JAIL BASED BEHAVIORAL HEALTH SERVICES

Overall Program Report for FY 13-14

Panel Presentation from Larimer and Boulder County Programs
JAIL BASED BEHAVIORAL HEALTH SERVICES

Overall Program Report- FY 13-14

Presented by Jagruti Shah, MA, LPC, CACIII
Program History

- May 2010 HB 10-1352 passed
- Lowered penalties for drug use and possession
- Directed expected savings to Drug Offender Treatment fund for substance use disorder treatment of offenders
- $1.5million allotted to OBH
- OBH targeted the jail population; one of the populations identified to be served with these dollars
- 10 awards were made using a competitive bid process
- 24 counties were initially receiving services in October 2011
In May 2012, the Correctional Treatment Board voted to allot an additional $1.2 million for additional counties to be served.

OBH and the Colorado Sheriffs Association collaboratively determined new counties to be served to reach over 90% of the jail population in Colorado (July 1, 2013 programs added at Adams, Montezuma, Conejos, Douglas, Pueblo, Mesa, Grand, Garfield, Routt, Summit, Eagle and Weld Counties).

In March 2014, the Correctional Treatment Board voted to allocate an additional $550,000 to fund Recovery Support Services.

In May 2014, the Joint Budget Committee awarded an additional $2 million to expand programs. New programs will start up in Clear Creek and the Southeast region (Otero, Baca, Bent, Crowley, Kiowa and Prowers).

FY 15 Total Program Budget is $5.5 million. Programs in 43 counties.
Funded Counties FY 13-14
What is the JBBS Program?

- Supports the County Sheriffs in providing screening, assessment and treatment for substance use disorders and co-occurring substance use and mental health disorders to people who are in jail.

- Provides appropriate behavioral health services to inmates while supporting continuity of care within the community after release from incarceration.
Goals

- Approach should result in shorter jail sentences
- Decreased recidivism through better identification and treatment of behavioral health needs
- Successful linkage to community based services
All programs are required to provide the following services:

• Screen all inmates for presence of substance use disorders, mental health disorders, trauma and traumatic brain injury;
• Identify inmates with active duty or veteran military status;
• Provide culturally competent and appropriate services
• Community transition case management services
In response to feedback from most of the JBBS programs regarding the need to assist clients with their immediate and basic necessities in the community after release from jail.

In FY 15, programs received up to 10% of the contract amounts to assist clients with a variety of services such as transportation options to include bus tokens or taxi cab vouchers in areas with no or limited public transport, funding to pay for obtaining identification, basic hygiene items, medication, food and emergency housing.

Clients must be successfully discharged from the jail program and transitioned to community based treatment services as recommended at discharge from the jail to be eligible to benefit from these funds.
JBBS Admissions and Discharges Trends FY12 through FY14
JBBS FY 14 Statewide Screening Data

- Total MH Screened: 4541
- Total MH + Screen: 2649
- Total SUD Screened: 4551
- Total SUD + Screen: 2037
- Total MH+ & SUD+: 2526
- Total TBI Screened: 4513
- Total TBI + Screen: 1123
- Total Trauma Screened: 4537
- Total Trauma + Screen: 2037
- Total TBI+ & Trauma: 788
- Total Veterans: 235
JBBS FY14 Total Services

- Assessments
- Program Eligibility Determination
- Co-occurring Individual Sessions
- MH Evaluation
- MH Individual Therapy
- MH Services
- SUD Individual Therapy
- SUD Services
- Transition Tracking
- Trauma Tx
- Case Management Services
- Groups

Total Services: 56294

- Assessments: 1853
- Program Eligibility Determination: 3792
- Co-occurring Individual Sessions: 1542
- MH Evaluation: 3052
- MH Individual Therapy: 6369
- MH Services: 3263
- SUD Individual Therapy: 3263
- SUD Services: 3976
- Transition Tracking: 647
- Trauma Tx: 10265
- Case Management Services: 3500
- Groups: 647
## JBBS Transition Tracking Outcomes FY 14

<table>
<thead>
<tr>
<th>Tracking Status</th>
<th>Time Period</th>
<th>Number of Clients</th>
<th>Percentage of Clients</th>
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<td><strong>In Treatment</strong></td>
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<tr>
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<td>Month Twelve</td>
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<td><strong>0.06%</strong></td>
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</table>
Note: The data below does not capture clients who returned to the facility but do not re-engage in the JBBS program (with the exception of Alamosa and Conejos counties) and; therefore cannot be used to determine overall program recidivism. All programs do not have the same start date, therefore the timeframe across all programs is not equal.
Future Directions

CLINICAL OUTCOMES
- Focus on analysis clinical outcomes of clients receiving services from the JBBS program
- OBH is in the process of integrating the CCAR and DACODS and will plan on incorporating the data points required to obtain clinical outcomes for JBBS clients

STANDARDIZING SCREENING TOOLS
- In FY 15 all JBBS programs will be required to utilize a contract approved screening tool for each category
- To create similar requirements to meet program eligibility criteria across the state
Questions or Comments?

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JBBS Website:
http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251600869557
JBBS – Boulder County

Program Sergeant:
Lydia Mitchell

Program Manager:
Matthew Holloran, JD, LPC, CACII
Program History

- 2011 applied for and received funding as part of the original RFP
- Partnership between Sheriff, Mental Health Partners, Addiction Recovery Center and Intervention/Behavioral Treatment Services
- Close working relationship with all agencies.
- Work as a team, share clients, staff clients
Program Staff

Sgt. Lydia Mitchell - - SO Office Oversight

Mental Health Partner Staff
- Jennifer Herrod, CNS - Medication Prescriber
- Abby Hulser, LPC, Ph.D – Therapist
- Amy King-Zip, LMFT, CAC – Therapist
- Suzanne Fox – Peer Support

Behavioral Treatment Services
- James Abrams, MA – Therapist
- Jon Lears, LPC – Re-Entry Case Manager
Program Staff (cont.)

- Sheriff Office
  - Sgt. Lydia Mitchell – Oversight
  - Matthew Holloran, JD, LPC, CACII – Prg. Mgr
  - Chris Randol, MA – Outreach Therapist
  - Meryl Romer, MA, CACIII – Therapist
  - James “Jahmaya” Kessler, LPC – Therapist
  - Vikki Dial, Case Manager
Assessment – initial meeting, prescreening and referral to other programming if not eligible

Case Management and Transition Planning
- Assistance with basic needs and needs specific to an inmate (e.g. Medicaid enrollment)
- Re-Entry Plan (SEE HANDOUT)

Group and 1x1 Therapy

HOPE - All human connection offers hope, not technically a “service” it is what we provide
Groups Offered

- Maintaining Positive Change
- ‘In reach’ Re-Entry group (2)
- Handling Difficult Emotions (2)
- Anger Management
- Yoga/Meditation
- Building Trust
- Learning from Trauma
- Mindfulness
- Seeking Safety
- Helping Men Recover
- Guided Self Change
- Self Care
- Introduction to JBBS (for inmates that haven’t yet been assigned a therapist or will not be in jail long enough to be assigned to one)
Group Highlights (cont.)

- Intro to JBBS – How to make use of JBBS
- Guided Self Change
- Yoga/Meditation
- Re-Entry Groups
IM has a co-occurring disorder (substance abuse and mental health issues) or a substance use disorder
IM expects to be in jail at least 45 days from date of prescreen
IM not likely to go to DOC (generally <20% of BCJail inmates are sentenced).
IM demonstrates some motivation
Inmate identified as eligible/seeking programming
- Inmate kites JBBS or fills out the program prescreen requesting jail programming (available from deputies in module)
- Staff (classifications, deputies, mental health) Referral
- Review Jail Program Prescreen (Handout)

Case Manager evaluates IM for eligibility criteria and then to conduct JBBS Prescreen.

Eligible inmates are assigned to a therapist and placed in the Intro to JBBS Group. Therapist does a complete psych-social intake and if appropriate, makes referral to JBBS prescriber.

Inmate and therapist decide together which JBBS groups would be most beneficial for client. All JBBS clients are enrolled into the Re-Entry group, where they connect with Re-Entry Case Manager and craft their individual reentry plan. (Handout)
Recovery Support Services

Backpacks

Re-Entry/Community Case Management
- Birth Certificates, Medicaid, Mental Health Screening, Medications, Treatment, Dr. appointments, GED
- Meetings in the community
- Clothing and food vouchers
- Job training
- Incentives (bus passes, UAs, Child Care, Utilities)
  - If following up and engaged in treatment
Successes

- Arranged for a “permanent” bed at the Housing shelter for an eligible inmate
- Substantial increase in former inmates meeting with Re-Entry Case Manager.
- Weekly Staff and Support Meeting
- Improved Medication Provision Upon Release
- Improved In Treatment and Follow Up with CM
- 2 inmates success: “Don Vaca” & “Val Kilo”
Challenges

- Space
- Large presentenced population – uncertain length of stay and unexpected releases
  - Now track sentenced and also upcoming hearings and changes in status (Handout)
- DOC bound inmates need help too but effectively count against all of our numbers for “in treatment”
- Behavioral versus Mental Health – corrections setting challenges
- Community: Agency follow up
- Housing
Future Directions

- Increasing Case Management functions and preparation for release.
- Improve housing transition upon release
- Eliminate Barriers to Treatment in the Community
JBBS – Larimer County

Presented by Justin Shaffer, LCSW, LAC, SAP
Program Vision and Mission

Purpose: Transforming lives through recovery, renewal and respect.

Mission: To provide unsurpassed behavioral health prevention, intervention, and treatment services in Larimer County.

Vision: Promoting rehabilitation and recovery within correctional facilities. Helping offenders define and consolidate a new identity that is abstinence based and prosocial.
The Larimer County JBBS program launched October 2011 with an initial budget of 62K.
From inception the program has served a total of 432 dual-diagnosed clients residing in the Larimer County jail.
Budget has steadily increased to 139K currently

**Development Action Steps:**
1) Create a partnership between Touchstone Health Partners and LCJ
2) Management and staffing - clinical staff who can navigate between systems of care
3) Develop and implement a process for referrals and admissions
4) Develop and implement a process for evaluation and assessment
5) Execute the provision of high-quality, evidence-based services
6) Engage clients in re-entry case management plans when possible
7) Tracking and reporting program success
Program Staffing

Collaborative Management – Judicial and Mental Health

Sheriffs Department:
- Lieutenant Staci Shaffer, CJM, MCJ, Head of Inmate Services, Larimer County Jail (Phone: 970-498-5213)
- DeAnn E. George, M.S., CACIII, Larimer County Jail Mental Health Counseling Services Supervisor (Phone: 970-498-5262)

Touchstone Health Partners:
- Marilyn Green, LPC, CACIII, Program Coordinator (Phone: 970-494-4379)
- Justin Shaffer, LCSW, LAC, JBBS Clinical Supervisor / Team Lead, Touchstone Oak (Phone: 970-373-6371)
Groups, intakes and evaluations for male inmates - Justin Shaffer, LCSW, LAC
Reentry plans, case management services for male and female inmates - Shane LeMaster, MA, full time Criminal Justice Reentry Case Manager
Reentry plans and case management services – Mark Stiger, MA, part time JBBS clinician
Groups, intakes and evaluations for female inmates – Currently recruiting (Masters + CACII)
Jail Based Services
- Administration of screenings and assessment tools
- Intake and mental health and substance abuse evaluations
- Development of individualized treatment plans
- Evidence based, curriculum-focused groups targeting substance abuse, criminal conduct and PTSD
- Personalized reentry/relapse prevention plans – to prepare for the challenges of community-based living.
- Brief individual therapy sessions
- Brief individual case management session
- Referral and linkage to post-release services

Out-Patient Services (post-release)
- Individual therapy
- Case management services
- Follow up contacts to evaluate treatment success
Client Eligibility

- Target population: dually-disordered inmates of the Larimer County Jail
- Client enrollment in treatment is voluntary.
- Populations of special interest include those with:
  - Addictive disorder diagnosis
  - PTSD diagnosis
  - Traumatic brain injury (TBI) diagnosis
  - Veteran status
- Admission Criteria: Screening positive for mental health and substance use disorders
  - An expected six-week period of incarceration at the jail post admission to JBBS
  - Amenable to treatment with an agreement to follow through with post-release services and recommendations.
- Referrals to the program come from:
  - Inmate request forms (the majority of referrals come from these)
  - Jail counseling staff
  - Other sources include probation, public defenders and Touchstone staff
Admission Process

- Referrals Reviewed: General Population inmates only
- Screenings administered and scored:
  - Modified Simple Screening for Substance Abuse (MSSI-SA; 1994)
  - By the center for substance abuse treatment
  - The Brief Jail Mental Health Screen (BJMHS; Rev 2004)
  - By the Policy Research Associates with special funding by the National Institute of Justice
  - PTSD CheckList (PCL-C Civilian Version; 1994)
  - National Center for PTSD - Behavioral Science Division
  - OSU-TBI Screening (Updated July 2013)
  - Ohio Valley Center for Brain Injury Prevention and Rehabilitation
  - TCU – Criminal Thinking Scale
  - Texas Christian University 2005
  - Infectious Disease Medical Screen (ADAD Rev. 8/O2)
  - Infectious Disease Behavioral Screen (ADAD Rev. 8/O2)
- Mental Health and Substance Abuse evaluation completed
  - Individualized treatment plan is created
  - Clinical record is created with Touchstone and OBH-JBBS data set
  - DACODS and CCAR submitted to the state
- Group is petitioned by prospective member and voted in (or not)
EVALUATIONS: all JBBS clients will undergo a mental health and substance abuse evaluation to include:

1. Review of referral documents
2. Scoring of screeners
3. Review of available mental health and substance-abuse treatment records
4. Biopsychosocial assessment and clinical evaluation is conducted
5. Mental health and addictive disorder diagnosis is assigned and documented
   - CCARs and DACODS are competed and submitted to the state
   - OBH-JBBS services record is created and maintained
PROVISON OF GROUPS: Groups are open in nature

- New group members petitioning for admission every 2 weeks
- Minimum of 16 Groups attended before considered for ‘successful completion’ status.
- Groups vote on successful assignment completion and graduation
  - Some successful completers continue to attend groups to act as peer mentors and group leaders.

FEMALE GROUPS - Seeking Safety (2001 by Lisa M. Najavits, PhD)

- A present-focused therapy to help people attain safety from trauma/PTSD and substance abuse.
- Four content areas: cognitive, behavioral, interpersonal and case management
- Coping skills include asking for help, utilizing community resources, exploring “recovery thinking”, taking good care of one’s body, increasing self-nurturing activities, and establishing safe relationships.
- 25 unit chapters on therapeutic tools

MALE GROUPS - Strategies for self improvement and change (SSC) (1998 by Wanberg & Milkman)

- Phase I: Challenge to Change: Building Knowledge and Skills for Responsible Living
Services Continuum –
#3 INDIVIDUAL SESSIONS

- Brief Individual - Therapy Sessions: Up to 30 minutes in duration
  - Enhance motivation for treatment
  - Tend to be crisis response-oriented
  - Teach coping skills to manage conflict and modify entrenched negative response patterns
  - Utilizes principles of Non-Violent Communication (NVC) developed by Dr. Marshall B. Rosenberg

- Brief Individual Case Management Sessions: Up to 30 minutes in duration
  - Assist with the completion of personal reentry plans
  - Assist with the completion of personal relapse prevention plans
  - Assist with the completion of applications for referred services and programs
  - Assist with the development of alternative to DOC treatment based sentences
  - Refer and link client to other programs that work with correctional populations
JBBS Outpatient and Offsite Services
Free of charge to JBBS clients for up to three months post-release from jail

- JBBS walk-in hours: Case-management services and brief relapse prevention-based counseling sessions, at W. Oak St. Touchstone clinic.
  - Tuesdays and Thursdays from 9:00 AM to 12:30 PM

- JBBS offsite sessions: same services as above, offered at:
  - Community Corrections Half-Way House
  - The Lighthouse Sober Living Facility
  - Area coffeehouse or similar venue convenient to client

- JBBS outpatient therapy sessions by appointment:
  - Traditional psychotherapy sessions
  - EMDR Trauma and Addictions-Specific protocols

- JBBS Sober-Living (Recovery Support Services):
  - To date recovery support services has funded 30 weeks of sober living to post-release clients at risk for homelessness
The Larimer County JBBS program tracks client completion success rates as well as reintegration statistics as a means of measuring program effectiveness.

- Successful-completion discharge is defined as continued client participation in JBBS treatment until near his or her release from jail.

- Return to the community measures the total number of discharged clients who receive community based sentences and who presumably have the potential to engage in post release out-patient services.

- Successful transition into the community, also known as “successful reintegration,” is defined as a JBBS client releasing from the jail and enrolled in outpatient treatment services shortly after release.

- JBBS Outcomes Analysis using the TCU Criminal Thinking Scale in a pre/post random sample to measure changes in criminogenic thought distortions.
Summative Data From Last Five Quarters: Q3-2014 to Q3-2015 (N = 152)

Percentage by Category from Total Discharges

- **Successful discharge**: 66%
- **Unsuccessful discharge**: 34%
- **Clients returned to the community**: 60%
- **Successful reintegration**: 22%
- **Unsuccessful reintegration**: 29%
- **Integration status unknown**: 9%
Purpose: to evaluate the impact of the JBBS program in reducing criminal thinking errors in individuals with co-occurring substance abuse and mental health issues.

Method: Paired Sample T-test
- Using the Criminal Thinking Scales in a pre/post assessment format to measure clinically significant change scores.
- Measured change scores as a proximal correlate for reduction in recidivism.

Sample: 53 Male Successful program completers with both a Pre; and Post TCU test assessment.
Texas Christian University (TCU) Criminal Thinking Scale (CTS) (Simpson, D.D. & Miller, M. [1999]) with collaboration and technical assistance from the National Institute of Corrections.

Free of charge for public use through the Institute of Behavioral Research, Texas Christian University.

Measures six subscales of cognitive structures that underpin criminal thinking.

Paper and Pencil administered, client self report with a Likert scale from 1 to 5. (1: strongly disagree, to 5: strongly agree)

36 Questions in all

Some questions are reverse-scored in order to yield a higher internal validity.
Criminal Thinking Subscales

Entitlement: Conveys a sense of ownership and privilege, and misidentifies wants as needs.

Offenders who score high on the entitlement scale believe that the world “owes them” and they deserve special special consideration.

Justification: Reflects a thinking pattern characterized by the offender minimizing the seriousness of antisocial acts and by justifying actions based on external circumstances.

High scores on this scale suggest that antisocial acts are justified because of perceived social injustice.

Power Orientation: Is a measure of need for power and control.

Offenders who score high on this scale typically show an outward display of aggression in an attempt to control their external environment and they try to achieve a sense of power by manipulation others.
Criminal Thinking Subscales

- **Cold Heartedness**: Addresses callousness
  - high scores on this scale reflect a lack of emotional involvement in relationships with others.

- **Criminal Rationalization**: Displays a generally negative attitude toward the law and authority figures.
  - Offenders who score high on this scale view their behaviors as being no different than the criminal acts they believe are committed every day by authority figures.

- **Personal Irresponsibility**: Assesses the degree to which an offender is willing to accept ownership for criminal actions.
  - High scores suggest an offender’s unwillingness to accept responsibility and are associated with the offender casting blame on others.
# Subscale Pre and Post Test Mean Scores

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<tr>
<th>Subscale Name</th>
<th>Pre Test Mean (sd)</th>
<th>Post Test Mean (sd)</th>
<th>P Value (α)</th>
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<td>Personal Irresponsibility</td>
<td>21.69 (6.84)</td>
<td>17.94 (5.12)</td>
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Pre verses Post and Change Score Data

Larimer County Data – With Calculated Change Scores
# Single Client Assessment and Feedback

## Pre-Assessment Comparison Cl. VS Mean

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<th>CL Pre-Test</th>
<th>Mean Pre-Test</th>
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<td>Personal Irresponsibility</td>
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The graph above compares the pre-assessment scores of a single client (CL) to the mean pre-assessment scores. The client's scores are shown in the dark brown line, while the mean pre-assessment scores are shown in the orange line. The table below provides the specific scores for each category.
Post-Assessment Comparison Cl. VS. Mean

Single Client Assessment and Feedback

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<tr>
<td>Mean Post-Test</td>
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<td>22.53</td>
<td>20.3</td>
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Change Score Comparison Cl. VS. Mean

Single Client Assessment and Feedback

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<tr>
<td>CL. Change Score</td>
<td>-5.7</td>
<td>8.3</td>
<td>10</td>
<td>2</td>
<td>16.7</td>
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<tr>
<td>Mean Change Score</td>
<td>3.66</td>
<td>4.5</td>
<td>4.82</td>
<td>1.4</td>
<td>3.2</td>
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</table>
Study was conducted by the Iowa Consortium for Substance Abuse Research and Evaluation based out of Iowa State University.

Data from four jails and 1,376 inmates was combined to create this report.

Age and substance abuse diagnosis demographics are similar between the Iowa and the Larimer County populations.

There are distinct race and gender differences, as the JBBSS population is currently all male with few minorities represented.

The Iowa state program contained both men and women with approximately 30% minority race client representation.
Post-Test Scores Comparison

<table>
<thead>
<tr>
<th></th>
<th>Iowa State</th>
<th>Larimer County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entitlement</td>
<td>16.7</td>
<td>14.86</td>
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<tr>
<td>Justification</td>
<td>18.3</td>
<td>16.51</td>
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<tr>
<td>Power Orientation</td>
<td>22.8</td>
<td>22.53</td>
</tr>
<tr>
<td>Cold Heartedness</td>
<td>21.8</td>
<td>20.3</td>
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<tr>
<td>Criminal Rationalization</td>
<td>24.4</td>
<td>24.91</td>
</tr>
<tr>
<td>Personal Irresponsibility</td>
<td>18</td>
<td>17.94</td>
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<td></td>
<td>Iowa State</td>
<td>Larimer County</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Entitlement</td>
<td>1.3</td>
<td>3.66</td>
</tr>
<tr>
<td>Justification</td>
<td>2.1</td>
<td>4.5</td>
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<tr>
<td>Power Orientation</td>
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<tr>
<td>Cold Heartedness</td>
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<tr>
<td>Criminal Rationalization</td>
<td>2.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Personal Irresponsibility</td>
<td>1.8</td>
<td>3.75</td>
</tr>
</tbody>
</table>
96% of Iowa State successful completers reported no new arrests at six months post-admission.

92% of Iowa State successful completers reported abstinence at six months post-treatment admission.
Implications and Next Steps

CONCURRENT FEEDBACK

- Using average change scores to gauge progress of individual clients.
- Using shifts in aggregate change scores to assess program modification effectiveness.

NEXT STEPS

- Control Sample
- Increase in sample size
- Female population study
- Dosage response analysis
Thank You
CSU School of Social Work

CSU School of Social Work – Students

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Whitney Walkenhorst

CSU Research Faculty Advisors:
Dr. Malcolm Scott
Dr. Linda Kuk
Dr. Brenda Miles
Challenges and Future Directions

- Identification of clients who will likely receive community-based sentences and return to the community. About 30% do not return to the community
  - Identify and implement predictive admission criteria to this end

- Maintain high levels of motivation among clients toward treatment completion while in jail. About 34% unsuccessful discharge rate
  - Identify and implement predictive admission criteria
  - Engage client in feedback to maintain high levels of intrinsic motivation
  - Develop a system of discrete external rewards that enhance extrinsic motivation toward treatment

- Maintain high levels of motivation among client toward treatment engagement after their return to the community. 29% unsuccessful reintegration rate
  - Develop a system of discrete external rewards that enhance motivation for treatment adherence
THANK YOU!