

Kansas Department of Corrections

Community Corrections Services



Kansas Department of Corrections Community Corrections Comprehensive Plan Quarterly and Year End Outcome Report Format

Community Corrections Agency: Fourth Judicial District Community Corrections

Fiscal Year 2021 Report Period

<u> </u> 1 st Quarter	July 1 st - September 30 th
<u> </u> 2 nd Quarter	October 1 st - December 31 st
<u> </u> 3 rd Quarter	January 1 st - March 31 st
<u> X </u> Year End	July 1 st - June 30 th

Process Goals

Goal: To review client participation in programming through contracted providers. This goal is modified from the FY2020 process goal.

Objective #1: The agency will track data on Care Coordination participants.

Target Date: 6/30/2021

Progress: *Our Care Coordinator tracked participant data in the local database and distributed that information to all staff. As of the end of the quarter there were 16 active clients, 2 clients not engaging, and 3 clients on walk-in status. The program utilized a total of 77 interventions this quarter and 341 total interventions during FY2021.*

Discussion / Current Activities: *In the fourth quarter of FY2021 there were 21 closures from Care Coordination with 12 (57%) of those being successful. For FY2021, there were 99 total closures and 55 (55%) were successful. The tables below provide a breakdown of that number for the current quarter and year-to-date:*

4th quarter FY21

Sex	#	% of total	Successful closure	% (successful by sex)
M	16/21	76%	10 / 16	63%
F	5/21	23%	2 / 5	40%

Sup	#	% of total	Successful closure	% (successful by supervision)
CS	8/21	38%	7 / 8	88%
CC	13/21	62%	5 / 13	38%

FY21 YTD

Sex	#	% of total	Successful closure	% (successful by sex)
M	65/99	66%	36/65	55%
F	34/99	34%	19/34	56%

Sup	#	% of total	Successful closure	% (successful by supervision)
CS	14/99	14%	9/14	64%
CC	85/99	86%	46/85	54%

Clients who chose not to engage in the program accounted for seven of the nine unsuccessful closures this quarter.

- 1 – Client referred to program on 12/22/20, was not engaging in treatment and closed after 90 days of inactivity.
- 2 – Client referred to program 12/22/20, missed repeated attempts at intake. Put on walk-in status and never showed. Closed after 90 days inactivity.
- 3 – Client called to set up services on 3/30/21, 4/13/21, and 5/5/21 – left voicemail each time. Client also failing to report to ISO. Discharged 6/16/21 for inactivity.
- 4 – Client called to set up services 3/2/21, 3/30/21 and 4/13/21 – left voicemail each time. Client absconded from supervision 3/18/21. Closed 6/16 for inactivity.
- 5 – Client referred to program 12/11/20. Client missed four scheduled appointments to complete intake and discharged 6/16/21 for not engaging.
- 6 – Client referred to program 1/5/21. Called 1/13/21, 1/20/21, 2/2/21 to schedule intake. Missed scheduled intakes on 2/25/21, 3/16/21, and 4/1/21 and was placed on walk-in status. Discharged 6/16/21 for inactivity.
- 7 – Client missed two appointments. Tried multiple phone attempts. Discharged 6/16 for non-engagement.

The other two unsuccessful closures this quarter were due to clients being incarcerated – one for warrants and one for new charges.

Challenges: No challenges at this time.

Modifications: No modifications needed at this time.

Objective #2: The agency will track data on BIP participants whose participation is at least partially funded by the agency.

Target Date: 6/30/2021

Progress: There was one active participant this quarter whose sessions were at least partially funded by the agency.

Discussion / Current Activities: *The participant mentioned above was carried over from the third quarter. However, this client had seven unexcused absences from class and must restart the program. This quarter the agency also provided funding for three BIP assessments.*

Challenges: *No challenges at this time.*

Modifications: *No modifications needed at this time.*

Goal: To fully implement cognitive-based programming (i.e. MRT). This goal is modified from the FY2020 process goal.

Objective #1: Train supervision staff and administration to facilitate programming by October 1, 2020.

Target Date: *12/31/2020*

Progress: *There was no progress to report this quarter.*

Discussion / Current Activities: *No current activities to discuss.*

Challenges: *No challenges at this time.*

Modifications: *No modifications needed at this time.*

Objective #2: Agency staff will create a local database to track program participation.

Target Date: *6/30/2021*

Progress: *The database is completed.*

Discussion / Current Activities: *No current activities to discuss.*

Challenges: *No challenges at this time.*

Modifications: *No modifications needed at this time.*

Objective #2: A full group/class session will be operational by January 1, 2021.

Target Date: *6/30/2021*

Progress: *We do not have any groups meeting yet.*

Discussion / Current Activities: *The agency plans to begin classes in the first quarter of FY2022 and is currently accepting referrals.*

Challenges: *We have not begun holding any groups due to the ongoing pandemic.*

Modifications: *No modifications needed at this time.*

Goal: To reduce employee turnover through organizational and individual development.

Objective #1: Update and review all agency policies by June 30, 2021

Target Date: *06/30/2021*

Progress: *More policies have been updated this quarter.*

Discussion / Current Activities: *Policy reviews and updates are ongoing. Staff input is still solicited when updates are warranted.*

Challenges: *Agency administration did not review all department policies within the fiscal year as intended. This was due to several factors including challenges from the pandemic and employee turnover.*

Modifications: *No modifications needed at this time.*

Objective #2: Administration will continue quality assurance measures with each employee to ensure fidelity to evidence-based principles of supervision.

Target Date: 12/31/2020

Progress: *Quality assurance measures are ongoing.*

Discussion / Current Activities: *Agency administration is implementing the following quality assurance measures: case file audits, caseload reviews, LSI-R fidelity, and adherence to evidence-based practices such as EPICS. Agency administration is tracking this information in a local spreadsheet. Strengths and needed improvements are discussed with individual employees and with the agency.*

Challenges: *No challenges at this time.*

Modifications: *No modifications needed at this time.*

Objective #2: Agency staff will meet and exceed training requirements for FY2021.

Target Date: 6/30/2021

Progress: *Agency employees met or exceeded their required training hours for FY2021.*

Discussion / Current Activities: *Agency employees have participated in various training exercises throughout FY2021. Employees enter their training as completed into a local Excel document.*

Challenges: *No challenges at this time.*

Modifications: *No modifications needed at this time.*

Outcome Goals

Goal: To achieve a 75% successful rate of probation completions. This goal is carried over from the FY2020 outcome goal.

Objective #1: Agency administration will review successful, unsuccessful, and revoked closures each quarter.

Target Date: 6/30/2021

Progress: *For FY2021 there were 74 closures out of 95 not resulting in revocation for a success rate of 77.9%.*

Target	1 st Quarter	2 nd Quarter	3 rd Quarter	Year End
75%	28/30 (93%)	34/42 (81%)	23/34 (69%)	74/95 (78%)

Discussion / Current Activities:

The table below illustrates the number of files closed in all of FY2021 by termination reason:

FY21 total

<i>Successful Closure</i>	<i>20</i>	<i>21.1%</i>
<i>Unsuccessful Closure</i>	<i>49</i>	<i>51.6%</i>
<i>Revoked – Condition Violation</i>	<i>15</i>	<i>15.8%</i>
<i>Revoked – New Felony</i>	<i>5</i>	<i>5.2%</i>
<i>Revoked – New Misdemeanor</i>	<i>1</i>	<i>1.1%</i>
<i>Other Closure</i>	<i>5</i>	<i>5.2%</i>
<i>TOTAL</i>	<i>95</i>	<i>100%</i>

Challenges: The data in this section was provided by KDOC on December 21, 2021, in the Community Corrections Adult Offender Population Fiscal Year 2021 Statistical Summary. This data does not reconcile with data the agency collected from the TOADS and Athena databases and from local tracking throughout FY2021. There were fewer closures reported here than those reported by agency administration. The Fourth Judicial District Community Corrections Advisory Board reviewed and approved that data on July 20, 2021. However, since this data was provided by KDOC in its official summary then this is the data that will be used. Approval of this data will be required.

Modifications: No modifications needed at this time.