

Responding to Adults with Substance Abuse and Mental Health Needs under Correctional Supervision

Second Chances and Safer Communities

Fred Osher, M.D.

May 23, 2012

Council of State Governments Justice Center

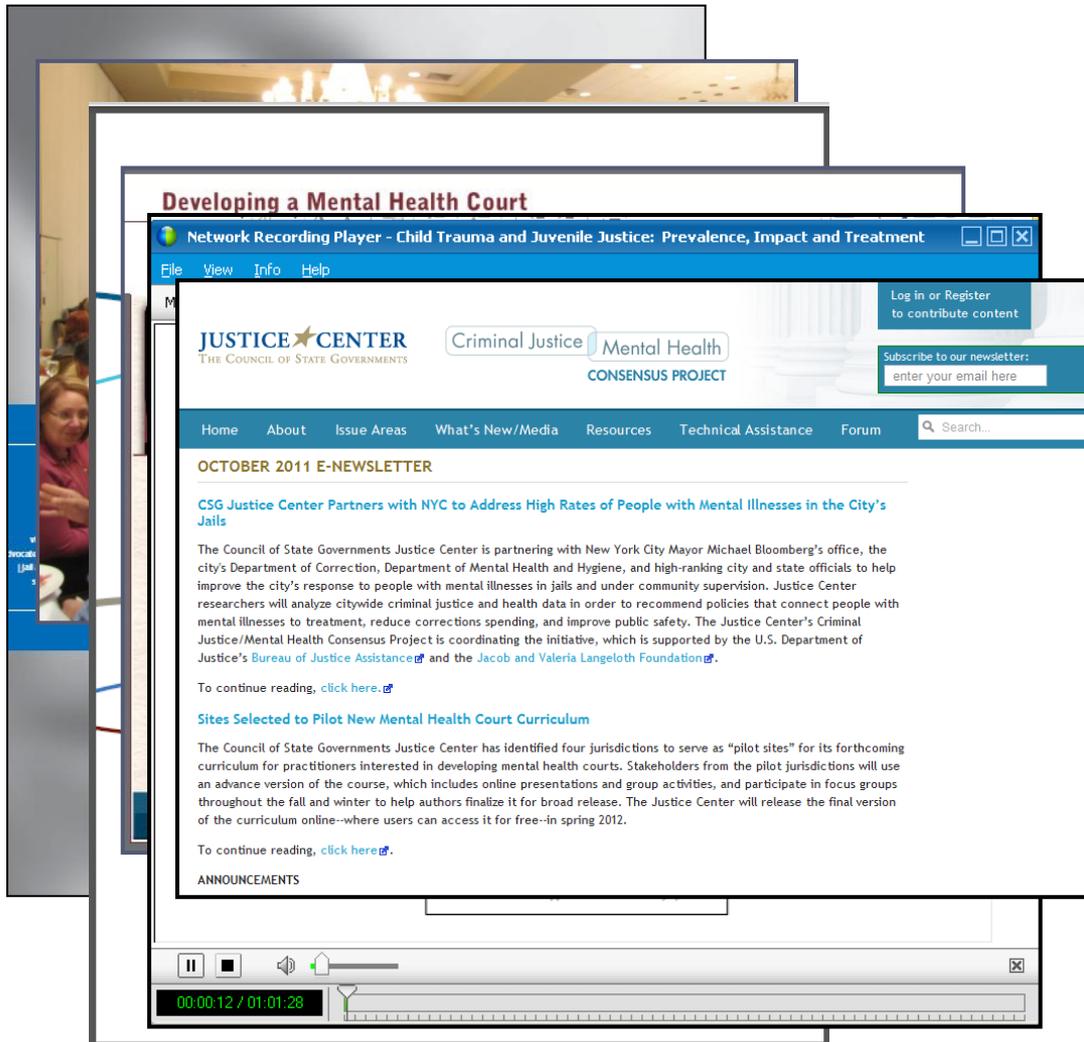
- ▶ **National non-profit, non partisan membership association of state government officials**
- ▶ **Represents all three branches of state government**
- ▶ **Justice Center provides practical, nonpartisan advice informed by the best available evidence**

- **Criminal Justice & Behavioral Health**
- **Consensus Project**

- **Reentry Policy Council**
- **What Works Clearinghouse**
- **National Reentry Resource Center**

- **Justice Reinvestment**
-
- 

Services



- ✓ Consensus Project Report
- ✓ TA Provider to sites receiving federal grants
- ✓ Information Sharing in Criminal Justice – Mental Health Collaborations
- ✓ Online Curriculum for Mental Health Courts
- ✓ Webinars
- ✓ Consensus Project Newsletter

Today's Presentation

An Overview of Mental Illnesses in the Criminal Justice System

Target Population and the Risk-Need-Responsivity Model

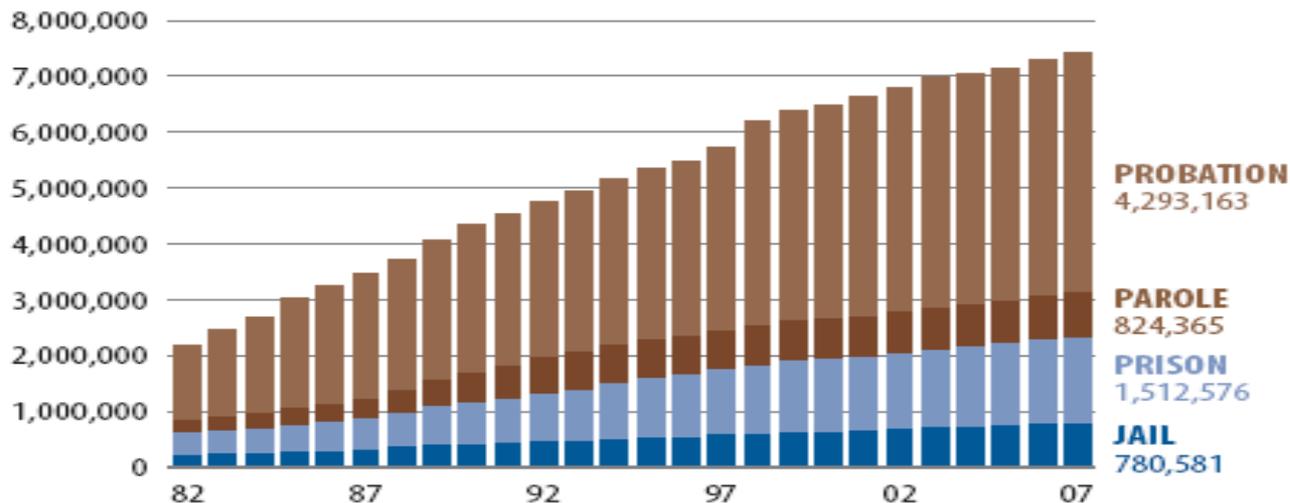
Comprehensive and Effective Services

Questions & Answers

An Expanding Population under Correctional Supervision

7 MILLION AND COUNTING

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

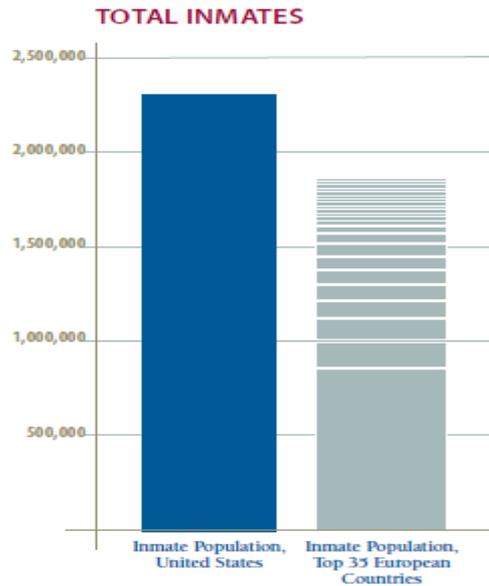
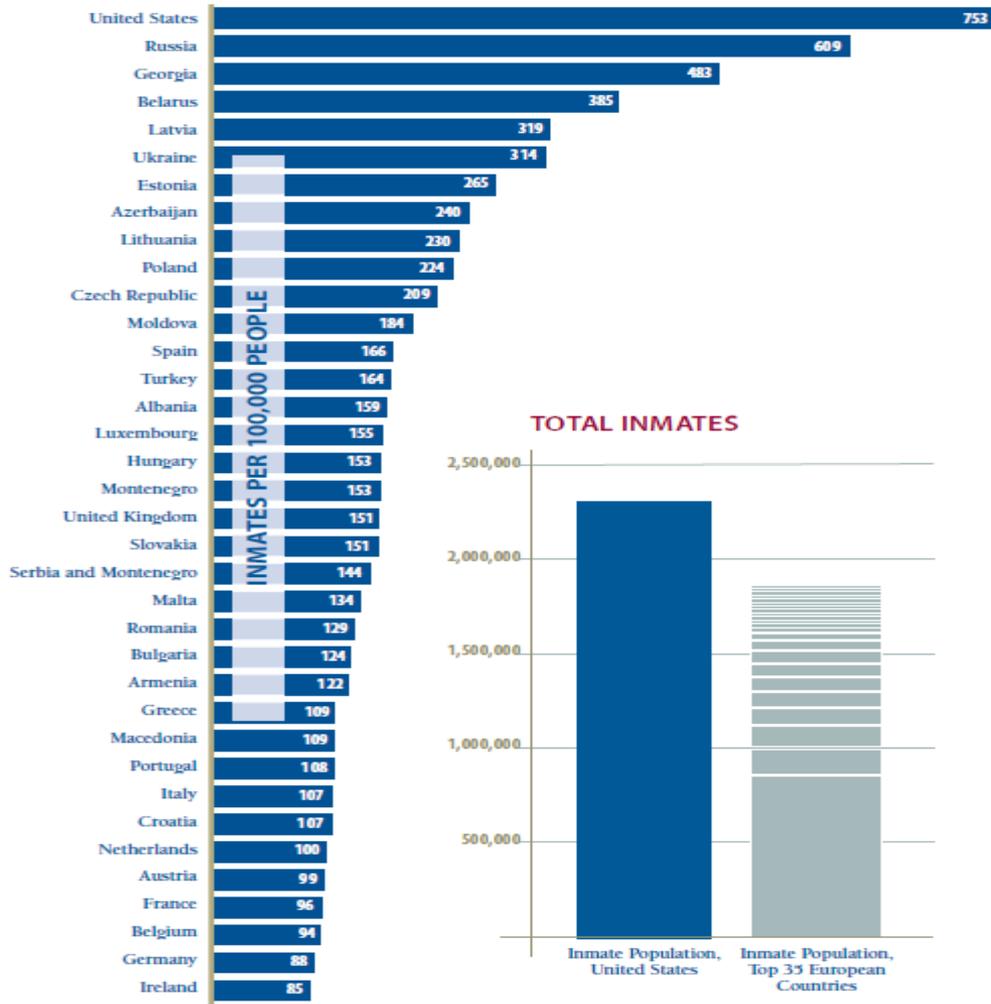


SOURCE: Bureau of Justice Statistics Correctional Surveys available at <http://www.ojp.usdoj.gov/bjs/glance/tables/corr2tab.htm>.

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

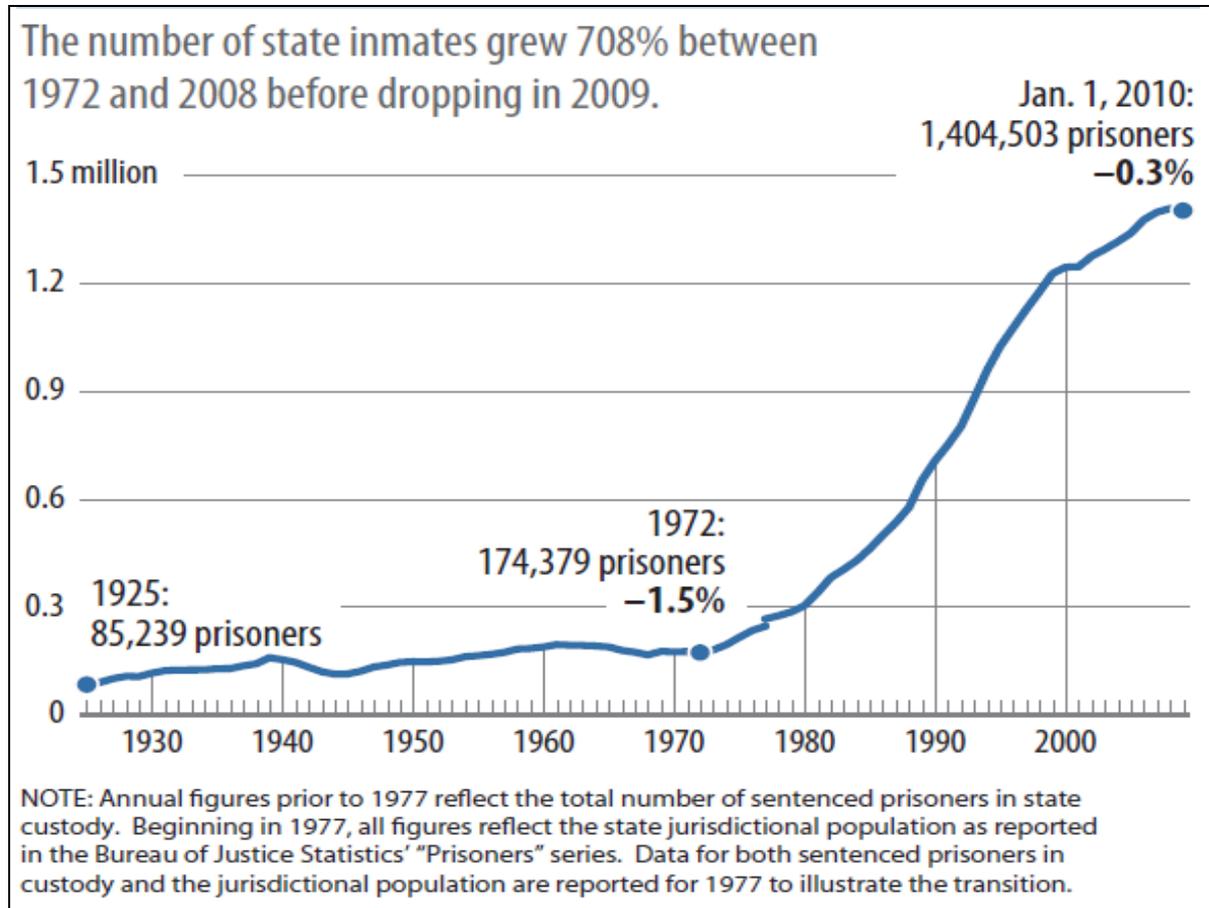
FIGURE 1

THE UNITED STATES HOUSES MORE INMATES THAN THE TOP 35 EUROPEAN COUNTRIES COMBINED



5% of
Worlds
Population
23% of
Worlds
Prisoners

Recent Decline in State Prison Population



**First decline
in state prison
populations in
38 years**

Source: The Pew Center on the States; Public Safety Performance Project

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



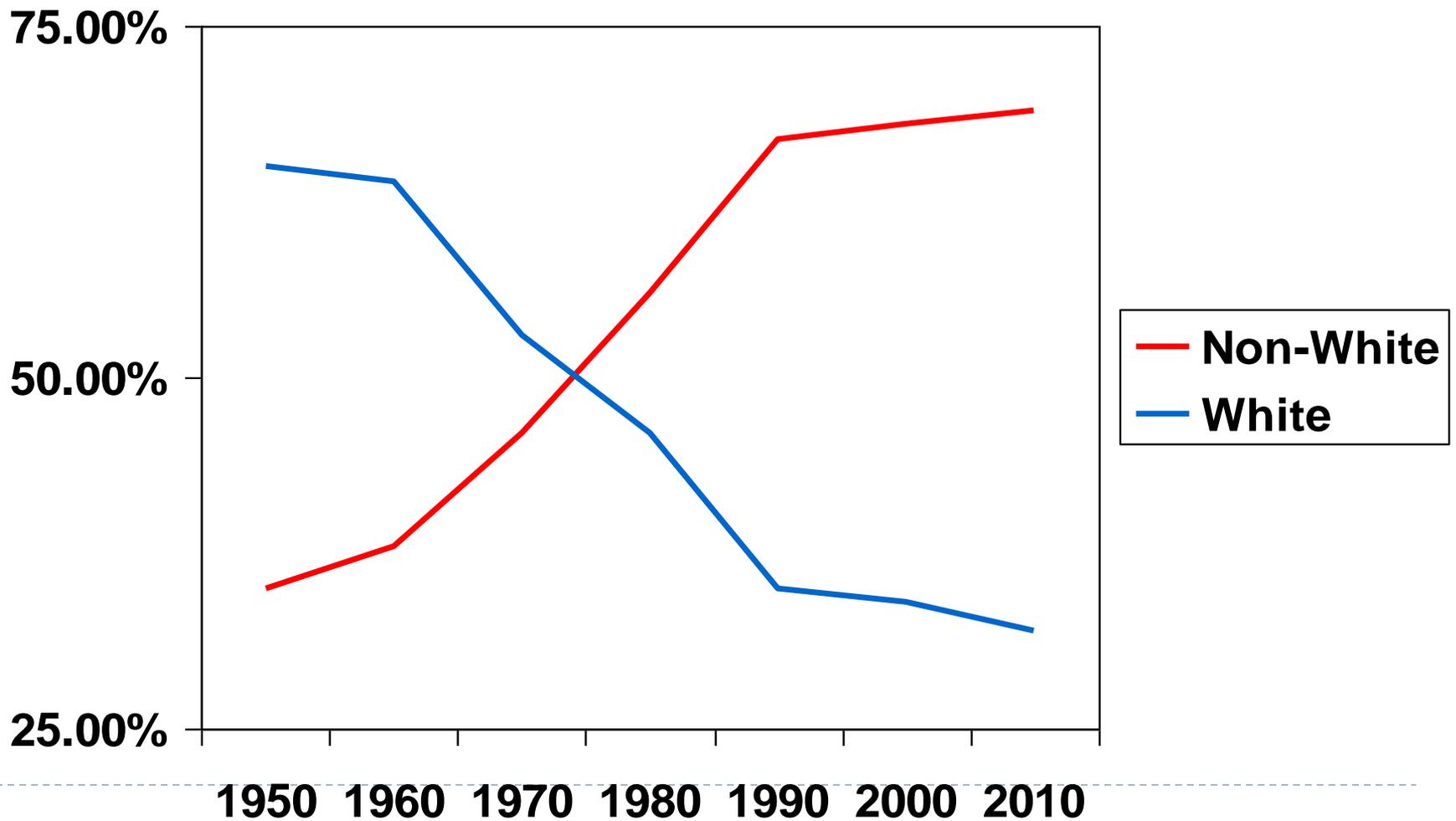
BLACK 1 IN 11



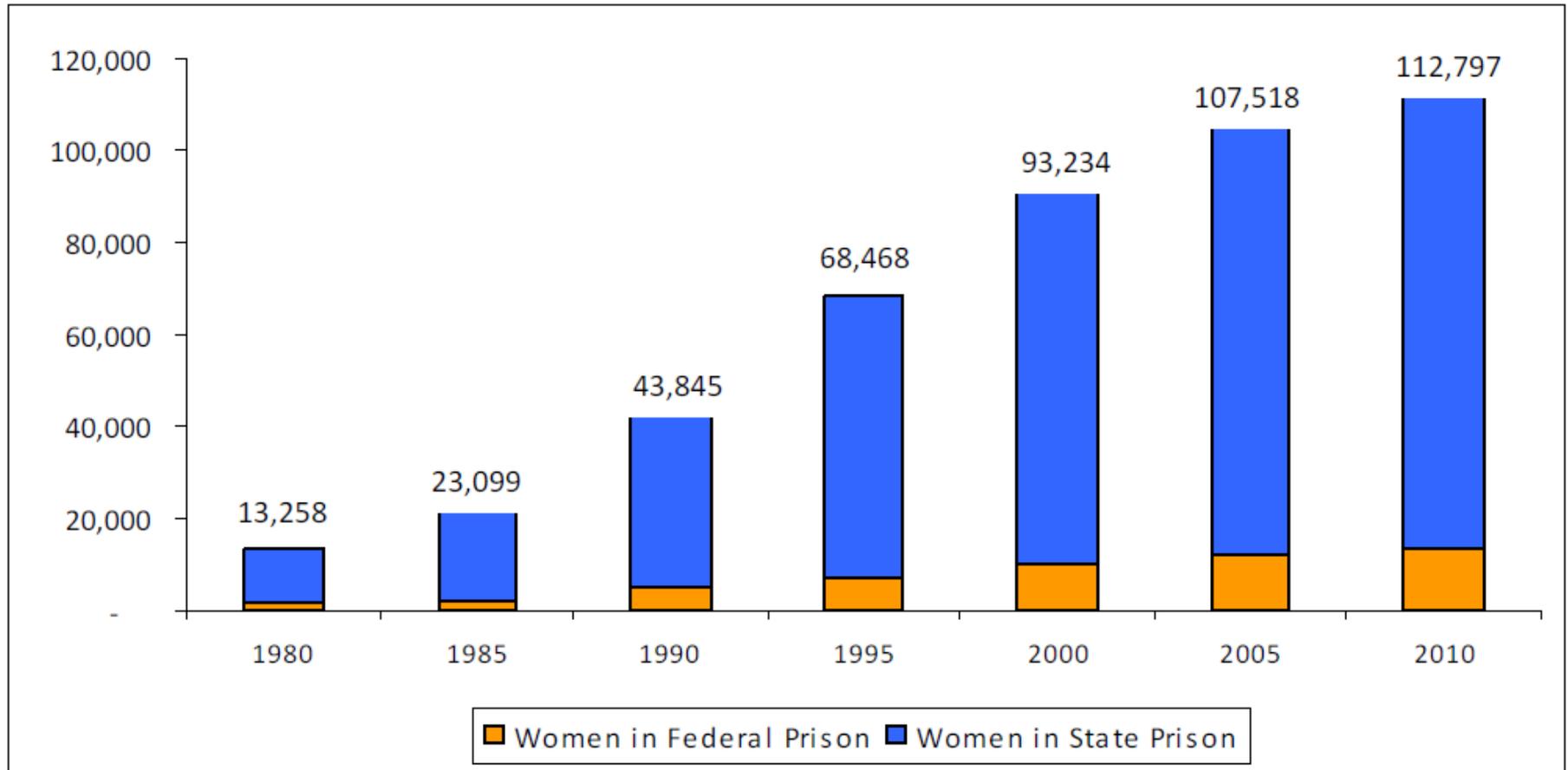
SOURCE: Calculation for year end 2007 based on data from the Bureau of Justice Statistics "Prisons and Jails at Midyear" series as well as "Probation and Parole at Yearend" series available at <http://www.ojp.usdoj.gov/bjs> and the U.S. Census State Population Estimates.

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

State and Federal Prisoners: White vs. Non-white over time: 1950 to 2010



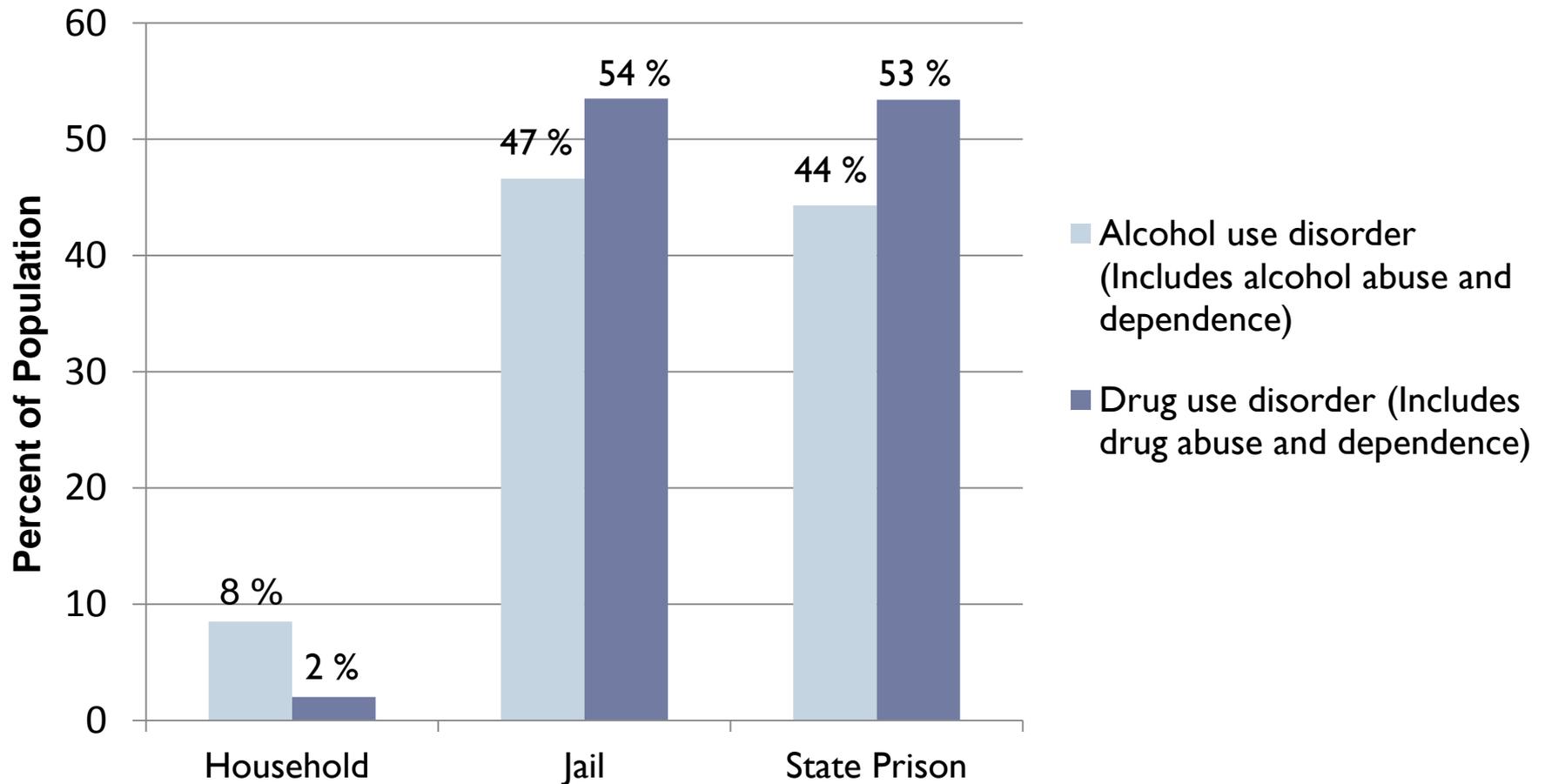
NUMBER OF WOMEN IN FEDERAL AND STATE PRISONS, 1980-2010



Source: Guerino, P., Harrison, P. M., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics.

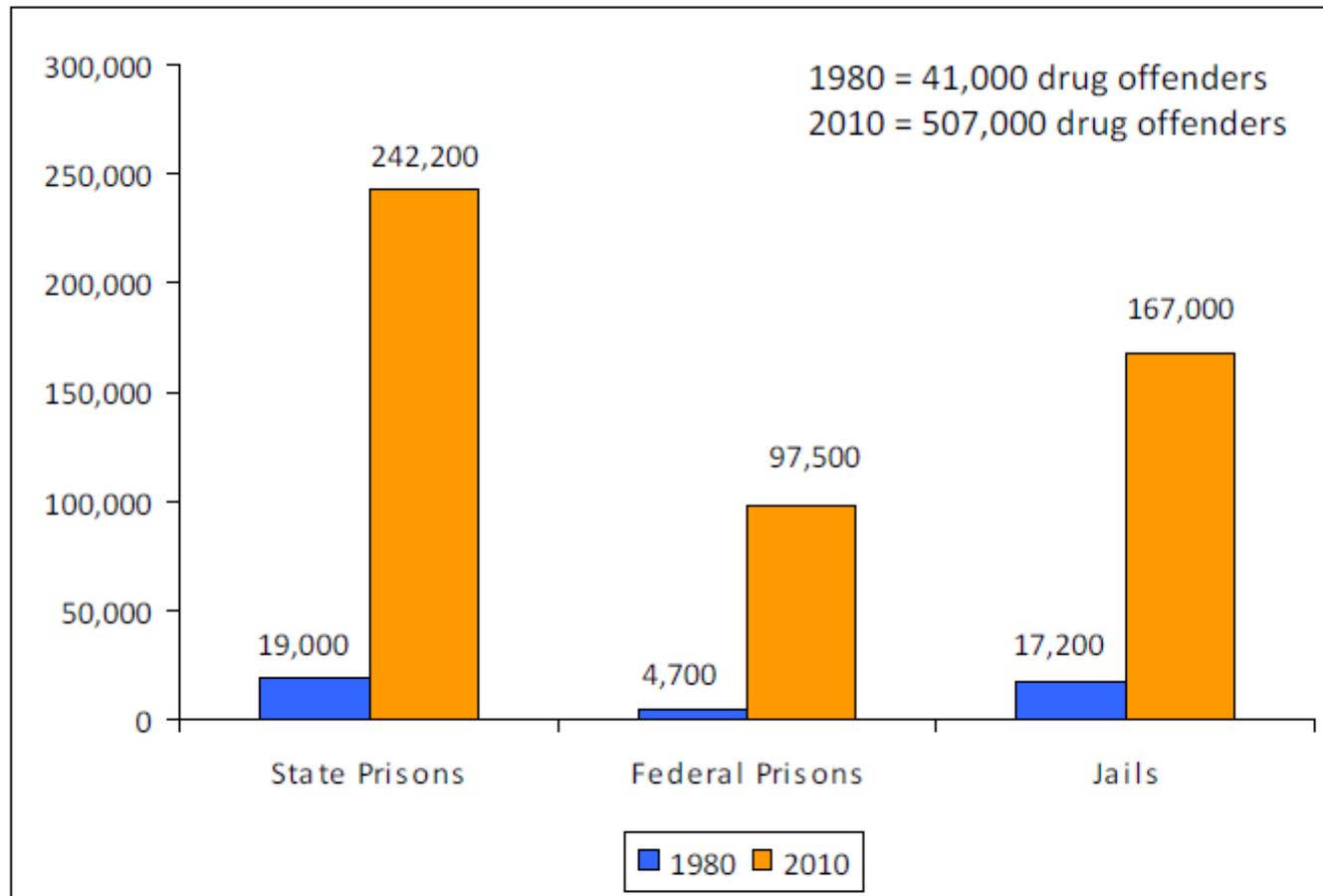


Alcohol and Drug Use Disorders: Household vs. Jail vs. State Prison



Source: Abrams & Teplin (2010)

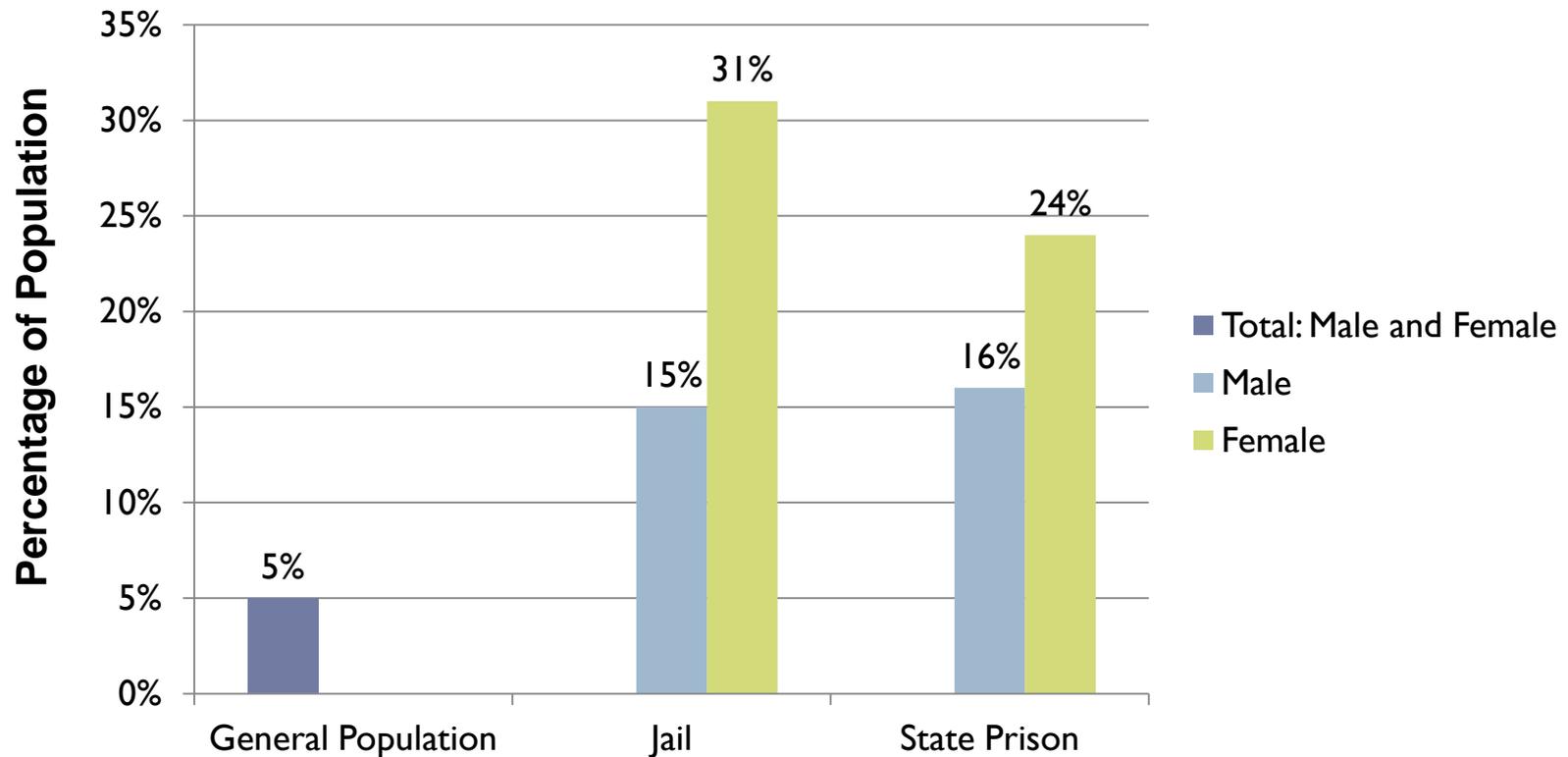
NUMBER OF PEOPLE IN PRISONS AND JAILS FOR DRUG OFFENSES, 1980 AND 2010



Sources: Guerino, P. M., Harrison, P., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics; Mauer, M. and King, R. (2007). *A 25-Year Quagmire: The War on Drugs and its Impact on American Society*. Washington, DC: The Sentencing Project.

Serious Mental Illnesses (SMI): An Issue in Jails and Prisons Nationwide

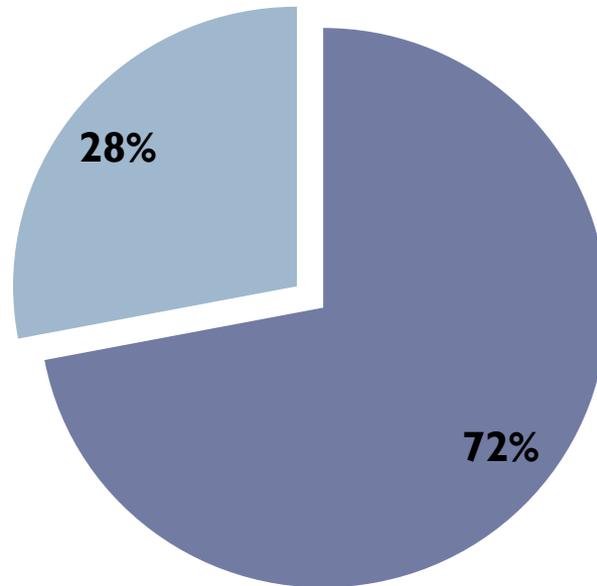
Serious Mental Illnesses in General Population and Criminal Justice System



Sources: General Population (Kessler et al., 1996), Jail (Steadman et al., 2009), Prison (Ditton 1999)

SMI and Co-Occurring Substance Use Disorders (CODs) among Jail Detainees

Co-Occurring Substance Use Disorders among Jail Detainees with SMI



- % **With Co-Occurring Substance Use Disorders**
 - % **Without Co-Occurring Substance Use Disorders**
-



Pressure on State Budgets

42 States Have Faced Budget Shortfalls in FY12



Shortfalls as share of FY11 General Fund expenditures.



Source: CBPP survey.



Crime-ridden Camden, N.J., cuts police force nearly in half

January 18, 2011|By the CNN Wire Staff

The mayor of crime-ridden Camden, New Jersey, has announced layoffs of nearly half of the city's police force and close to a third of its fire department.

One hundred sixty-eight police officers and 67 firefighters were laid off Tuesday, as officials struggle to close a \$26.5 million budget gap through a series of belt-tightening measures, Mayor Dana Redd told reporters. The layoffs take effect immediately.



Budgetary Pressures: Jail Expenditures



The \$1.7 Million Jail Bed By [Chris Roberts](#) Monday, Jun 27, 2011

San Mateo County is set to sign off on a contract with San Jose mental health specialists to care for its seriously-mentally ill jail inmates.

The cost? \$1.7 million. This right after the county pulled \$49 million out of its reserves and slashed other services by \$27.3 million to balance its budget.

Source: NBC Bay Area (Jun 27th, 2011)

For state prisons, cuts present new problems

By John Gramlich, Stateline Staff Writer

“We have no drug treatment programs at medium security or above (facilities),” says Justin Jones, director of the Oklahoma Department of Corrections. “We eliminated all sex offender treatment, even though it was mandated by statute.”



Probation officers hit by statewide budget cuts

Mar 18, 2011

By Melissa Leu and Mary J. Cristobal

Illinois Statehouse News

“We have probation officers who are supervising more than probably two times ... what the state standards say that we ought to supervise,” said Dennis Meyers, Winnebago’s director of court services. “Unfortunately, there’s still people that are on probation that need probation officers to see them. So we have less people to see them, but we try to do the best we can.”

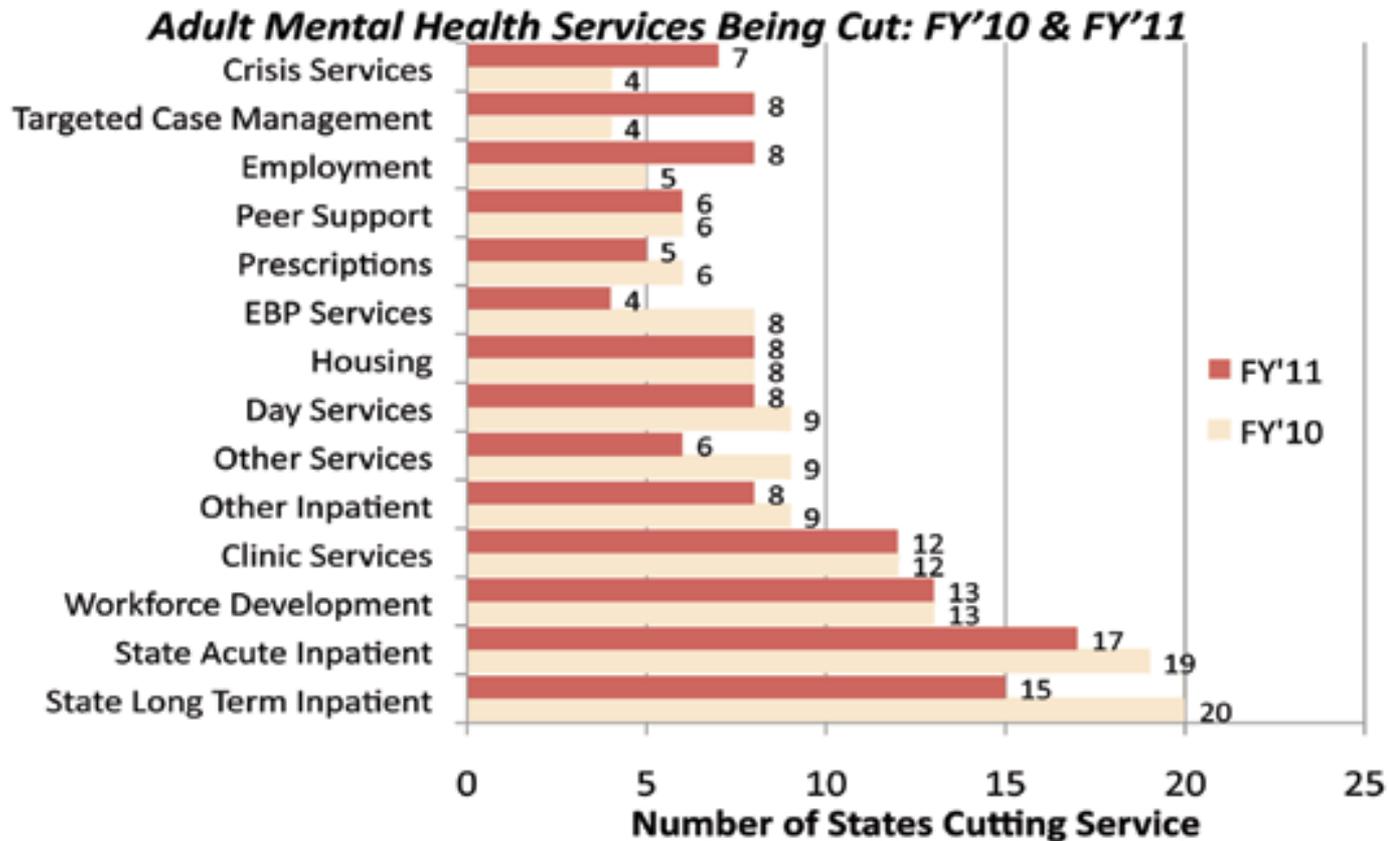
“Probation in Illinois has made such progress in the last 10 to 15 years,” Dallas said. **“It's so disappointing to think that we might be going backwards.”**



Cuts to Substance Abuse Services

- **Substance Abuse Prevention and Treatment (SAPT) Block Grant, the cornerstone of the states' substance abuse prevention and treatment systems, has experienced declines: from fiscal year 2004 to 2008.**
- **Over 23 million Americans ages 12 or older needed treatment for an alcohol or illicit drug problem in 2010, yet only 2.6 million received treatment that year.**

Cuts to Mental Health Services: 2010-2011



Source: Chart courtesy Ted Lutterman, NASMHPD Research Institute, Inc. (NRI), Oct. 12, 2010 as published in National Alliance on Mental Illness, *State Mental Health Cuts: A National Crisis*

The Problem: Overrepresentation of Persons with Behavioral Disorders. Why?

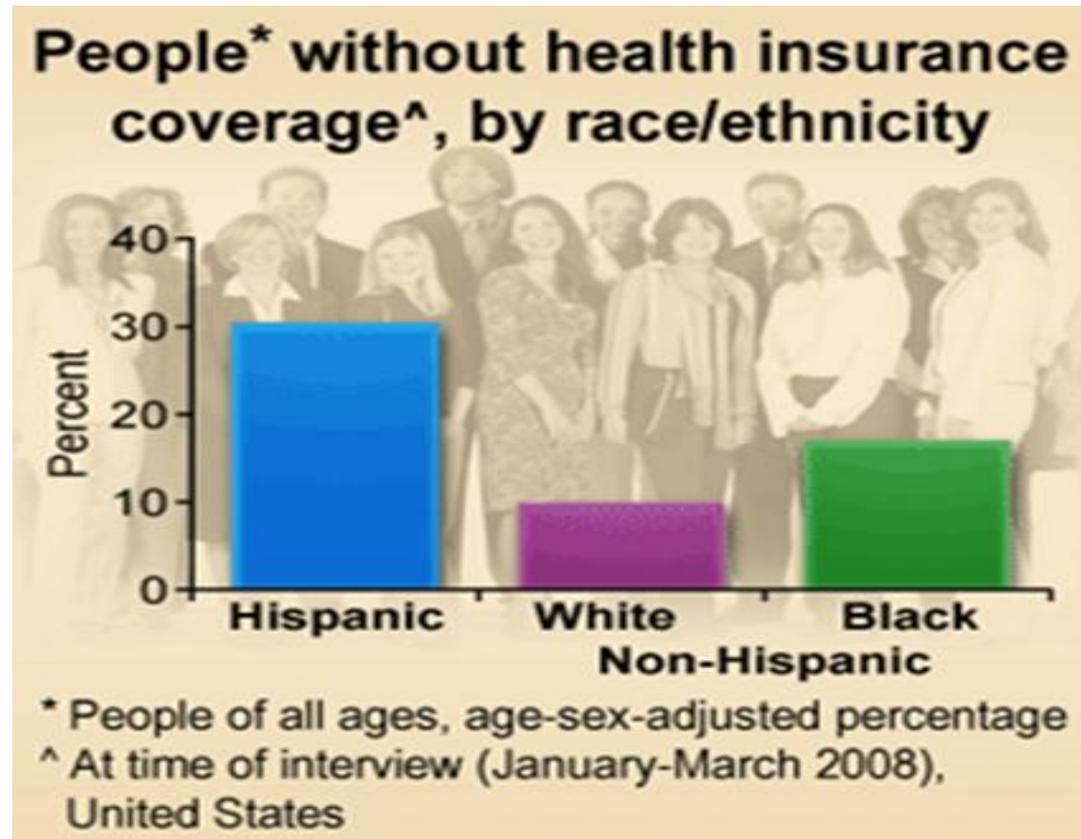
- ▶ Arrested at disproportionately higher rates
 - ▶ Co-occurrence of substance use disorders
 - ▶ Homelessness
- ▶ Stay longer in jail and prison
- ▶ Limited access to health care
- ▶ Low utilization of evidence-based practices
- ▶ High recidivism rates
- ▶ More criminogenic risk factors



What Accounts for the Problem?

Limited Access to Health Care

- ▶ Poor health status
- ▶ Poor health access

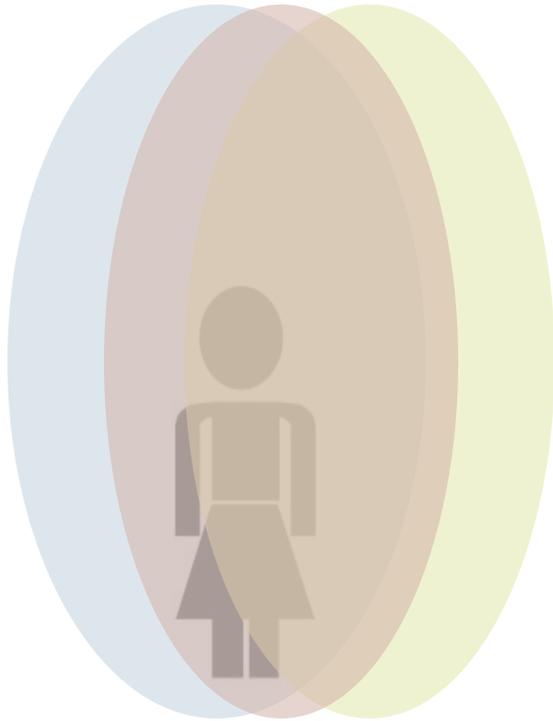


What Accounts for the Problem: Additional Access Challenges Due to Stigma

“Crazy”

“Drug-addicted”

“Criminal”



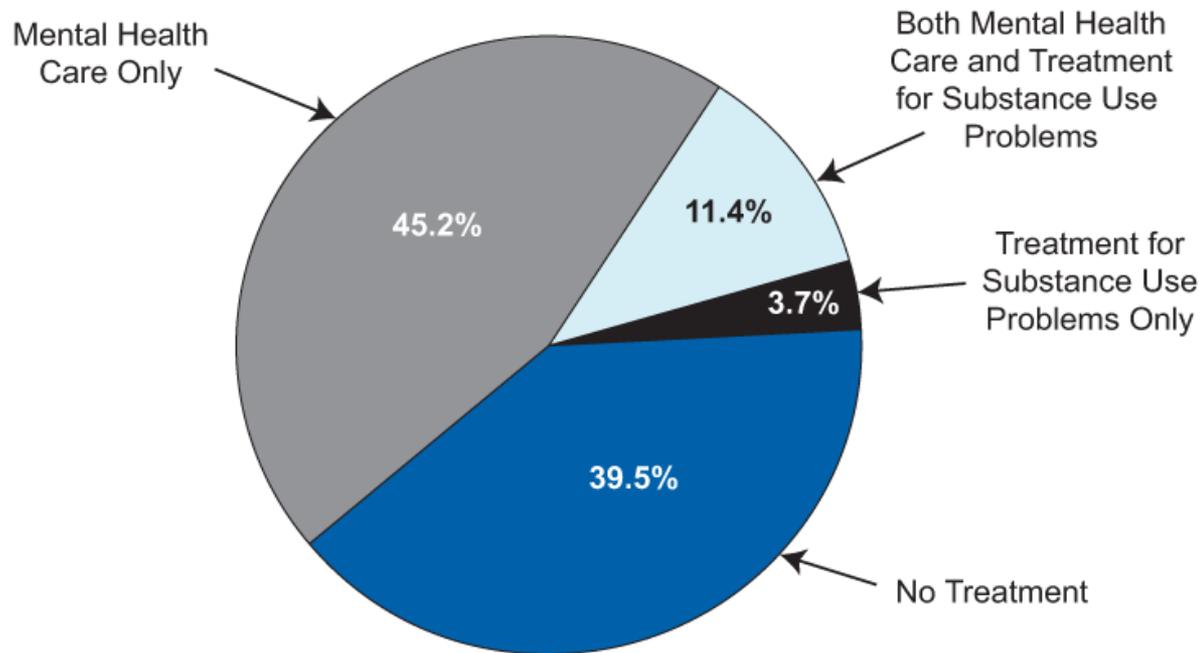
- ▶ Bias
- ▶ Distrust
- ▶ Prejudice
- ▶ Fear
- ▶ Avoidance
- ▶ Distress
- ▶ Anger
- ▶ Stereotyping

- Reduced Access:
 - Housing
 - Employment
 - Treatment
 - Other services
- Perception of violence
- Discrimination

Source: Surgeon General's Report on Mental Health
(1999)

What Accounts for the Problem? SMI and CODs Are Often Untreated

Past Year Mental Health Care and Treatment for Adults Aged 18 or Older with Both Serious Mental Illness and Substance Use Disorder



2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Source: NSDUH (2008)

What Accounts for the Problem?: Individuals with Mental Illnesses Stay Longer in Jail and Prison

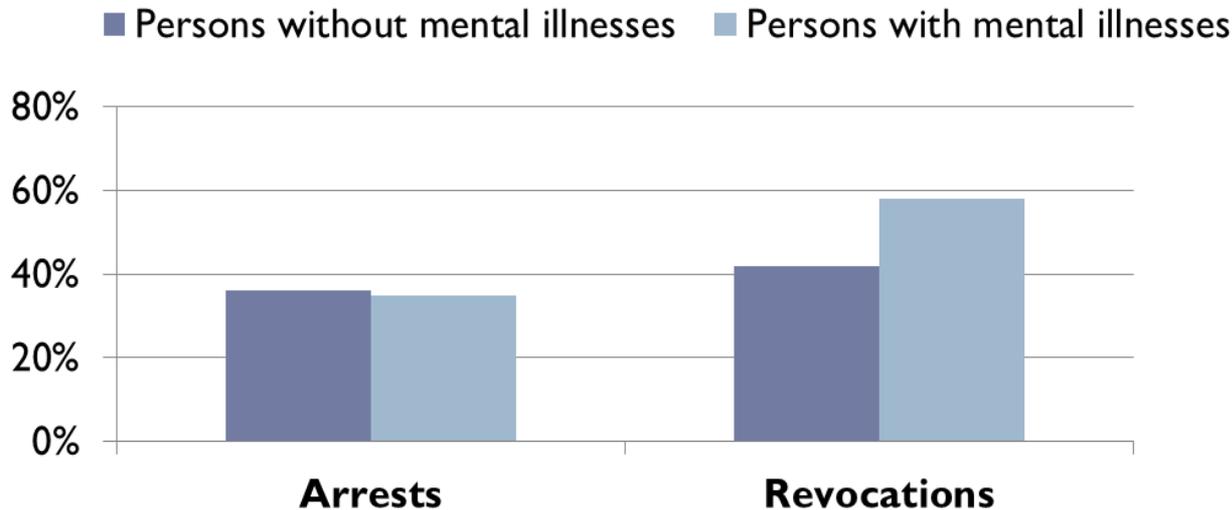
Release Type	<u>Percent of All Release Types within Group</u>	
	No Psych Meds (N = 981)	Psych Meds (N = 88)
Bonded Out	33	25
Court Order	34	32
To Prison	4	3
To Other Agency	11	10
Other	10	17
Not Released	8	13

Release Type	<u>Average Length of Stay in Days</u>	
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Bonded Out	9	35
Court Order	21	57
To Prison	87	67
To Other Agency	33	77
Other	83	123



What Accounts for the Problem?

High Recidivism Rates on Reentry



Screened 2,934 probationers for mental illness:

- 13% identified as mentally ill
- Followed for average of two years

No more likely to be arrested ...

... but 1.38 times more likely to be revoked

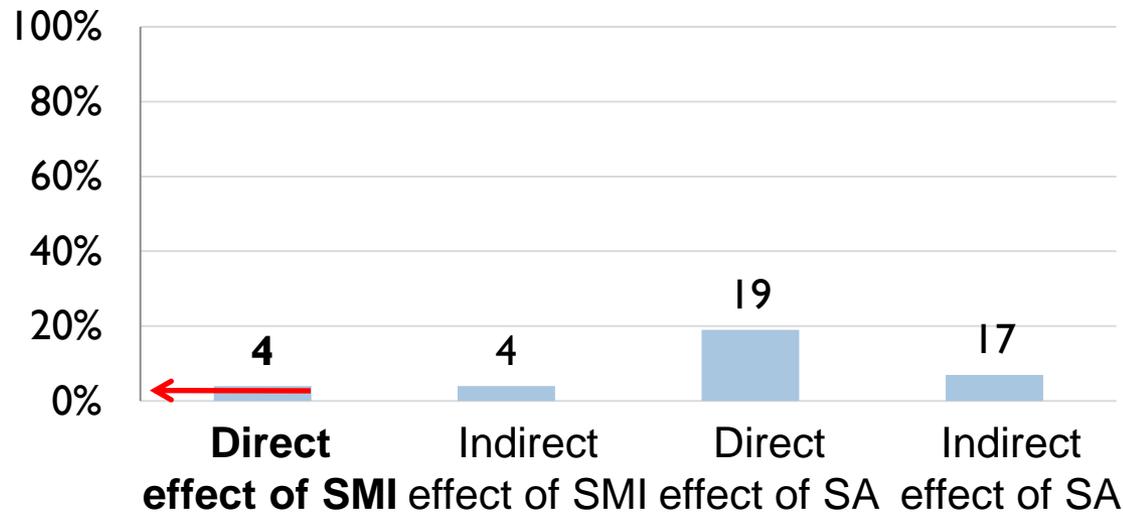
Source: Vidal, Manchak, et al. (2009); see also: Eno Loudon & Skeem (2009); Porporino & Motiuk (1995)



Increased Arrest Rates Are Not Always a “Direct” Product of Mental Illness

Reliable raters coded 113 post-booking jail diversion cases:
*How **often** were inmates’ offenses considered a result of serious mental illness (SMI) or substance abuse (SA)?*

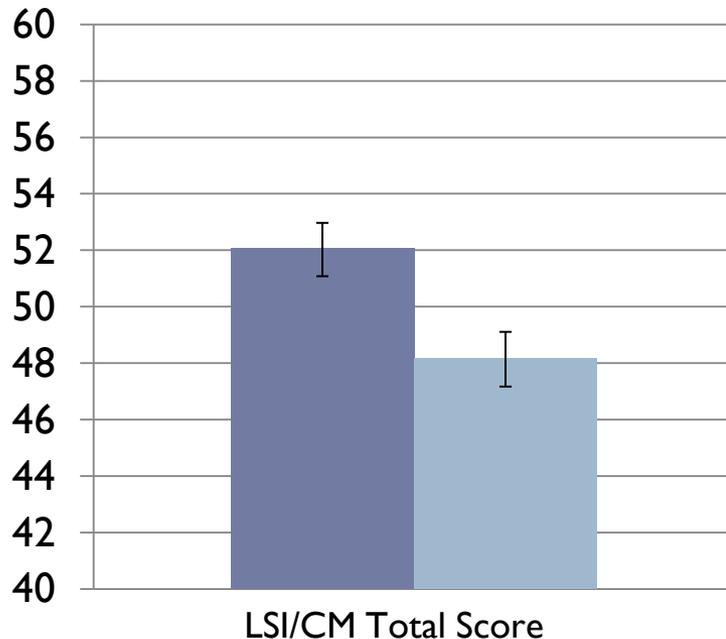
Percentage of cases where probability rating was at least 75



Source: Junginger, Claypoole, Laygo, & Cristina (2006)

What Accounts for the Problem?

Individuals with Mental Illness Have More “Central 8” Risk Factors



...particularly “Antisocial Pattern”***

....and these predict recidivism more strongly than risk factors unique to mental illness (i.e., HCR-20 total scores)

■ Persons with mental illnesses

■ Persons without mental illnesses



The Mental Health – Criminal Justice Problem in Summary

- ▶ We arrest them more often ...
- ▶ They are stressed while incarcerated ...
- ▶ We keep them incarcerated longer ...
- ▶ Our localities face significant budgetary pressures ...
- ▶ They don't get access to adequate behavioral health care .
..
- ▶ They are more likely to “fail” community supervision ...

So what can you do in your SCA grant ?

Today's Presentation

An Overview of Mental Illnesses in the Criminal Justice System

Target Population and the Risk-Need-Responsivity Model

Comprehensive and Effective Services

Questions & Answers



Recidivism Is Not Simply a Product of Mental Illness: Criminogenic Risk

Risk:

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

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

What Do We Measure to Determine Risk?

Conditions of an individual's behavior that are associated with the risk of committing a crime.

Static factors – Unchanging conditions

Dynamic factors – Conditions that change over time and are amenable to treatment interventions



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

1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance abuse
5. Family and/or marital factors
6. Lack of education
7. Poor employment history
8. Lack of pro-social leisure activities



Addressing Criminogenic Risk Factors as Part of Sentencing

Individual Risk Factors for Criminal Recidivism

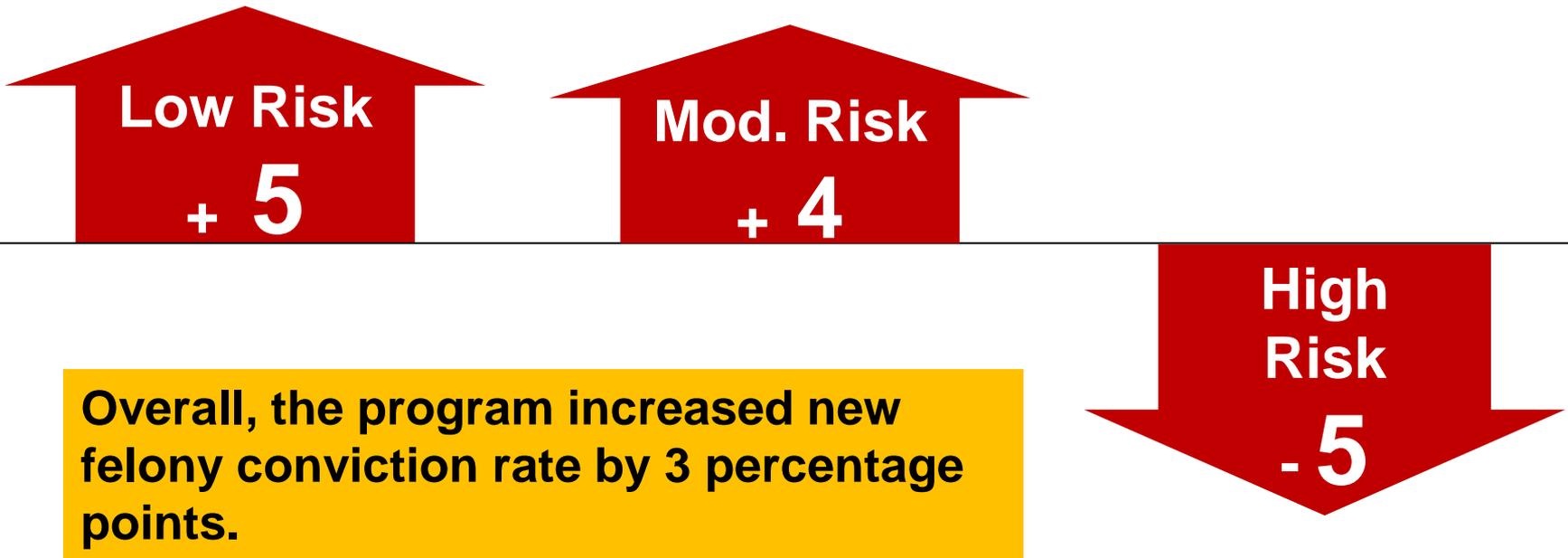
Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial attitudes	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

Source: Andrews (2006)



Key Finding: Diversion Programs Failed to Reduce Recidivism

Impact of Ohio Community Based Correctional Facility Program on New Felony Conviction Rate Compared with Probation Supervision



*2010 Evaluation of Ohio Community Based Correctional Facilities & Halfway Houses. University of Cincinnati

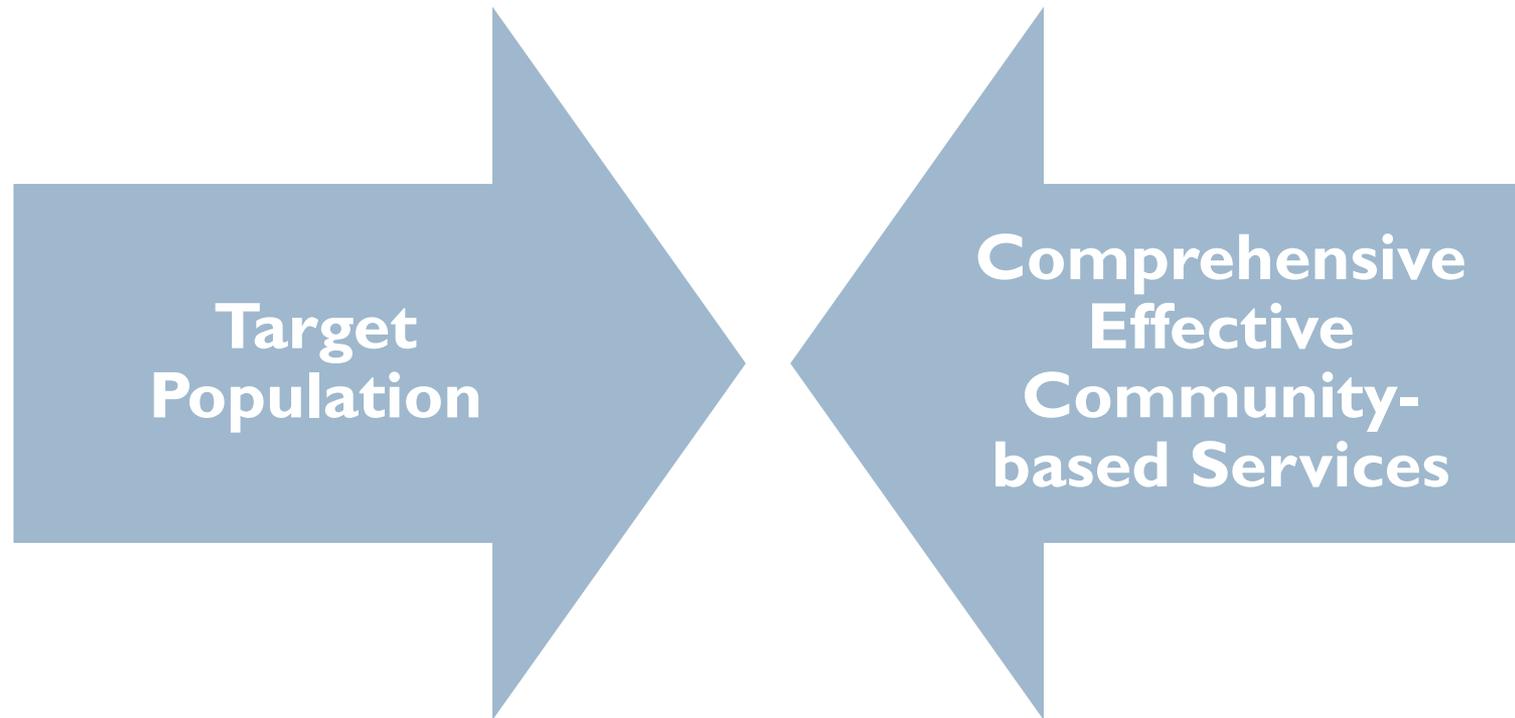


Risk-Need-Responsivity Model as a Guide to Best Practices

- 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 illnesses)



Two Critical Components



NIC Commissions Framework

DEPARTMENT OF JUSTICE

National Institute Of Corrections

Solicitation for a Cooperative Agreement: Document Development - Working with Mental Illness in Corrections: A Framework, Strategies and Best Practices.

AGENCY: National Institute of Corrections, Department of Justice

ACTION: Solicitation for a Cooperative Agreement

SUMMARY: The National Institute of Corrections (NIC) is soliciting proposals from organizations, groups or individuals to enter into a cooperative agreement for the development of a document to provide correctional administrators and practitioners in jails, prisons and community corrections a framework/model and guide to implement best strategies and practices to work with offenders diagnosed with mental illness or demonstrate mental health problems.

DATE: Applications must be received by 4:00 p.m. EST on Friday, February 12, 2010.

ADDRESSES: Mailed applications must be sent to: Director, National Institute of Corrections, 320 First Street, NW, Room 5007, Washington, D.C. 20534. Applicants are encouraged to use Federal Express, UPS, or similar service to ensure delivery by the due date.

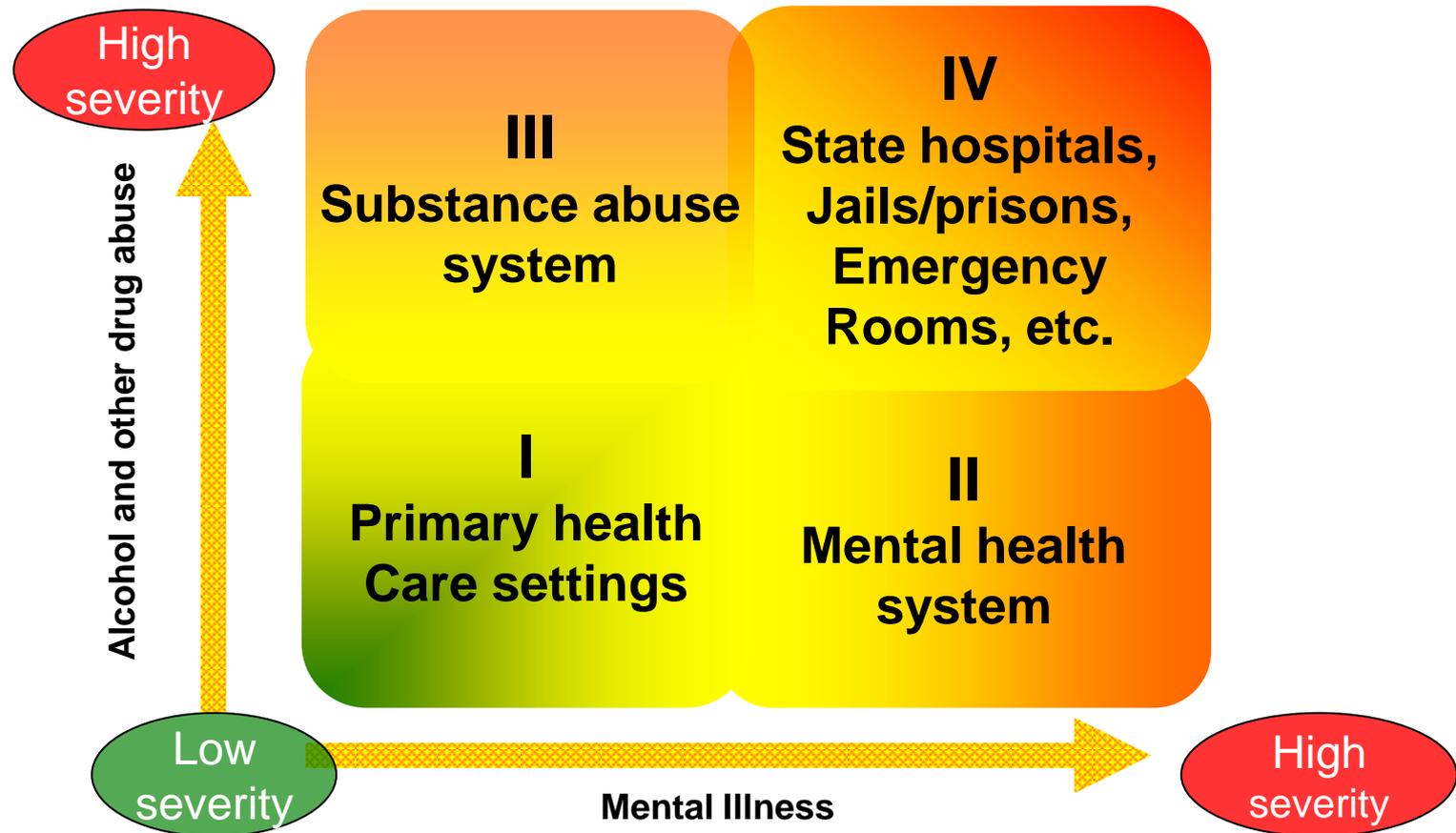
Hand delivered applications should be brought to 500 First Street NW, Washington, D.C. 20534. At the front desk, dial 7-9106, extension 0 for pickup.

Faxed applications will not be accepted. Electronic applications can be submitted via www.grants.gov.

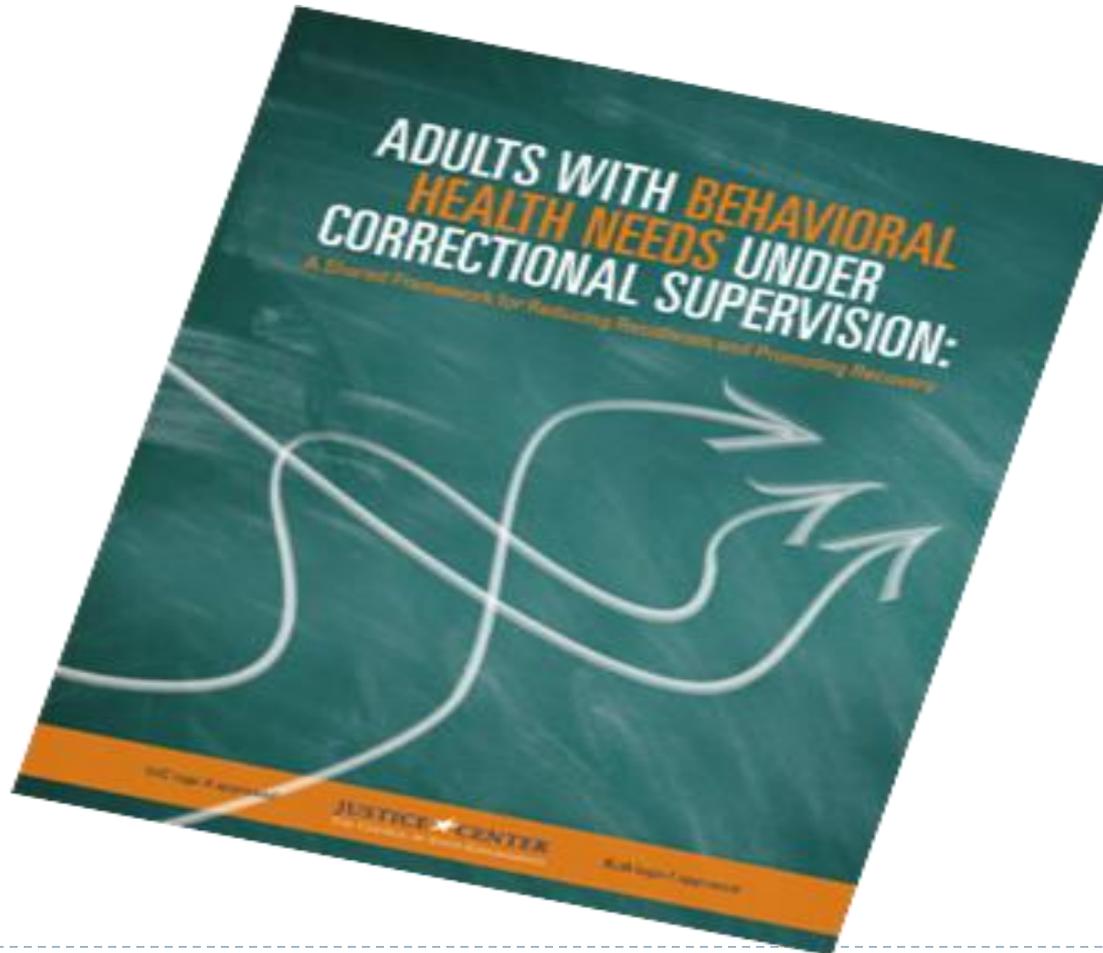
FOR FURTHER INFORMATION: A copy of this announcement and a link to the required application forms can be downloaded from the NIC web page at www.nicic.gov. All technical or programmatic questions concerning this announcement should be directed to Michael Dooley, Correctional Program Specialist (CPS), National Institute of Corrections (NIC) at mduoley@bop.gov.

Framework for Addressing Population with Co-occurring Disorders

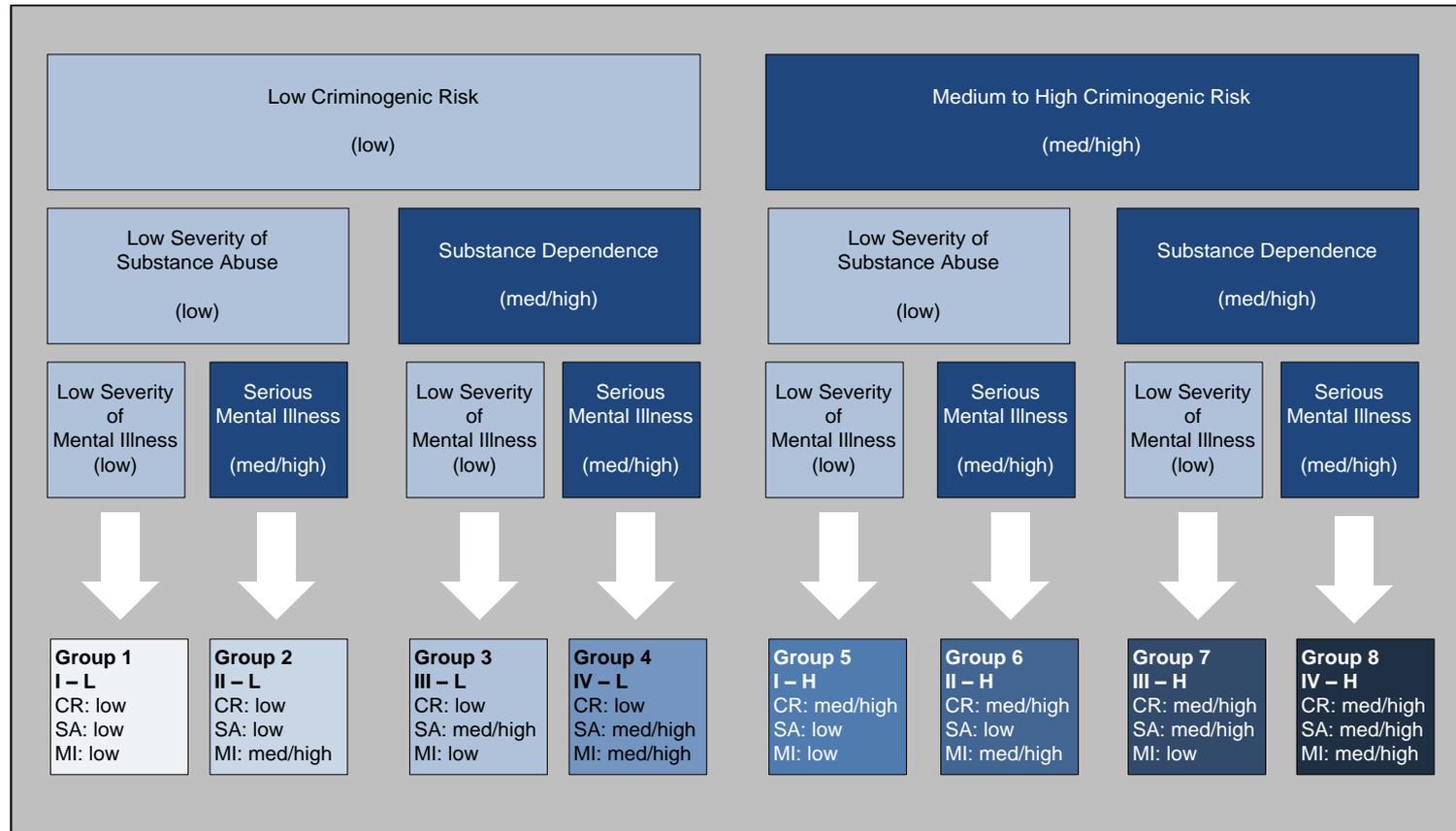
(NASMHPD-NASADAD, 2002)



Framework for Addressing CJ Populations with Behavioral Disorders



A Framework for Prioritizing Target Population



Screening for Behavioral Disorders

- ▶ A formal process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular condition or disorder.
- ▶ Screening for co-occurring disorders (COD) seeks to answer a “yes” or “no” question: Does the substance abuse [or mental health] client being screened show signs of a possible mental health [or substance abuse] problem?
- ▶ Note that the screening process does not necessarily identify what kind of problem the person might have, or how serious it might be, but determines whether or not further assessment is warranted.

Features of Screening Instruments

- ▶ High sensitivity (but not high specificity)
- ▶ Brief
- ▶ Low cost
- ▶ Minimal staff training required
- ▶ Consumer friendly

Some Recommended Screening Instruments for COD

- ▶ Mental Health Screening Form – III
- ▶ Simple Screening Instrument for Substance Abuse (SSI-SA)
- ▶ Dartmouth Assessment of Lifestyle Inventory (DALI)
- ▶ Co-Occurring Disorder Screening Instrument (CODSI)
- ▶ Corrections Specific Instruments
 - ▶ Brief Jail Mental Health Screen
 - ▶ Texas Christian University Drug Screen - II

The Goal: Universal Screening

- ▶ All individuals presenting for treatment of a substance use disorder should be routinely screened for any co-occurring mental disorders.
- ▶ All individuals presenting for treatment of a mental disorder should be screened routinely for any co-occurring substance use disorders.
- ▶ All individuals booked into jails should be screened for both mental and substance use disorders.

Assessment for Behavioral Disorders

- ▶ A basic assessment consists of gathering key information and engaging in a process with the client that enables the counselor/therapist to understand the client's readiness for change, problem areas, COD diagnosis, disabilities, and strengths.
- ▶ An assessment typically involves a clinical examination of the client and includes a number of tests and written and oral exercises. COD diagnoses are established by referral to a psychiatrist or clinical psychologist.
- ▶ Assessment of the COD client is an ongoing process conducted over time to capture the changing nature of the client's status.

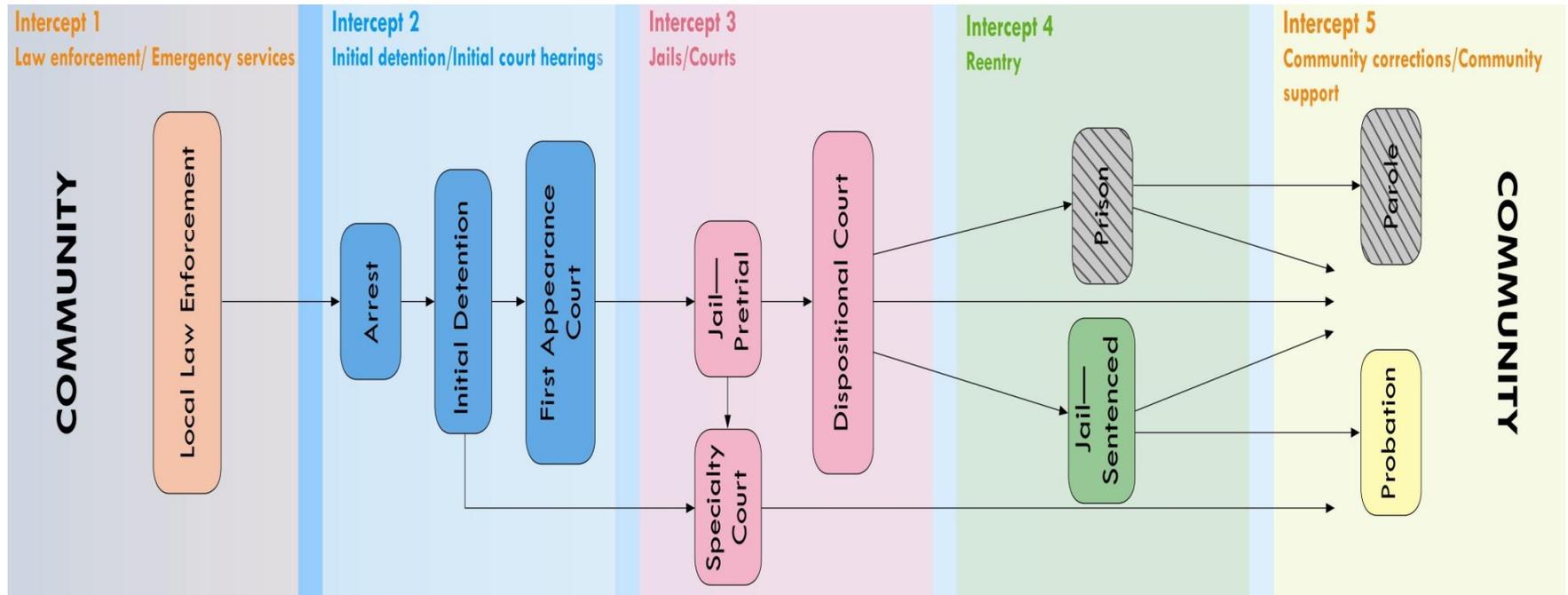
Domains of Assessment

- ▶ Acute Safety Needs
- ▶ Diagnosis
- ▶ Disability
- ▶ Quadrant Assignment
- ▶ Level of Care
- ▶ Strengths and Skills
- ▶ Recovery Support
- ▶ Cultural Context
- ▶ Problem Domains
- ▶ Phase of Recovery/Stage of Change

The “Best” Assessment Tool

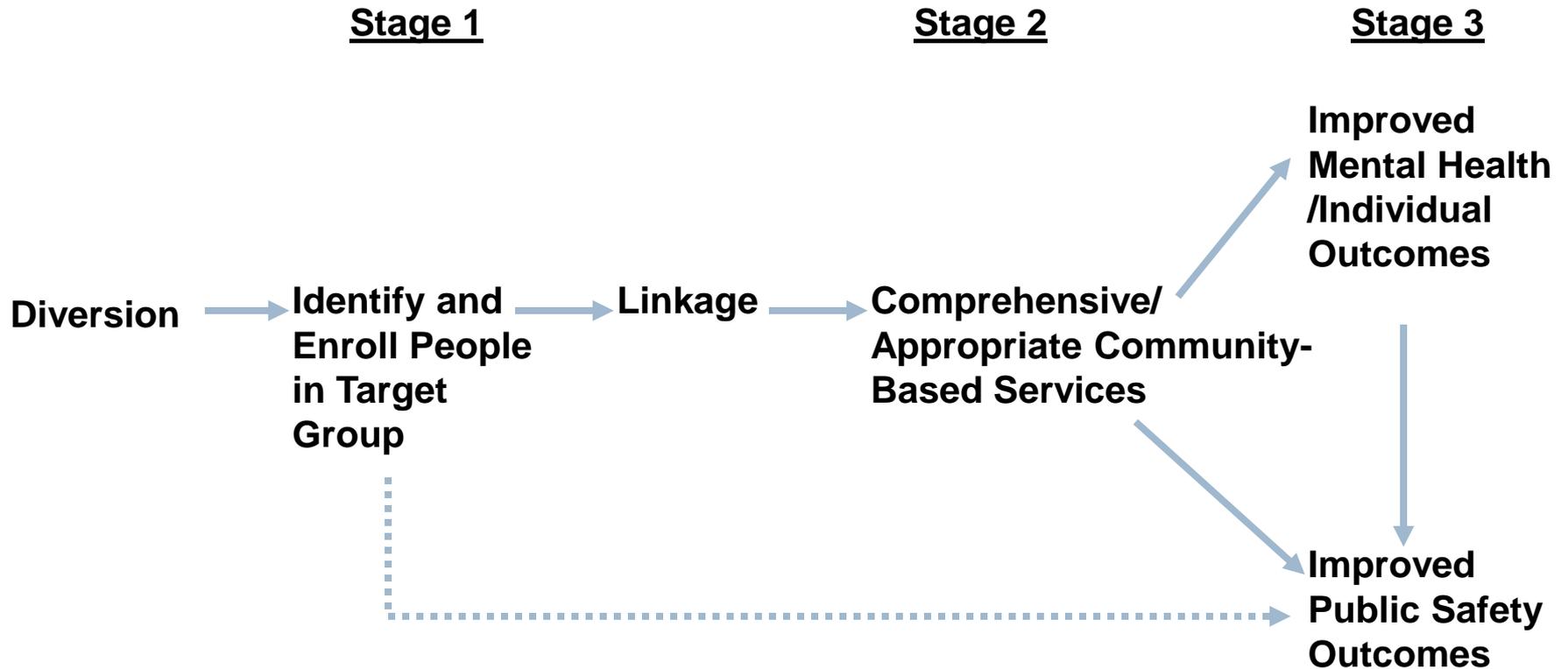


Collaboration between Criminal Justice & Mental Health: *Sequential Intercept Model*



Source: Munetz &Griffen (2005)

Alternatives to Incarceration Logic Model



Source: Steadman et al., 2007

LAW ENFORCEMENT



Goals of Specialized Police Responses

- ▶ Improved Services to People with Mental Illness
- ▶ Improved Efficiency of Law Enforcement Response
- ▶ Improved Effectiveness of Law Enforcement Response
- ▶ Diversion for Criminal Justice System
- ▶ Reduction in Officer and Civilian Injuries
- ▶ Improved Officer Knowledge About Mental Illness
- ▶ Effective Partnerships with the Mental Health Community



Courts



Mental Health Court – Essential Elements

Council of State Governments, 2004

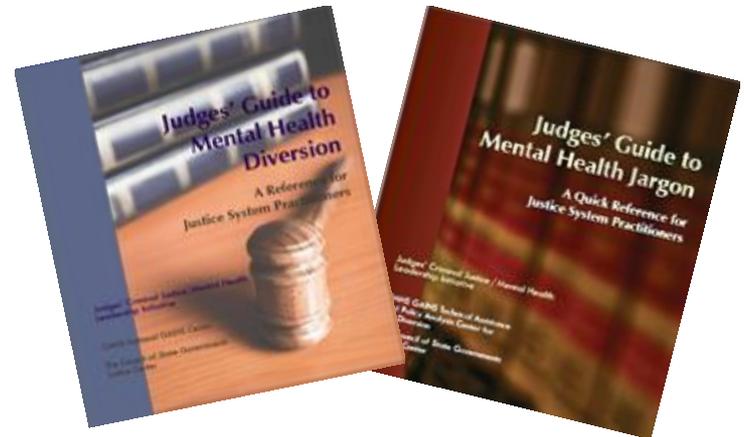
1. Coordinated Planning and Administration
 2. Operate within local Context
 3. Defined Target Population
 4. Informed Choice
 5. Explicit Terms of Participation
 6. Rapid Processing
 7. Attention to Confidentiality and Information-Sharing
 8. Integration of Treatment and Community Supports
 9. Outcome Measurement
-



Judges' Leadership Initiative (JLI)

Mission of the JLI

- ▶ Support and enhance the efforts of judges who have already taken leadership roles on criminal justice / mental health issues in their communities
 - ▶ Promote leadership among more judges to spearhead initiatives that will improve the response to people with mental illness in the criminal justice system
 - ▶ Over 400 judges nationally
 - ▶ Technical assistance to 11 Chief Justice-led task forces
 - ▶ Technical assistance on veterans' issues to four states
-
- ▶ Three *Judges' Guides*



Jails



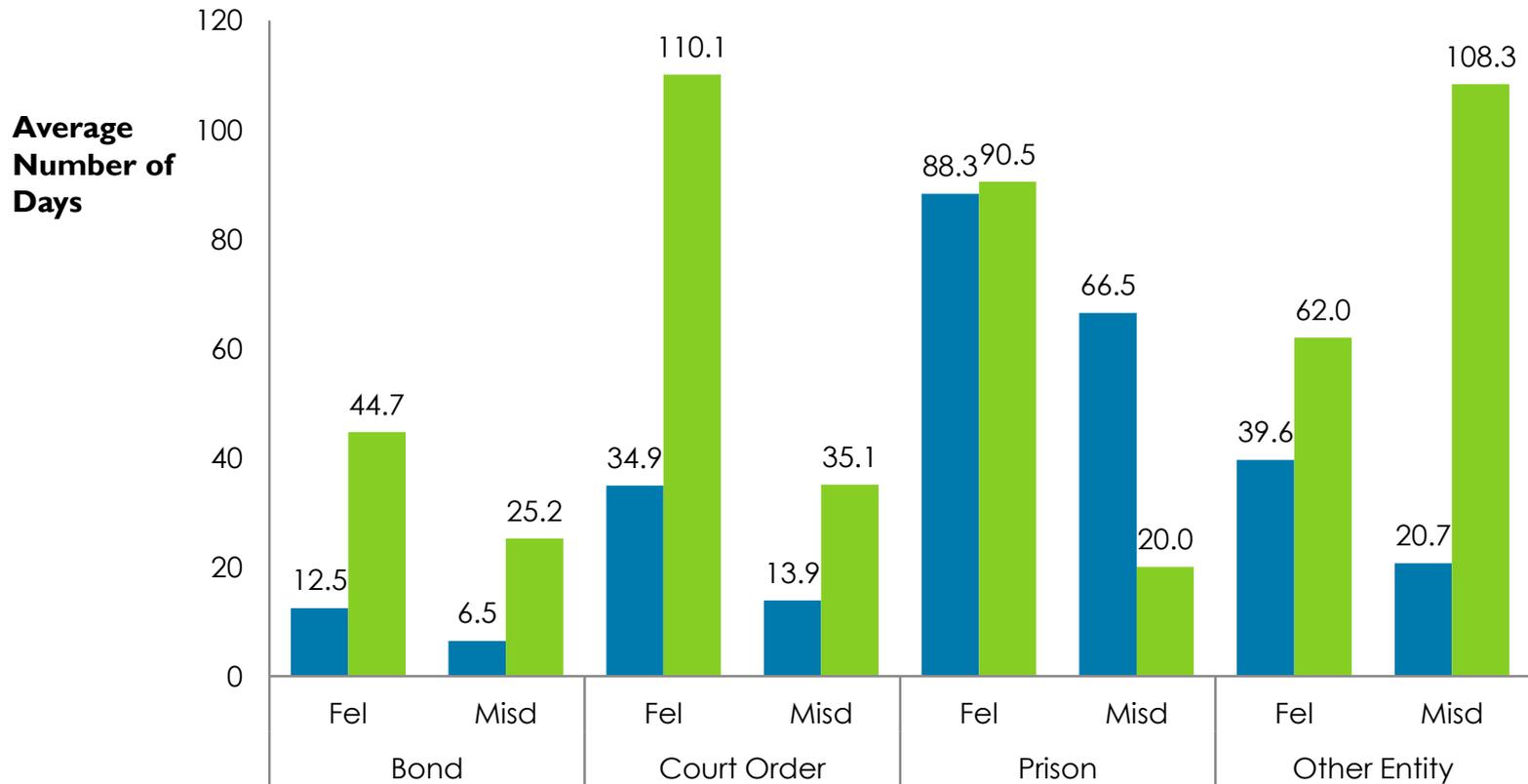
Determine the length of stay in jail for people with mental illnesses

<u>Percent of All Release Types within Group</u>		
Release Type	No Psych Meds (N = 981)	Psych Meds (N = 88)
Bonded Out	33	25
Court Order	34	32
To Prison	4	3
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<u>Average Length of Stay in Days</u>		
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Know LOS data by charge

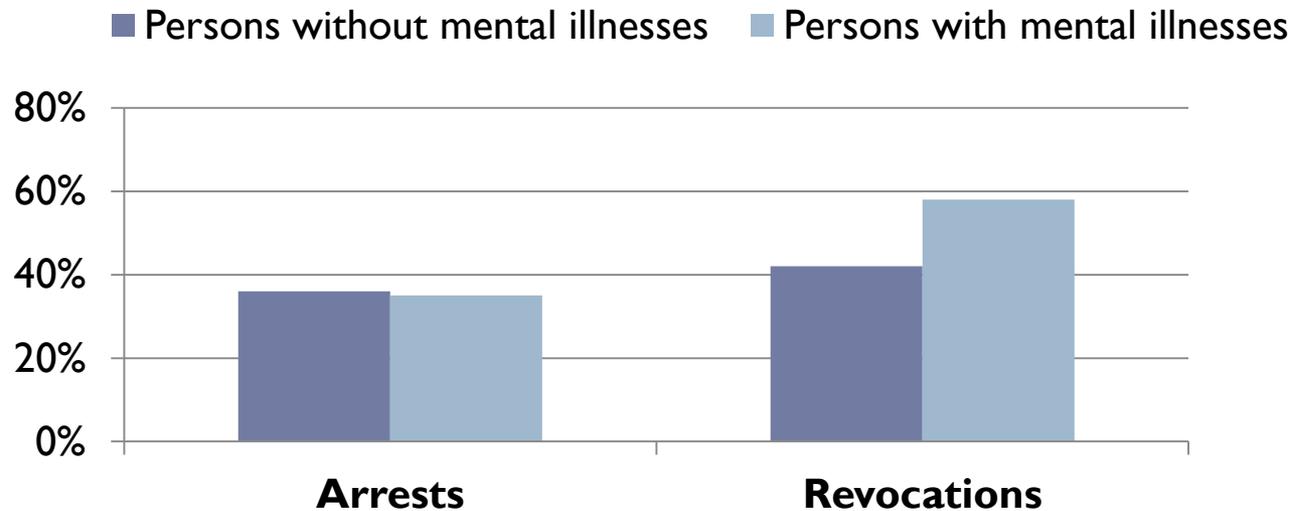
Length of Stay by Release Type and Offense Category



Calculate recidivism rate

Screened 2,934 probationers for mental illness:

- ▶ 13% screened in as mentally ill
- ▶ Followed for average of two years



No more likely to be arrested... ... But 1.38 times more likely to be revoked

Prisons



Wisconsin's OARS Program

- ▶ In 2009, WI launched the pilot program Opening Avenues for Reentry Success
- ▶ Administered by the Department of Corrections in collaboration with the Department of Health Services
- ▶ Comprehensive reentry program for people with serious mental illnesses and co-occurring substance use disorders who are:
 - ▶ Significantly impaired by mental illnesses and
 - ▶ Assessed to be at medium to high risk for incarceration
- ▶ Program seeks to promote self-sufficiency among its participants by:
 - ▶ Providing evidence-based community reentry practices including
 - ▶ intensive case management
 - ▶ medication and substance abuse monitoring
 - ▶ cognitive behavioral therapy

See Wisconsin Department of Health Services, "Opening Avenues to Reentry Success," available at <http://www.dhs.wisconsin.gov/publications/P0/p00227.pdf>



Community Corrections



Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision:

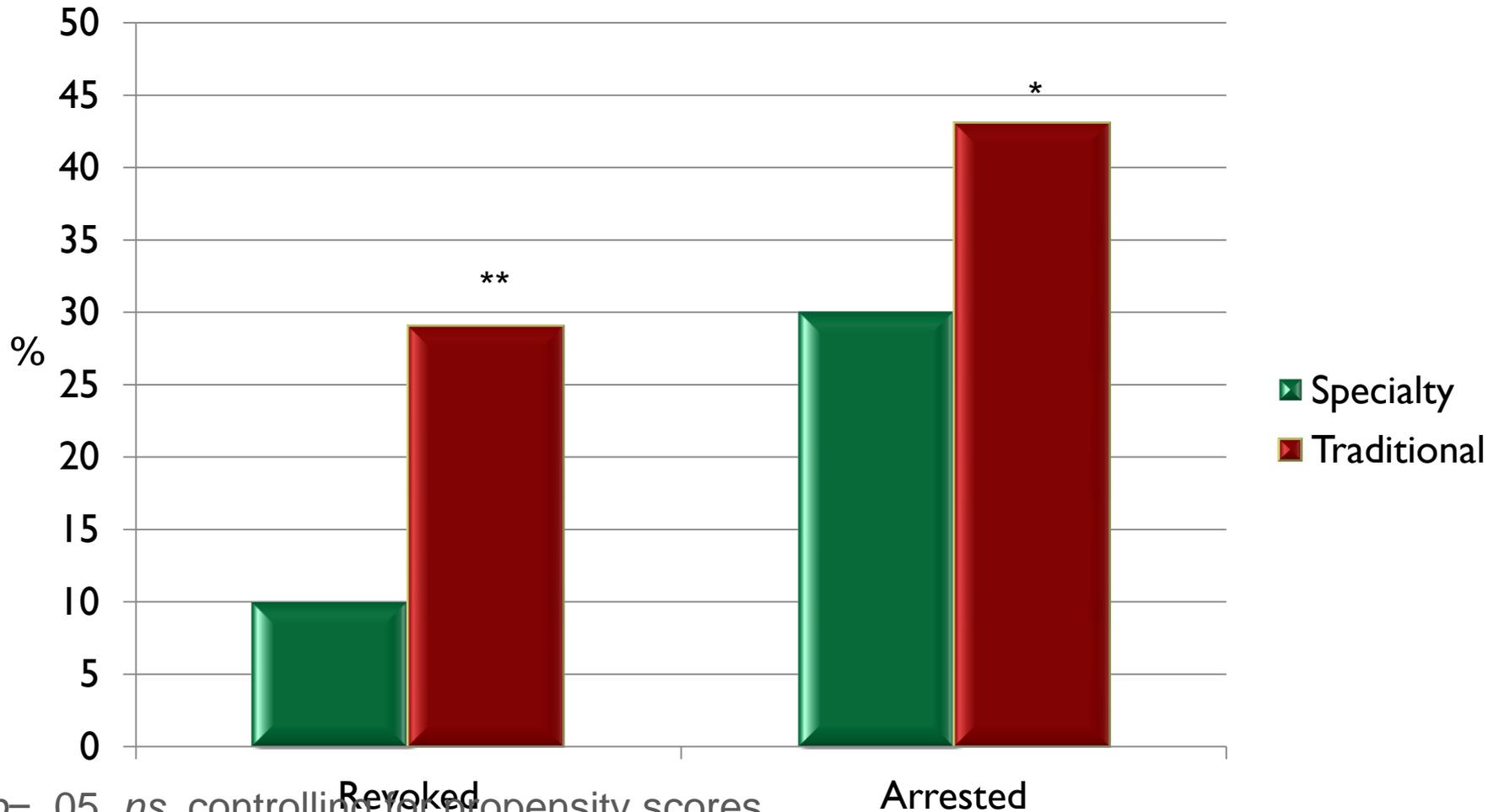
A GUIDE TO RESEARCH-INFORMED POLICY AND PRACTICE

MACARTHUR
The John D. and Catherine T. MacArthur Foundation



JUSTICE★CENTER
THE COUNCIL OF STATE GOVERNMENTS

Probation-recorded arrest or revocation, over 12 months



* $p = .05$, *ns*, controlling for propensity scores

** $p < .001$, $< .01$; controlling for propensity scores

Alexandria VA's CORE Program: Mental Health Probation Officer

(Rooney & Settle)

Clinical Practices

- Compass Risk and Needs Assessment Tool
- Thinking for Change Group
- Motivational Interviewing
- Firm but fair relationship
- Problem solving strategies

Clinical Challenges

- Effective use of rewards for pro-social behavior
- Effective use of Peer Support



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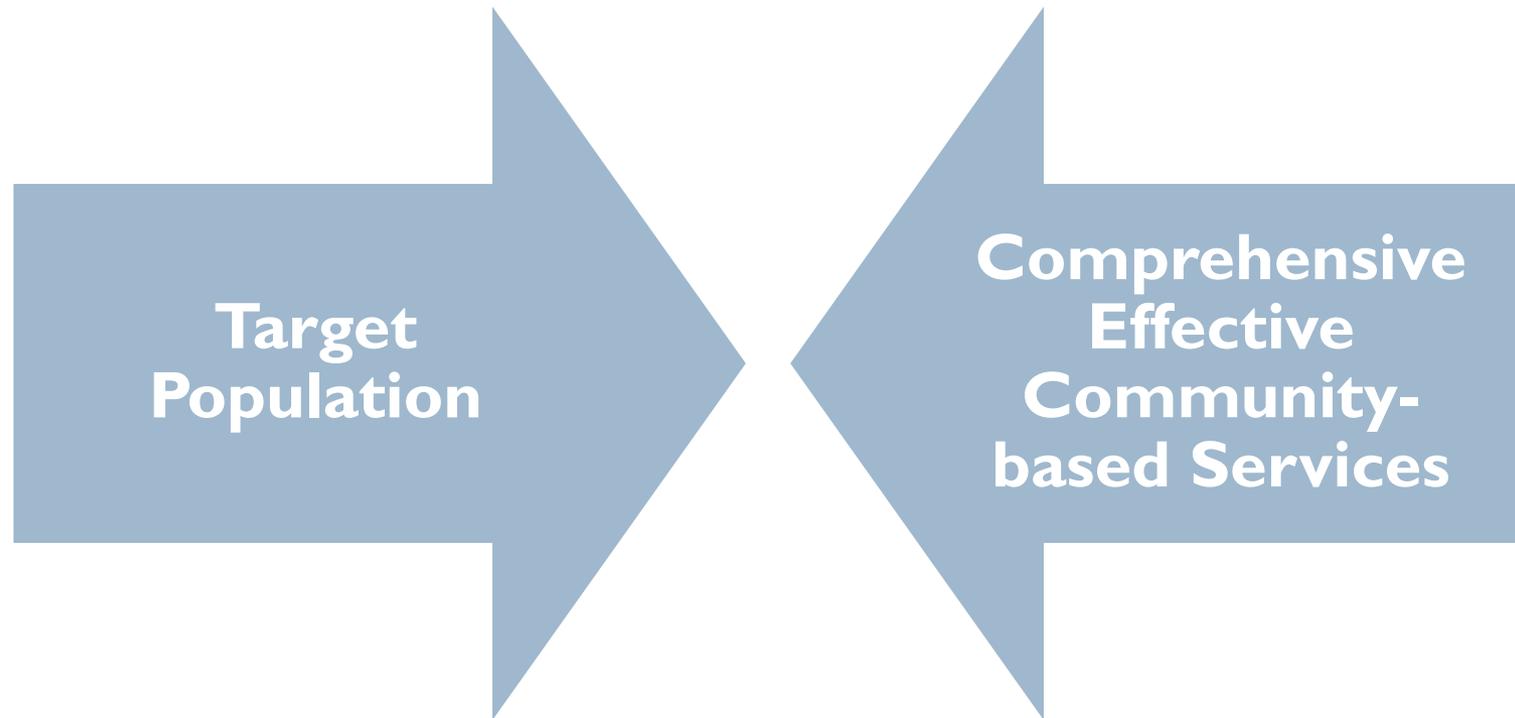
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The Second Critical Component: Services

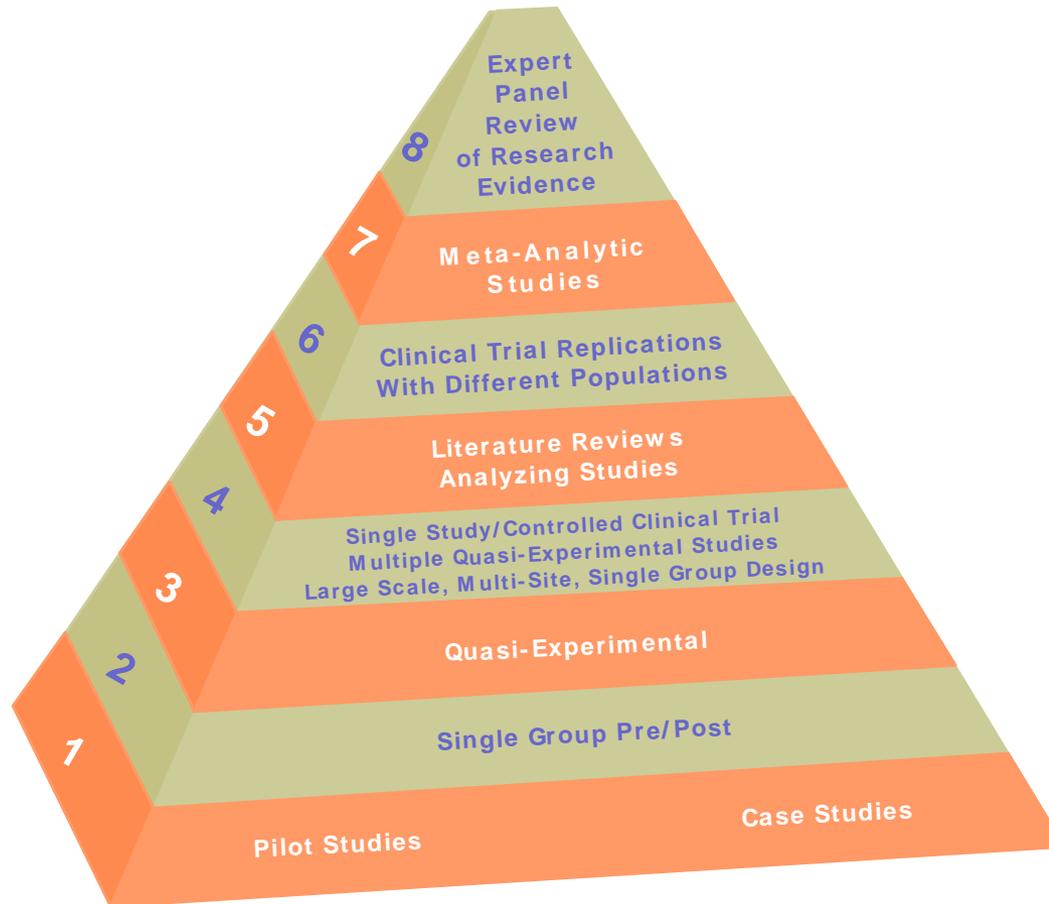


Evidence-Based Practice...

....“the integration of the best research evidence with clinical expertise and patient values.”

Source: Institute of Medicine, 2000

Pyramid of Research Evidence



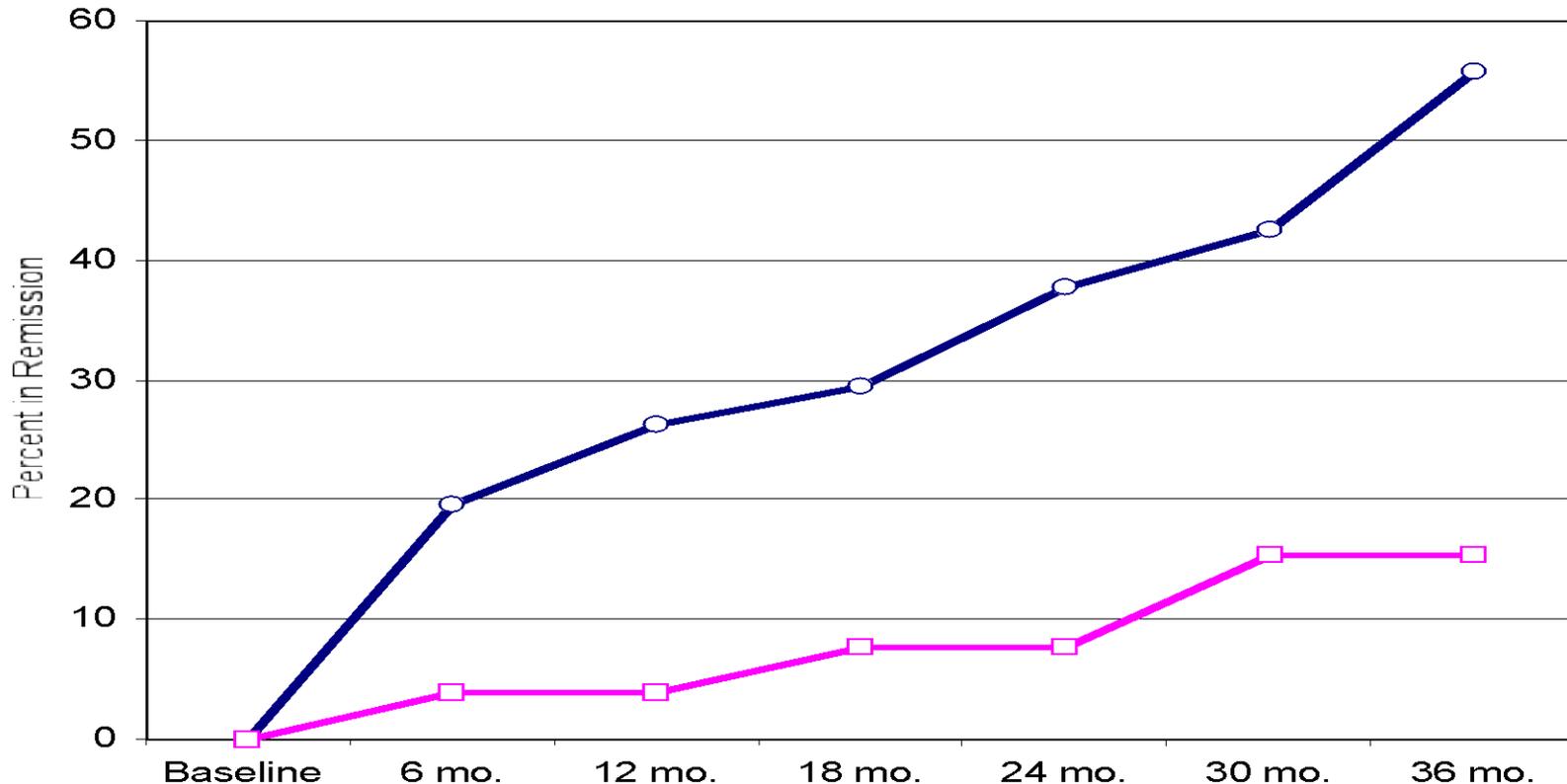
Source: SAMHSA, 2005

Research Limitations

- ▶ **Lack of specificity of the intervention**
 - ▶ **Programs vs. Techniques**
 - ▶ **Types vs. Brands**
 - ▶ **Fidelity may be Compromised**
- ▶ **Lack of generalizability**
 - ▶ **From severity and types of disorders and types of offenses studied**
 - ▶ **From non justice-involved-COD samples**
 - ▶ **Justice involved singly dx samples**
 - ▶ **Non-justice involved COD samples**
- ▶ **Lack of research ----- period**

Why Care About Fidelity?

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E; n=61) vs. Low-Fidelity ACT Programs (G; n=26).



Justice Involved Persons with Mental Illnesses: EBP Expert Panel Meetings

Assertive Community Treatment

Joseph Morrissey, Ph.D.

Trauma

Bonnie Veysey, Ph.D.

Housing

Caterina Roman, Ph.D.

Supported Employment

William Anthony, Ph.D.

Illness Management

Kim Mueser, Ph.D.

Integrated Treatment

Fred Osher, M.D.

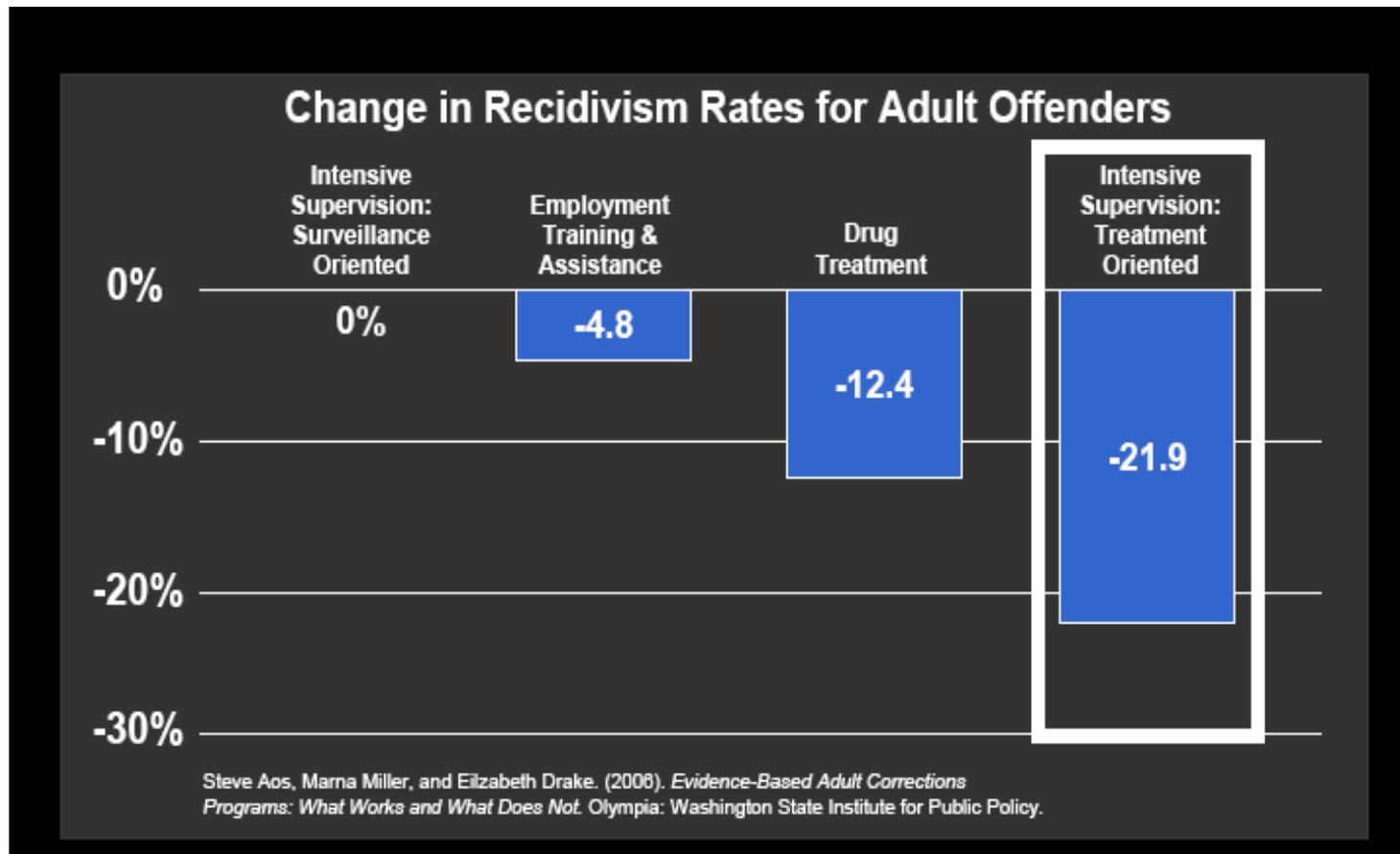


Comprehensive, Effective Community-Based Services

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



Integrating Treatment and Supervision Can Reduce Risk



In Summary: Responding to Criminal Justice Population with Behavioral Health Disorders

1

SCREEN AND ASSESS

2

Be F.A.I.R.

Focus resources on high-risk cases

Address criminogenic needs

Implement evidence-based practices

Responsivity to individual variation

3

MONITOR OUTCOMES

Care and Respect

“One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”

- Francis W. Peabody, MD 1925



Thank you

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