

# Jail Diversion and Reentry Programs and Services Workgroup Recommendations

Summary recommendations provided through the work of the Jail Diversion and Reentry Programs and Services Workgroup of the 2013 Zeroing in on Resilience and Recovery in Oklahoma (ZORRO) Summit.

**ODMHSAS**

September 10, 2013

*Summary:*

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) convened the Zeroing in on Resilience and Recovery in Oklahoma (ZORRO) Summit on March 1, 2013. The goal of the ZORRO Summit was to make a charge to a variety of workgroups to provide recommendations to the ODMHSAS in order to create the best public behavioral health service system in the nation. This report summarizes the recommendations of the **Jail Diversion and Reentry Programs and Services Workgroup**.

*Workgroup Members:*

**Chair: The Honorable Kris Steele, Former Speaker of the House, Oklahoma House of Representative**

**ODMHSAS Staff Assistants:**

Donna Bond, ODMHSAS, Manager of Correctional, Criminal Justice and Reentry Services

Nisha Wilson, ODMHSAS, Director of Specialty Courts

**Workgroup Members:**

Marcus Butler, ODMHSAS, OSOC Youth Coordinator

Mary-Jo DeAngelis, Oklahoma County Community Sentencing

Greer Fites, Family and Children's Services

Beth Jones, Cleveland County Sherriff's Office

Teresa Lansdowne, Oklahoma Commission on Children and Youth

Floyd Long, DOC, Prisoner Reentry Specialist

Bob Mann, DOC, Administrator of Mental Health Operations

Beth Martin, Oklahoma State Department of Health

Rebecca McGary, United States Military

Daniel Morris, Human Skills and Resources

Sharon Neumann, DOC Community Sentencing

Lisa Olah, Department of Rehabilitative Services

Rachel Picon, North Care Mental Health Services

Rock Richardson, Cleveland County Sherriff's Office

Tania Rubio-Rosas, ODMHSAS, Oklahoma Strong Project Director

Cindy Satterfield, Gateway to Prevention and Recovery

Robert Scott, Hope Community Services

Janice Seard, Department of Rehabilitative Services

Susan Smith, Oklahoma County Community Sentencing

Nolonda Sobel, Central Oklahoma Community Mental Health Center

Silvia Standard, Edwin Fair Community Mental Health Center

*Meeting Dates:*

- March 1, 2013
- April 5, 2013
- May 3, 2013
- July 12, 2013
- September 6, 2013

*Recommendations:*

1. The ODMHSAS has recently been awarded a federal grant to provide more Crisis Intervention Training (CIT) to law enforcement. An analysis was conducted to compare those counties which have both the highest prison reception numbers as well as rates per capita to areas which CIT training has previously been provided. **It is a recommendation of the workgroup that the following law enforcement entities be specifically targeted for these new training opportunities:**

- Atoka County
- Comanche County
- Cotton County
- Creek County
- Custer County
- Greer County
- Harmon County
- Kay County
- Lawton, City
- Muskogee County
- Okmulgee County
- Pottawatomie County
- Pushmataha County
- Tribal Law Enforcement Entities
- Tulsa Public Schools

2. Many pre-plea diversion/bond options have been developed over the last several years. These options provide offenders with the opportunity to participate in supervision or treatment in order to receive a release from jails pending their criminal case processing. Violations in the terms of these agreements often times have a significant negative impact in the final outcome of the criminal case. Participation in these agreements is typically those whom could not afford to bond out of jail or afford a private-pay criminal attorney. **It is a recommendation of the workgroup that legislation be written to identify that participation in pre-plea diversion/bond options impact only the ability for offenders to remain out of custody pending their criminal case processing and that violations of pre-plea agreements not negatively impact the final outcome of the criminal case.**

3. Post-plea diversion programs are operational in most of the state's jurisdictions including programs such as Community Sentencing, DA Supervision, Drug Court, Mental Health Court, etc. The workgroup identified the importance of ensuring that these diversion programs are targeting the appropriate offender population based on evidence-based risk and need principles. **It is a recommendation of this workgroup that a document be developed jointly by all agencies operating a diversion program, including but not limited to the ODMHSAS, DOC, and DAC, which identifies the target population of each of the subsequent diversion programs offered in the majority of the state's jurisdictions. In doing so the most efficient and effective use of diversion programs can be ensured.**
  
4. Post-plea diversion programs operate within existing authorizing statutes which have been in place for many years with varying levels of modification. There is a growing body of research which identifies specific evidence-based practices within diversion programs. **It is a recommendation of the workgroup that a review be conducted on the authorizing statutes and operational practices of the diversion programs offered in the majority of the state's jurisdictions in order to ensure that the research-identified evidence-based practices are included.**
  
5. The workgroup identified a need for development of additional support networks for offenders released after county jail or prison sentences. The timeframe in which an offender is most likely to recidivate without intervention is within ninety (90) days post release. **The workgroup recommends the implementation of a sentence structure which releases offenders with at least ninety (90) days of post-release jurisdiction. Further, the workgroup recommends that all released offenders received a risk and needs assessment prior to release, which will identify risk to reoffend, substance use treatment need, mental health treatment need, case management needs, etc. The development of a holistic, wrap-around approach to work with released offenders of all risk and need levels should occur. This wrap-around approach should include, but not be limited to the development of re-entry officers (in lieu of probation officers), case managers, vocational-rehabilitation, and treatment (as indicated).**