT 20%**.

—VERA INSTITUTE



Housing

More than 10 percent of those entering prisons and jails are homeless in the months before their incarceration. For those with mental illness, the rates are even higher—about 20 percent. Metraux and Culhane note released prisoners with a history of shelter use were almost five times as likely to have a post-release shelter stay. Helping people released from prisons or jails to find safe places to live is critical to reducing homelessness and recidivism and to ensuring stable housing situations for the children, families, and communities. Research has shown that people who do not find stable housing in the community are more likely to recidivate than those who do. According to a qualitative study by the Vera Institute of Justice, people released from prison and jail to parole who entered homeless shelters in New York City were seven times more likely to abscond during the first month after release than those who had some form of housing.

(Metraux, S. & D.P. Culhane. <http://www.cmcainternational.org/wp-content/uploads/2012/01/Reentry-Fact-Sheet.pdf>)

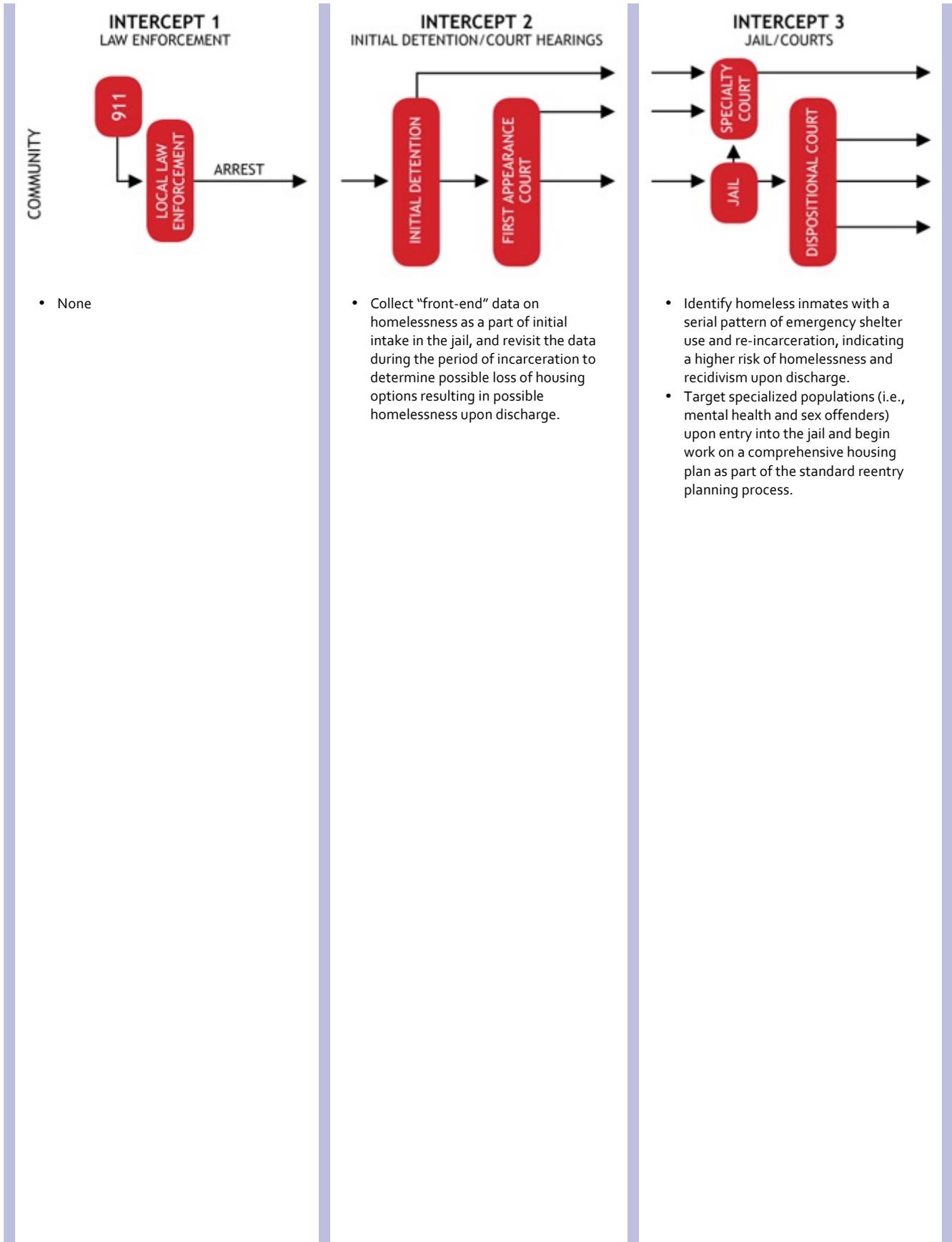
SUCSESSES

The work team identified certain strengths in housing in Northampton County. There are a number of housing options available to returning citizens who do not have severe mental health issues or have not been convicted of a sex offense. Among these options there is an effective “continuum” of housing options available. The housing problem seems to be limited to individuals with severe mental health issues, sex offenders, and that number is relatively manageable in Northampton County. The jail has a reentry review team that meets twice per month reviewing on average eight inmates per meeting to generate ideas to develop home plans for chronically homeless inmates and other “hard-luck” situations.

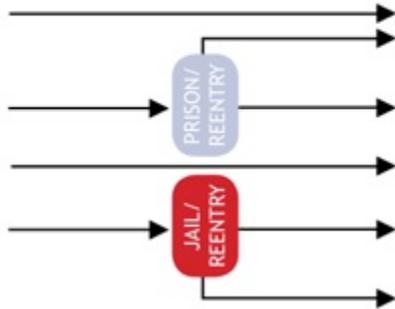
CHALLENGES

The work team found the following two challenges, identifying and funding for specialized housing. Those who are reviewed by the reentry review team frequently are either a sex offender—who many structured housing/transitional programs will not accept—or those with a serious mental illness who need more support for their day to day needs than a typical transitional housing program can provide. The other main challenge is to find ways to keep returning citizens accountable for complying with established housing plans in the community.

HOUSING INTERCEPT STRATEGIES

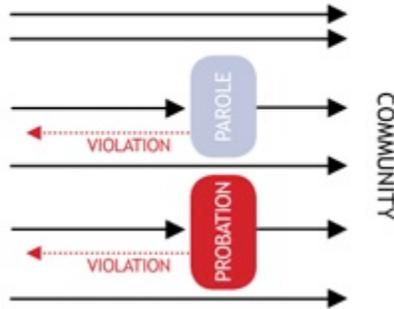


**INTERCEPT4
REENTRY PLANNING**



- Collect “front-end” data on homelessness as a part of initial intake in the jail, and revisit the data during the period of incarceration to determine possible loss of housing options resulting in possible homelessness upon discharge.
- Establish a Continuum of Care Model, coordinating jail staff, parole staff and community service providers in the formulation of reentry plans to ensure efficient access to housing and related services post discharge.
- Target specialized populations (i.e., mental health and sex offenders) upon entry into the jail and begin work on a comprehensive housing plan as part of the standard reentry planning process.

**INTERCEPT 5
COMMUNITY CORRECTIONS**



- Avoid reliance upon emergency shelters for returning citizens as much as possible.
- Establish more effective tracking of returning citizens to ensure home plans are followed; this could be accomplished by dedicated reentry case managers coordinating with parole.
- The two most challenging populations regarding housing options are sex offenders and individuals with severe mental health problems. Identify model housing programs for these specialized populations and then explore the feasibility of establishing specialized post-release housing units.

**NON-INTERCEPT TIED
STRATEGIES/IDEAS/CONCERNS**



- Generate a master list of decent landlords willing to rent to returning citizens needs to be created, periodically updated and disseminated to all key stakeholders.
- Gather data to justify expanded funding.
- Explore the county’s Health Choices and other funding streams for master leasing using data gathered to justify the need for additional funding.
- Learn from entities that are successful in connecting people with services and reducing recidivism (best practices).



To help clients with
CRIMINAL HISTORIES avoid
reincarceration and
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employment programs will need to
move beyond
TRADITIONAL SERVICES...



Employment

Policy makers across the political spectrum agree that for people released from prison or jail, employment can be the gateway to successful reentry. Some evidence supports that reentering individuals are more likely to be reincarcerated if they are unemployed, (Visher, Debus, Yahner http://www.urban.org/UploadedPDF/411778_employment_after_prison.pdf) and these individuals report that a job is key to avoiding criminal activity. (Baer et al. http://www.urban.org/UploadedPDF/411289_reentry_portfolio.pdf) Nevertheless, the barriers that millions of adults with criminal records face as they seek to enter the U.S. workforce, especially in a weak job market, are extensive and well documented. (Harry J. Holzer et al., http://www.urban.org/UploadedPDF/410855_holzer.pdf). Although employment can play a critical role in reducing recidivism, research has shown that simply placing someone in a job is not a silver bullet for preventing reoffending. To help clients with criminal histories avoid reincarceration and succeed in the workplace, employment programs will need to move beyond traditional services to address individuals' underlying attitudes about crime and work that make them both more likely to reoffend and to have problems getting and keeping a job.

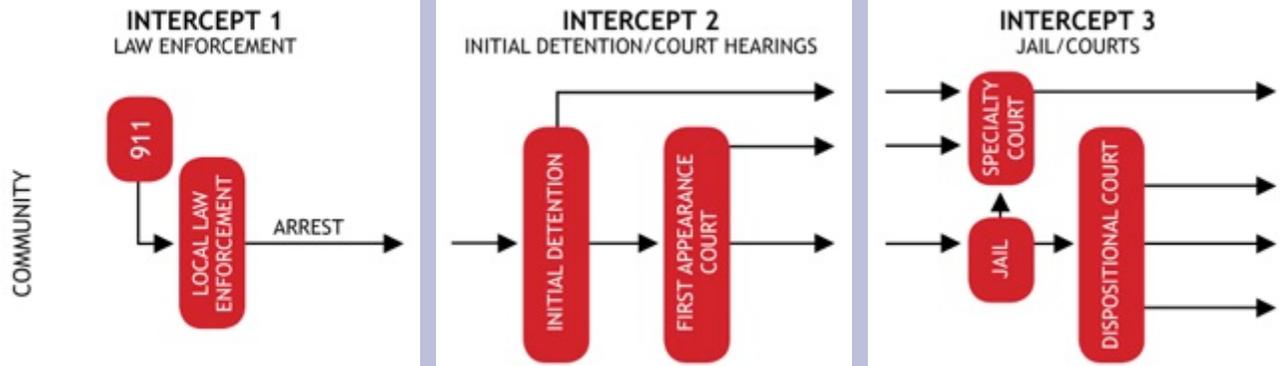
SUCCESSSES

The employment work team noticed many successes including the Pennsylvania Board of Probation and Parole ASCRA Agent's workshops on soft skills and employment readiness, and CareerLink's variety of services. Career Force, a program for those ages 16–21, is available providing extensive employment preparation and support services.

CHALLENGES

There are many challenges for returning citizens as they seek employment that will realistically support their financial commitments of housing, legal fines/restitution, child support, transportation and so on. The nature of our county's economy and geography where jobs, particularly entry level jobs, are located has had an impact on returning citizens' employment. For example, entry level manufacturing jobs have left the cities for industrial parks, moving away from the areas where people live creating the new barrier of transportation. The employment work team along with the Reentry Coalition has identified Offender Employment Specialist (OES) training a priority for the county. This training will provide professionals across sectors (Jail, Adult Probation, Non-Profits) skills and resources in assisting returning citizens in securing and maintaining employment. This kind of focused attention is necessary for providers as they assist hard to employ individuals to obtain employment.

EMPLOYMENT INTERCEPT STRATEGIES

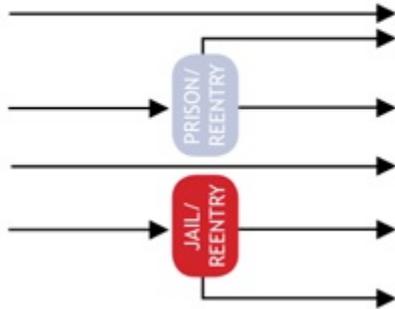


- None

- Incentivize attendance at voluntary employment programs such as computer based self-guided program or group programs such as videos or attending employment classes.
- Identify individuals (staff or volunteers) who will meet with people in this pre-trial phase to identify their strengths and assets before going to court.
- Use of Offender Employment Specialists (OES)—both in the jail to educate inmates on what options they may have. Also explore how those trained in OES can help prepare those who will be in the Accelerated Rehabilitation Disposition program (ARD) to find employment.

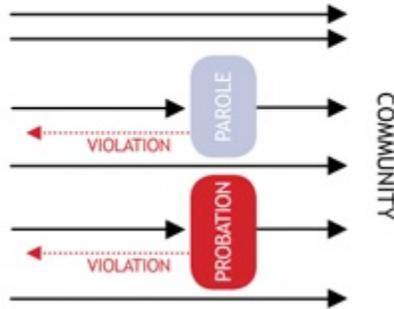
- Incentivize attendance at voluntary employment programs such as computer based self-guided program or group programs.
- Video employment series/soft skills series
- The jail and probation can recruit volunteers that will address specific needs of the population, specifically more assistance in resume writing, letter writing, interviewing practice.
- Jail and probation officers attend CareerLink/Community Based Organization meetings
- More non-internet computer access for resume building. Utilize flash drives for use when leaving jail with resume and cover letters saved.
- Utilize a wider variety of communication within the jail such as closed circuit television, bulletin boards, and newsletters for information and announcements. To maintain consistency, make information available on the jail's website so it is accessible to family and community members as well.
- Explore and implement vocational training programs in the jail that are linked to local employers.

INTERCEPT4 REENTRY PLANNING



- Utilize Office of Vocational Rehabilitation and connect inmates with their services.
- Utilize government and non-profit providers who can offer life-skills and soft-skills training.
- Identify, train and use mentors to assist with job hunting, checklists on how to get a job/step by step instructions, identify strengths and weaknesses
- Utilize the Returning Citizens' Round Table meetings for support with employment issues and building upon what is needed.
- Community Corrections officers and Probation Officers receive Offender Employment Specialist training. Identify candidate(s) for Offender Workforce Development Specialist training.
- Data Collection: Utilize the information collected at booking to inform the planning process for the individual including employment history—was the person employed at the time of arrest, any likelihood of maintaining or obtaining similar position?

INTERCEPT 5 COMMUNITY CORRECTIONS



- The county can look to the state's ASCRA agent model and consider building in some components to the county probation department.
- County-wide staffs receive Offender Employment Specialist training
- Identify candidates for Offender Workforce Development Specialist training.
- CareerLink programs available at CareerLink, and at other sites in the county and the probation office
- Police/Adult Probation officer home checks
- Community Welcome meetings
- Community Resource Guide for Reentry to be developed in both print and web formats
- Family Support Programs and Positive Asset Development Programs to be held at Probation similar to ASCRA style classes with incentives for class participation.
- Website information
- Identify a WORKFORCE INVESTMENT BOARD MEMBER dedicated to reentry programs
- Provide regular opportunities for returning citizens to receive legal information regarding expungement and record clean up.

NON-INTERCEPT TIED STRATEGIES/IDEAS/CONCERNS



- Explore best practices from the workforce development field to be tailored for the reentry population in ways that attend to individual levels of job readiness and criminogenic risk factors.
- Learn from entities that are successful in connecting people with services and reducing recidivism (best practices).



How will strategies be implemented and monitored for progress

The impact of this plan will be measured in how it is implemented. It is critical that these collaboratively identified strategies do not remain on a shelf or in the abstract, but that the gathered stakeholders continue the work to see the ideas through to implementation and evaluation.

The CJAB, through the NCRC, will move these ideas to implementation by initiating an implementation phase of the plan in which each focus area will have a team meeting to prioritize strategies and identify next steps. Some of the strategies will be able to be immediately implemented, requiring little or no additional funding or staff time. Other strategies will require larger system buy-in such as new funding, additional staffing and policy reviews or changes. The implementation teams will track action steps and will report progress to the CJAB quarterly.

Other Next Steps:

1. CJAB will establish an implementation team to spearhead and measure progress on the strategies outlined in this document.
2. The Reentry Coalition will establish an Evaluation Team that will receive the data collected from providers as a way to measure the and report back to the CJAB the local impact on recidivism.
3. The Reentry Coalition will formalize its structure with officers and guidelines for operation, including supporting the implementation phase of this plan. This is in an effort to ensure continued collaboration among stakeholders.
4. Develop outcomes and methods to track outcomes that will show financial impact of reentry services, particularly bed days saved and any change in personnel costs.
5. Identify data technology or software that will support data collection, tracking and analysis and will function as a cross-system vehicle for communication.
6. Develop a page on the county's website for reentry resources. Create links from providers, the jail and Probation's sites to the reentry site. Provide information in a print format as well that can be distributed to inmates, or loaded onto flash drives for those participating in programming where that is used.
7. Continued networking among reentry advocates State-wide and nationally as Northampton County continues to learn from others' best practices as well as to share what has been learned here.
8. Continue to build connections with SCI reentry planners and State Parole Agents to ensure the needs of returning citizens from SCIs are being met.



Principles of Operation:

1. This document is a fluid, living document and updates shall be made through the CJAB as appropriate.
2. Reentry strategies shall be based on evidence-based, research-based and innovative solutions for complex problems.
3. Reentry in Northampton County shall promote community resources.
4. Reentry in Northampton County shall support the six principles of evidence-based corrections practices.
5. Reentry in Northampton County shall welcome faith-based and other volunteers. Any volunteers shall agree to offer their services to individuals without regard to faith, gender, race or sexual preference.
6. All volunteers shall be trained, oriented and supervised.