The presentations will begin at 2:00 p.m. EDT.

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Phone number: 1-855-749-4750
Access Code: 660210817

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Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover
Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison

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The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
• Questions
  – Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits at the end of the presentation.

• Recording
  – This webinar is being recorded.
• Opening Remarks & Presenter Introductions
  – David Morrissette, SAMHSA/CMHS

• Using the APIC Model and the Implementation Guidelines
  – Travis Parker, SAMHSA’s GAINS Center

• A Jail Administrator’s Perspective
  – Lt. Ryan C. Kidwell, Hancock County Sheriff’s Office

• Behavioral Health and Reentry
  – Candace Allen, Helen Ross McNabb Center
Poll

What type of agency do you represent?

– Law enforcement
– Corrections or community corrections
– Courts, prosecutors, or indigent defense
– Mental health
– Substance use
– Family or consumer-operated organization
– Other
Opening Remarks

David Morrissette, Ph.D., LCSW
Capt., U.S. Public Health Service
SAMHSA/CMHS
Introducing Today’s Presenters

Travis Parker, Senior Project Associate II, SAMHSA’s GAINS Center

• Provides training and technical assistance through SAMHSA’s GAINS Center

• Has extensive experience as a provider of behavioral health services and as an administrator within behavioral health and managed care organizations. Previous roles include:
  – Vice President of System Transformation/Tribal Liaison and Director of Clinical Services for Magellan Behavioral Health of Nebraska
  – Deputy Director of the Community Mental Health Center (CMHC) of Lancaster County, Nebraska
  – Program Director for the Behavioral Health Jail Diversion Program and the Emergency Services, Homeless, and Special Needs Departments at the CMHC of Lancaster County, Nebraska
Introducing Today’s Presenters

Lt. Ryan Kidwell, Jail Administrator, Hancock County Sheriff’s Office

•Began his career at the Hancock County Sheriff’s Office in October 1991 and has served as the Hancock County Jail Administrator since January 2006.

•Serves as a board member of the Buckeye State Sheriff’s Association as the Northwest District Deputy Director.
  – Serves on several of the board’s committees, including the Community Corrections Committee, which addresses matters specific to Sheriff’s jail operations and correctional issues.

•Received the Sheriff’s Leadership Award in 2006.

•Has served as a Local Corrections Training Commander.
Introducing Today’s Presenters

Candace Allen, Senior Director of Adult Intensive Mental Health Services, Helen Ross McNabb Center

• Has worked for the Helen Ross McNabb Center for 26 years
• Oversees the Helen Ross McNabb Center’s Crisis Division, which includes mobile crisis, crisis stabilization, victim services, and intensive outpatient services
• Guided the development of partnerships with the Knoxville Police Department and the Knox County Sherriff’s Department to secure funding and grants to serve individuals with behavioral health conditions
• Serves as the Knoxville/Knox County/University of Tennessee Crisis Intervention Training Coordinator
Using the APIC Model and the Implementation Guidelines

Travis Parker
SAMHSA’s GAINS Center
To provide behavioral health, correctional, and community stakeholders with examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.
WHO ARE THE PEOPLE WE ARE SERVING?
People with Mental Health Conditions in Jails

General Population

- No SMI: 96%
- SMI: 4%

Jail SMI Prevalence

- No SMI: 83%
- SMI: 17%

COD: 72%
No COD: 28%
Jails and People with Substance Use Disorders

Drug Testing of Arrestees

- Negative: 20%
- Positive: 80%

68% of jail inmates have a SUD.

Jail Population with SUDs

- SUD Only: 46%
- SUD + SMI: 22%
- No SUDs: 32%
<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>95.5%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Male</td>
<td>88.6%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Total</td>
<td>92.2%</td>
<td>79.0%</td>
</tr>
</tbody>
</table>
Why is Transition Planning Out of Corrections Critical?

• “Upon release from jail or prison, many people with mental or substance use disorders continue to lack access to services and, too often, become enmeshed in a cycle of costly justice system involvement.” (Pew Center on the States, 2011)
Why is Transition Planning Out of Corrections Critical? (cont.)

• “Indeed, the least developed jail-based service is transition planning.” (Steadman & Veysey, 1997)

• Through the Sequential Intercept Mappings we have provided as technical assistance during the previous 12 years, this remains a very common gap, 20 years later, in jurisdictions all across the United States.
Reentry: A Matter of Life and Death

  - 443 died during follow-up period of 1.9 years
  - Death rate 3.5 times higher than general population
  - Death rate for inmates with serious mental illness 12.7 times higher in the 14 days following release
- Primary causes of death
  - Drug overdose, heart disease, homicide, and suicide
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess</td>
<td>Assess the inmate’s clinical and social needs and public safety risks</td>
</tr>
<tr>
<td>Plan</td>
<td>Plan for the treatment and services required to address the inmate’s needs</td>
</tr>
<tr>
<td>Identify</td>
<td>Identify required community and correctional programs responsible for post-release services</td>
</tr>
<tr>
<td>Coordinate</td>
<td>Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services</td>
</tr>
</tbody>
</table>
THE RELATIONSHIP BETWEEN THE APIC MODEL AND THE 10 IMPLEMENTATION GUIDELINES
Assess

Guideline 1
Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum.

Guideline 2
For individuals with positive screens, follow up with comprehensive assessments to guide appropriate program placement and service delivery.
Plan

Guideline 3
Develop individualized treatment and service plans using information obtained from the risk and needs screening and assessment process.

Guideline 4
Develop collaborative responses between behavioral health and criminal justice that match individuals’ levels of risk and behavioral health need with the appropriate levels of supervision and treatment.
Identify

Guideline 5
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 persons with co-occurring mental and substance use disorders leaving correctional settings.

Guideline 6
Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision strategies.
Coordinate

Guideline 7
Support adherence to treatment plans and supervision conditions through coordinated strategies.

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.
Coordinate (cont.)

Guideline 9
Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with co-occurring mental and 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.
This is our story of what we found was necessary to institute the change in successfully transitioning individuals with mental and substance use disorders back to the community...
Jail Dynamics

• Recognized that the dynamics of our jail population was continually changing
  – Increase in the number of individuals with mental and substance use disorders who were entering and exiting our facility with limited assistance and guidance for successful futures

• Lessen recidivism for this population
Crisis Intervention Team

• Our story began in 2007 by investing in the completion of the 40-hour Memphis Model Crisis Intervention Team (CIT) training.
  – CIT training continued over the course of the next several years until all staff were trained.

• As a CIT coordinator for our Sheriffs Office and active member of our local CIT planning committee, we continue to offer the 40-hour training annually.
CIT Benefits

• CIT provided our staff a more in-depth education about
  – Mental health
  – De-escalation techniques for safe resolutions in working with incarcerated individuals with mental and substance use disorders
  – Local mental health service providers and services available post-release
Dispatcher CIT Training

• An abbreviated CIT training program was developed for our dispatchers on
  – Verbal cues of a mental health call
  – Utilizing de-escalation techniques in calming a caller experiencing a behavioral health crisis

• Conducting dispatcher training assisted responding law enforcement officers
  – Offered details specific to the call prior to their arrival, assisting them in reaching safer resolutions and furthering the possibility of diverting the caller experiencing a behavioral health crisis from jail
Occupational Therapy

• In 2010 through a collaboration with the University of Findlay Occupational Therapy Department, we began offering Occupational Therapy Programming through Level II students who were completing their Master’s Degree program.
Occupational Therapy Benefits

- Supporting positive change in the social and emotional well-being of inmates
- Reducing risk of inmates returning to jail
- Providing hands-on-learning and practice (increasing cognitive skills)
- Expanding on current skills while developing new skills
Occupational Therapy Benefits (cont.)

• Promotes positive decision-making
• Engages individuals in healthy roles and routines
• Equips inmates with improved life skills for successful reentry to the community
• Provides developmentally appropriate information and skill building techniques, including:
  – Pre-employment
  – Financial management
  – Positive communication and coping
  – Healthy leisure interests
  – Time management
  – Housing and community supports
Licensed Social Worker

• In 2012, we increased services for people with mental and substance use disorders through a collaboration with our local community behavioral health agency.
  – Increased our Licensed Social Worker (LSW) hours from part-time to full-time by sharing half the cost
LSW Services

- Evaluation of high-risk behaviors, including the development of safety plans
- Assessment to determine the need for behavioral health intervention
- Provision of individual and group interventions based on best practices
- Coordination of care with jail staff
- Development of transition/discharge plans
- Referral to linkages and appropriate after-care agencies
- Crisis intervention, de-escalation, and stabilization of inmates
Case Management and Discharge Planning

• In 2013, the Hancock County Alcohol Drug Addiction Mental Health Services Board received a grant (since sustained) through Ohio Attorney General Mike DeWine’s Office.

   – Grant focus: crisis stabilization, case management, and discharge planning services for those incarcerated with mental and substance use disorders.
In 2014, implemented a Criminal Justice and Behavioral Health Linkage Grant (Ohio Department Mental Health and Addiction Services)

- Peer and family support services
- Outreach aftercare coordinator for inmates with mental and substance use disorders
- Treatment orientation groups
Additional Linkages

• Services have provided for increased community linkages for inmates with mental and substance use disorders

• Agency-designated staff also play an active role in being part of our local trauma-informed learning community
Shared Framework for Reducing Recidivism and Promoting Recovery

- Developed by the National Institute of Corrections, the Council of State Governments Justice Center, and the Bureau of Justice Assistance.
- This framework provides an approach to achieve better outcomes for adults in contact with the criminal justice system with mental and substance use disorders.
- This provides for a way to collectively improve the lives of people with mental and substance use disorders while improving public safety.
Assessment

• With this framework, we have implemented an assessment process that addresses behavioral health and criminal risk:
  – GAIN-Short Screener for behavioral health issues, criminal risk, and need
  – Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  – Ohio Risk Assessment System (ORAS)
Risk Assessment Benefits

• The framework has allowed us to develop programming within the jail that places individuals into appropriate risk and need groups.
  – Doing so separates those with high risk from medium risk, so those inmates at lower risk levels do not learn the risky behaviors of those at higher risk levels.

• Ultimately, this provides for better outcomes while encouraging continuation of services once released.
Vivitrol Protocol

• In 2015, we developed a process to address people who work toward recovery from an opioid use disorder.

• With the courts and a treatment provider, we established a Vivitrol protocol.

• While incarcerated, we conduct the necessary medical and psychological evaluations to determine suitability for the program.

• If qualified, the treatment provider transports the individual at the time of release directly to their offices and administers the medication.
Operational & Administrative Considerations

• Operational and administration functions must be considered when implementing change:
  – Facility policies and procedures
  – Operational processes: classification, full body scanner, cameras, man-down alarms
  – Staff training on correctional officer, supervisor, and administrative roles
  – Practical and application issues
Lessons Learned

• Community partners are essential to provide wraparound services in transitioning from jail to community
• Continuous quality improvement procedures
• Evaluation of linkages projects with Northeast Ohio Medical University
• Full body scanner for inmates returning from out-of-custody programming
• Incentives for programming
• Sequential Intercept Model
Our goal aligns with the community’s goal to divert individuals with mental and substance use disorders to treatment, when appropriate.

For people who cannot be diverted, our efforts are focused on successfully transitioning individuals with mental and substance use disorders from the jail to community.

Our goal is to reduce recidivism, promote recovery, and increase stability in the community.
The Center at a Glance

• Individuals served have the fewest resources and the most severe disorders and social challenges.

• The Center has the largest continuum of care for children and youth facing serious emotional disturbances in our region.

• Private philanthropy through the Foundation provides the Center with the ability to serve uninsured and underinsured children.

• The Center is the only provider of residential alcohol and drug treatment for uninsured individuals in the 865 area code.

• The Center is only one of six alcohol and drug treatment programs for pregnant women in the nation.
The Center at a Glance (cont.)

• The Center provides mental health care services in area jails, schools, and hospitals.
• The Center operates a mental health crisis system for the greater Knoxville area.
• Provides Crisis Intervention Team (CIT) training for local law enforcement.
• Provides supportive housing for vulnerable populations, such as Veterans, single-parents, individuals who are experiencing homelessness with behavioral health issues, and victims of domestic violence (services provided through the Family Crisis Center)
Jail-Based Behavioral Health Services

- **1980**: Informal community service
- **1997**: Formal contract with the Knox County Sheriff’s Office
- **Staffing**: 2 full-time Licensed Clinical Social Workers and 1 MD psychiatrist providing 40 hours/month of psychiatric care
- **Services Provided**: For FY16 (June 2015-July 2016), served 1,358 individuals
- Services correlate with the American Correctional Association standards
Inmate Screened in Booking by Officer (includes mental health, suicide, physical health)

**NO**
Inmate sent to pre-classification

**Note:** Inmates can be placed on any of these lists at any point during their incarceration. Inmates also have access to the kiosk to place sick calls (must be answered in 72 hours) and request peer support. Other lists include: mental health release planning and mental health PREA.

**YES**
Inmate assessed by nursing while in intake due to positive screening for MH, suicidal ideation, etc.

Based off nursing assessment, inmate placed on one of several mental health lists.

**Acute List:** Assess within 24 hours (inmates with suicidal behavior, recent attempt, severe depression, recent major loss, recent discharge from psych facility, apparent psychosis, severe intoxication

**Intake/Release:** Assess with 14 days (inmates with history of mental health services, current/past psych meds, history of suicidal behavior, severe depression, anxiety, panic

**General List:** Assess within 14 days (inmates with history of mental health services, current/past psych meds, history of suicidal behavior, request to see social worker/release planner/change meds, medication side effects, request for peer support, request to change alerts, PREA follow-ups

**Psychiatrist:** start/change meds, hoarding incidents, side effects, formulary issues

54
• Created mental health flags (psychological impairment, mental deficiency, history of suicidal tendencies)
• Weekly mental health treatment team meetings—social workers, psychiatrist, mental health RN, jail officers working with inmates with mental illness, and facility commanders
• Will begin implementing the Columbia-Suicide Severity Rating Scale facility-wide
• Crisis Intervention Team training in the jail
Jail-Based Behavioral Health Services (cont.)

• Peer Support Program - developed as a weekly group for support for individuals at risk of suicide; graduates of this program become eligible to become peer supporters
  – Peer supporters get housed with individuals that are identified by the mental health treatment team at risk of suicidal ideation
  – Supporters have reduced attempts by 50% in the quarter (January-March 2017) as compared to the same quarter of the previous year.

• Outcomes
  – Every inmate presenting with a mental health crisis is seen the same day
  – Psychiatrists provided 524 hours of face-to-face time with inmates in FY16
  – Daily support and consultation on mental health and behavioral issues is provided to Knox County Sheriff’s correctional staff
Jail-Based Peer Support

- Goal: decrease suicide attempts in the jail
- A process of inmate-to-inmate support for those identified as being at risk for suicide, or for those inmates who have actually attempted in the past (incorporated into the facility policy and procedures)
- Suicide prevention course is facilitated by a member of the mental health team
  - Group length is one hour a week for four weeks.
  - Completion of the course allows the inmate to become eligible to be a “supporter”
    - When inmate is “sitting” with someone, that inmate becomes eligible for sentence reduction credits
Criminal Justice Mental Health Liaison Program

• **2001:** Contract with Tennessee Department of Mental Health and Substance Abuse Services

• **Staffing:**
  – Three Master’s-level liaisons serving seven county jails
  – Provide mental health and alcohol/drug assessments
  – Develop comprehensive release plans for individuals with mental health conditions or co-occurring disorders
  – Assist in setting up treatment, including substance use treatment, mental health appointments, and group homes
Staffing cont.:
- Two and a half Bachelor’s-level case managers and one Certified Peer Recovery Specialist provide re-entry case management services to identified clients in those seven counties
- Provide planning, facilitation, coordination, advocacy, follow-up, and linkage for individuals with mental and substance use disorders
- Primary services are delivered in the community setting
- Peer Role: share personal story of recovery, encourage treatment/12-step meetings, provide positive social interactions, assist with recovery services

Services Provided: For FY16 (July 2015-June 2016), served 1,501 individuals

Law Enforcement Trainings: Trained over 2,800 officers in 11 agencies on mental health, suicide, and de-escalation
Forensic Evaluations

• **1977**: Contract with Tennessee Department of Mental Health and Substance Abuse Services, Forensics Division

• **Staffing**: Two contract Ph.D. Psychologists, one Licensed Clinical Social Worker, and one Forensic Secretary

• **Services Provided**: For FY16 (July 2015-June 2016), evaluated 74 clients submitting 81 letters to Knox County Court Systems
• **Assess:**
  – The mental health team provide thorough assessments for individuals that have entered the facility with a positive screen for mental health and substance use disorders and/or suicide risk.

• **Plan:**
  – All individuals assessed by the mental health team have treatment plans developed while in custody and are sent to the CJMHL (within 30 days of incarceration) to begin planning for re-entry.
  – The mental health team along with officers and facility command staff meet weekly to coordinate plans across systems, discuss difficult cases, peer supporter status, forensic cases, and plans for release.
Identify:

– The Criminal Justice Mental Health Case Managers assist individuals in adhering to treatment plans developed while in custody meeting them “on the steps” as they exit the jail.

Coordinate:

– Criminal Justice staff train all officers in mental health, substance use, suicide prevention and intervention and basic crisis de-escalation.

– Specialized training is offered to correctional staff.
Obtaining the Implementation Guide

- Available from the SAMHSA Store
- Search “Implementation Guide”, or
- Click “New Products” section on landing page
Questions

• Please submit your questions to the presenters in the Q&A pod

• The presenters will address as many questions as time permits.
Contact Us

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