



2021 ANNUAL REPORT

GEO REENTRY SERVICES
**SHASTA COUNTY
DAY REPORTING CENTER**

In Partnership with Shasta County Probation

PRESENTED TO TRACIE NEAL, CHIEF OF SHASTA COUNTY PROBATION

EXECUTIVE SUMMARY

In partnership with the Shasta County Probation Department, GEO Reentry Services has continued to deliver services to the community and its participants throughout the COVID-19 pandemic. **The 2021 annual report provides an overview of services between April 8, 2020 and April 7, 2021.**

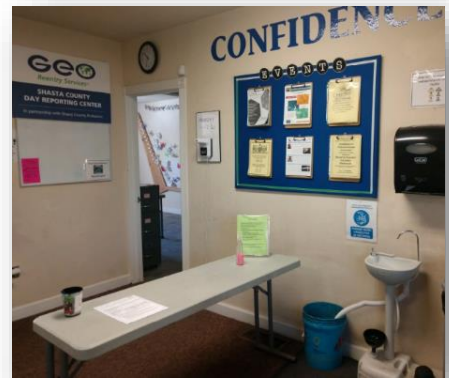
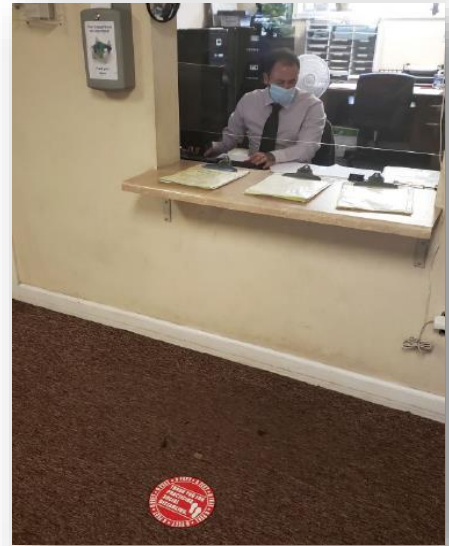
COVID-19 Program Adaptations

As an essential service provider for a vulnerable population, our goal was to keep vital programs and supportive services available while maintaining responsible practices. In consultation with researchers and curriculum creators, adjustments were made to our program delivery model to meet standard safety protocols and uphold program fidelity. While some services were able to be retained in-person, participants were also able to attend virtually by tele-conference. To meet evidence-based dosage requirements, services were offered with the same frequency, or increased frequency, to promote engagement and support. Program adaptations implemented for social distancing and safety measures included:

- **Program Orientation and Starting Points:** One-on-one services remained in-person to allow staff the opportunity to engage and build rapport with new participants.
- **Reporting Requirements:** Daily call-ins replaced in-person check-ins for individuals at high-risk for COVID or anyone experiencing symptoms.
- **Groups:** Sessions were held via tele-conference calls. Tele-conference responsibilities and rewards were established to help sustain a safe, positive, and engaging environment for participants to share and learn. Participants unable to join remotely were allowed to come in person, and MRT step presentations were conducted in person as requested.

Best practices for curriculum facilitation throughout the pandemic have been provided to staff and are continuously reviewed. Additionally, incentives were restructured to recognize participants in this new platform. Facilitators surveyed participants for feedback to guide facilitation adjustments as needed.

- **Individual Cognitive Behavioral Treatment (ICBT):** Sessions were delivered in-person with social distancing measures. For individuals at high-risk for COVID or experiencing symptoms, services were delivered via one-on-one telephone calls.
- **Education/Employment Labs:** Participants were able to schedule in-person one-on-one meetings with the Education/Employment Coordinators to continue utilizing the computer lab and receive assistance with resumes, job skills, and other employment resources.



Materials for tele-conference groups and services were left at the front desk for participants to pick up before their scheduled events. This ensured we were responsive to participant learning styles and they could follow along during the session.

Highlights from the Reporting Year

During this reporting period, the Shasta Day Reporting Center (DRC) served 311 unique DRC and in-custody program participants. Most of the participants were assessed as high-risk and faced multiple barriers to reentry, including severe substance use, housing instability, and a history of trauma.

- 82% of DRC referrals and 81% of in-custody referrals were assessed as high-risk to re-offend
- 87% of participants had a substance abuse need; with over 63% scoring high-risk in the drug withdrawal, relapse potential, and lack of readiness to change domains
- 22% of participants in Phase 1 were either homeless or transient
- 47% of participants who completed an ACE questionnaire reported four or more adverse childhood experiences, with 85% reporting at least one

Our 2020/21 reporting period outcomes demonstrate the positive impact the programming has on changing behavior and changing lives, despite the challenges of providing services during the pandemic.

- **The DRC saw improvements in the rate of non-completion discharges**
- Pre- and post-assessment scores showed the programs significant impact on participants' attitudes, values and beliefs, employment, and family relationships
- 119 unemployed participants gained jobs during the reporting period
- Pre- and post-treatment assessment data indicates a clinical and statistical average reduction of 17% across all criminal thinking domains
- **Since opening in April 2013 and through April 2020, 78% of program completers and 61% of all DRC participants remained felony-free**

Staff have gone above and beyond to adapt and maintain DRC and in-custody services throughout the pandemic.

- Facilitated individual sessions and groups via tele-conference calls, in addition to in-person services
- Collaborated with probation to deliver programming packets to in-custody participants, which staff reviewed and provided feedback for each participant on a weekly basis
- Instituted remote events including monthly recovery nights, community connection presentations, and DRC transition ceremonies

Even amidst all the changes throughout the year, program adaptations resulted in consistent positive outcomes, and in the case of accountability check-ins and group attendance increased. We are thankful to our DRC staff, Probation, and community partners for all their hard work in sustaining a critical support system for the participants we serve. We look forward to returning to full-time in-person services.

SECTION 1: EVALUATION OF SERVICES

Participants Served

Since opening in 2013, the Shasta County DRC has served 1,155 unique participants. The DRC also provides in-custody programming, with a maximum capacity of 10 slots. The tables below show participant statistics for DRC and in-custody programming.

DRC Participants Served								
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Individuals Served	116	203	279	294	371	336	292	289
Active Participants	52	68	79	98	146	120	144	120
Aftercare Participants	7	6	10	13	11	9	9	10
Participants Completing Program	-	24	39	22	37	36	23	24
Participants Discharged	57	125	190	168	214	207	139	135
Male / Female Ratio (%)	80%/20%	82%/18%	79%/21%	79%/21%	79%/21%	82%/18%	84%/16%	85%/15%

In-Custody Participants Served								
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Individuals Served	-	-	19	120	100	-	48	72
Active Participants	-	-	9	20	0	-	10	9
Participants Continuing Services at DRC	-	-	7	54	67	-	23	33
Participants Not Continuing Services	-	-	3	46	33	-	15	30
-Released to other treatment	-	-	-	-	-	-	4	5
-Released and failed to report to Probation/DRC	-	-	-	-	-	-	6	13
-Sentenced to Jail/State Prison	-	-	-	-	-	-	5	12
Male / Female Ratio (%)	-	-	84%/16%	80%/20%	81%/19%	-	94%/6%	96%/4%

Average Program Count Overview

The Shasta DRC is a multi-phase program. The table below shows the average program phase counts for the reporting period.



Dosage & Services Provided

The DRC has over 300 hours of treatment dosage available to participants. Assigned dosage is based on validated needs assessments and risk to reoffend.

Day Reporting Center	Hours of Dosage
Number of Program Check-Ins	27,963
Group and ICBT Dosage	
Community Connections	136
Employment Orientation	271
Employment Readiness	483
Moral Reconciliation Therapy (MRT)	2,566
Thinking for a Change (T4C)	2,162
Cognitive Behavioral Interventions for Substance Abuse (CBISA)	1,709
Emotional Regulation	211
Women’s Healing Trauma	105
Parenting	60
Aftercare	143
Individual Cognitive Behavioral Treatment (ICBT) Sessions	2,440
Total Group and ICBT Dosage	10,286

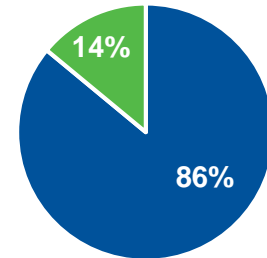
Additionally, DRC staff facilitate a variety of ongoing one-on-one and supportive services, including:

- Essential Needs, Resources, and Reentry Planning
- Case Management and Treatment Meetings
- Assessments
 - Participant Needs Risk Assessments
 - Criminal Thinking Scales (CTS)
 - Substance Abuse
 - Employment
 - Adverse Childhood Experiences (ACEs)
- Behavior Change Plans (BCPs)
- Collaborative Treatment Meetings with DRC staff and Probation
- Education/Employment (EE) Labs / Cognitive Behavioral Treatment (CBT) Labs
- Aftercare ICBTs / Trauma Informed ICBTs
- Facility Events including: Recovery Nights, Family Nights, Work Readiness Events and Recognition Celebrations

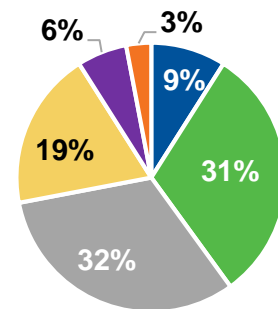
Demographics

Below is a demographic breakdown by gender, age, and race for the 289 unique participants served in 2020/21. All DRG staff receive annual Cultural Diversity training to ensure they are culturally competent.

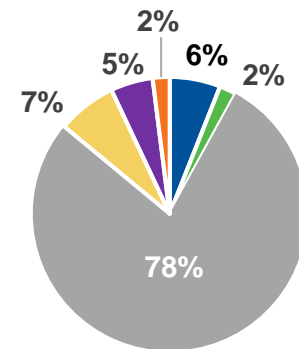
Demographic	# of Participants	% of Participants
GENDER		
Female	41	14%
Male	248	86%



Demographic	# of Participants	% of Participants
AGE		
18-25	25	9%
26-33	88	31%
34-41	93	32%
42-49	56	19%
50-57	18	6%
58+	9	3%



Demographic	# of Participants	% of Participants
RACE		
African American	17	6%
Asian/Pacific Islander	6	2%
Caucasian	226	78%
Hispanic	21	7%
Native American	15	5%
Two or More Races	4	2%



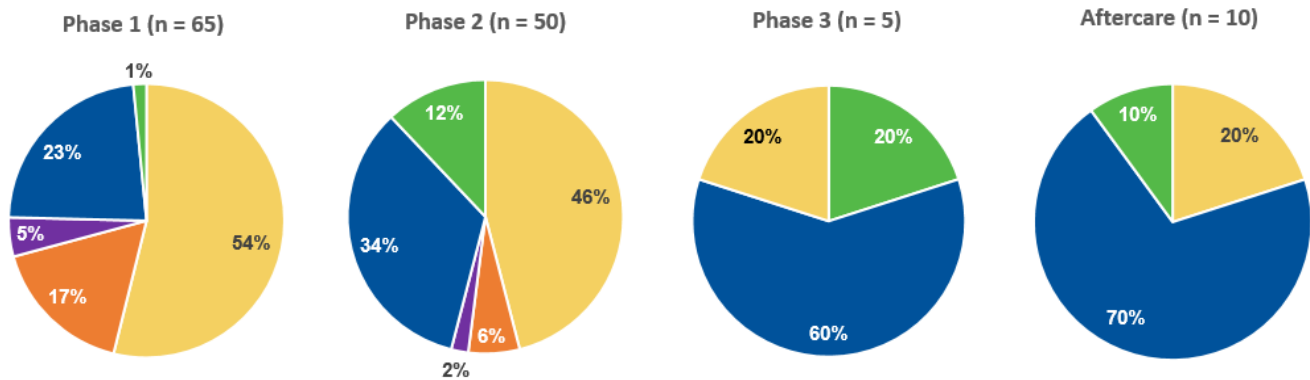
Stabilization Factors

Research indicates when essential needs are met before beginning intervention participants are more likely to be successful.ⁱⁱ Phase 1 has been strategically restructured to focus on participant stabilization factors and gaining access to vital community resources to reduce program participation barriers and help participants feel confident to progress throughout the program. **This is a key component of our enhanced focus on getting more participants across the finish line.**

Housing

As participants progressed through the program, their housing situation improved. The snapshot below shows housing stability by phase on April 7, 2021.

Living Situation	Definition
Family	Participant lives in a positive environment with a family member or relative
Rents/Owns	Participant rents/owns the apartment/home in which they are living
Sober Living Environment (SLE)	Participant lives in a Sober Living Environment in Shasta County
Homeless	Participant does not have a residence of any classification
Transient	Participant lacks stable ties to a permanent residence



Resources & Referrals

At the start of the program, each participant is given an Essential Needs Checklist to identify resources they need help obtaining. From this completed checklist, participants and their Behavior Change Manager work together to create an action plan to address the needs. Identified resources and services include housing, financial assistance, employment, education, child support, transportation, identification, childcare, legal issues, mental health, medical/dental, medication assistance, family violence, personal care items, and clothing.

Our 24x7 accessible GEO Reentry Connect website (www.georeentryconnect.com) remains a valuable tool in helping participants find and connect with resources in the community. In a quarterly poll of 53 participants conducted in March 2021, **82% responded they agreed/strongly agreed that georeentryconnect.com was helpful to them.**

Has GEO Reentry connected you with any support services in the community?	
Education	12
Employment	15
Family Services	7
Food	10
Health/Wellness	14
Housing	8
Legal/Financial	5
Transportation (bus pass/tokens)	21
Worship	3
Total	95

Actuarial Risk & Needs Assessment

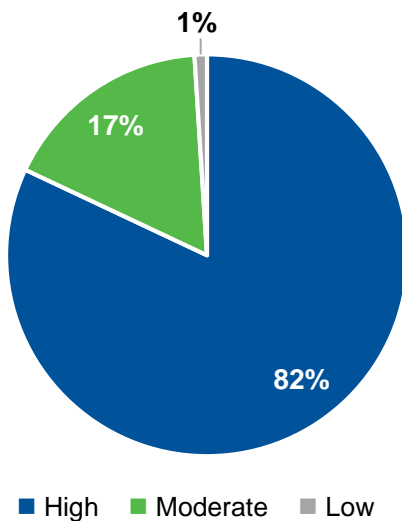
Program participants were assessed using validated risk/needs assessments to determine the appropriate programming and dosage.

Static Risk Assessment (SRA)

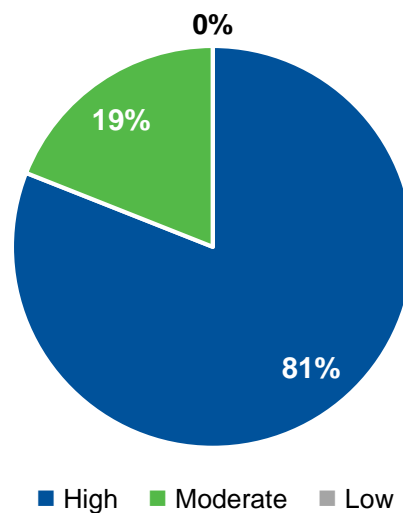
SRA assessments are used to measure aspects of a person's history to determine their risk to reoffend.

The figures below represent the Shasta County DRC and in-custody static risk levels for the reporting period.

DRC STATIC RISK LEVEL (n=289)



IN-CUSTODY STATIC RISK LEVEL (n=72)

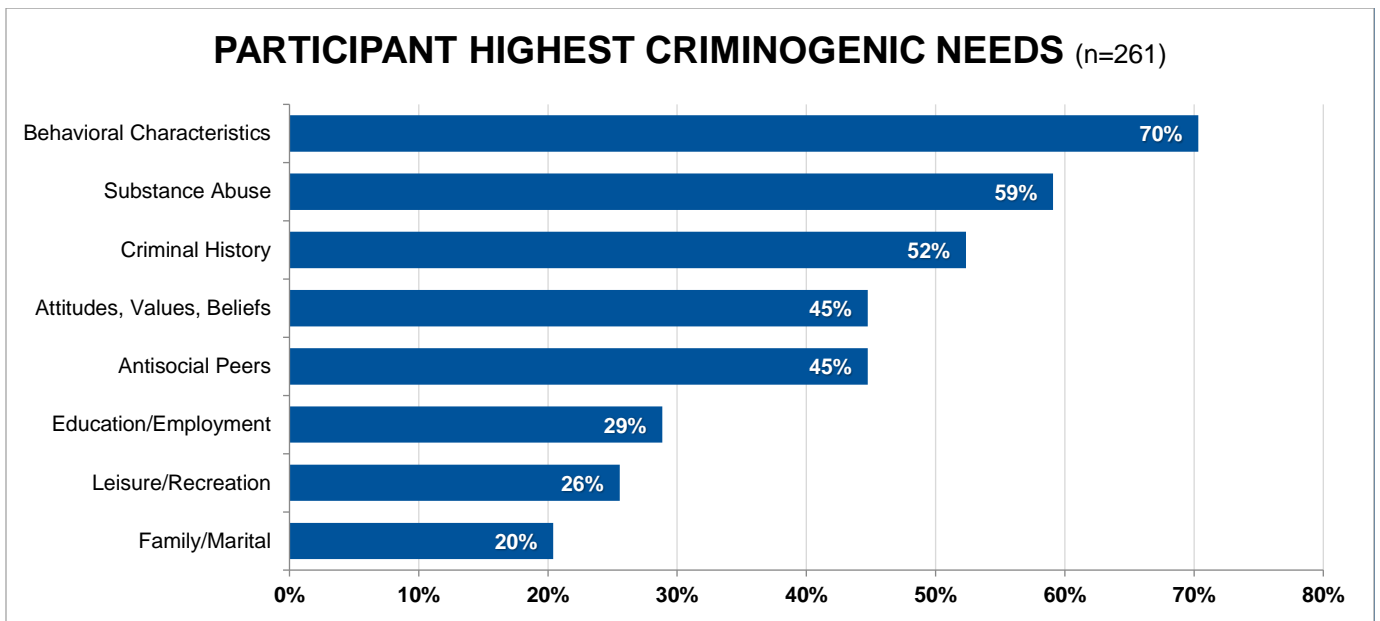


Offender Need Assessment (ONA)

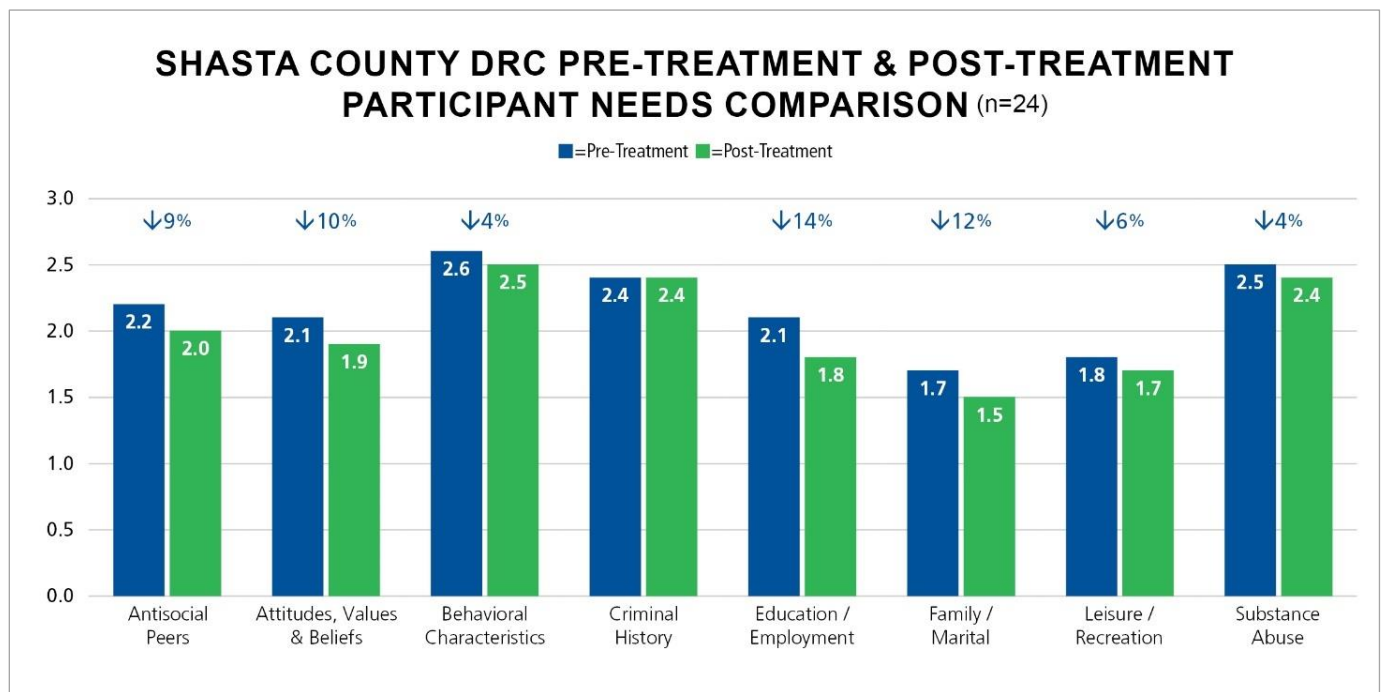
The ONA is a dynamic assessment used to identify a participant's protective and risk factors related to the eight key life areas, known as criminogenic needs, proven to be linked to criminal behavior. The ONA is conducted at the start of the program and every six months thereafter. During COVID, the ONA was conducted primarily in-person and over the phone as needed.

Of the eight criminogenic needs, the three that have the most significant impact on future recidivism are antisocial cognition (attitudes, values, and beliefs), antisocial personality (behavioral characteristics), and antisocial associates; these should be considered the primary intervention targets for offenders who are moderate to high-risk to reoffend.ⁱⁱⁱ

The figure below illustrates the participant scores by criminogenic need at the start of the program. **The ONA results for this reporting period are parallel to 2019/2020 findings, with behavioral characteristics and substance abuse being the two highest needs.**



The data below illustrates the reduction in criminogenic needs for 24 individuals who completed the program during the reporting period. **There are significant reductions in the areas of Attitudes, Values & Beliefs, Employment/Education, and Family/Marital.** The criminal history domain is static and not affected by programming, as this area is used to identify patterns of antisocial behavior.

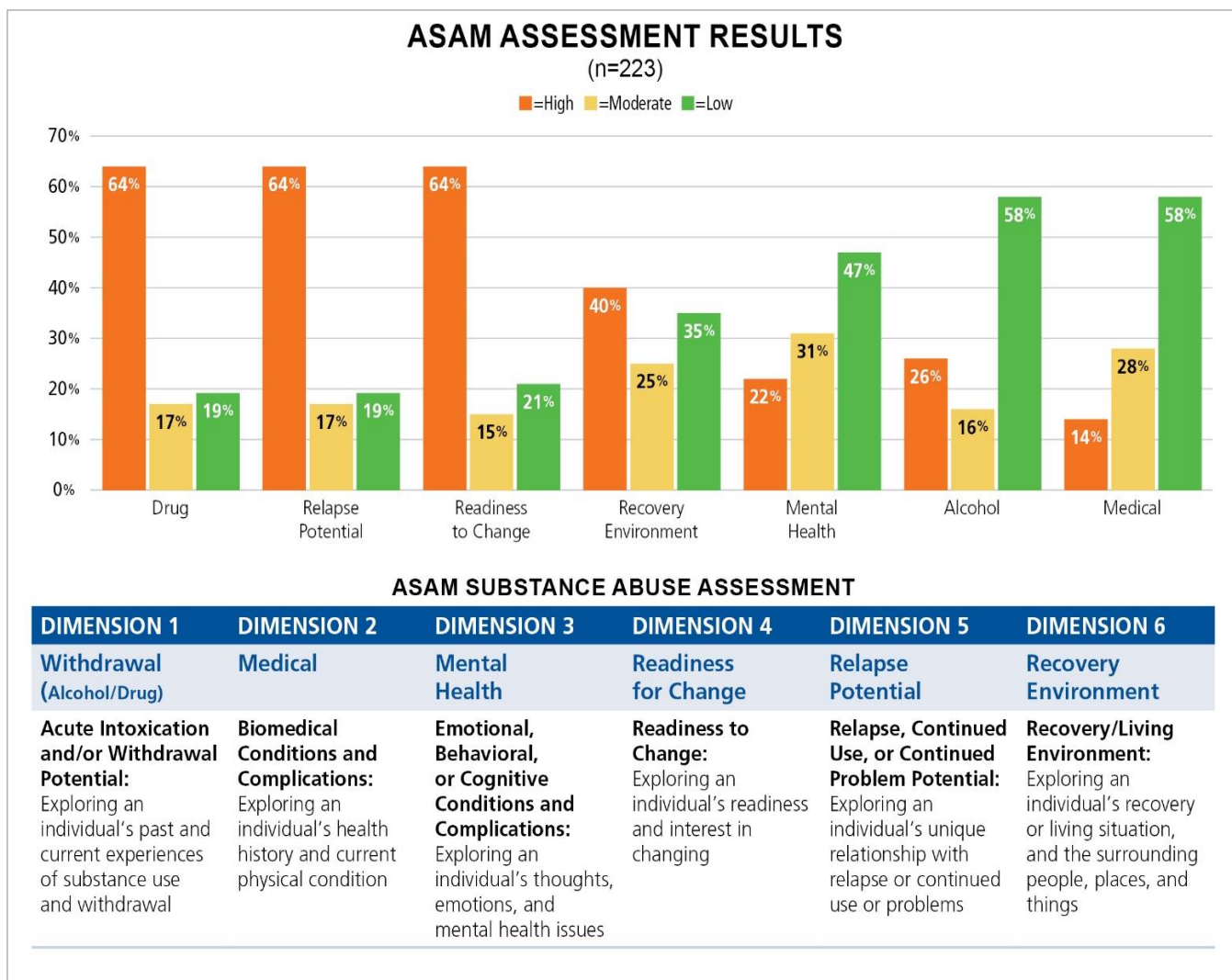


American Society of Addiction Medicine (ASAM) Substance Abuse Assessment

The ASAM is a multi-dimensional assessment used to determine appropriate level of care for substance abuse services and treatment.

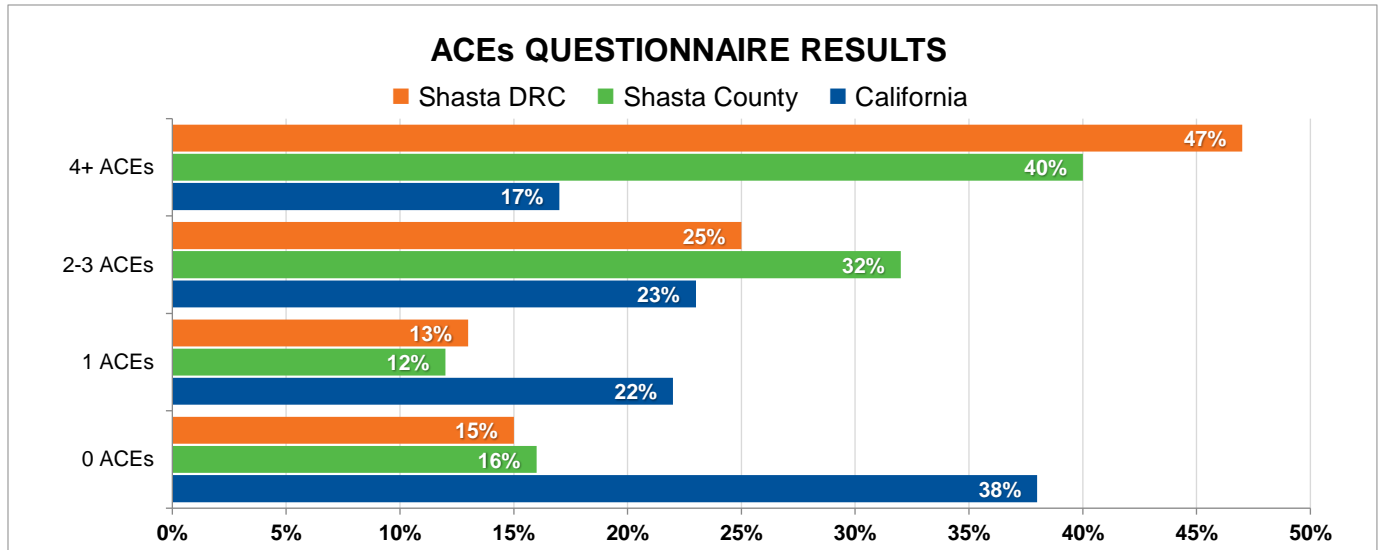
An analysis of ASAM results for 223 unique program participants during the reporting period found **more than 63% scored high-risk in the domains of Drug Withdrawal, Relapse Potential, and Readiness to Change**. This is a slight increase year over year from the 60% who scored high-risk in these categories.

The ASAM results showing high-risk in the Readiness to Change domain indicate denial of substance use issues, unwillingness to explore behavior change, and/or engage in substance abuse treatment. These participants are pre-contemplative to the behavior change process.



Adverse Childhood Experiences (ACEs)

For the reporting period, 85% of participants who completed an ACEs questionnaire reported at least one adverse childhood experience, with 47% reporting four or more. This is up from the 79% of participants last year who had at least one adverse childhood experience. Below is an overview of the results by reporting period since



implementation in 2019.

DRC	2019 (n=52)	2020 (n=124)	2021 (n=174)
4+ ACEs	15 (29%)	51 (41%)	81 (47%)
2-3 ACEs	15 (29%)	28 (23%)	44 (25%)
1 ACE	8 (15%)	19 (15%)	23 (13%)
0 ACE	14 (27%)	26 (21%)	26 (15%)

Type of ACE	2020 (n=124)	2021 (n=174)
Abuse		
Emotional Abuse	40%	47%
Physical Abuse	27%	35%
Sexual Abuse	15%	17%
Neglect		
Emotional Neglect	28%	34%
Physical Neglect	15%	20%
Household Challenges		
Separation/Divorce	54%	62%
Substance Abuse	52%	51%
Incarcerated Household Member	40%	46%
Mental Illness	25%	28%
Mother Treated Violently	25%	26%
NONE	21%	15%

Understanding ACEs

To better understand and respond to participants' adverse experiences, we further analyzed the ACE questionnaire results for three categories: childhood abuse, neglect, and household challenges. The chart to the left shows the prevalence of ACEs among the individuals surveyed.

The Shasta DRC facilitates a Women’s Trauma group using curriculum from Dr. Stephanie S. Covington called Healing Trauma. Healing Trauma is an evidence-based curriculum for women’s services and is on the National Registry of Evidence-based Programs and Practices (NREPP). During the group, female participants discuss very personal issues that they may not feel comfortable opening up about in front of men.

The curriculum includes specific lessons on topics such as the process of trauma, power and abuse, grounding skills, self-soothing, and healthy relationships. The curriculum also includes a component on the ACE Questionnaire, allowing us to further incorporate the County’s ACEs initiatives within the DRC.

For the men at the DRC we utilize Exploring Trauma curriculum from Dr. Covington during ICBT sessions. These ICBT sessions are designed to provide targeted gender specific and trauma informed interventions that assist male participants in working through issues that they might otherwise not be able to address in a group setting. The Exploring Trauma curriculum explores topics such as silence surrounding abuse, male socialization, and the risk of victims becoming abusers, understanding shame and fear, the impact of trauma on the inner and outer self, and coping and calming strategies.

Gender-responsive Trauma Groups
We understand that trauma affects men and women in different ways, so our services are gender-responsive and trauma-informed when appropriate. We continuously train our staff to deliver a holistic approach that provides separate interventions to meet the needs of each gender's experiences with trauma.

Participant Spotlight

Hi, I’m Michael C. I committed a crime in my community, and as a punishment I made a deal with the courts resulting in 40 hours of jail time, Sheriff work detail, and three years of supervised probation. When I reported to probation, they advised me that I was to do a program called “DRC/Day Reporting Center”. I just looked at it like another form of punishment for my crime. At first, I was not looking forward to the program. After being in the DRC and doing what is asked of me, I began to realize the tools I was picking up at DRC were changing me—making me aware of my attitude and beliefs, and my triggers for the bad in me. I began to put the tools to work, and they have become habit. I use them automatically whenever they are needed. I feel DRC has been a blessing and nothing short of that.



Section 2: Analysis of Progress - Established Goals & Outcomes

Program Effectiveness

For decades, GEO Reentry has implemented evidence-based programs to help individuals change their criminal thinking. We maintain program fidelity through significant investment in program development with the support of industry experts and in-house training and research teams. To be fully evidence-based we have implemented a well-regulated system for collecting and measuring information about program participants as they move through each phase of the program.

We measure program impact in three different ways. First, we look at the quality of the programming, measured through adherence to the principles of effective intervention. Second, we regularly review intermediate outcome measures that give us real-time feedback. The third is the longitudinal impact of recidivism--are DRC participants returning to the criminal justice system?

Program Fidelity

Program fidelity is the measurement of adherence to the principles of effective intervention.

Evidence-Based Practices (EBP) are regarded as the “gold standard” in criminal justice reentry practices. The long-term success of any evidence-based reentry program depends on whether those practices are continuously measured and assessed after implementation. Criminal justice researchers have found that EBP and program fidelity work together; community transition programs designed with integrity can only be effective if they adhere to their original framework to maintain program fidelity.

The pandemic brought about a new way to offer interventions. As we embraced tele-programming, it was essential to GEO Reentry to ensure that services were still facilitated with fidelity to the original model. Our Continuum of Care Training Institute consulted with the University of Cincinnati, Corrections Counseling Inc., Dr. Stephanie Covington, and Dr. Natalie Pearl Ilarraza to gain insight on fidelity management and best practices with virtual and telephone programming.

In addition to maintaining fidelity, staff was also trained to set themselves up for success with tele-programming, building rapport remotely, and emergency management (situations that may arise during a remote session).

Overall, research supports that remote service delivery is just as effective as traditional face-to face programming for a range of circumstances. Research suggests that client ratings of therapeutic alliance when working with staff that incorporates internet-based interventions are high. Roughly equivalent to ratings of alliance found in studies of face-to-face treatment.¹

Due to COVID-19, we were unable to conduct on-site visits with our Quality Assurance (QA) and Fidelity teams. Instead, the Shasta County DRC collaborated with the Monterey County DRC to provide comprehensive coaching and oversight of the Q&A processes. Each month, the partnering DRC reviewed and completed Shasta County DRC QA forms, including participant file audits, Individual Cognitive Behavioral Treatment session documentation, and group audits, to collect recommendations on the implementation of EBP. Additional support for QA measures and feedback was provided by peers from other DRCs in the region via tele-conference groups and services.

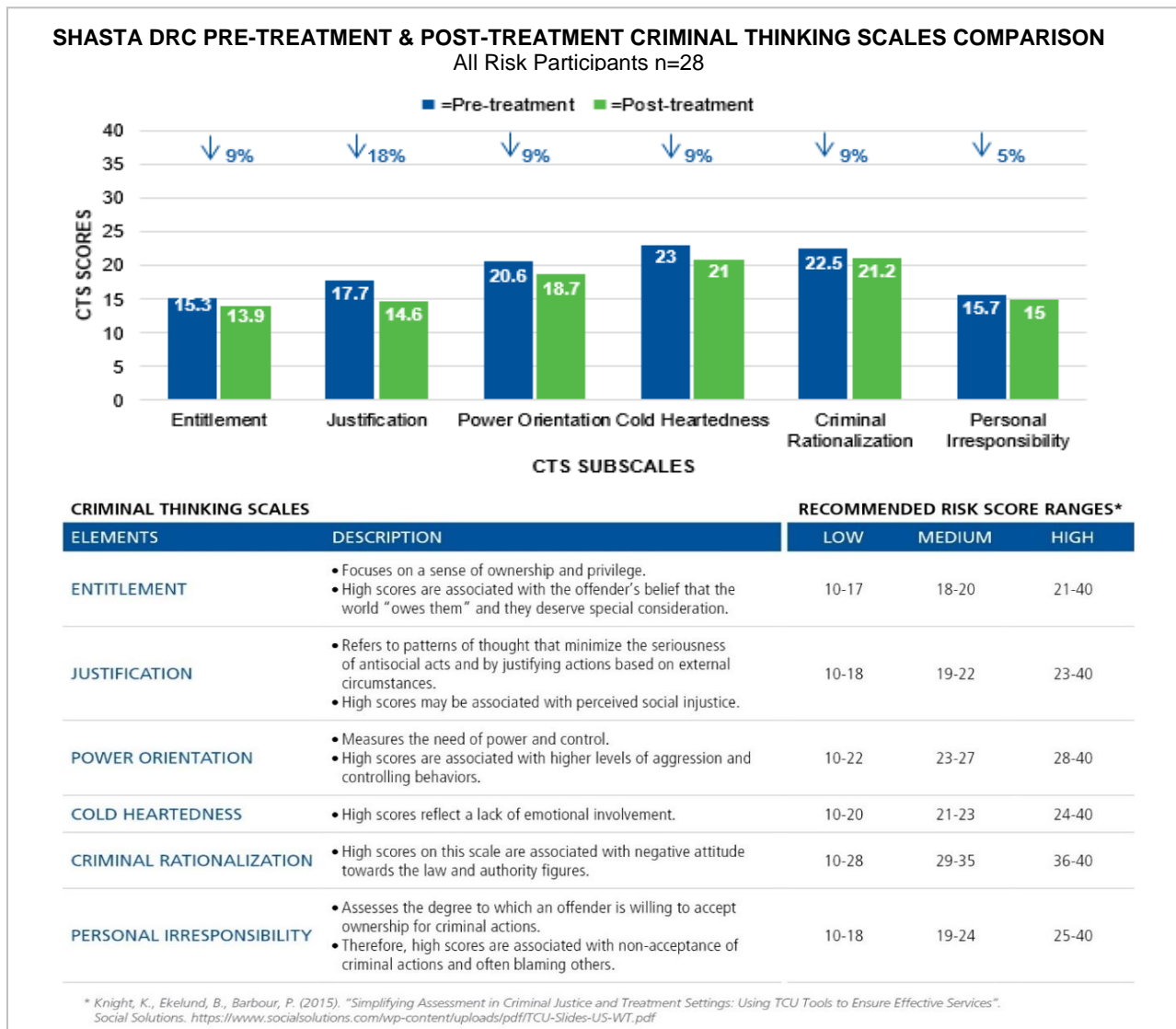
Intermediate Outcomes

Intermediate outcomes, used often in the reentry field, provide a real-time indication of programming impact on assessed needs by monitoring factors highly correlated with success. We measure multiple outcomes, including participant attendance, sobriety tests, employment gains, and changes in criminal thinking.

Criminal Thinking

The Texas Christian University Criminal Thinking Scales (CTS), a reliable and validated instrument, measures the effect of GEO Reentry’s programming on antisocial cognition and attitudes.

Research evaluators analyzed the pre-treatment and post-treatment CTS scores for 28 individuals who received programming at the Shasta County DRC during the reporting period. The figure below illustrates that the participants had a significant decrease, both clinically and statistically, averaging 9% (1.7 points) across all six scales. The results of this report indicate that the Shasta County DRC program reduced criminal thinking patterns as measured by the CTS, and therefore lower the potential for future recidivism.



Active Participant Program Count

The counts below are a snapshot as of the dates noted.

Program Count									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
DRC	110	71	75	103	133	127	124	127	120
In-Custody	10	-	-	17	-	-	10	10	10

Discharges

The DRC saw a 20% improvement in the rate of non-completion discharges from 2019 to 2020.

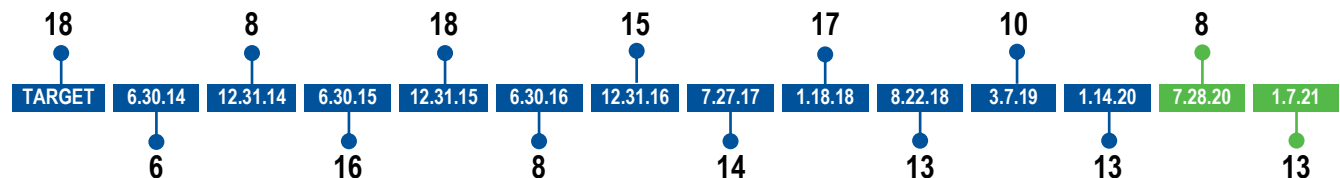
Discharges are classified by three categories:

- **Completions:** Completed all program requirements
- **Neutral:** Participants whose probation term is reached and are in Phase 1 or 2, or services were discontinued to address alternate needs (i.e., address stability factors such as mental health or highly dependent substance abuse). **It is important to note that 78% (25) of neutral discharges in 2019, 56% (29) in 2020, and 55% (6) in 2021, were due to completion of probation supervision terms while in Phases 1 or 2 of the program.**
- **Non-Completions:** Participant failed to meet program requirements (i.e., absconded or unsuccessfully discharged from the program or sentenced to incarceration)

Discharges									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Completions	26%	23%	14%	8%	13%	13%	17% (23)	18% (26)	18% (6)
Neutral	23%	28%	23%	18%	22%	19%	24% (32)	35% (52)	32% (11)
Non-Completions	51%	49%	64%	74%	65%	68%	59% (81)	47% (70)	50% (17)

Graduates

Despite COVID-19, the Shasta DRC held two graduations for 21 participants who crossed the program's finish line during this reporting period.



Attendance

With purposeful engagement and interventions, the DRC maintained consistent attendance rates for the reporting period, despite the challenges brought about by the pandemic. This is especially encouraging considering the average number of participants in Phase 2 increased.

Check-In Attendance									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	77%	77%	68%	75%	69%	69%	66%	68%	61%
Phase 2	86%		80%	91%	80%	83%	80%	78%	75%
Phase 3	90%		77%	91%	88%	87%	86%	92%	92%

Group Attendance									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	64%	63%	44%	47%	43%	29%	35%	42%	38%
Phase 2	76%		68%	78%	71%	68%	64%	62%	60%
Phase 3	85%		81%	92%	82%	72%	81%	87%	95%

Individual Cognitive Behavioral Treatment (ICBT) Attendance									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Weekly	72%	78%	60%	64%	60%	52%	64%	63%	53%
Bi-weekly	76%	80%	80%	90%	88%	79%	86%	81%	78%

Education & Employment Rate									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	33%	57%	33%	33%	38%	41%	49%	46%	54%
Phase 2	70%		57%	79%	92%	69%	88%	76%	79%
Phase 3	87%		82%	78%	100%	100%	100%	95%	71%

Sobriety

Since opening in 2013, the number of participants referred to the Shasta County DRC with substance abuse issues continues to increase. As the chart indicates below, this reporting period was no different. The pandemic may have played a role in the increased substance abuse. Across the nation, the CDC reported 13% of the population started or increased substance use during the pandemic.^{iv} Another reason for the increase may be due to the new requirements for each phase of treatment. Under the new contract, sobriety is not required to make the transition from Phase 1 to Phase 2. Phase 1 now focuses on orientation and assessment and the majority of treatment begins in Phase 2. This change resulted in more Phase 2 participants in the process of achieving sobriety.

Drug Test Outcomes									
CLEAN TEST									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	41%	47%	28%	41%	23%	23%	21% (908)	15% (509)	14% (101)
Phase 2	73%	69%	63%	91%	62%	55%	51% (625)	33% (825)	29% (168)
Phase 3	85%	100%	80%	94%	89%	80%	84% (208)	82% (249)	85% (44)
MISSED TEST									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	32%	27%	42%	29%	30%	34%	30% (1316)	21% (682)	23% (162)
Phase 2	19%	16%	22%	3%	23%	22%	22% (273)	17% (413)	20% (112)
Phase 3	8%	0%	20%	6%	9%	10%	10% (25)	5% (15)	4% (2)
POSITIVE TEST									
	Target	2014	2015	2016	2017	2018	2019	2020	2021 YTD
Phase 1	27%	27%	29%	29%	47%	43%	49% (2151)	64% (2108)	63% (450)
Phase 2	8%	16%	15%	5%	15%	23%	27% (337)	50% (1257)	51% (293)
Phase 3	7%	0%	0%	0%	2%	10%	6% (16)	13% (38)	11% (6)

Drug Testing Procedure

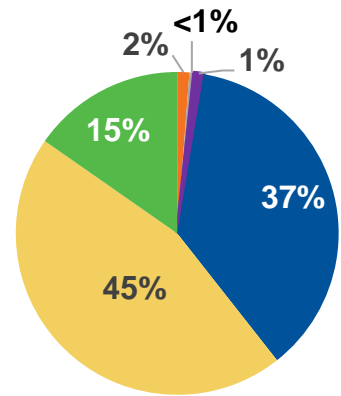
All participants are scheduled to complete a drug screen at minimum once per week. If a participant fails to show for their drug screen or refuses to test, it is counted as a missed test.

Accountability towards sobriety remains a focus throughout all phases of the program. To ensure early participant engagement, Phase 1 was recently restructured to prioritize participants' essential needs first. As the participant transitions to Phase 2 progress towards sobriety becomes more of a focus.

Our overarching goal is to decrease time to sobriety. Progress towards this established goal will be further analyzed in the 2022 Shasta DRC Annual Report.

Methamphetamines continue to be the most common substance used amongst our population, with marijuana following. The data below shows an all-phase roll up of positive drug tests by substance type for the reporting period.

Positive Drug Tests by Type		2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Methamphetamines		45%	51%	40%	47%	51%	49%	45%	45%
Marijuana		41%	34%	34%	34%	31%	30%	37%	37%
Opiates		9%	13%	16%	14%	14%	18%	15%	15%
Benzodiazepines		<1%	1%	2%	2%	3%	1%	2%	2%
Amphetamines		3%	<1%	6%	2%	1%	1%	<1%	<1%
Cocaine		1%	<1%	1%	1%	<1%	1%	1%	1%



Due to safety precautions with COVID, as of March 16, 2020, we only facilitated breathalyzers if there was a suspicion of participant usage. Historically, we have seen a 99% clean rate for alcohol with our population.

Recidivism Reduction

The Shasta County Probation Department defines recidivism as a new felony charge within three years of an individual's termination from supervision.

The latest recidivism data, provided by Shasta County Probation, is based on a seven-year reporting period, from April 8, 2013 through April 7, 2020. The figure below illustrates the likelihood a participant is to recidivate in correlation with their length of stay in the Shasta County DRC program. Significant findings include:

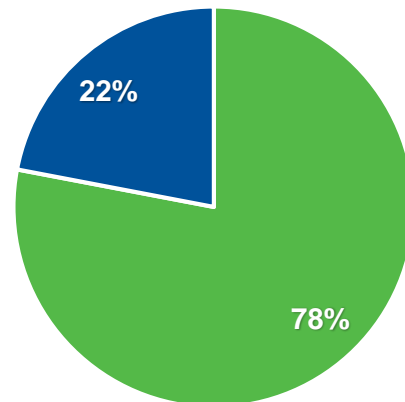
- 61% of the total participants remained felony free
- 78% of the participants who completed the program remained felony free
- As the average length of stay (ALOS) increases the rate of recidivism decreases

155 participants have successfully reached aftercare or completed the DRC program. **Of those, only 22% received a new felony conviction.**

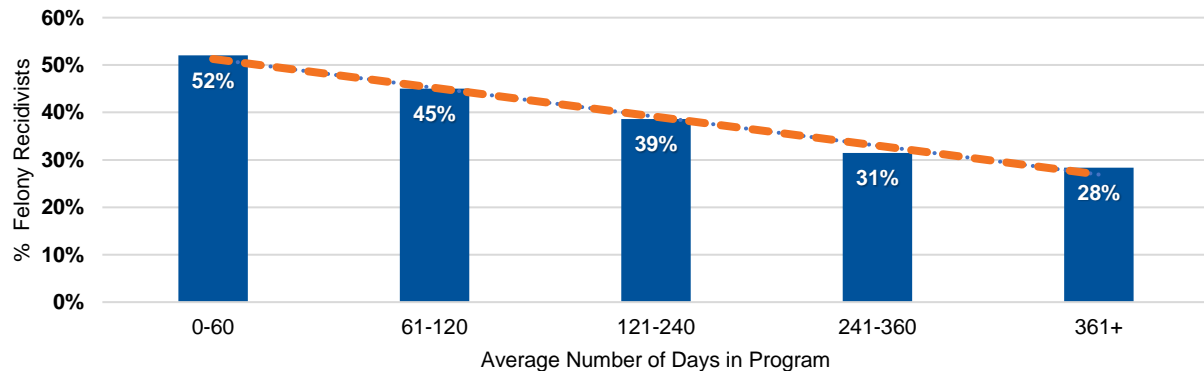
1,051 participants have engaged with the DRC overall. **As the graph below illustrates the recidivism rate greatly decreases the longer the participant is in the program, regardless of discharge type.**

RECIDIVISM RATE FOR COMPLETIONS
(n=155)

■ No New Felony ■ New Felony Conviction



OVERALL RECIDIVISM RATE BY AVERAGE LENGTH OF STAY
(n=1,051)



Section 3: Specialized Training and Curriculum Development

Specialized Training

Training is a significant focus and we invest heavily in our staff's ability to be behavior change agents.

The pandemic altered the way the team received training, but instead of putting training on hold, we got creative. Trainings were conducted virtually, and we were able to offer more sessions than in previous years.

During this reporting period the Shasta DRC had 14.5 staffing positions. Three of those staff gained employment elsewhere resulting in a 20% turnover rate. For staff that were newly hired during this year they received three to four weeks of onboarding training. Onboarding training consisted of:

- Overview of the criminal justice system
- Overview of GEO and the company vision
- Personnel policies and procedures
- Employee Code of Conduct
- Organizational culture
- Overview of the Shasta County DRC contract
- Core Correctional Practices
- Motivational Interviewing
- Participant referrals, starting points, and orientation
- Assessments
- Behavior Change Plan
- Case management and Individual Cognitive Behavioral Therapy
- Group facilitation
- Gender responsiveness, trauma, cultural effectiveness, and diversity.

Onboarding Training incorporated virtual classroom sessions, role playing, and on-the-job training to enhance the staff's learning experience and elicit evidence of learned skills.

The staff who were not hired this past year received weekly webinars held by our Continuum of Care Training Department and Regional Leadership Team. Topics included Becoming Trauma-Informed, Core Correctional Practices, Motivational Interviewing, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), Exploring Trauma for Men, Healing Trauma (Women), Behavior Change Plans, Role-play, Carey Guides, EBP 101, Thinking for a Change, Substance Abuse Interventions, Risk, Needs, Responsivity, Starting Point, and many more.

Once it's safe to do so, we will resume in-person training and continue to offer virtual sessions.

Curriculum Development

GEO Reentry continued to collaborate with industry experts to improve participant engagement and program completions. Over the last year, Phase 1 enhancements were implemented to improve participant engagement, develop rapport before beginning treatment, and build momentum for treatment.

Re-Thinking Phase I: Orientation & Assessment

Improving participant engagement is a combination of re-imagining and revising both process and content at the DRC. Participant engagement is defined as an increase in the amount of time spent in the center and the progression of participants' level of motivation/stage of change. As time and motivation levels increase, participants are more likely to take advantage of the DRC's treatment and intervention.

Phase 1 of the program is now focused on the following goals:

- Assist participants in meeting their essential needs
- Build an environment that is characterized by mutual trust; acceptance; and that is welcoming, safe and purposeful
- Support participants' progression through the stages of change
- Design a program that is tailored to each participant's assessed risk and needs by:
 - Accurately assessing risks and needs
 - Utilizing the results of the assessment(s)
 - Utilizing responsivity factors
- Increase the number of participants at the DRC who:
 - Develop readiness for treatment (as indicated by being in the preparation/action stage of change) prior to starting assigned treatment and interventions
 - Participate in personalized programs based on their risk, needs and responsivity factors
 - Achieve stability in key essential areas outside the DRC

Research indicates when essential needs are met prior to beginning intervention, it is more likely that participants can be successful. Orientations provide information on the program, employment services, and how to better connect to the community. DRC staff work with participants to develop action plans to overcome barriers to effective treatment engagement.

The new Phase 1 enhancements enabled DRC staff to better assist with setting participants up for success by prioritizing their essential needs and preparing an action plan to reduce barriers, while creating an environment that fosters increased rapport, mutual trust, acceptance, and safety.

What does the new Phase 1 look like?

- Participants begin the program by completing an Essential Needs Checklist with an action plan to help reduce participation barriers. Participants identify current barriers during their Starting Point and work with staff to overcome the identified barriers
- Participants have a follow-up meeting in three days with their assigned Behavior Change Manager to continue to address obstacles
- After working on the Essential Needs Action Plan, participants create a Starting Point Behavior Change Plan that was revised to cater to each individual's motivation. The action items are based on developing buy-in to the program and reasons for change
- The four orientations (Program, Community Connections, Employment, and Thinking for a Change) have been revised and enhanced to reflect Phase 1 goals

- Created Purposeful Intervention Tools comprised of brief, daily exercises designed to increase participant engagement. *To be implemented in fall 2021*
- Focus on readiness to change – cater participant’s treatment based on when their stage of change suggests it is appropriate
- Re-emphasize Risk, Need, and Responsivity tools with staff as key indicators for placement, allowing for a more individualized program experience
- We worked hard to adapt a National Registry of Evidence-based Programs and Practices (NREPP) certified Texas Christian University (TCU) curriculum to help move pre-contemplative participants to an action stage of change prior to beginning treatment. This curriculum is titled Getting Motivated to Change. *To be implemented in fall 2021*

Faced with the challenges of COVID, this year has been about the team swiftly and agilely adapting service delivery to maintain continuity of care. The Shasta County DRC team focused on overcoming barriers to access treatment and learning how to effectively deliver interventions remotely. Consistent attendance rates suggest we effectively engaged with our population during the pandemic.

Participant Spotlight

It was a close friend that raved about the Shasta County DRC to Jason S., so when he had the chance, he requested to be transferred to the program. After his first four months at the DRC, Jason says he had become a completely different person. “At first, I thought some of the lessons were a little silly, but I knew I wanted to change my life around,” he said. “Now that I’ve been here for some time, I’m pretty dedicated to the program. It’s completely changed my way of thinking.”

Jason graduated in July 2020, and followed through with his plan to go back to school. He continues to mentor others at the DRC as a program alumni.



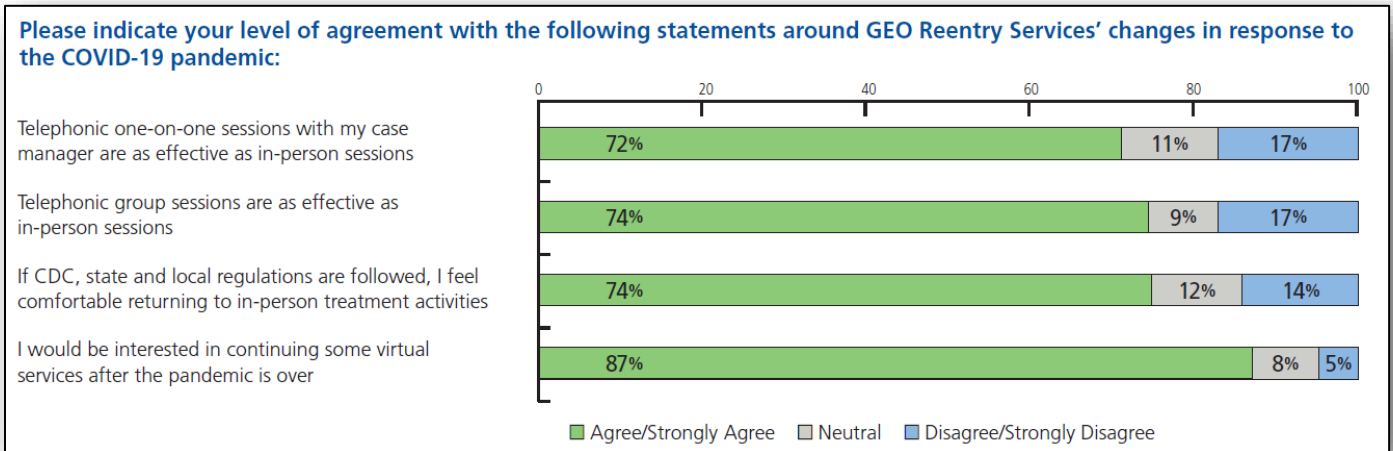
Adaptations Resulting from COVID-19

As we adapted to new service delivery platforms, we recognized some of the new approaches may help us longer-term. While the goal will always remain to engage with participants in person, remote programming assisted with reducing barriers such as transportation, making attendance easier for impacted participants.

Moving forward as we transition back to full in-person groups and services, we will continue to incorporate the tele-conference platform into participant programming as needed. For example, a participant unexpectedly experiencing a barrier to reporting in person to the facility can still receive dosage that day by conducting their one-on-one appointment over the phone. This platform also serves as an effective way for staff to connect with community partners, attend and conduct staff trainings (including with other facilities throughout the region and state), and host events, such as recovery events and graduations.



Obtaining participant feedback is something we value. Below are the results from the participant survey conducted in March 2021. 53 participants completed the survey, and indicated they agree with how we effectively and safely adapted services through COVID.



Section 4: Collaborations, Program Enhancements and Opportunities

Probation Collaboration, Community Events and Partnerships

Transition Ceremonies (Graduations)

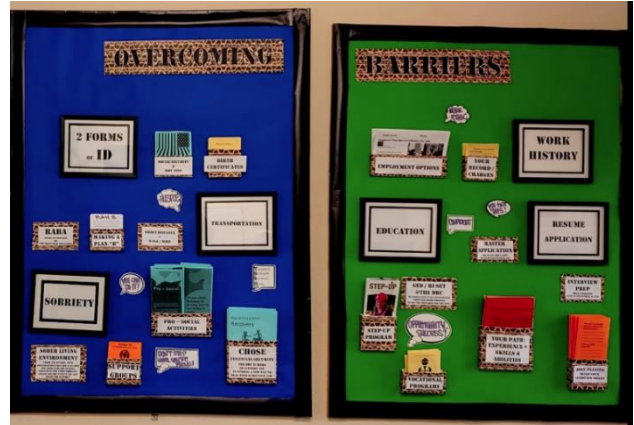
A noteworthy part of the Shasta County DRC program are the transition ceremonies to recognize participants who have successfully graduated the program, entered Aftercare, and made positive life changes. Due to COVID-19, we were unable to host these ceremonies in person but wanted the show to go on. As of July 2020, graduations began to transition to an online streaming platform, allowing greater community and family involvement. **This enabled us to virtually recognize and celebrate the accomplishments of the 21 graduates who crossed the finish line in this reporting period.**



Community Connections

A measurement of success for the Shasta County DRC is a participant's ability to live a pro-social and productive life within the community. This is more likely when participants receive support from within the community. Establishing partnerships with providers in Shasta County and surrounding areas, and connecting participants to these resources helps participants gain knowledge and become more self-reliant.

Through the Community Connections group, participants gain direct access to essential needs and resources. Due to COVID, our community partner presentations were modified from being in-person to tele-conference (over the phone).



Presentations by community partners during the reporting period include: *Spherion Staffing, K&S Staffing, Shasta County Superior Court Collection Services, Shasta County Housing, Caltrans, Planned Parenthood, Builders Exchange, Narcotics Anonymous, Child Support Services, and the Step-Up Program.*

We appreciate the opportunity to collaborate and partner together to serve our community.

Participant Spotlight

When Darrell B. first joined the Shasta DRC almost five years ago, he was not ready and dropped out. When he later re-enrolled, he said he was ready to make a change in his life. "You have to take the program seriously. You can't come in and fake it," he said. This time, he was open to what the program had to offer, and it worked well for him. While he credits the classes and counseling as working hand in hand, he did single out MRT cognitive behavioral treatment for helping him with his decision-making. He also appreciates the staff for being understanding and connecting him with community resources. Darrell set goals while in the program, such as staying clean and getting stable housing, and has achieved both. Now working as a plumber, he's learned that goal setting is ongoing. "You have to achieve the short-term goals, keep setting more and don't stop planning," he said. "If you let the program work, it can help you change your life."



In-Custody Programming

We continued to collaborate with Probation and Shasta County Jail staff to serve participants in custody throughout the pandemic. **Whether a participant starts in custody or transfers in and out for any reason, we are able to sustain engagement and provide ongoing interventions and treatments.**

During this reporting period, all in-person services were put on hold and replaced with one-on-one telephone sessions. The services that were provided one on one over the phone included:

- Program Orientation
- Starting Point
- Assessments
- Starting Point Behavior Change Plans
- ICBT's
- MRT
- Carey Guide Tools (catering to participants criminogenic risk and needs)
- Brief Intervention Tools (BITS)
- Reentry and Stabilization Planning (focusing on the participant's essential needs for release)

Once a participant was oriented to the program and assessed, they would begin working on their Starting Point Behavior Change Plan. This Starting Point Behavior Change plan targets their stage of change and helps participants identify a desire, reason, and need to change. The goal is to help them progress through the stages of change. After collaborating with staff on their Starting Point Behavior Change Plan, participants begin meeting a minimum of once per week with their Behavior Change Manager for their ICBT's.

The ICBT Session enables participants and the Behavior Change Manager to focus on interventions, identify and review behavior change plan goals, relapse prevention plans, Carey Guide tools, and assistance with essential needs and resources. The ability to engage with participants before transition into the community helps prepare them for a successful transition.

Program Adaptations

Tele-Conference Recovery Events

Providing participants with recovery resources and support can enhance intrinsic motivation towards sobriety and encourage a new way of thinking and living. Substance use plays a major factor in the lives of those that begin their journey at the Shasta County DRC. **To give participants additional support, we began monthly tele-conference recovery events that averaged 20 attendees each month.** This event will go back to in person as safety guidelines permit.

This open and honest platform connects current participants with DRC alumni and AA/NA members where they can share their testimonies, struggles, successes, and recovery resources. Our goal is to enhance intrinsic motivation towards sobriety and encourage new ways of thinking and living.



Opportunities

As part of **our mission to provide effective treatment that results in long-term behavior change**, GEO Reentry continues to identify areas of opportunity to enhance our program and as a result the lives of the program participants we serve. Below is an overview of upcoming program enhancements and interventions:

- **Purposeful Intervention Tools:** Brief interventions designed to increase cognitive behavioral engagement with participants each time they check into the DRC
- **Getting Motivated to Change:** This evidence-based group intervention is derived from a cognitive behavioral model designed to assist group facilitators working on addressing motivation and change readiness. Due to COVID-19 safety protocols, the group was delayed in 2020
- **Education/Employment:** The DRC will revamp the Education/Employment component by the end of August 2021, based on a tiered approach. Each participant will be placed in a tier based on their motivation, skills, and abilities

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