

**Embrace • Empower • Engage** 



## MISSION STATEMENT

Maximizing partnerships and resources to embrace, empower and engage re-entry individuals to reduce recidivism.

## **VISION**

**Embrace • Empower • Engage** 







## Introduction

- Glenn County Health and Human Service Agency asked three simple questions:
  - Who is the population with a need?
  - What do we want to achieve?
  - How do we make it happen?

.....From there.....

We came up with C.R.E.W.

Community Re-Entry Work Program

## **CHALLENGE**

- California's rate of recidivism is 65% (highest in the US)
- October 1<sup>st</sup>, 2011. AB 109 mandated a shift of responsibility for non-violent, non-sexual, and non-serious offenders from the state to county probation departments.
- Persons released from prisons, local jails or institutions have little or no means of becoming self-sufficient or a support system for medical or behavioral health issues.

## C.R.E.W.

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Target populations, individuals released from the following institutions:

- Jail/prison
- Hospitals
- Shelter or a Foster Care Facility.

The program gave individuals the choice between:

- Receiving General Assistance for 3 months which is a loan
- Or enroll in the C.R.E.W. Program.

# AB 109 : CRIMINAL JUSTICE REALIGNMENT

- Realignment of low level offenders from the state to the counties.
- Two populations realigned:
  - Mandatory Supervision
  - Post Release Community Supervision
- Community Corrections Partnership
  - Reduction of recidivism and alternatives to incarceration
  - CCP Plan and Annual Budget
  - Established a case plan as a priority (AB-109 Task Group)
    - Use program limitations to drive innovation

## Maximizing Partnerships and Resources



## C.R.E.W. - AB-109 WORK FORCE GROUP

Probation • Glenn County Sheriff Department/ Jail • Court System • District Attorney • Social Services • Glenn County office of Education Department • Child Support Services • Mental Health/Drug and Alcohol • Community based partners • Employment/Business Services • Community Action Partnership

(Meet bi-weekly) Staff cases; discuss the re-entry plans assigned for each individual.

## 90 Day Re-Entry Plan



**Needs Assessment** 



Individual Development Plan

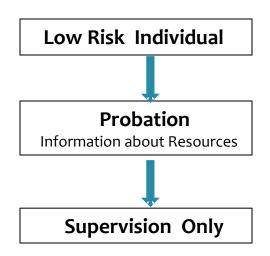


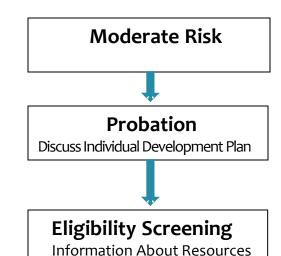
### **Identify Barriers**

SET UP PRIORITIES AND ESTABLISH
GOALS AND ACTION PLAN









Option To Enroll In C.R.E.W Program



#### High Risk



#### **Probation**

Discuss Mandated Services and Individual Development Plan.



#### **Eligibility Screening**

Enroll in C.R.E.W program



#### **Housing & Community Services**

Intake and Identify individuals needs (Establish Goals & Outcomes)



**S.T.E.P** – Two Week Class Services Toward Empowering People



#### **Individual Development Plan**



#### **Employment Services**

(Work Project / CREW Leaders)



#### Re-assessments

Probation, Mental Health, GCOE

## THE COST OF DOING NOTHING

With CREW	Without CREW
Lower rates of recidivism	No change (or increase) in recidivism rates (highest in nation)
Lower utilization of county \$\$\$ and services	Increased county jail population
Increased employability = more \$\$\$ in the local economy	Increased crime & substance abuse
Job and life skills coaching	No community support on re-entry
Proactive approach to a situation affecting all counties	Crossing fingers and hoping for the best
Identifying partners and stakeholders in the community	"Someone else's problem"

### SAVINGS ON IMPACTED COUNTY SERVICES

(Small rural county estimation)

County Function	Estimated Costs
Judge – Annual Salary	\$120,000 @ 60.00/hr X 10 = \$600
DA – Annual Salary	\$90,000 @ 45.00/hr X 10 = \$450
Law Enforcement	\$50,000 @ 25.00/hr X 10 = \$250
Court Clerk - Annual Salary	\$40,000 @ 20/hr X 10 = \$200
Total Cost of General Funded positions	\$ 1,500 in salaries at minimum
ER Visit (single visit) – Medical need	\$1,500 X 10 = \$15,000

## CREW BUDGET/COST/SAVINGS 2011-12

#### Budget (10 participants)

• FESG: \$12,500

Case Management: \$9,500

Community-based Partner: \$1,000



- Estimated costs of one hour in court and one ER visit (all 10 participants): ~\$16,500
- Estimated costs of re-incarceration (all 10 participants): ~\$328,500
- Emergency Shelter Costs: \$50/person /night (\$1,500/month each)

#### Savings

- General Assistance savings so far: \$7,722
- Potential savings created by CREW: \$396,222 (Of general funds based off 10 individuals)



## RESULTS

#### C.R.E.W Outcomes

- 1. Improving on state recidivism rate
- 2. Achieving gainful employment
- 3. Saving county money by not having to utilize cash aid

#### ▶ Pilot 2011–12

- Eight of ten participants completed program in first year
- Five are employed; two of those five are starting or running their own businesses
- Only one re-offender
- Only one participant received cash aid

### ▶ 2012–13 (first qtr.)

- 12 active cases; 22 more in pre-release phase
- Five have completed STEP class (two in the process (58.3%)
- Two have obtained full-time employment (16.6%)
- Four have obtained part-time employment (33.3%)
- All twelve have housing and food access (100%)
- Nine have achieved family reunification/support (75%)

## Some Final Thoughts

- Differences between indigent health and Medi-Cal
  - CMSP and Path2Health have stricter eligibility
    - House arrest/alternative incarceration ineligible for indigent care
- Drug Medi-Cal Reform (DMC)
  - Potential resource for AB109 needs and preventive services
  - Realigned to counties
    - May affect revenue meant for other realigned programs.
    - Major reforms needed in order to achieve local usefulness of DMC and to realize the potential for new revenue from DMC.

## Some Final Thoughts (cont.)

- Health Care Reform
  - Medicaid expansion: 100% federal reimbursement, down to 90% (nearly double current rate)
  - Greater reimbursement rates for mental health/substance abuse treatment
  - Opportunity to improve services for public and AB109 population
- Social Services and Behavioral Health as an alternative to incarceration:
  - Wraparound alternative an effective approach
  - New ways of doing business help communities and partners
     address re-entry issues and engage in preventive services



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# Questions

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