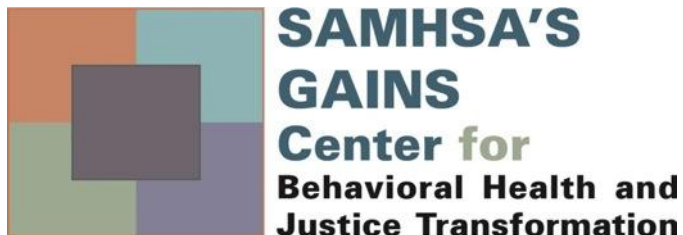


# Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison

Friday, September 6th 2013  
1:00pm to 2:30pm EDT

Call in number: 888-469-3048  
Participant passcode: CARE



**JUSTICE** ★ **CENTER**  
THE COUNCIL OF STATE GOVERNMENTS  
*Collaborative Approaches to Public Safety*

# Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison

Henry J. Steadman, Ph.D.  
*President, Policy Research Associates*

Fred C. Osher, M.D.  
*Director, Health Services and Systems Policy, Council of State  
Governments Justice Center*

Steven Allen, M.S.S.W.  
*Executive Director, Mental Health and Substance Abuse Treatment  
Services, DHS Direct Care at State of Minnesota*



# Welcome

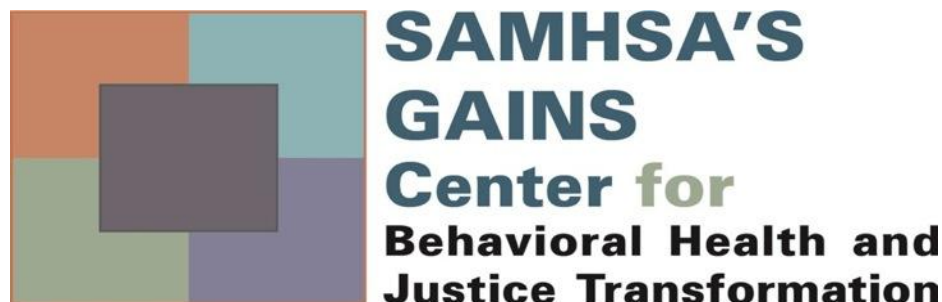


# Welcome and Introduction



Henry J. Steadman, Ph.D.

*President, Policy Research  
Associates & SAMHSA's GAINS  
Center for Behavioral Health and  
Justice Transformation*





Fred C. Osher, M.D.

*Director, Health Services and  
Systems Policy, Council of State  
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# Today's Presentation

The Need for Transition Guidelines

Underlying Principles

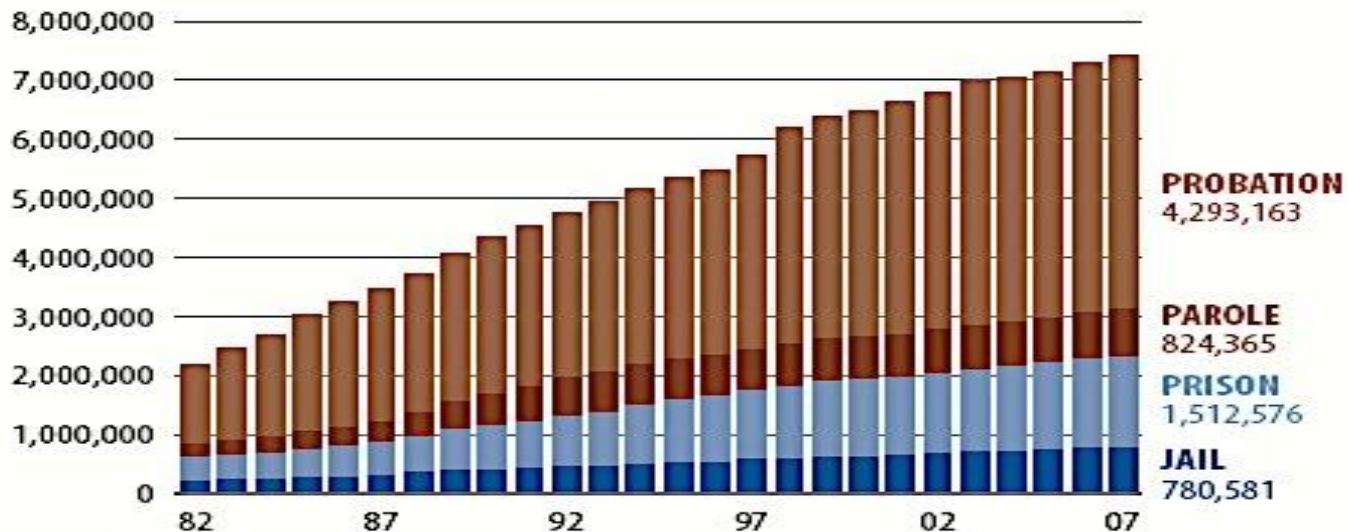
Overview of Guidelines

A Practitioner's Perspective

# An Expanding Population under Correctional Supervision

## 7 MILLION AND COUNTING

Led by probation, the correctional population has tripled in 25 years.



SOURCE: Bureau of Justice Statistics Correctional Surveys available at <http://www.ojp.usdoj.gov/bjs/glance/tables/corr2tab.htm>.

NOTE: Due to offenders with dual status, the sum of these four correctional categories slightly overstates the total correctional population.

Source: Pew Center on the States, "One in 31: The Long Reach of American Corrections" (2009)



# Substantially Higher Rates across Demographic Lines

## WHO'S UNDER CORRECTIONAL CONTROL?

Correctional control rates vary drastically across demographic lines.

**TOTAL 1 IN 31**



**WHITE 1 IN 45**



**WOMEN 1 IN 89**



**HISPANIC 1 IN 27**



**MEN 1 IN 18**



**BLACK 1 IN 11**

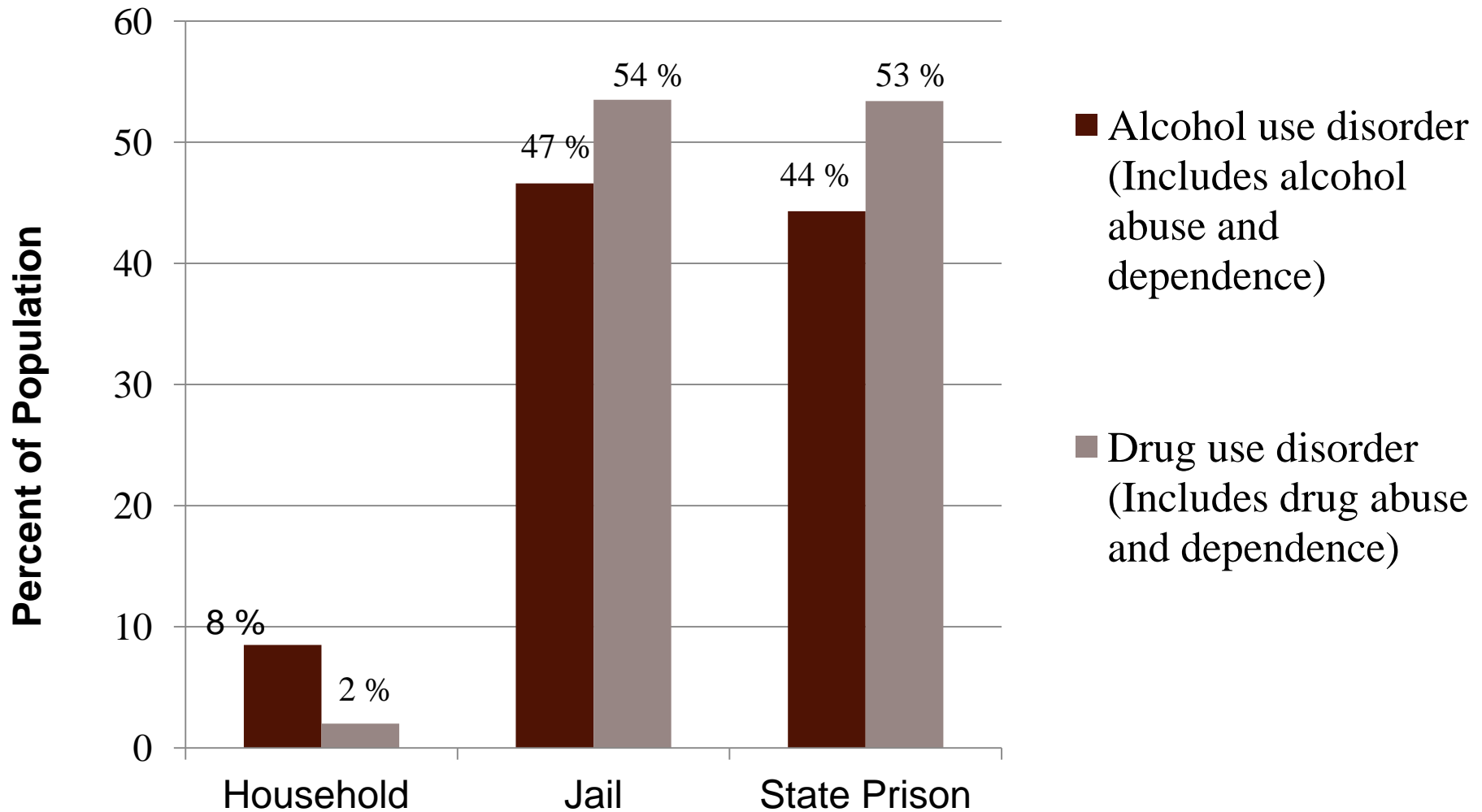


SOURCE: Calculation for year end 2007 based on data from the Bureau of Justice Statistics "Prisons and Jails at Midyear" series as well as "Probation and Parole at Yearend" series available at <http://www.ojp.usdoj.gov/bjs> and the U.S. Census State Population Estimates.

Source: *Pew Center on the States, "One in 31: The Long Reach of American Corrections" (2009)*

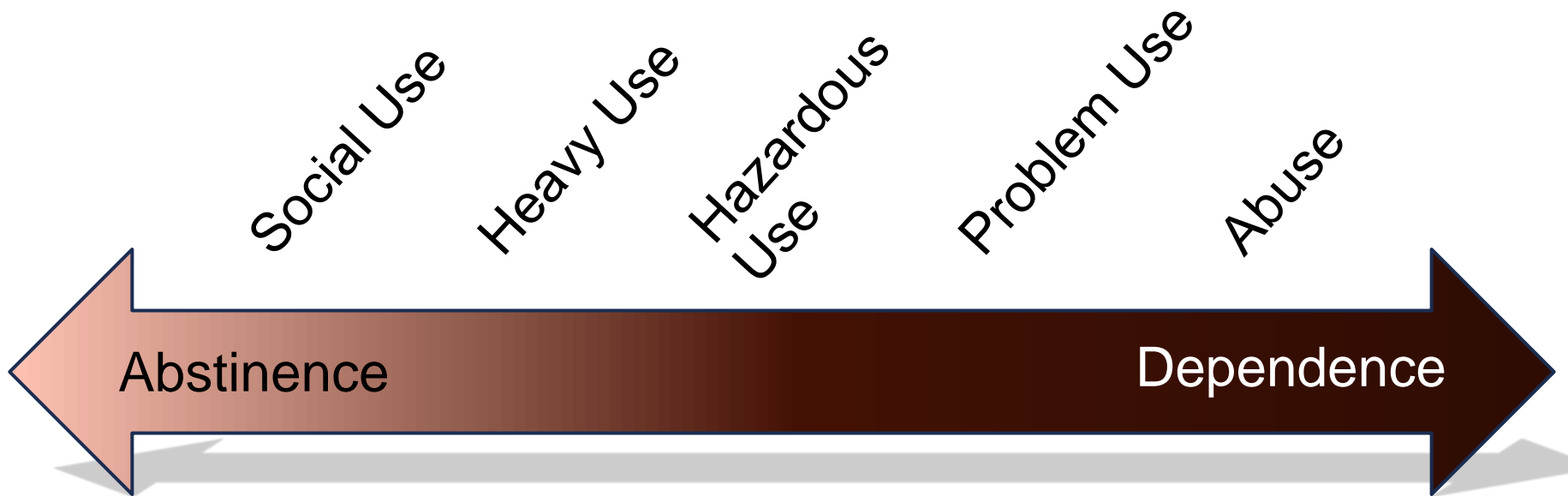


# Alcohol and Drug Use Disorders: Household vs. Jail vs. State Prison



Source: Abrams & Teplin (2010)

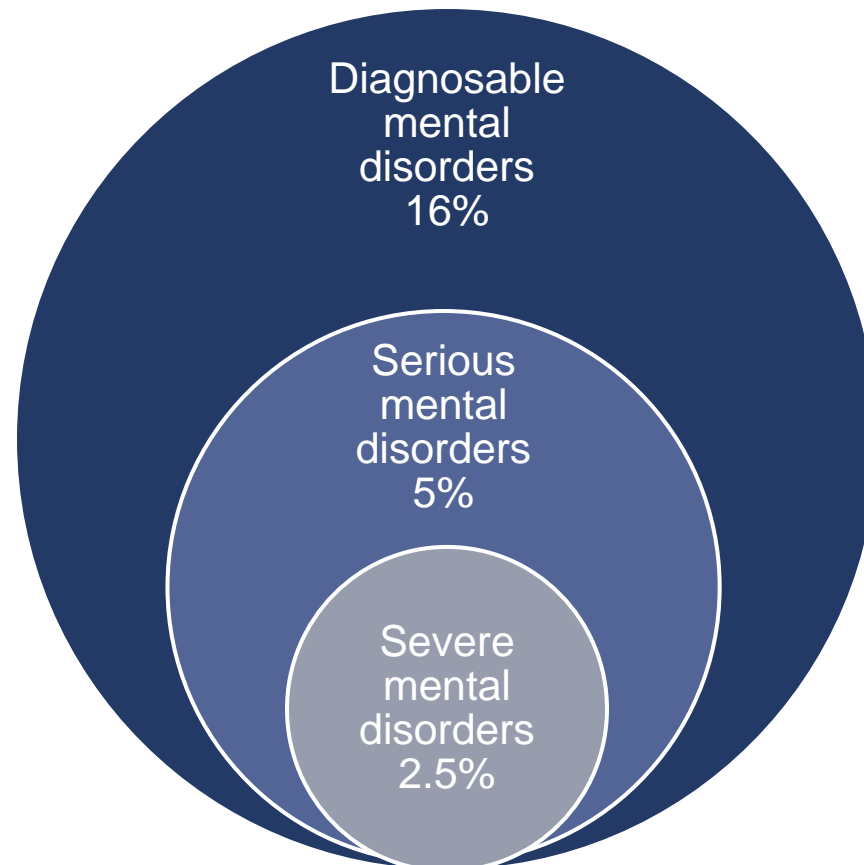
# Not All Substance Use Disorders Are Alike



## The Substance Abuse Continuum

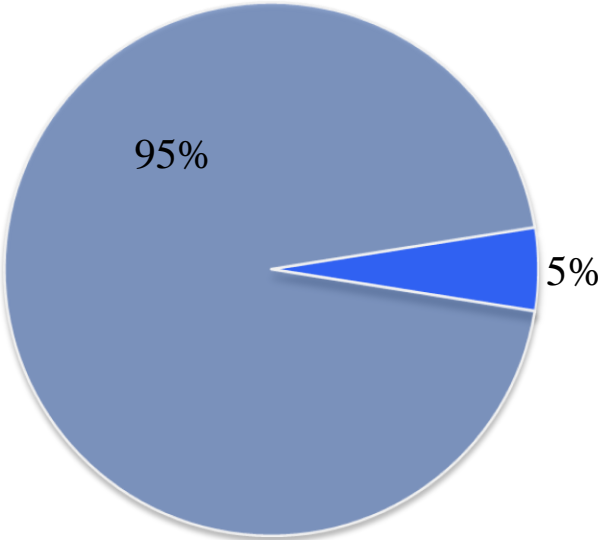
# Not All Mental Illnesses Are Alike



## Mental Illness in the General Population



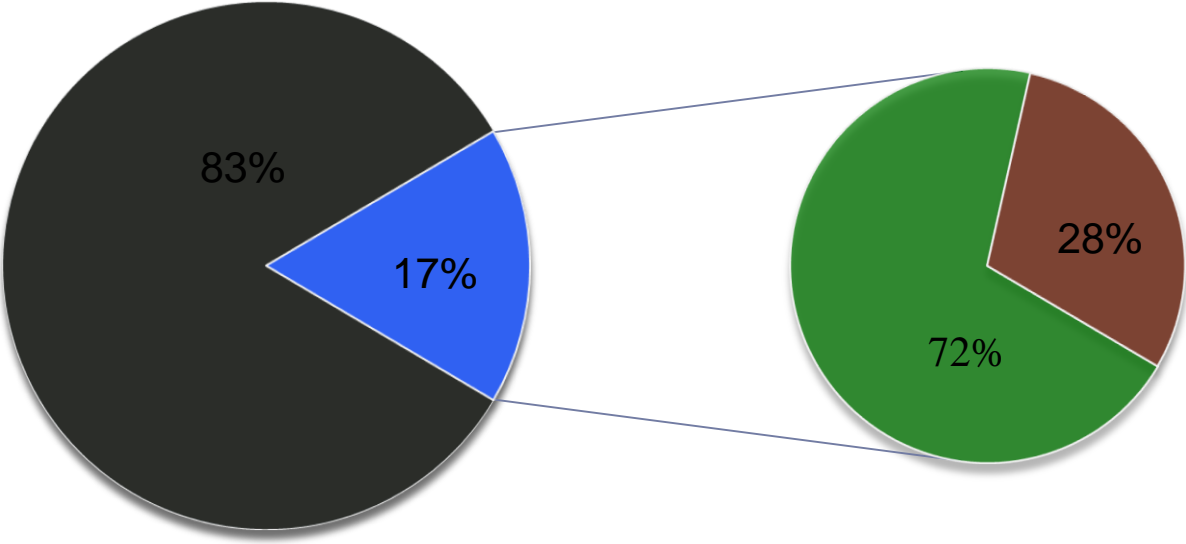
# Prevalence of Serious Mental Illness and Co-Occurring Disorders in Jail Populations

## General Population



-  Serious Mental Illness
-  No Serious Mental Illness

## Jail Population

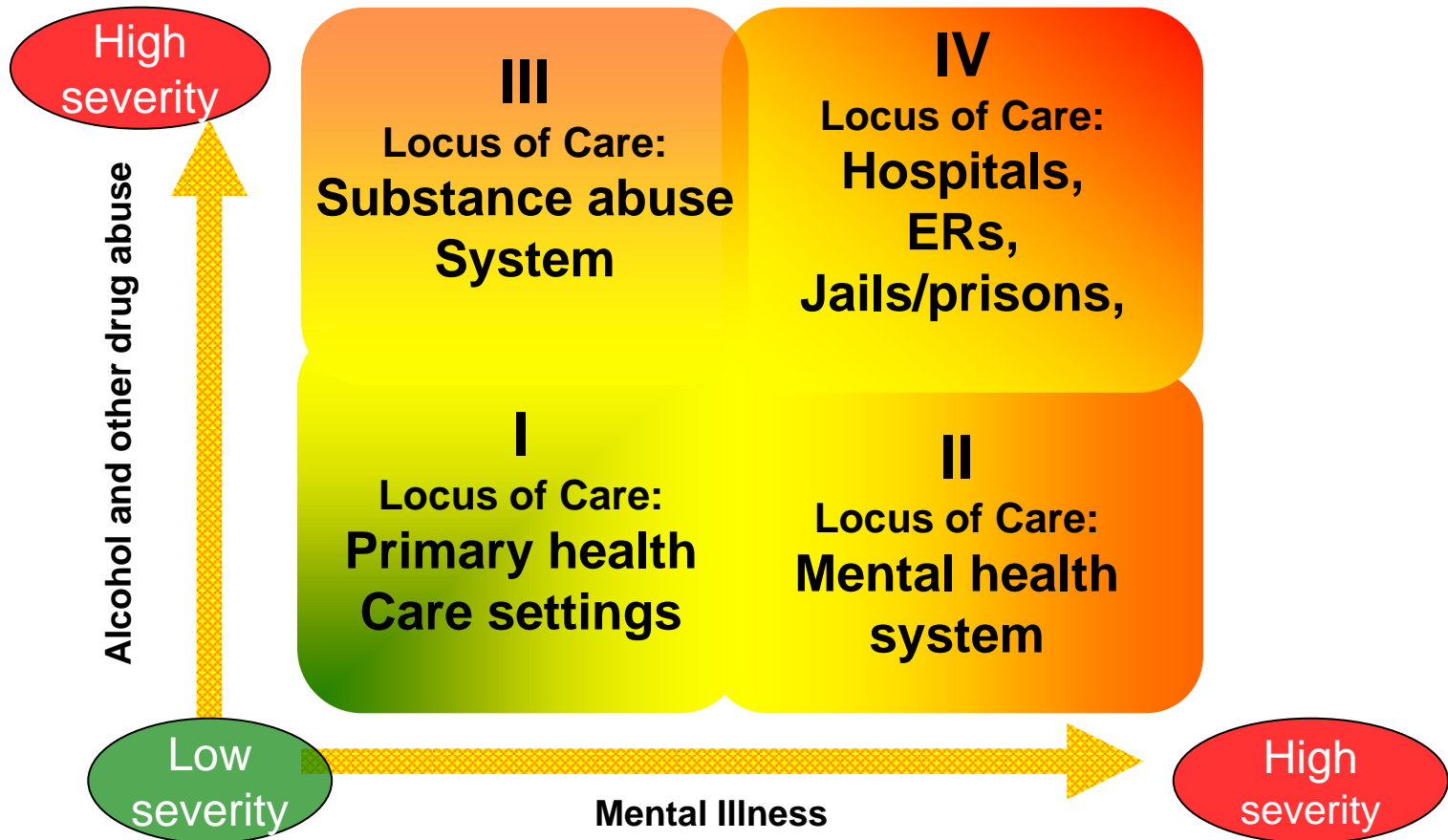


-  Serious Mental Illness
-  No Serious Mental Illness
-  Co-Occurring Substance Use Disorder
-  No Co-Occurring Substance Use Disorder



# Heterogeneity of Behavioral Disorders

Populations with Co-occurring Disorders (NASMHPD-NASADAD, 2002)



# Vulnerable Time for Individuals Returning to the Community

- ▶ Large numbers of people are released from jails and prisons each year
  - ▶ Approximately 650,000 individuals are released from state and federal prisons.
  - ▶ Over 9 million different individuals are released from jails.
- ▶ Most people released from jail and prison recidivate
  - ▶ 30% of individuals released from state prisons will be rearrested in the first six months following their release.
  - ▶ Within three years:
    - ▶ the percentage increases to two-thirds rearrested.
    - ▶ over half (52%) will return to prison for either new crime or parole revocation.



# Vulnerable Time for Individuals Returning to the Community

- ▶ Elevated health risks following release
  - ▶ Higher risk of drug use.
  - ▶ A 12-fold increased risk of death in the first two weeks after release.
- ▶ However, effective transition planning and implementation can:
  - ▶ minimize the risk of these hazards;
  - ▶ enhance public safety by increasing the possibility that individuals will participate in, and complete, supervision and treatment requirements; and
  - ▶ promote recovery and improve individual outcomes.

Source: Binswanger IA, Stern MF, Deyo RA, et al. Release from prison—a high risk of death for former inmates. *New England Journal of Med.* 2007; 356(2):157–65.

# Why Guidelines?

- ▶ To advance collaboration and communication by:
  - ▶ Developing a shared language around risk of criminal activity and public health needs; and
  - ▶ Establishing common priorities between criminal justice and behavioral health systems for individuals who have treatment needs and are likely to commit future crimes.
- ▶ To ensure scarce resources are used efficiently by promoting the use of validated assessment tools to:
  - ▶ Gauge individuals' behavioral health needs and criminogenic risk; and
  - ▶ Identify the right people for the right interventions.

# Why Guidelines? (cont'd)

- ▶ To promote effective practices by:
  - ▶ Matching individuals' risk and needs to programs and practices associated with research-based, positive outcomes; and
  - ▶ Refocusing transition and other reentry efforts for individuals leaving prisons and jails to equip them with the necessary skills and competencies.
- ▶ To improve continuity of care and community integration through development of policies and practices to share information across systems.

# Today's Presentation

The Need for Transition Guidelines

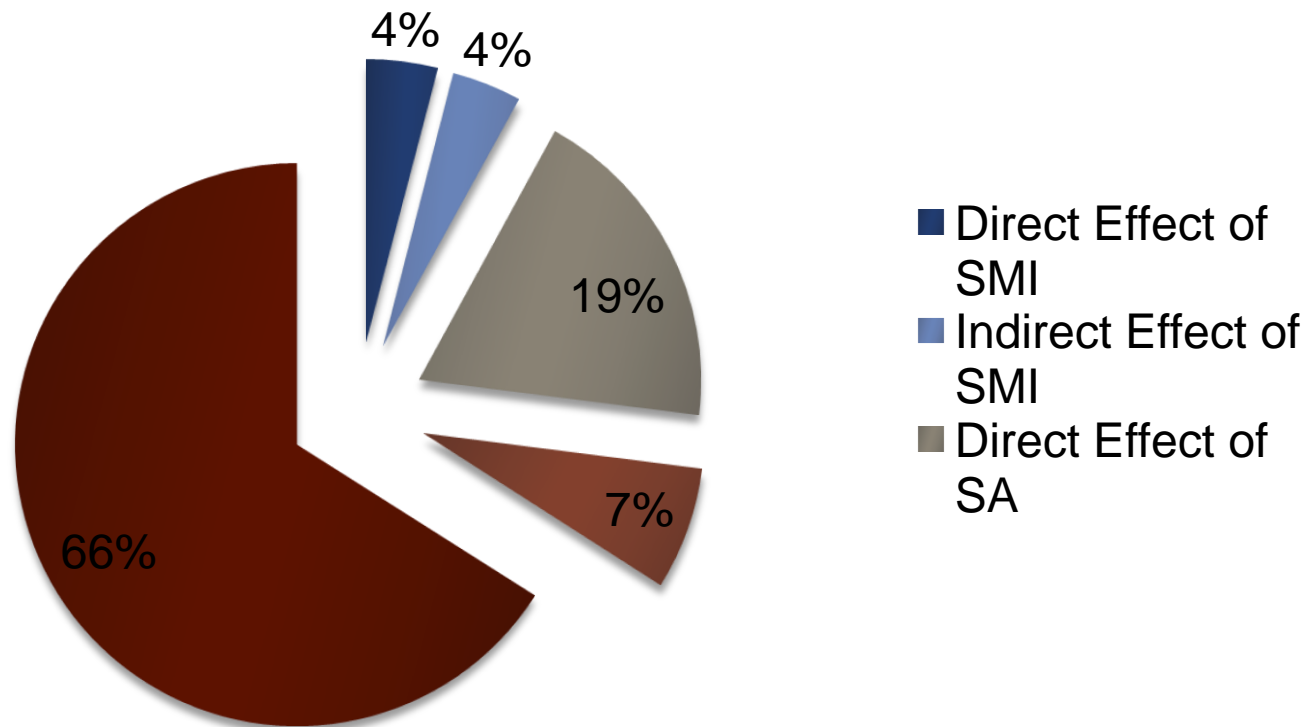
Underlying Principles

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# Incarceration Is Not Always a Direct Product of Mental Illness

**How likely is it that the inmates' offenses were a direct result of serious mental illness (SMI) or substance abuse (SA)?**



Source: Junginger, Claypoole, Laygo, & Cristina (2006); Slide developed by Dr. Jennifer Skeem, University of California-Irvine

# What do we mean by “Criminogenic Risk”?

- ▶ ≠ Crime type
- ▶ ≠ Failure to appear
- ▶ ≠ Sentence or disposition
- ▶ ≠ Custody or security classification level
- ▶ ≠ Dangerousness

## **Risk =**

How likely is a person to commit a crime or violate the conditions of supervision?



# Reducing Recidivism by Addressing “Criminogenic Needs”

## Static Risk Factors

- ▶ Criminal history
  - ▶ number of arrests
  - ▶ number of convictions
  - ▶ type of offenses
- ▶ Current charges
- ▶ Age at first arrest
- ▶ Current age
- ▶ Gender

## Dynamic Risk Factors

- ▶ Anti-social attitudes
- ▶ Anti-social friends and peers
- ▶ Anti-social personality pattern
- ▶ Substance abuse
- ▶ Family and/or marital factors
- ▶ Lack of education
- ▶ Poor employment history
- ▶ Lack of pro-social leisure activities

# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

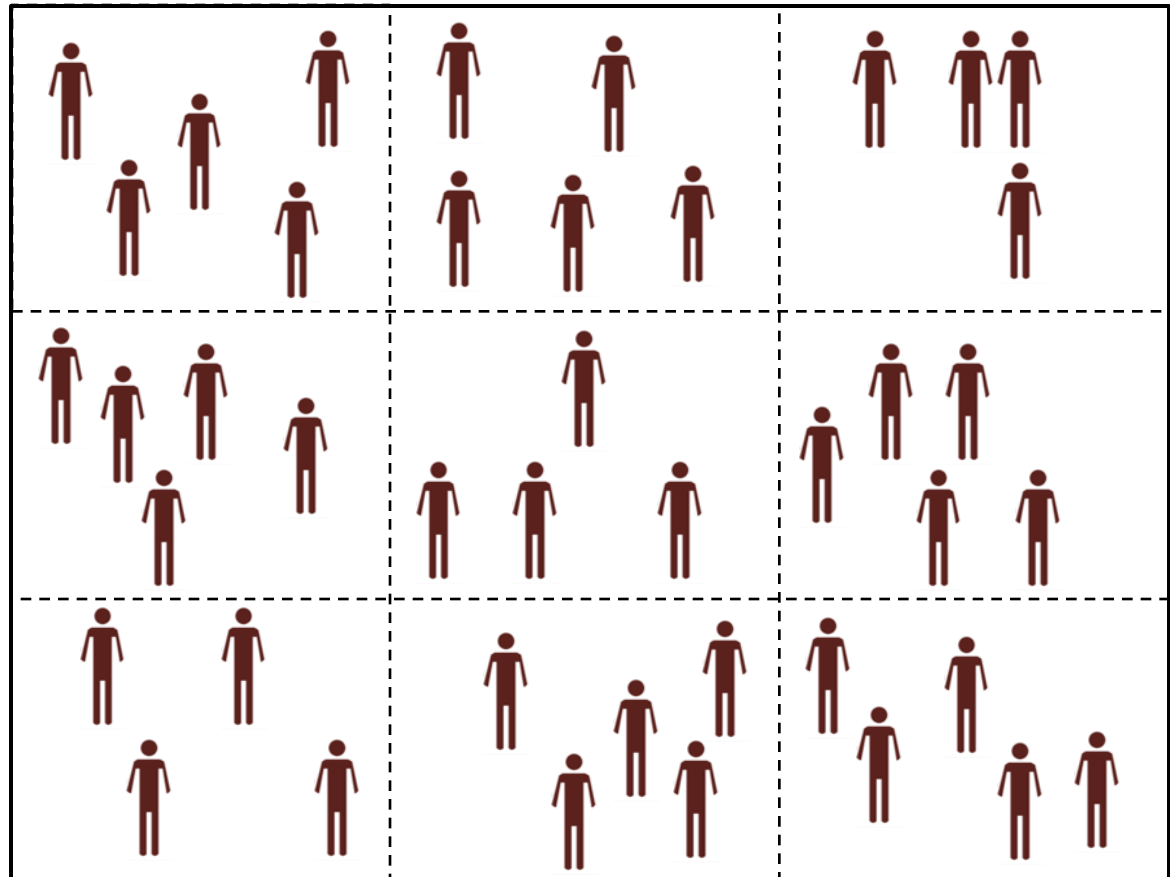
- ▶ Focus resources on high RISK cases
- ▶ Target criminogenic NEEDS, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers
- ▶ RESPONSIVITY – Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Address the issues that affect responsivity (e.g., mental disorders)

# Without Assessing Risk of Re-Offending...

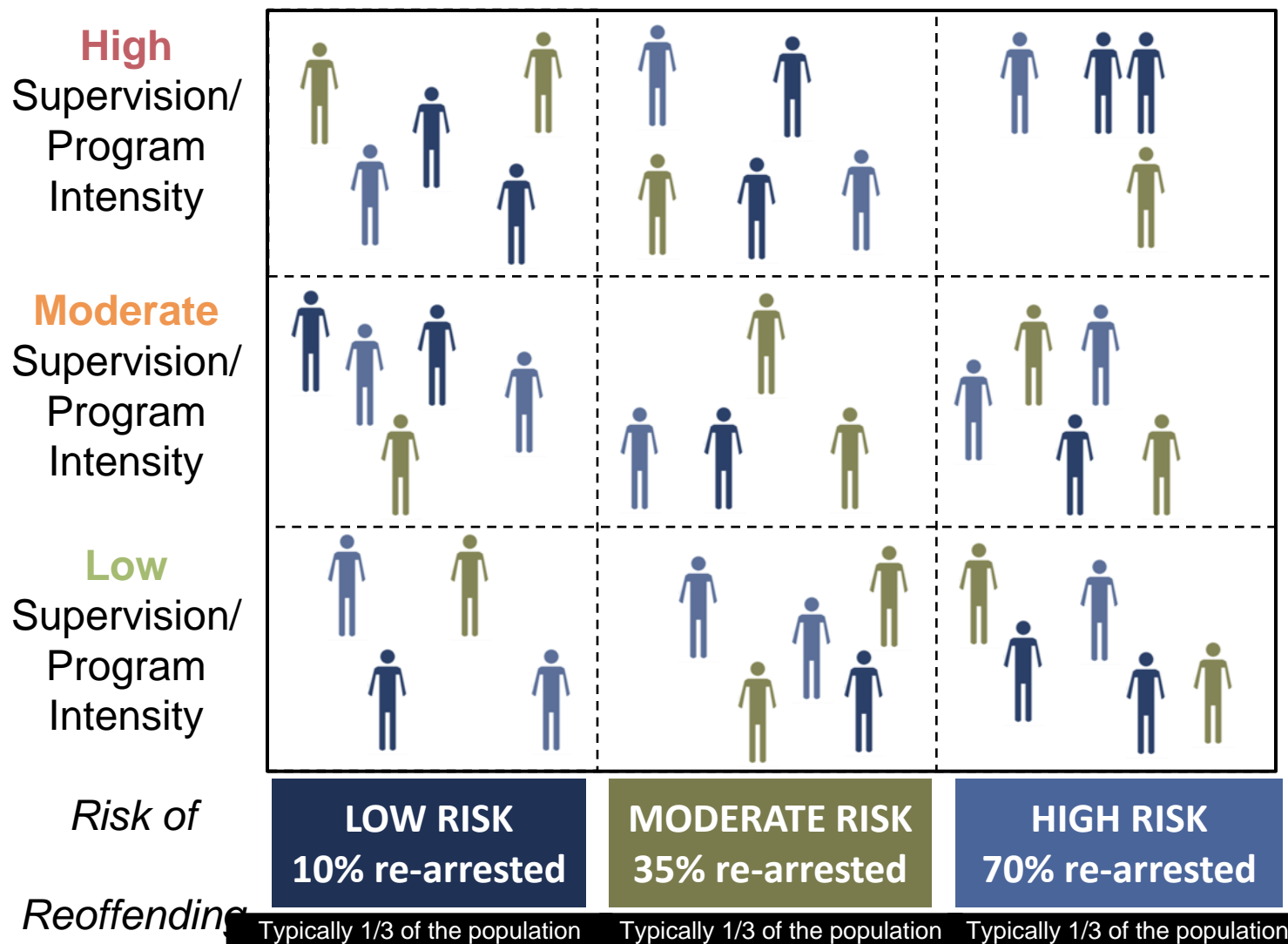
**High**  
Supervision/  
Program  
Intensity

**Moderate**  
Supervision/  
Program  
Intensity

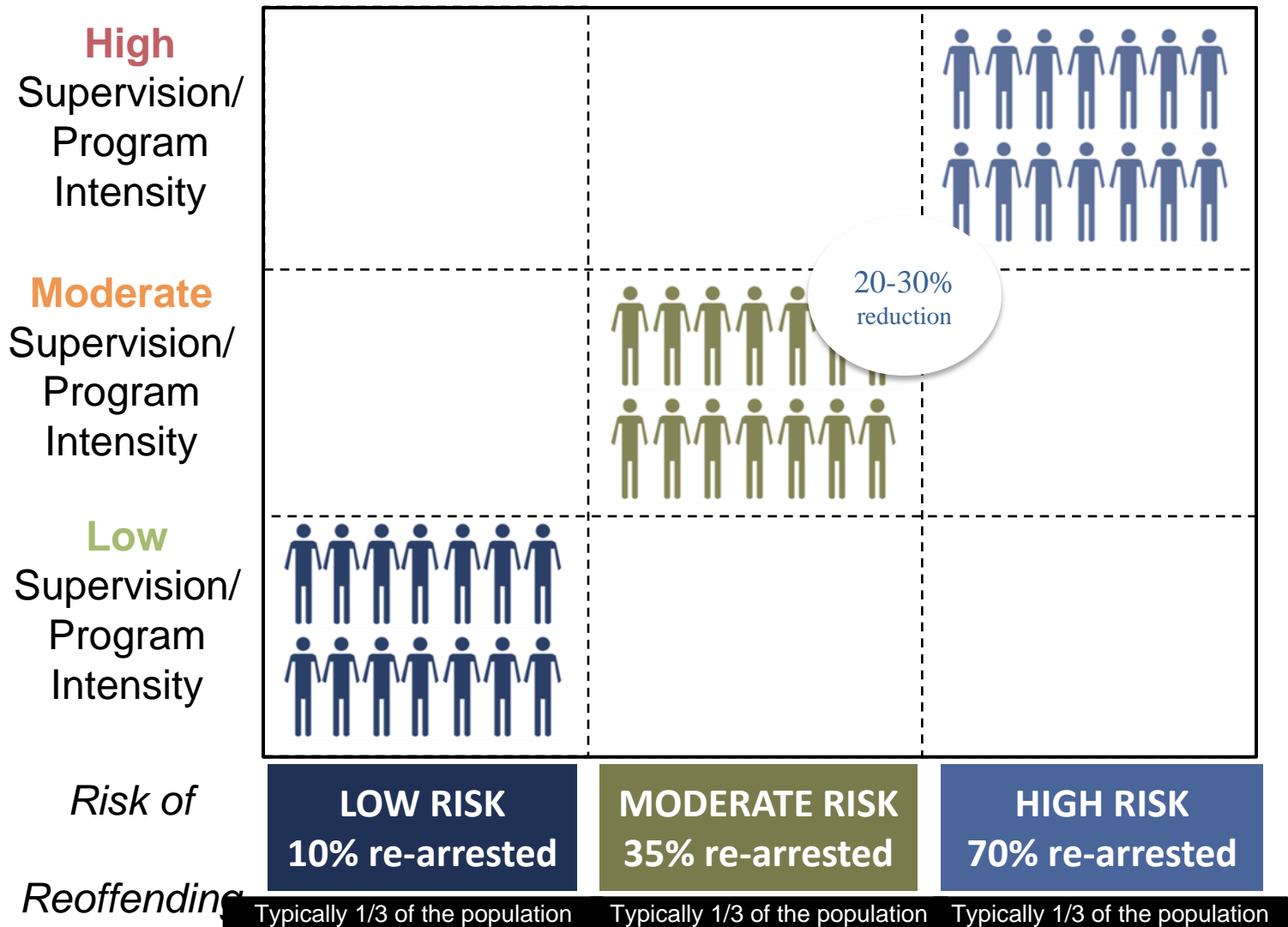
**Low**  
Supervision/  
Program  
Intensity



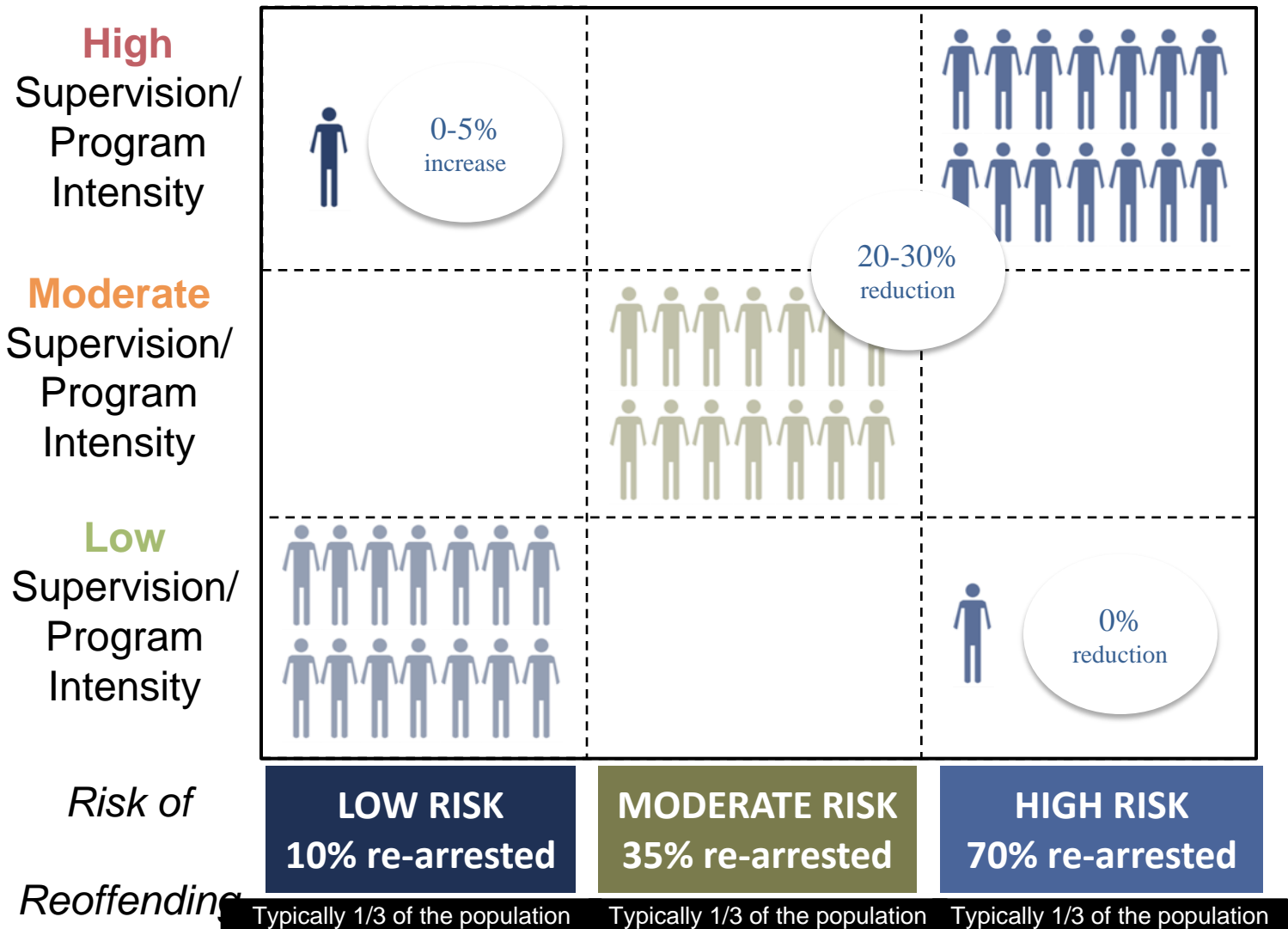
# After Assessing Risk of Re-Offending...



# After Applying the Risk Principle...



# If We Don't Use the Risk Principle, Recidivism Can Increase





# RNR Principles

## **RISK PRINCIPLE:**

*Match the intensity of individual's intervention to their risk of reoffending*

## **NEEDS PRINCIPLE:**

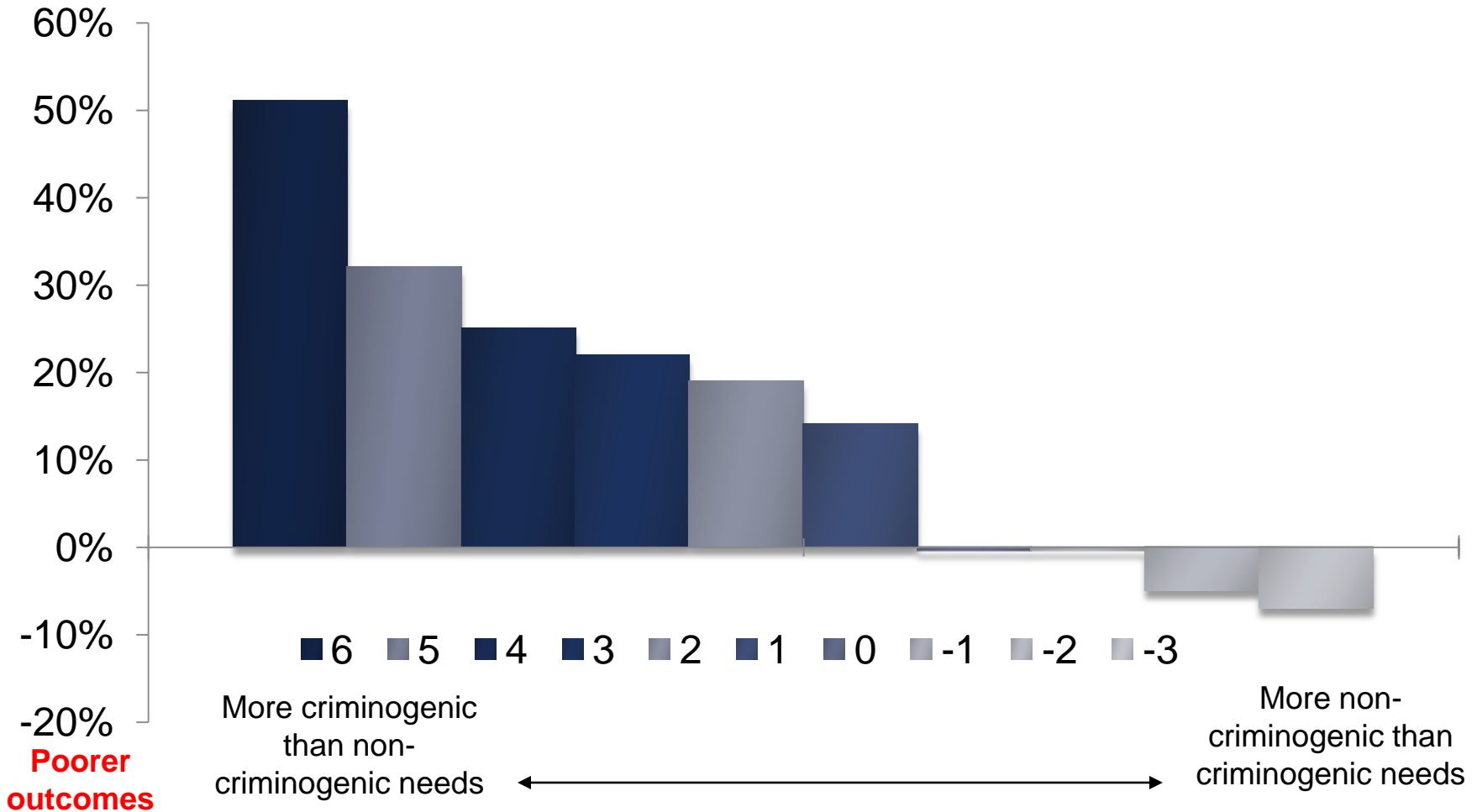
*Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers*

## **RESPONSIVITY PRINCIPLE:**

*Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Address the issues that affect responsivity (e.g., mental illnesses)*

# Recidivism Reduction as a Function of Targeting Criminogenic Needs

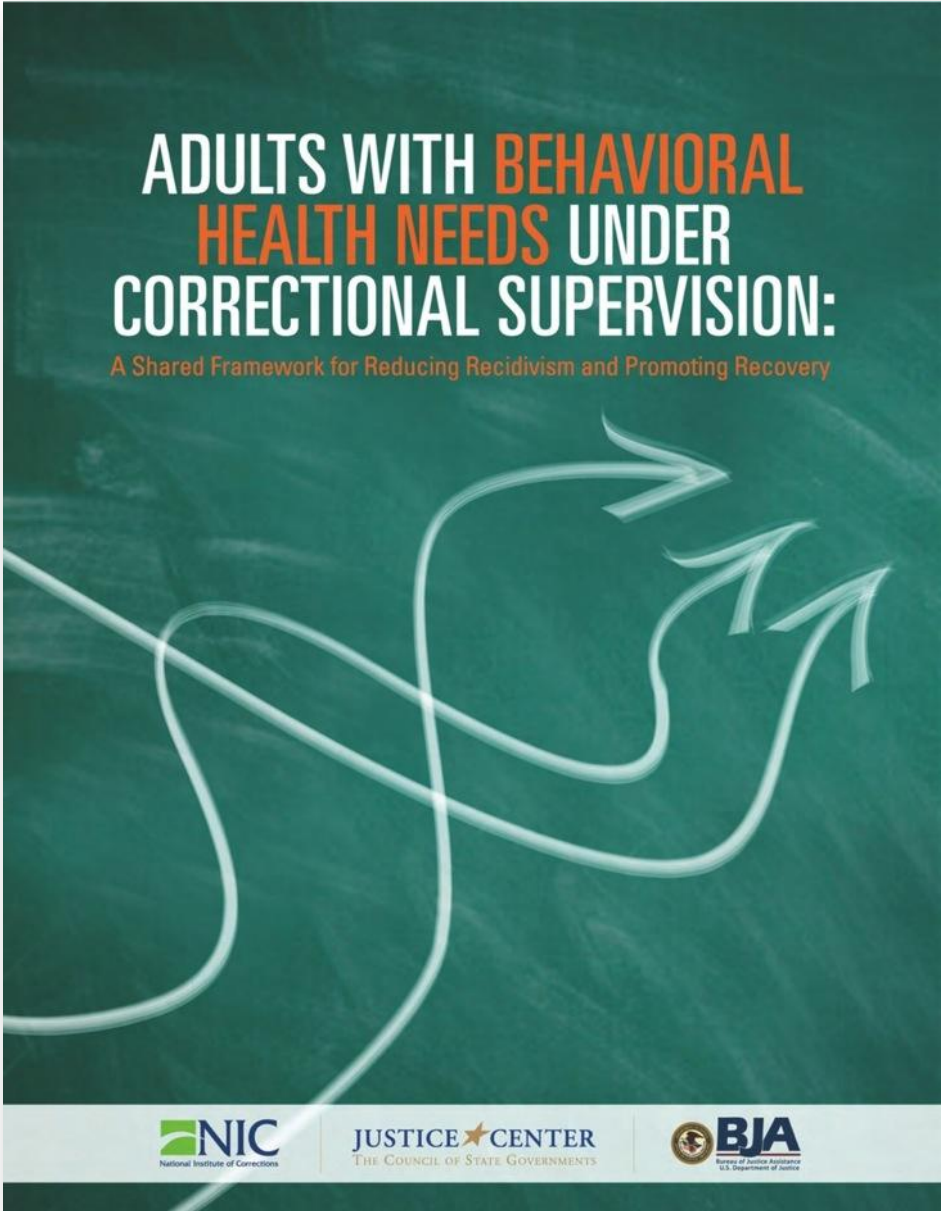
Better outcomes



(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)

# Responsivity: You Can't Address Dynamic Risk Factors Without Attending to Mental Illness

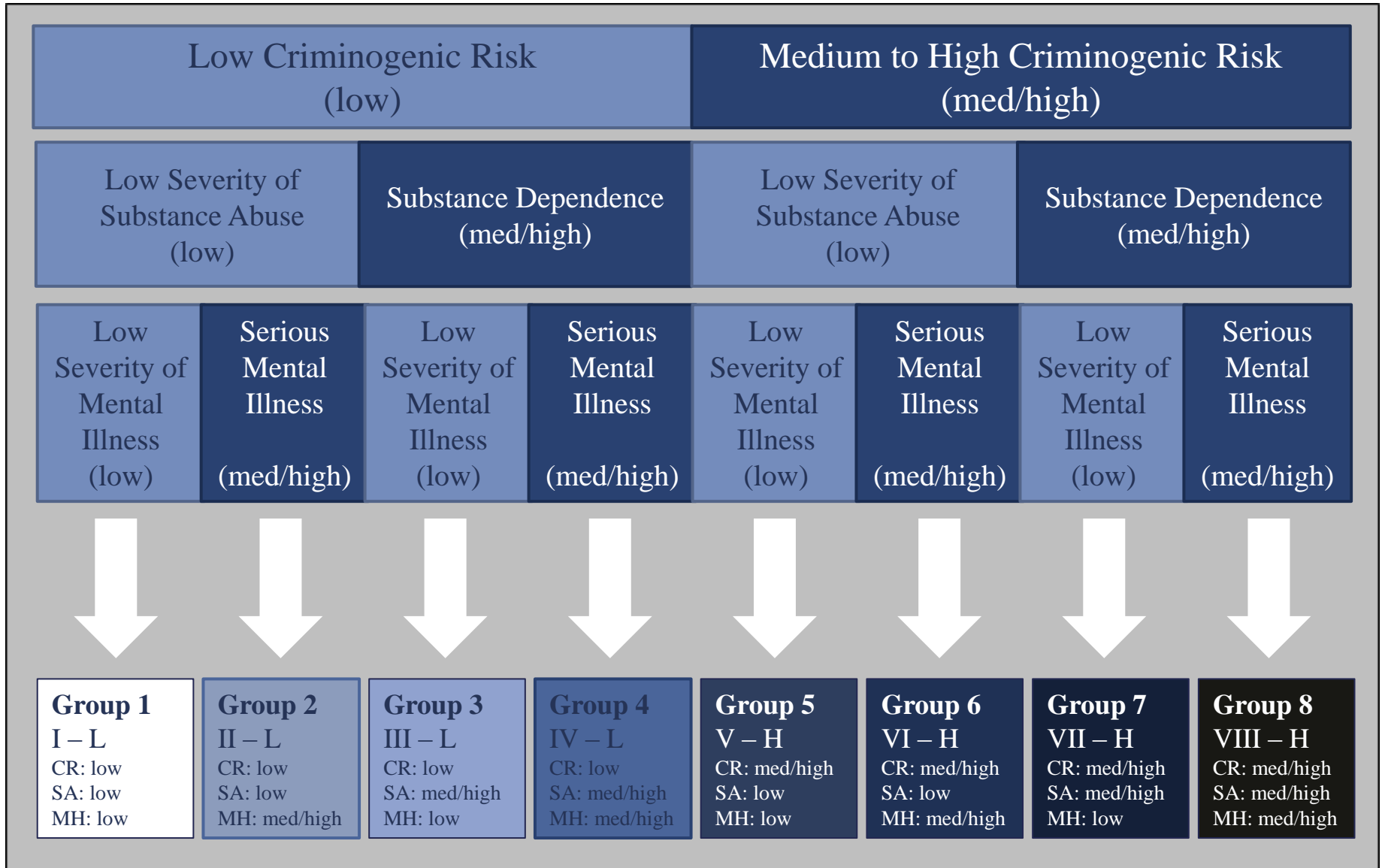




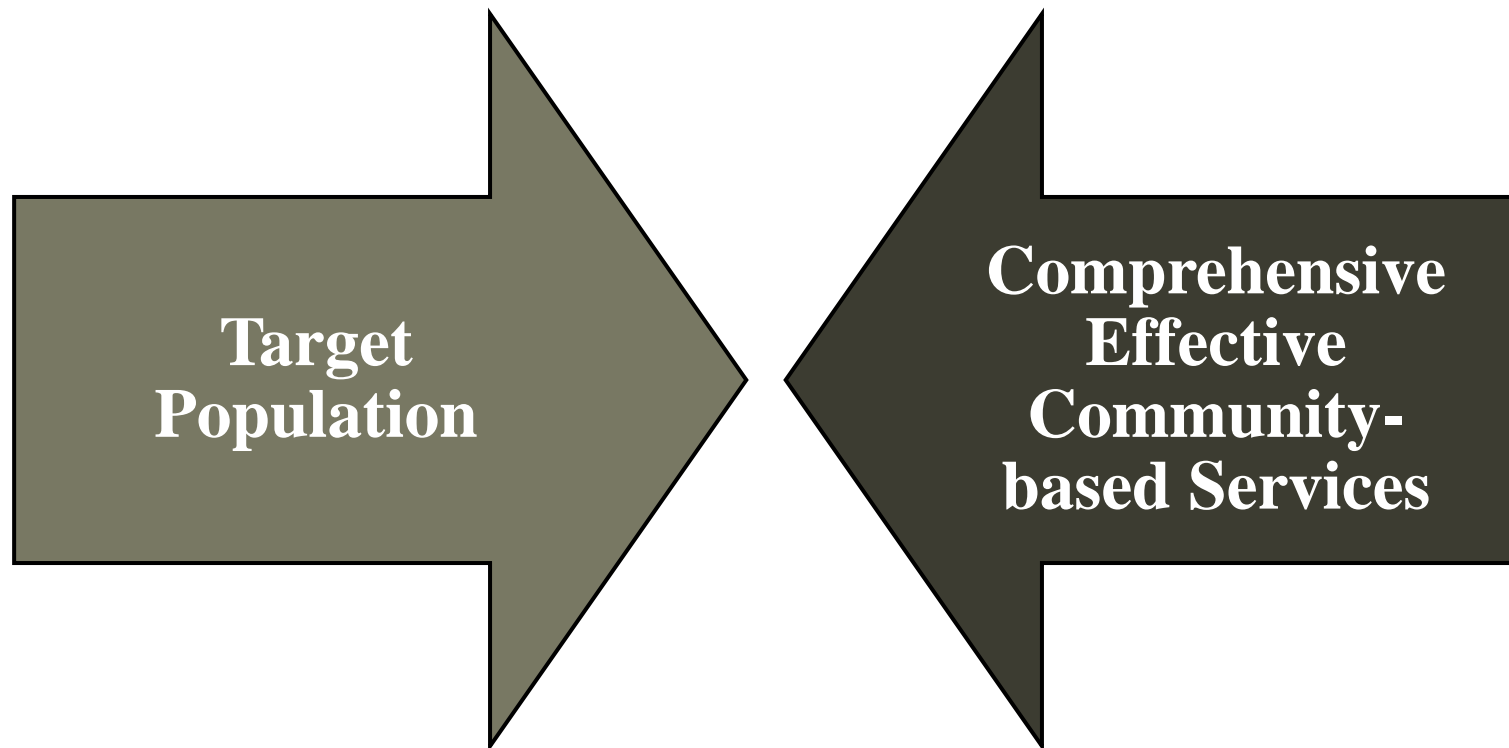
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

Council of State Governments Justice Center

# Criminogenic Risk and Behavioral Health Needs Framework



# Two Critical Components





# The APIC Model

**ASSESS** *the individual's clinical and social needs, and public safety risks*

**PLAN** *for the treatment and services required to address the individual's needs (while in custody and upon reentry)*

**IDENTIFY** *required community and correctional programs responsible for post-release services*

**COORDINATE** *the transition plan to ensure implementation and avoid gaps in care with community-based services*

# Developing Effective Interventions for Each Subgroup

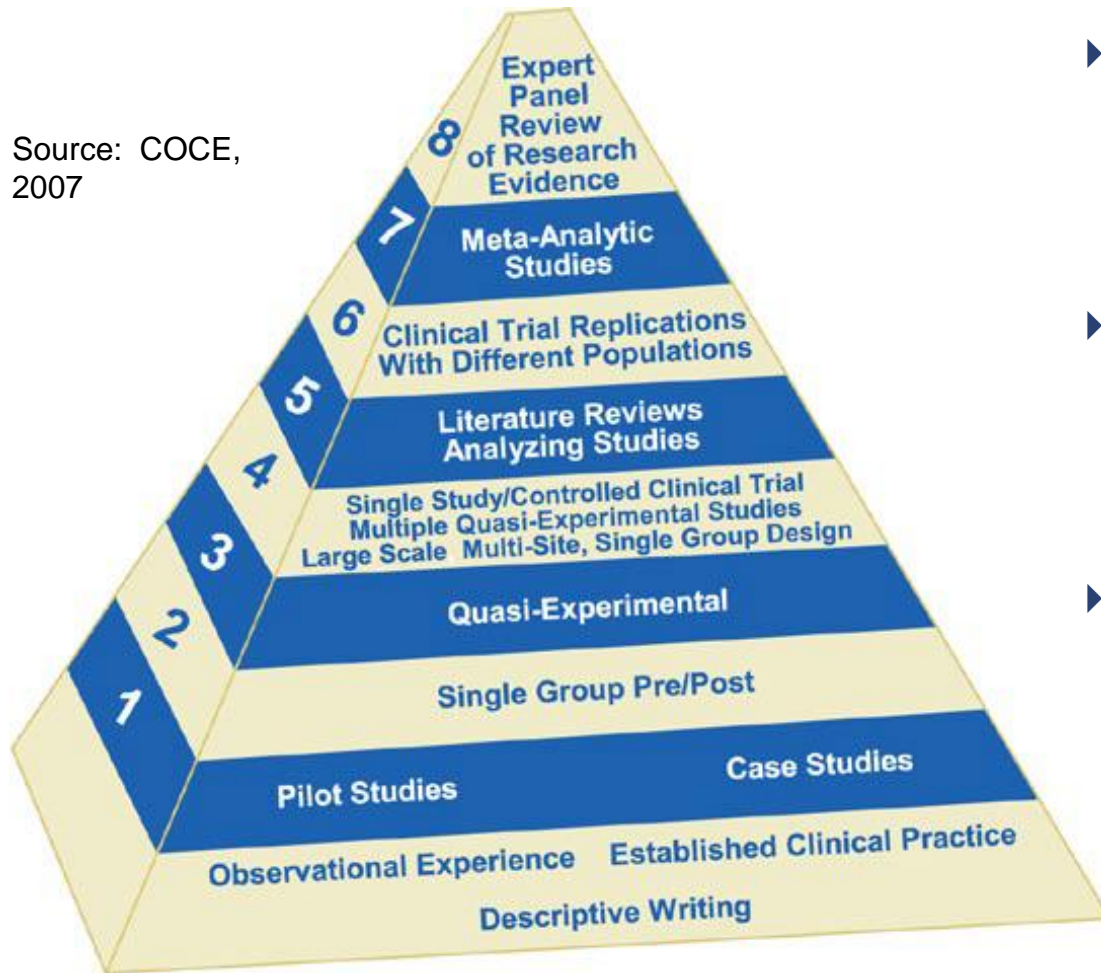
Grouping  
based on  
combinations  
of all  
three  
measures

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8
CR: LOW	CR: LOW	CR: LOW	CR: LOW	CR: MED/HIGH	CR: MED/HIGH	CR: MED/HIGH	CR: MED/HIGH
SA: LOW	SA: LOW	SA: MED/HIGH	SA: MED/HIGH	SA: LOW	SA: LOW	SA: MED/HIGH	SA: MED/HIGH
MI: LOW	MI: MED/HIGH	MI: LOW	MI: MED/HIGH	MI: LOW	MI: MED/HIGH	MI: LOW	MI: MED/HIGH

- ▶ It is assumed these responses will:
  - ▶ Incorporate EBPs and promising approaches
  - ▶ Be implemented with high fidelity to the model
  - ▶ Undergo ongoing testing/evaluation

# Evidence-Based Practices and Programs (EBPs)

Source: COCE, 2007



- ▶ Practices or programs that research shows increase likelihood of positive outcomes
- ▶ Most reliable way to achieve desired outcomes and should be used whenever possible
- ▶ However, are many services that are not designated EBPs, but that are still important components of a comprehensive treatment plan

# Comprehensive, Effective Community-Based Services

<b>EBP</b>	<b>Data for J I</b>	<b>Impact</b>
Housing	++	+++++
Integrated Tx	++++	++++
ACT	+++	+++
Supported Emp.	+	+++
Illness Mgmt.	+	++
Trauma Int./Inf	++	+++
Medications	++++	+++++
<b>CBT</b>	<b>++++</b>	<b>+++++</b>

# Today's Presentation

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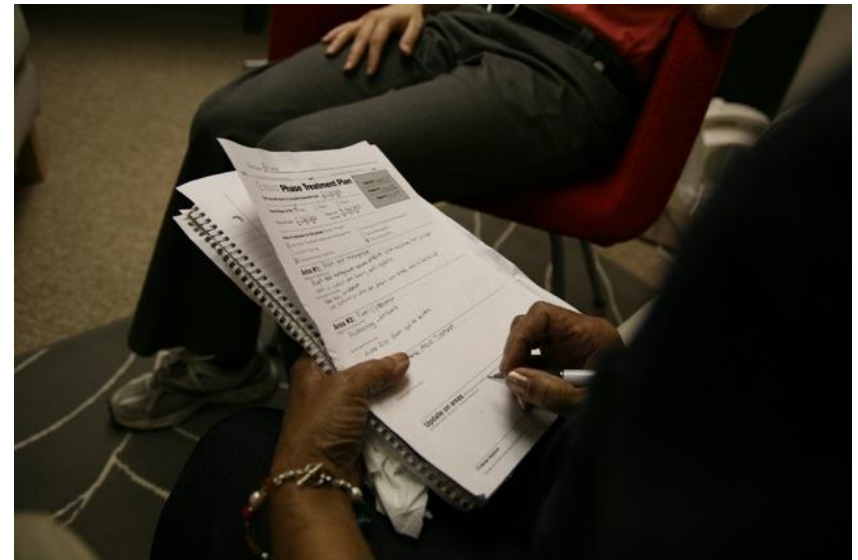
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## **Guideline 1:**

- ▶ Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and mental disorders, and criminogenic risk.



## **Guideline 2:**

- ▶ For individuals with positive screens, follow up with comprehensive assessments to guide appropriate program placement and service delivery. The assessment process should obtain information on:
  - ▶ Basic demographics and pathways to criminal involvement
  - ▶ Clinical needs
  - ▶ Strengths and protective factors
  - ▶ Social and community support needs
  - ▶ Public safety risks and needs

### **Guideline 3:**

- ▶ Develop individualized treatment and service plans using information obtained from the risk and need screening and assessment process.
  - ▶ Determine the appropriate level of treatment and intensity of supervision (when applicable).
  - ▶ Identify and target an individual's criminogenic needs.
  - ▶ Plan how to address those aspects of individuals' disorders that affect function.





## Guideline 4:

- ▶ Develop collaborative responses between behavioral health and criminal justice that match individuals' level of risk and behavioral health need with the appropriate levels of supervision and treatment.



## Guideline 5:

- ▶ Critical Time Interventions - Anticipate that the periods following release (the first hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with mental disorders and co-occurring substance use disorders leaving correctional settings.



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## Guideline 6:

- ▶ Develop policies and practices that promote continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision agencies.



## **Guideline 7:**

- ▶ Support adherence to treatment plans and supervision conditions through coordinated strategies that:
  - ▶ Provide a system of incentives and graduated sanctions to promote participation in treatment, maintain a “firm but fair” relationship style, and employ problem-solving strategies to encourage compliance.
  - ▶ Establish clear protocols and understanding across systems on how to respond to behaviors that constitute technical violations of community supervision conditions.

## Guideline 8:

- ▶ Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to advance cross-system goals.



## Guideline 9:

- ▶ Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental disorders and co-occurring substance use disorders who are involved in the criminal justice system.





## Guideline 10:

- ▶ Collect and analyze data to
  - ▶ Evaluate program performance;
  - ▶ Identify gaps in performance; and
  - ▶ Plan for long-term sustainability.



# New Opportunities under Health Reform

ACA provides two key vehicles for health insurance coverage expansion



## **Health insurance marketplaces**

combined with premium and cost sharing subsidies for those with incomes between 100-400% FPL



## **Medicaid expansion**

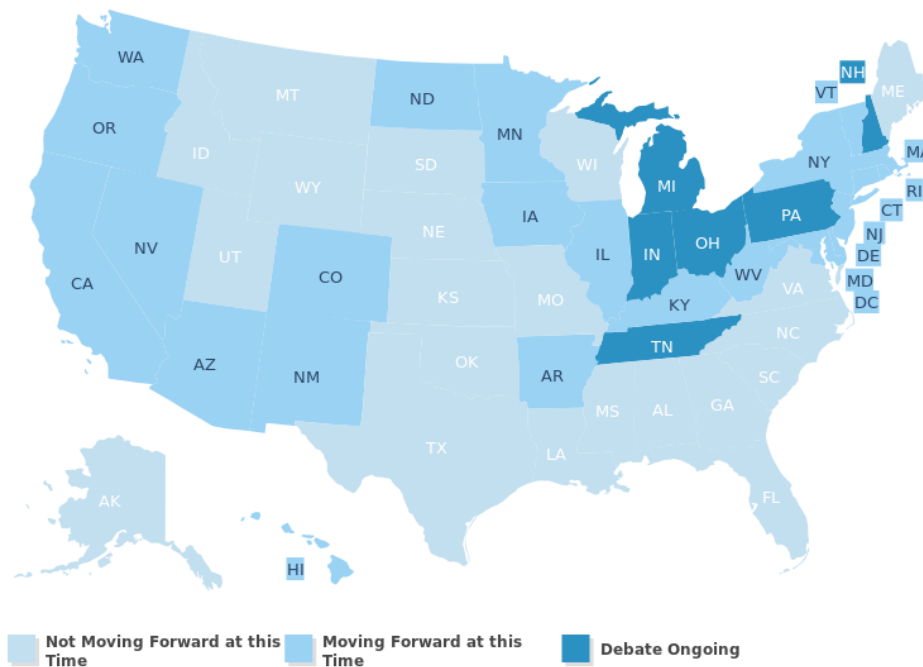
for individuals under age 65 with incomes up to 138% FPL



# Medicaid Expansion Decisions

## Medicaid Expansion Status by State

24 states are expanding, with 6 on the fence and 21 not moving forward



Source: Kaiser Family Foundation, July 2014

▶ The Congressional Budget Office estimates 15 million will gain coverage in 2014

- ▶ 8 million in Medicaid
- ▶ 7 million in the Exchange

▶ Nearly 2/3 of all individuals potentially eligible for Medicaid under the ACA live in states that are not expanding or are still debating expansion

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# A Practitioner's Perspective



Steven Allen, M.S.S.W.

*Executive Director, Mental Health  
and Substance Abuse Treatment  
Services, DHS Direct Care at  
State of Minnesota*

# Benefits of the “Guidelines”

- ▶ The Guidelines:
  - ▶ Leverage research to help focus resources where they can be most effective.
  - ▶ Recognize that offender populations are shared among multiple organizations.
  - ▶ Provide a platform for enhanced collaboration among varied partners that can benefit collaborators and the populations we work with.

# Wind in Our Sails...

- ▶ Increasingly, criminal justice systems are looking beyond the walls of institutions.
- ▶ Recent efforts in criminal justice settings to (1) better address mental illness within institutions and (2) reduce recidivism have led to initiatives like Transitions from Prison to Community (TPC).
- ▶ These broad-based efforts build linkages between corrections and community behavioral health services.
- ▶ But- these efforts also highlight “gaps and challenges.”

# Gaps & Challenges

- ▶ **Systemic**
  - ▶ Systems of care are episodic for chronic illnesses.
  - ▶ Criminal justice and behavioral health systems have different languages, philosophies, and priorities.
  - ▶ Funding, funding, funding...
- ▶ **Criminal Justice**
  - ▶ Housing and treatment services are difficult to secure for offender populations.
- ▶ **Behavioral Health**
  - ▶ Systems of care are not often designed for offender populations.
  - ▶ Staff are infrequently trained to work effectively with offenders.
  - ▶ Behavioral health provider systems are already taxed...
- ▶ **Information systems**

# Opportunities

- ▶ Changes in health care coming.
  - ▶ New funding sources
  - ▶ New funding models
  - ▶ Increasing recognition of structural changes needed for treatment of chronic conditions (i.e., “health homes”)
- ▶ Criminal justice systems can provide support, structure to increase adherence to treatment plans.
- ▶ Both systems can provide helpful training across provider groups.
- ▶ Working together can help significantly reduce the need for re-incarceration, reducing costs and improving public safety.

# Recommendations

- ▶ Develop or expand substance abuse treatment services in institutional settings.
  - ▶ Long enough, intense enough
  - ▶ Co-occurring
  - ▶ Address criminogenic factors
  - ▶ Access to transition services
- ▶ Administratively, remove barriers from coordinating mental health and substance abuse treatment services.
- ▶ Invest in specialized release and reintegration planning.



# Recommendations (cont'd)

- ▶ Develop efficient shared information strategies.
- ▶ Work at the systems level to form collaborations with key stakeholders across criminal justice and community behavioral health systems.
- ▶ Criminal justice systems “reach out” to community behavioral health providers.

# Guidelines Document



## *GUIDELINES FOR THE SUCCESSFUL TRANSITION OF PEOPLE WITH BEHAVIORAL HEALTH DISORDERS FROM JAIL AND PRISON*

*"Transition planning can only work if justice, mental health and substance abuse systems have a capacity and a commitment to work together."<sup>1</sup>*

The overrepresentation of people with behavioral health disorders in criminal justice settings is well documented. Arrest and incarceration have a significant impact on the recovery path of these individuals, create stress for their families, and adversely affect public safety and government spending. To achieve better outcomes, policy makers and researchers agree that a shift away from a reliance on incarceration to an emphasis on expanding capacity to supervise and treat individuals in the community is required. This shift has focused attention on the importance of cross-system approaches to provide effective criminal justice and behavioral health treatment interventions that have dual goals of reducing recidivism and promoting recovery. A critical component of cross-systems work occurs at the point of transition from jail or prison to community.

While there is overlap in the populations they serve, there has been little consensus among behavioral healthcare, corrections, and community corrections administrators and providers on who should be prioritized for treatment, what services they should receive, and how those interventions should be coordinated with supervision. To help professionals in the corrections and behavioral health systems take a coordinated approach toward reducing recidivism and advancing recovery, the [Adults with Behavioral Health Needs Under Correctional Supervision Framework](#) (*Behavioral Health Framework*) was developed.<sup>2</sup> The *Behavioral Health Framework* provides a structure to identify subgroups within the larger population of justice-involved individuals based on their identified behavioral health and criminogenic needs (factors associated with committing future crimes). It is a strategy to prioritize resources and to allocate those resources to the most effective interventions for those specific subgroups.

In order to affect successful transition and reentry, behavioral health, corrections, and community corrections agencies should partner on state and local levels to develop cross-system approaches based on the principles of the *Behavioral Health Framework*. Tools such as the APIC model<sup>10</sup> are available to help jurisdictions implement approaches to improve outcomes for people with substance

Studies reveal large numbers of individuals under corrections control and supervision have behavioral health problems:

- Nearly 70 percent of adults entering jails and more than 50 percent in state prisons have a substance abuse disorder.<sup>2</sup>
- Approximately 17 percent of adults entering jails and state prisons have a serious mental illness.<sup>3</sup>
- Large numbers of adults on probation and parole have a need for behavioral health treatment.<sup>4</sup>
- Community-based treatment providers see these individuals in large numbers. The criminal justice system is the single largest source of referral to the public substance abuse treatment system.<sup>5</sup> Given the prevalence of mental disorders among the 650,000 state prisoners released each year<sup>6</sup> and the more than 9 million from jails,<sup>7</sup> the same can likely be said for mental health providers.<sup>8</sup>

- An overview document with a summary of the guidelines
- Available at <http://gainscenter.samhsa.gov/>

The full document will be available on the GAINS Center's website later this Fall.

# Resources

## Websites

- ▶ Council of State Governments Justice Center: [csgjusticecenter.org](http://csgjusticecenter.org)
- ▶ GAINS Center for Behavioral Health and Justice Transformation: [gainscenter.samhsa.gov](http://gainscenter.samhsa.gov)

## Publications

- ▶ Blandford, Alex M., and Fred C. Osher. *A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012. Available at, <http://gainscenter.samhsa.gov/cms-assets/documents/73659-994452.ebpchecklistfinal.pdf>
- ▶ Osher, F., Steadman., H.J., Barr, H., (2002) *A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model*: Delmar, NY: The National GAINS Center. Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>
- ▶ Roger H. Peters, Marla G. Bartoi, Pattie B. Sherman. "Screening and Assessment of Co-Occurring Disorders in the Justice System." *CMHS National GAINS Center*. 2008. Available at: <http://gains.prainc.com/pdfs/disorders/ScreeningAndAssessment.pdf>

# Thank You!

The webinar recording and PowerPoint presentation will be available on <http://gainscenter.samhsa.gov/> within a week.

*This material was developed by the presenters for this webinar.*

*Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA), Bureau of Justice Assistance (BJA), GAINS Center for Behavioral Health and Justice Transformation, Council of State Governments Justice Center, members of the Council of State Governments, or funding agencies supporting the work.*

## Suggested Citation:

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