

Adults with Behavioral Health Needs under Correctional Supervision

A Shared Framework for Reducing Recidivism
and Promoting Recovery

October 2, 2012

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

Presenters

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 - ▶ National Institute of Corrections
- ▶ **Lark Huang, Ph. D.**
 - ▶ Senior Advisor
 - ▶ Substance Abuse and Mental Health Services Administration
- ▶ **Ruby Qazilbash**
 - ▶ Associate Deputy Director for Justice Systems Policy
 - ▶ Bureau of Justice Assistance
- ▶ **Fred C. Osher, M.D.**
 - ▶ Director, Health Systems and Services Policy
 - ▶ Council of State Governments Justice Center
- ▶ **David A. D'Amora, M.S.**
 - ▶ Director, National Initiatives
 - ▶ Council of State Governments Justice Center

Today's Presentation

Opening Remarks

The Risk-Need-Responsivity Model and Behavioral Health

Framework for Corrections and Behavioral Health



Federal Support



The National Institute of Corrections (NIC)

- ▶ As an agency within the U.S. Department of Justice, Federal Bureau of Prisons, the National Institute of Corrections (NIC) is a center of learning, innovation and leadership that shapes and advances effective correctional practice and public policy.
- ▶ The primary constituent groups in adult corrections - jails, prisons and community corrections - are each represented and served by an NIC division. All adult corrections agencies are also served by the Academy Division, the NIC Information Center, and the Transition Offender Workforce Development Division, which contributes to the development of a research infrastructure for the field.



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.

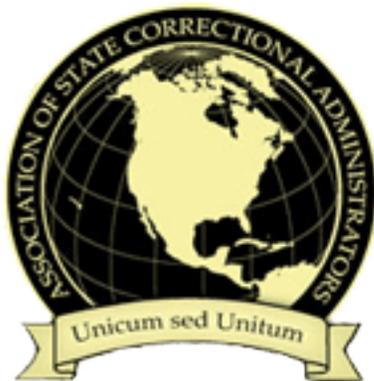
Hand delivered applications should be brought to 500 First Street NW, Washington, D.C. 20534. At the front desk, dial 7-3106, extension 0 for pickup.

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 mdooley@bop.gov.

Partners

- ▶ Association of State Correctional Administrators
- ▶ National Association of State Mental Health Program Directors
- ▶ American Probation and Parole Association
- ▶ National Association of State Alcohol and Drug Abuse Directors



TRAUMA AND JUSTICE STRATEGIC INITIATIVE

LARKE NAHME HUANG, PH.D.
STRATEGIC INITIATIVE, LEAD
ADMINISTRATOR'S OFFICE OF POLICY PLANNING AND INNOVATION
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
US DEPT OF HEALTH AND HUMAN SERVICES

SAMHSA'S STRATEGIC INITIATIVES

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

1.
Prevention

2. Trauma
and
Justice

3. Military
Families

4. Recovery
Support

5. Health
Reform

6. Health
Information
Technology

7. Data,
Outcomes
& Quality

8. Public
Awareness
& Support

SAMHSA's Trauma and Justice Strategic Initiative

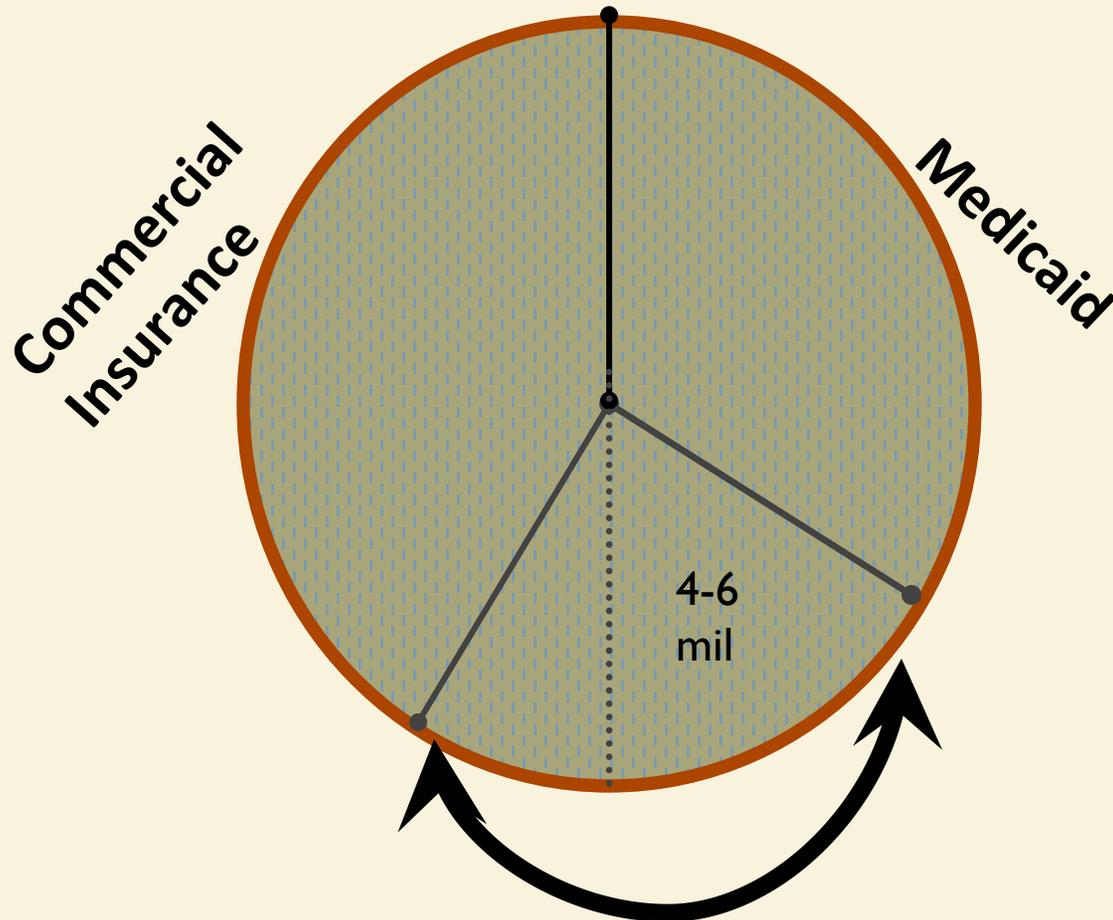
Purpose:

- To create trauma-informed systems to implement prevention and treatment interventions and to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities
- ***To better address the needs of person with mental and substance use disorders involved with, or at-risk of involvement with, the criminal and juvenile justice systems.***

Behavioral Health Disorders and Criminal Justice Populations

- High rates of mental illness, substance abuse, and co-occurring disorders in jail and prison populations
- > 700,000 CJ offenders reenter communities from prisons per year (DOJ, 2009)
- ~2/3 of inmates meet criteria for SA or dependence, but < 15% receive treatment after incarceration
- 24% inmates in State prisons have a recent history of mental illness; only 34% receive treatment after entering incarceration

ACA in 2014: 32 MILLION MORE AMERICANS WILL BE COVERED



6-10 Million with M/SUDs

ACA & JUSTICE INVOLVED POPULATIONS

12

- Coverage expansion means individuals reentering communities from jails and prisons (generally have not had health coverage in past) will now have more opportunity for coverage
- CJ population w/ comparatively high rates of M/SUDs = opportunity to coordinate new health coverage w/other efforts to ↑ successful transitions
- Addressing BH needs can ↓ recidivism and ↓ expenditures in CJ system while ↑ public health and safety outcomes
- Individuals who are incarcerated while awaiting adjudication of charges may enroll in health exchanges
- SAMHSA and partners working to develop standards and improve coordination around coverage expansions

Importance of the Behavioral Health and Corrections Framework

- Bring critical partners together: corrections, substance abuse, and mental health
- Provide a systematic framework for better articulating and coordinating the services across each system
- Consider systematic assessments accessible across systems for more effective and efficient resource allocation

ADULTS WITH **BEHAVIORAL** **HEALTH NEEDS** UNDER CORRECTIONAL SUPERVISION:

A Shared Framework for Reducing Recidivism and Promoting Recovery



Today's Presentation

Opening Remarks

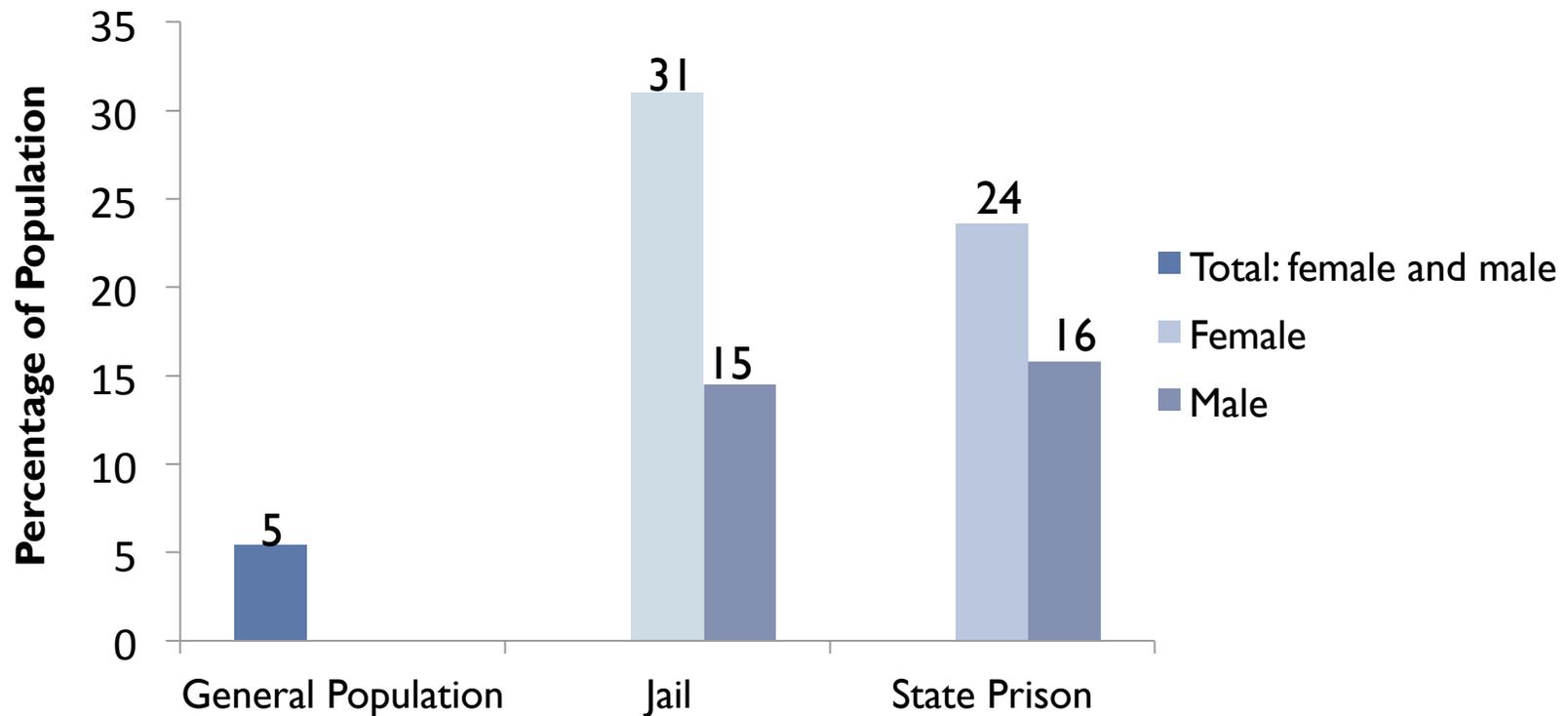
The Risk-Need-Responsivity Model and Behavioral Health

Framework for Corrections and Behavioral Health



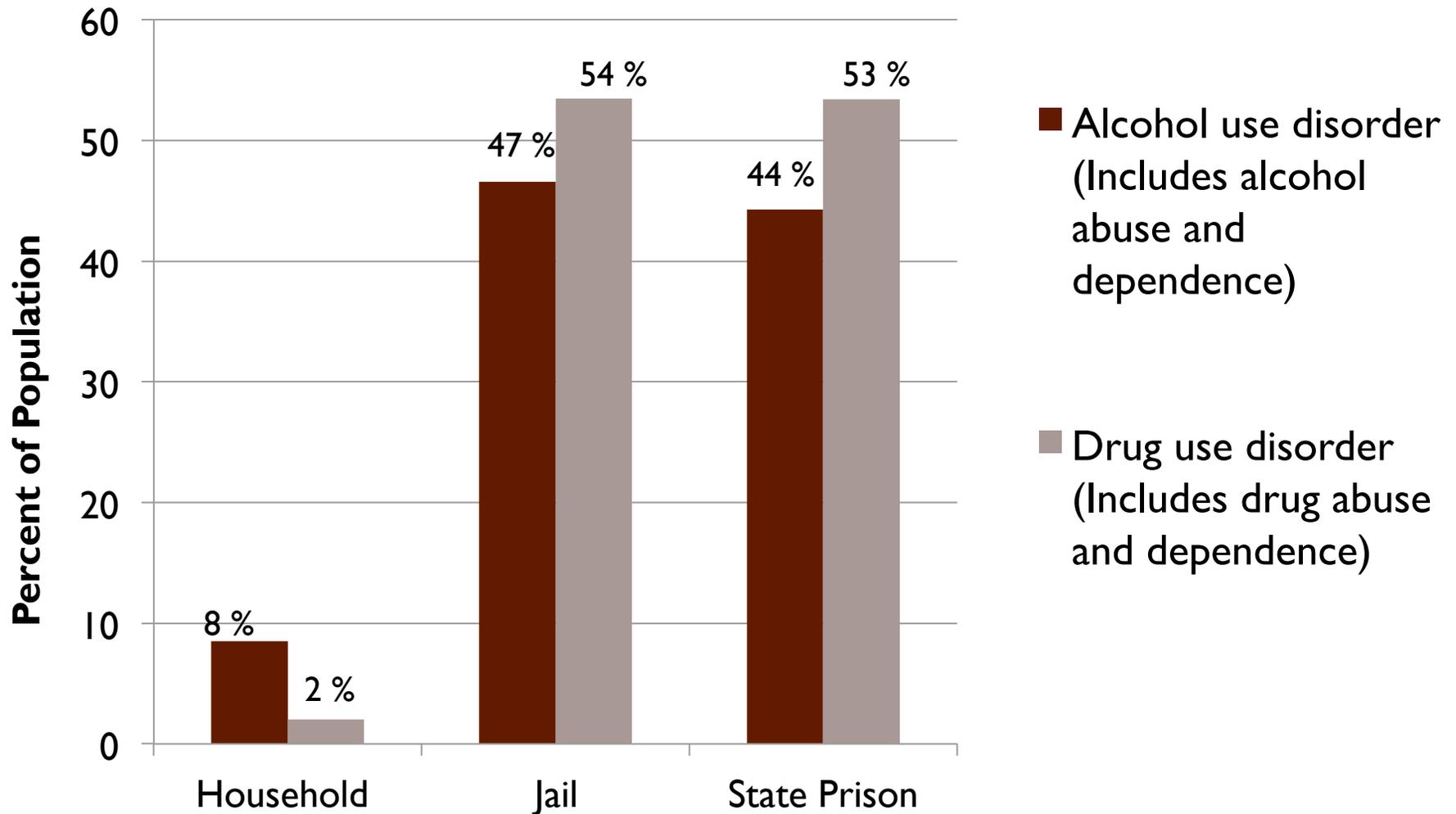
Serious Mental Illnesses (SMI): An Issue in Jails and Prisons Nationwide

Serious Mental Illnesses in General Population and Criminal Justice System



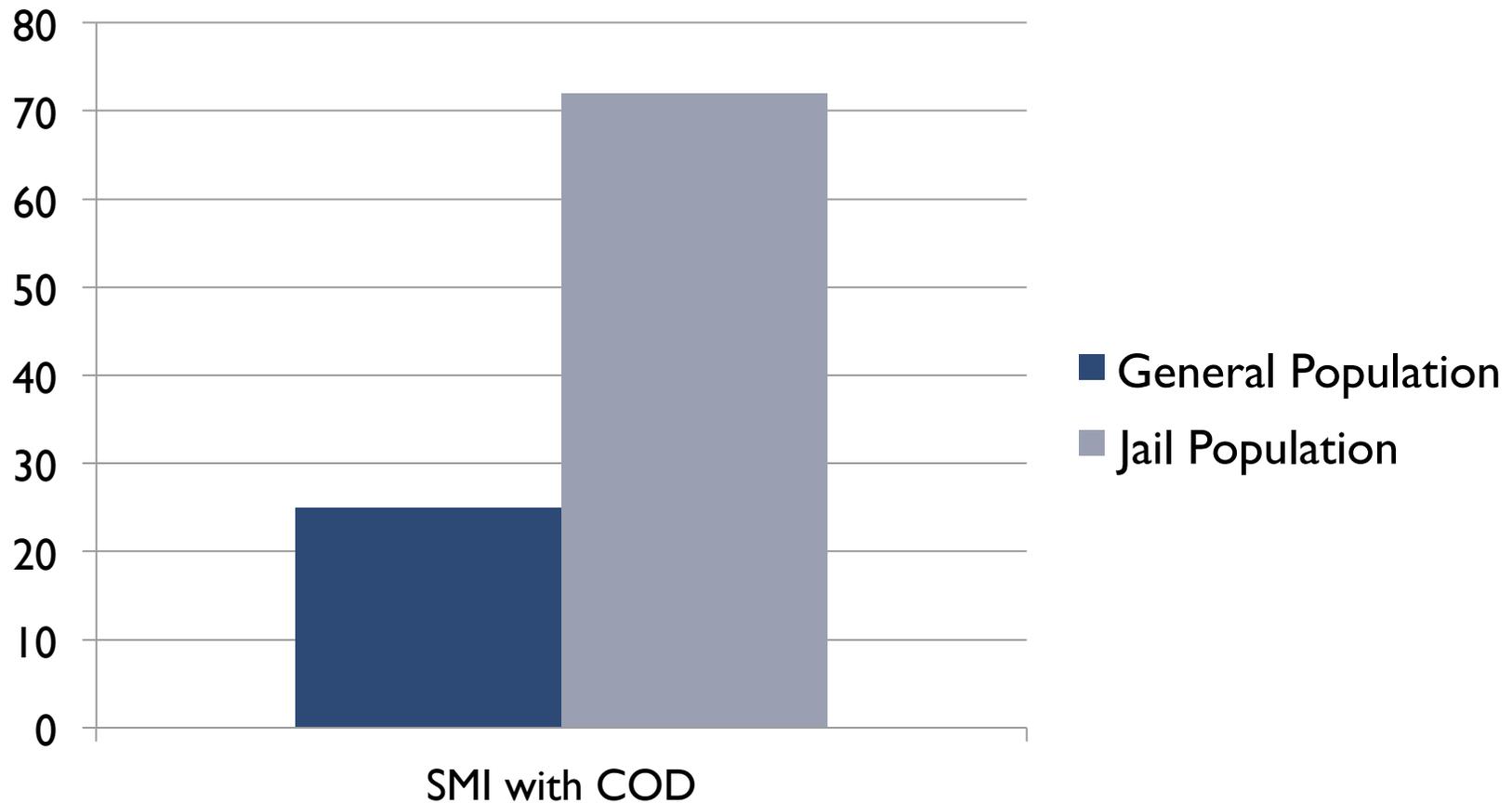
Source: General Population (Kessler et al. 1996), Jail (Steadman et al, 2009), Prison (Ditton 1999)

Alcohol and Drug Use Disorders: Significant Factor in Jail and Prisons



Source: Abrams & Teplin (2010)

Co-occurring Substance Use and Mental Disorders are Common



Source: General Population (Kessler et al. 1996), Jail (Steadman et al, 2009), Prison (Ditton 1999), James (2006)



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

- ▶ **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)

What do we mean by **Criminogenic 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



How has Behavioral Health Addressed Dynamic Risk Factors?

Static Risk Factors

Criminal history (number of arrests, number of convictions, type of offenses)

Current charges

Age at first arrest

Current age

Gender



How has Behavioral Health Addressed Dynamic Risk Factors?

Static Risk Factors

Criminal history (number of arrests, number of convictions, type of offenses)
Current charges
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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



Each Dynamic Criminogenic Risk Factor has Associated Need

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)

How has Behavioral Health Addressed Dynamic Risk Factors?

Static Risk Factors

Criminal history (number of arrests, number of convictions, type of offenses)
Current charges
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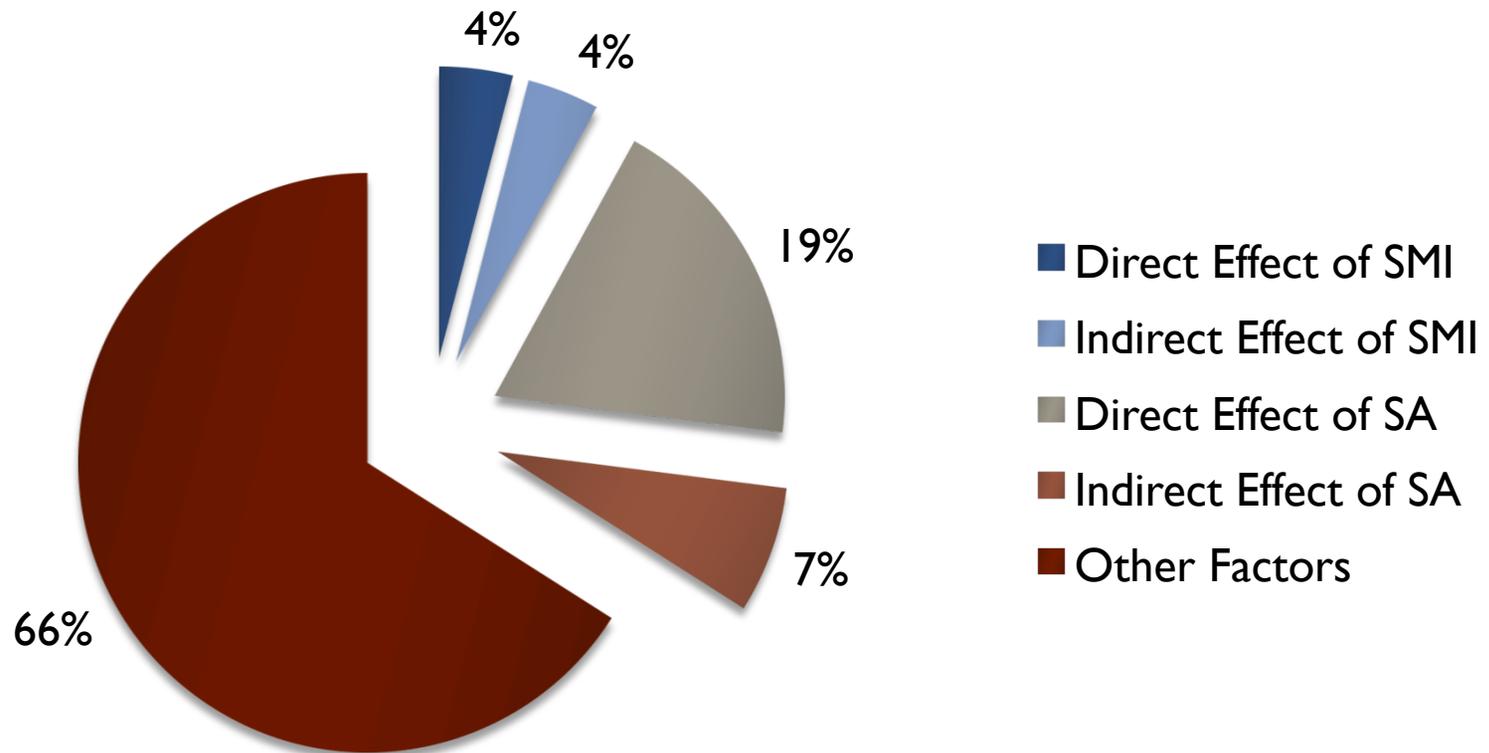
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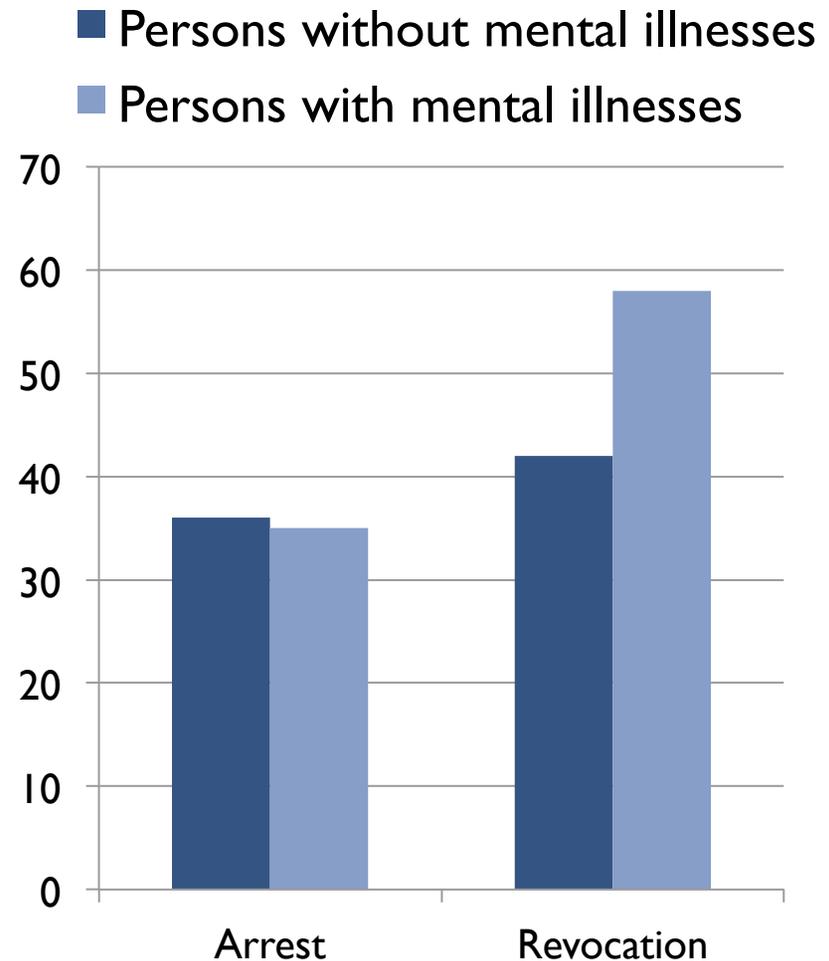
Incarceration is Not Always a Direct Product of Mental Illness

**Raters code 113 post-booking jail diversion cases:
How likely is it that the inmates' offenses were a result of serious mental illness (SMI) or substance abuse (SA)?**



Those with Serious Mental Illnesses Often “Fail” Community Supervision

- ▶ Followed almost 3000 probationers for 2 years
 - ▶ 13% screened positive for mental illness
- ▶ Those with mental illnesses:
 - ▶ No more likely to be arrested...but
 - ▶ **1.38 times more likely to be revoked**

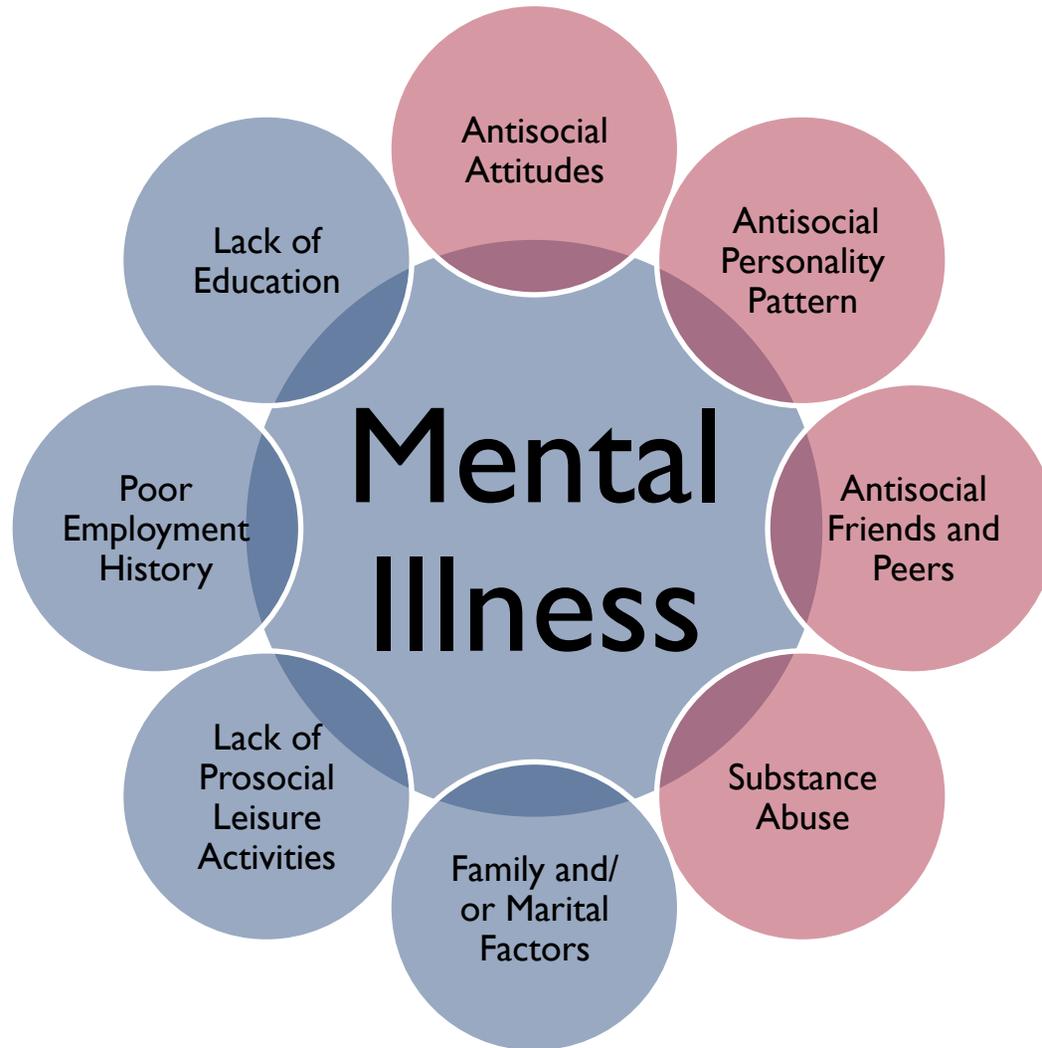


See also: Eno Loudon & Skeem, 2009; Porporino & Motiuk, 1995

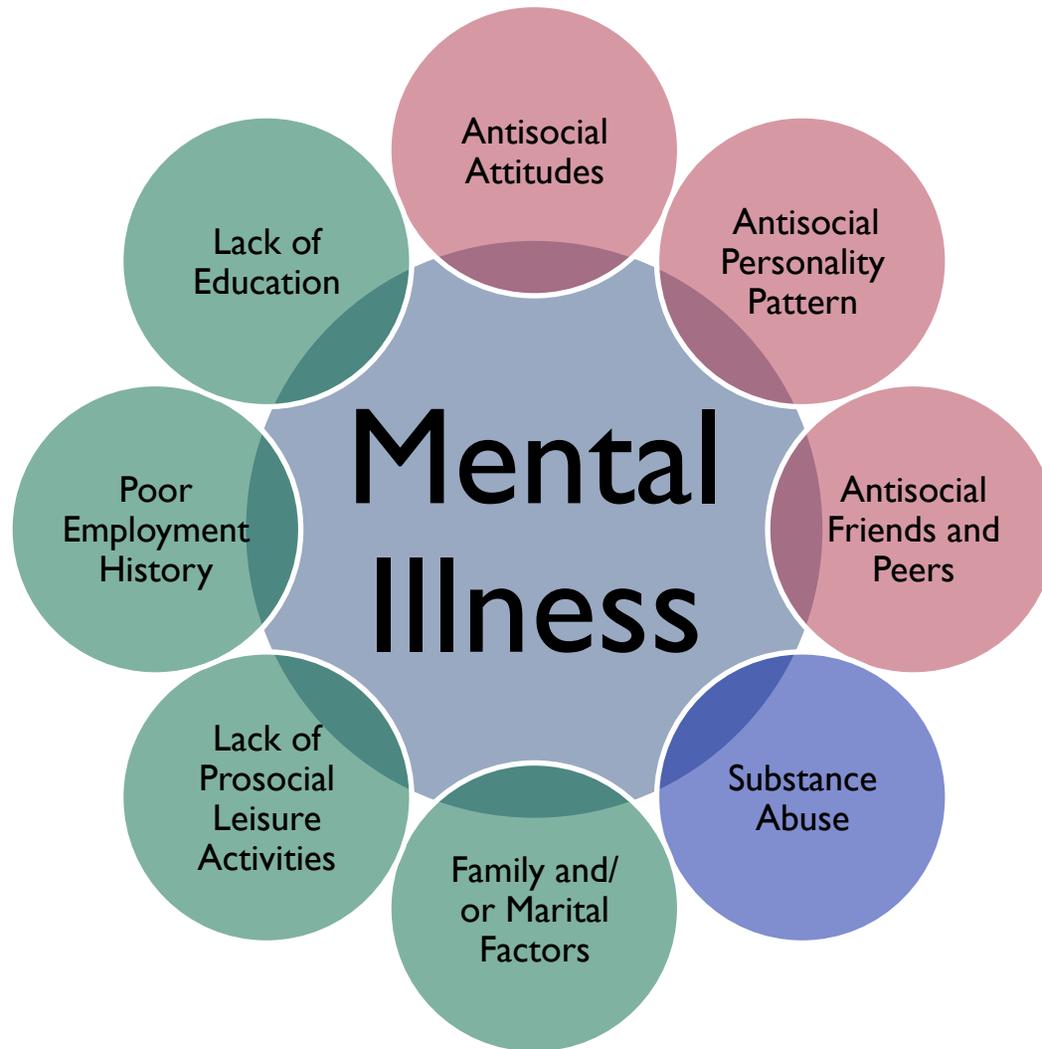
Responsivity: You can't address dynamic risk factors without attending to mental illness



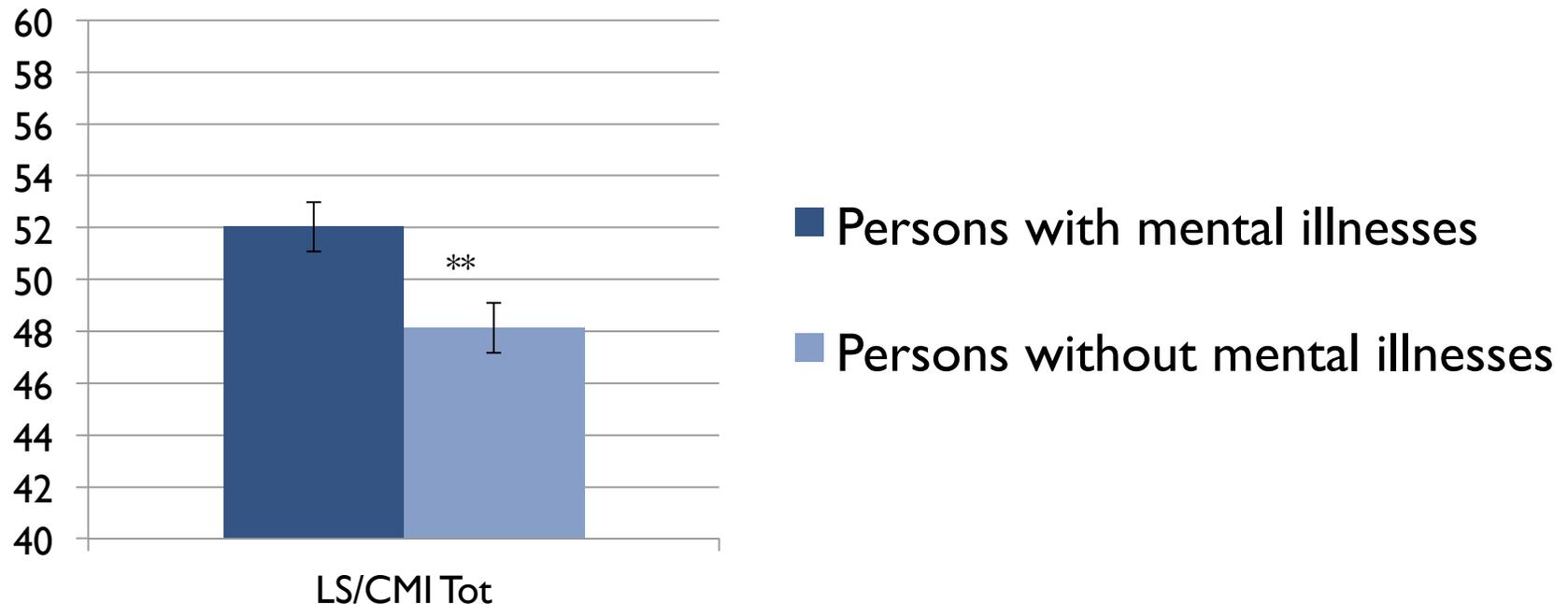
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Responsivity: You can't address dynamic risk factors without attending to mental illness



Those with Mental Illness Have Significantly *More* “Central 8” Dynamic Risk Factors



....and these predict recidivism more strongly than mental illness

Source: Skeem, Nicholson, & Kregg (2008)

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

- **RISK PRINCIPLE:** Match the intensity of individual's intervention to their risk of reoffending
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- **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)



Differential Program Impact by Risk

Average Difference in Recidivism by Risk
for Ohio Halfway House Offenders

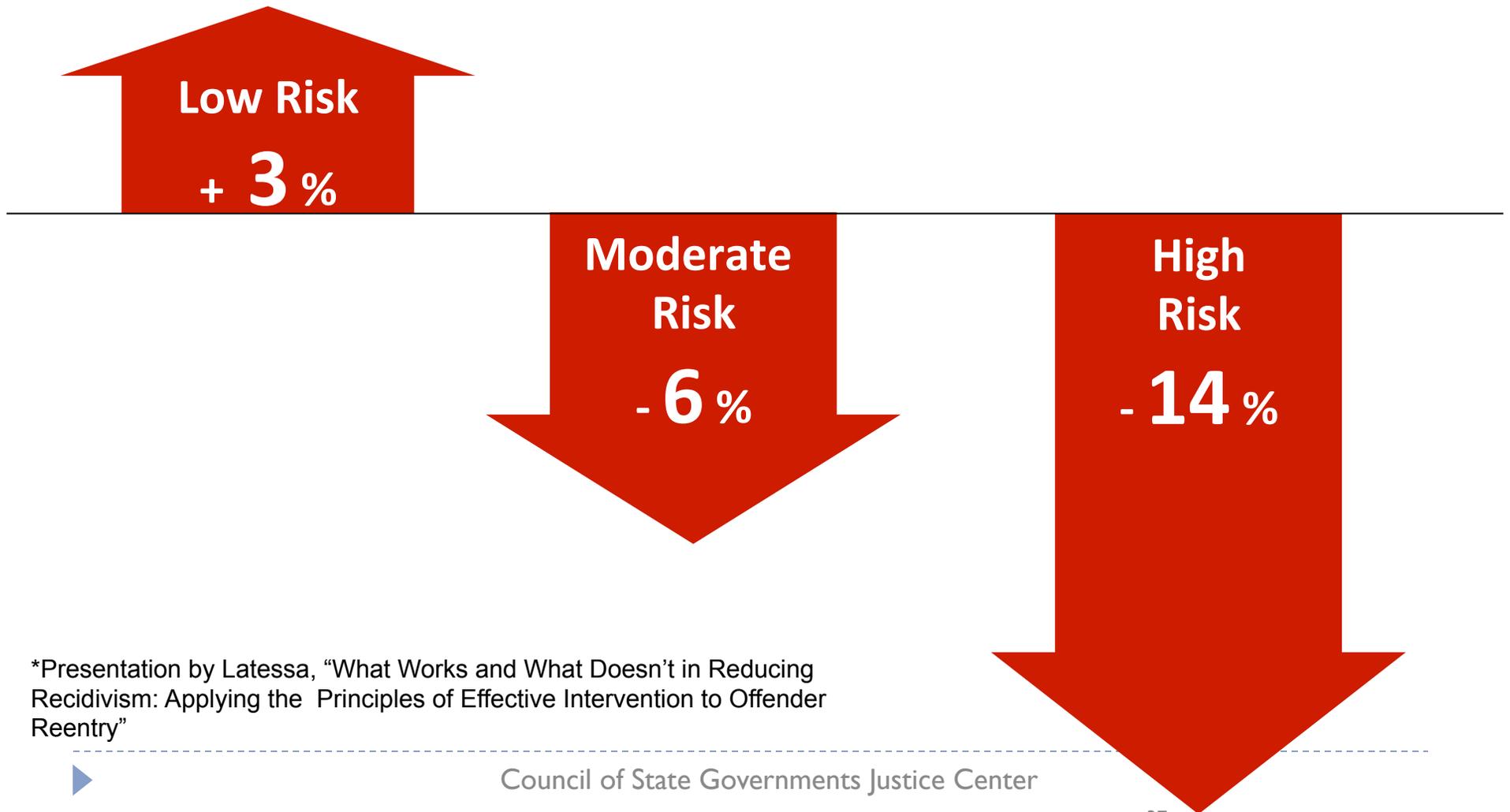


*Presentation by Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"



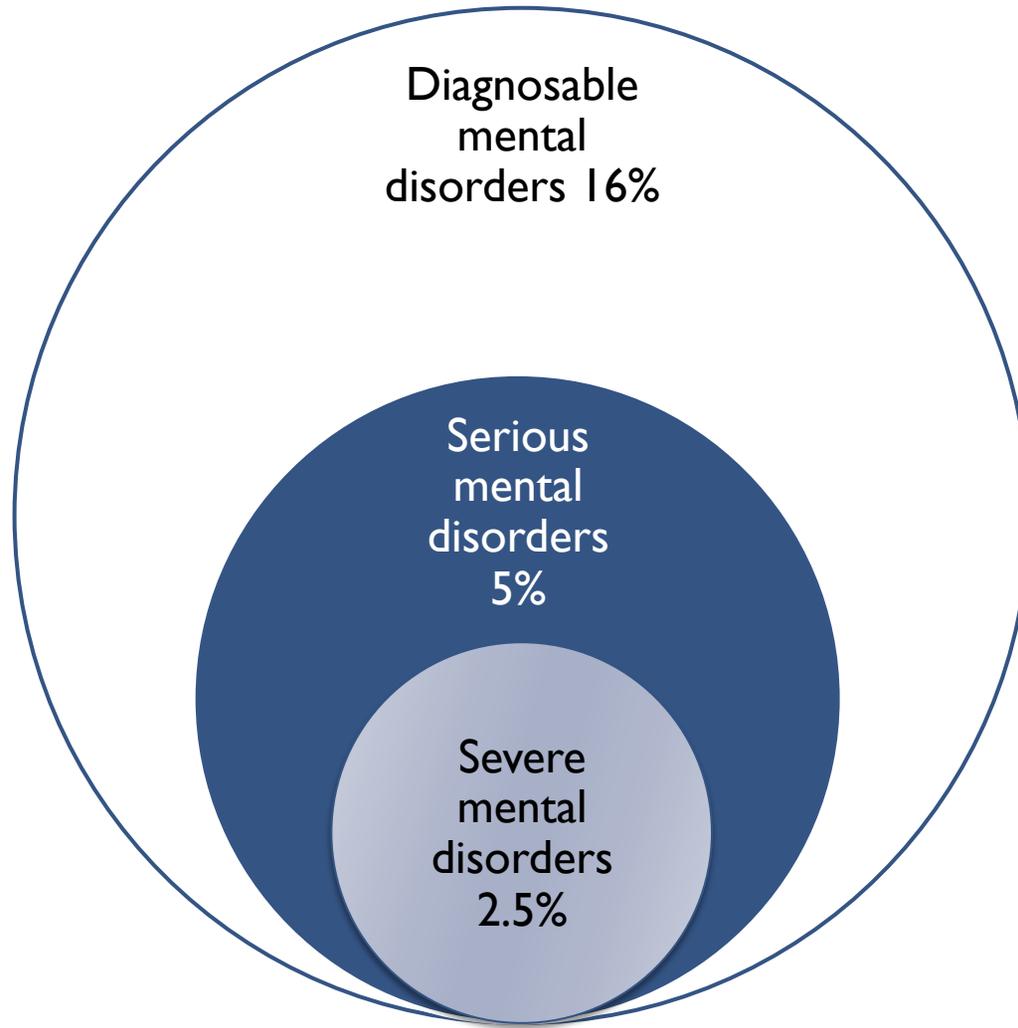
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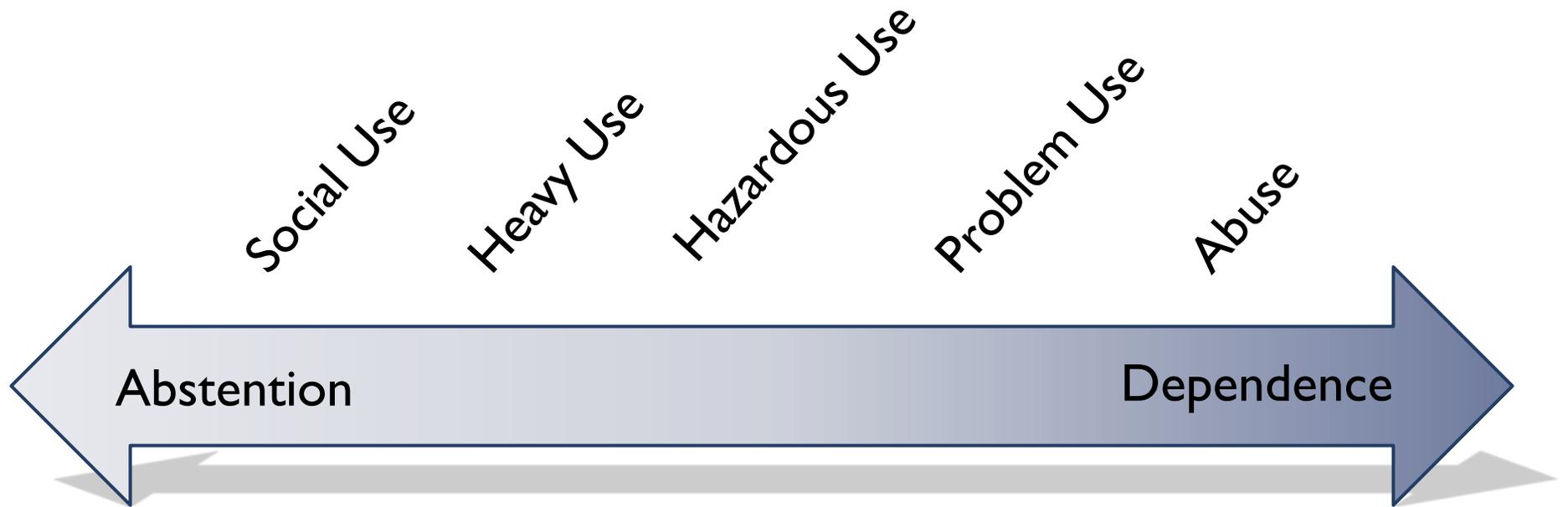


*Presentation by Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

Not all Mental Illnesses are Alike: Mental Illness in the General Population



Not all Substance Use Disorders are Alike



The Substance Abuse Continuum

Today's Presentation

Opening Remarks

The Risk-Need-Responsivity Model and Behavioral Health

Framework for Corrections and Behavioral Health



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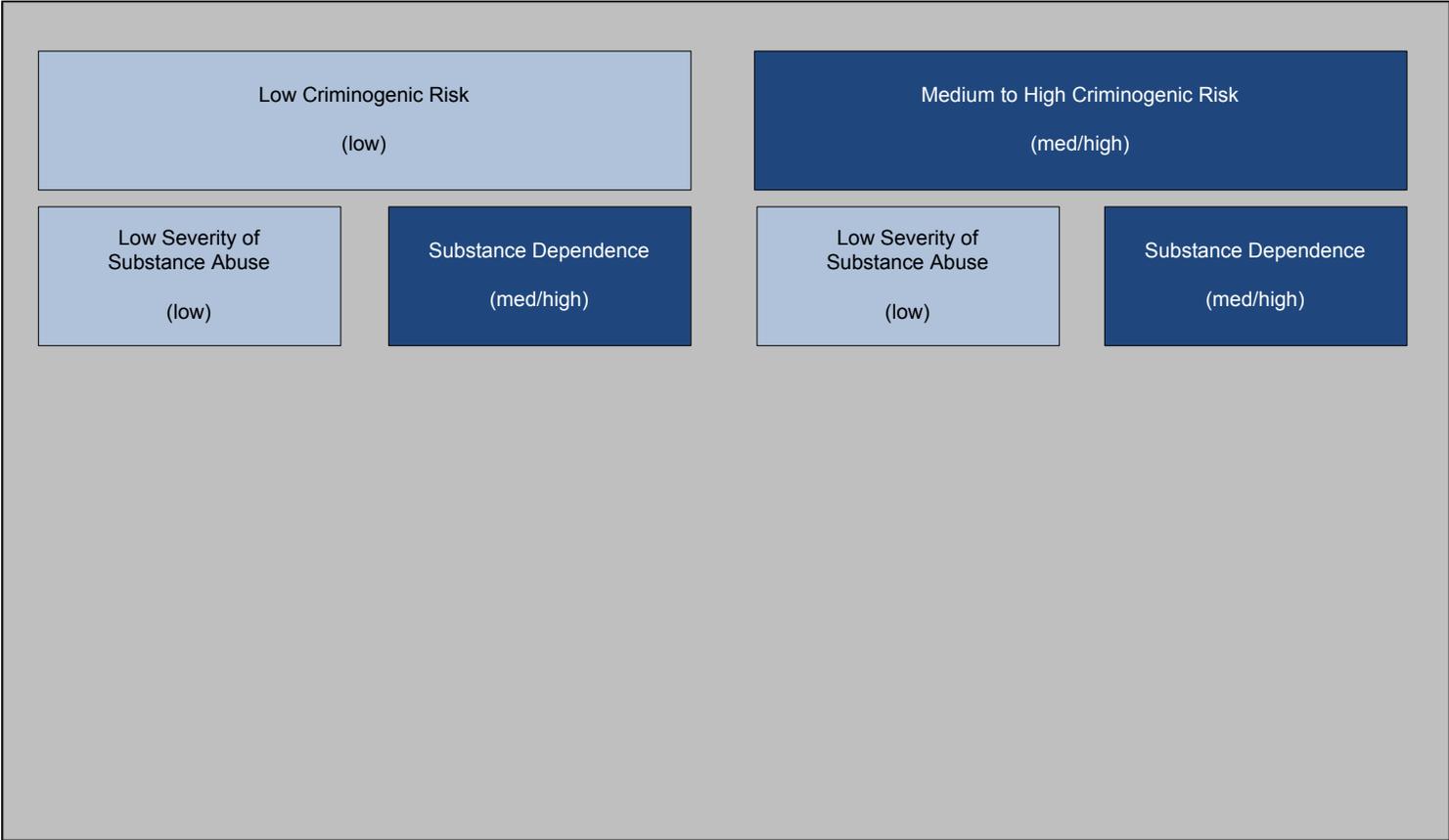
A Shared Framework for Reducing Recidivism and Promoting Recovery



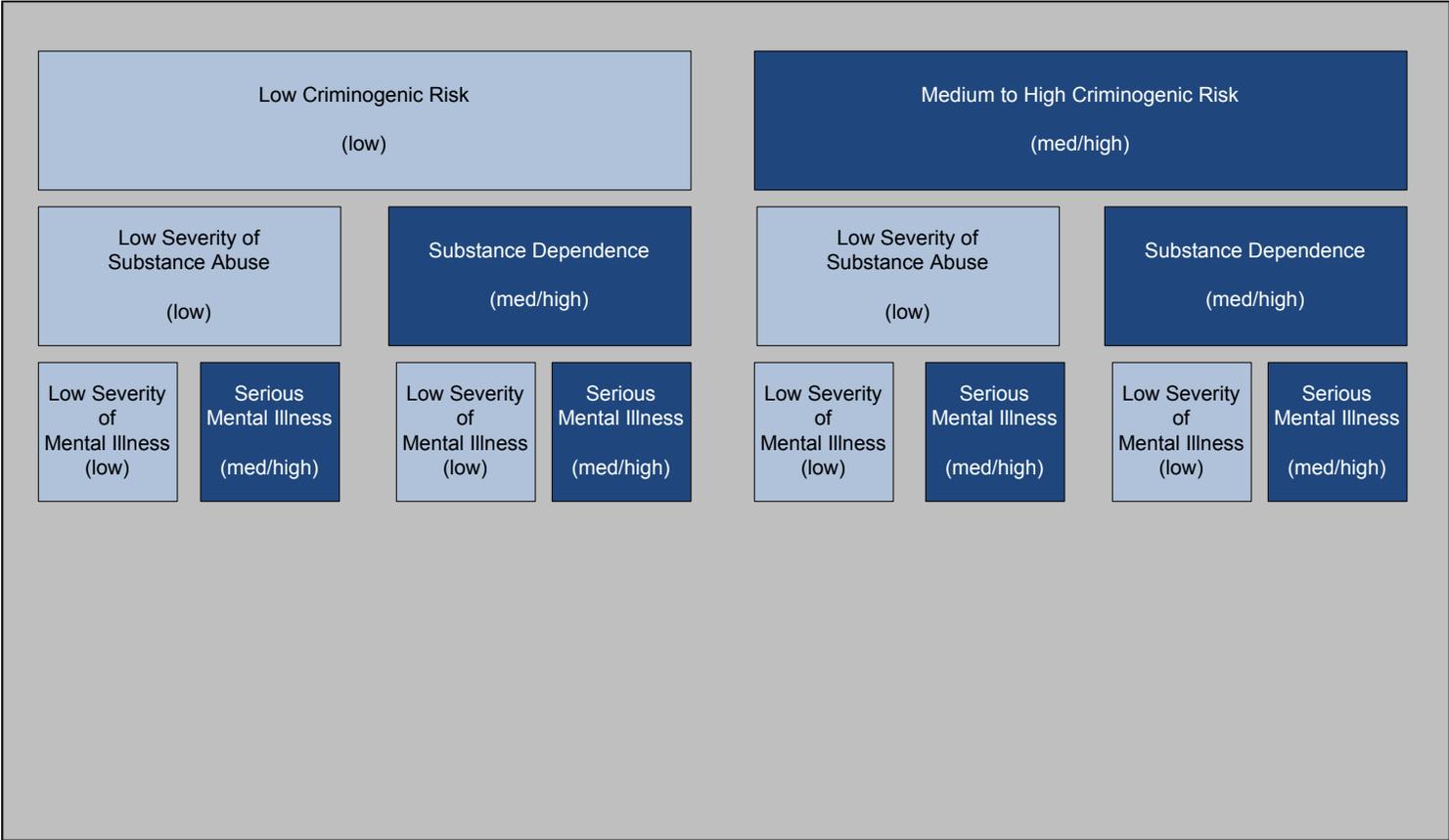
Framework to Address SA and MH Needs of Individuals under CJ Supervision



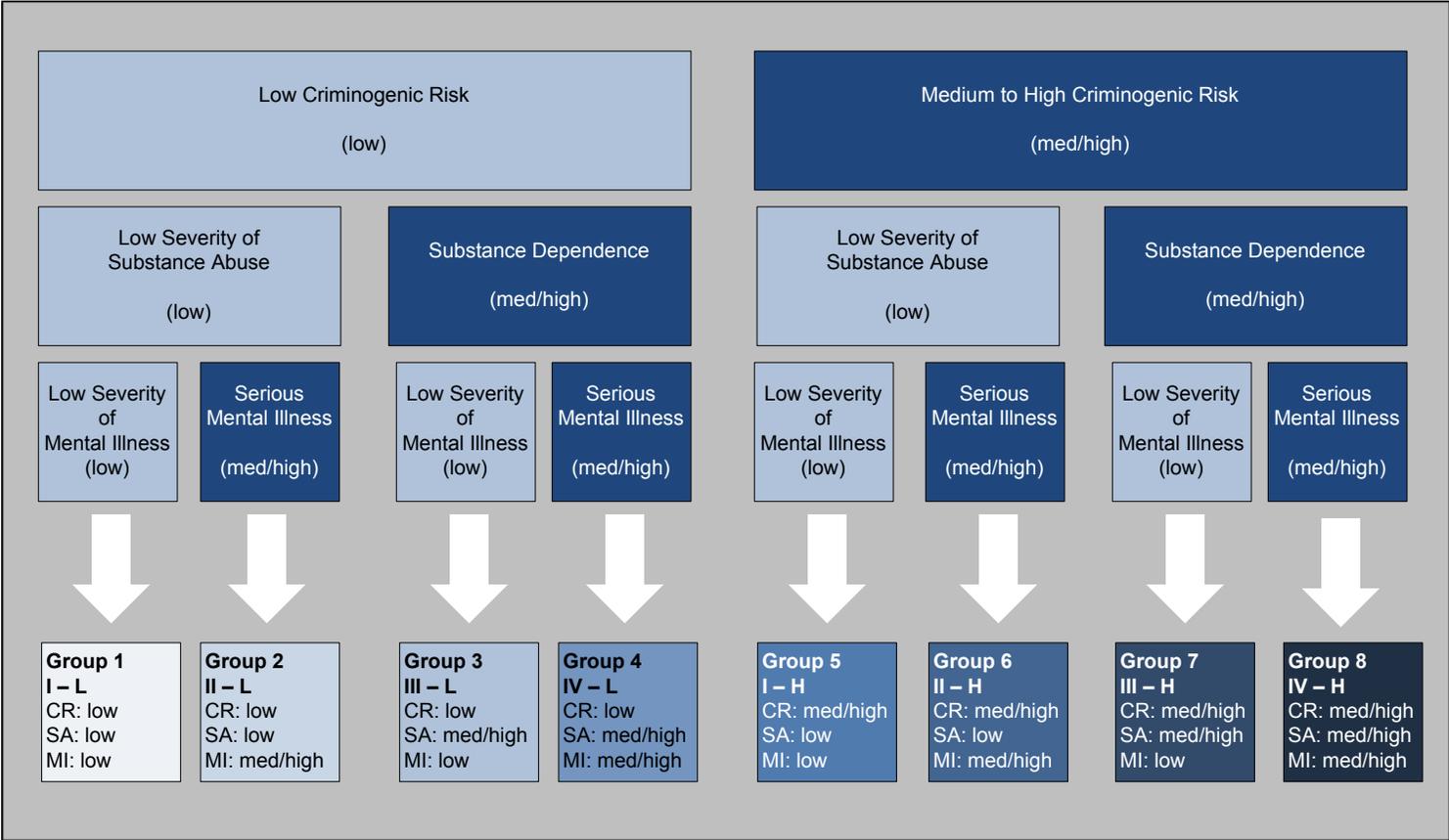
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Framework to Address SA and MH Needs of Individuals under CJ Supervision



Framework to Address SA and MH Needs of Individuals under CJ Supervision



Low Criminogenic Risk Without Significant Behavioral Health Disorders

Group 1
CR: LOW
SA: LOW
MI: LOW

- ▶ Lowest priority for services and treatment programs.
- ▶ Low intensity supervision and monitoring.
- ▶ When possible, separated from high-risk populations in correctional facility programming and/or when under community supervision programming.
- ▶ Referrals to behavioral health providers as the need arises to meet targeted treatment needs.



High Criminogenic Risk Without Significant Behavioral Health Disorders

Group 5

CR: MED/HIGH

SA: LOW

MI: LOW

- ▶ High prioritization for enrollment in interventions targeting criminogenic needs, such as those that address antisocial attitudes and thinking.
 - ▶ Lower prioritization for behavioral health treatment resources within jail and prison.
 - ▶ Intensive monitoring and supervision.
 - ▶ Participation in community-based programming providing cognitive restructuring and cognitive skills programming.
 - ▶ Referrals made to community service providers on reentry as needed to address targeted low-level mental health/substance abuse treatment needs.
-

Low Criminogenic Risk with High Behavioral Health Treatment Need

Group 2	Group 3	Group 4
CR: LOW	CR: LOW	CR: LOW
SA: LOW	SA: MED/HIGH	SA: MED/HIGH
MI: MED/HIGH	MI: LOW	MI: MED/HIGH

- ▶ Less intensive supervision and monitoring based
- ▶ Separation from high-risk populations
- ▶ Access to effective treatments and supports
- ▶ Officers to spend less time with these individuals and to promote case management and services over revocations for technical violations and/or behavioral health-related issues.

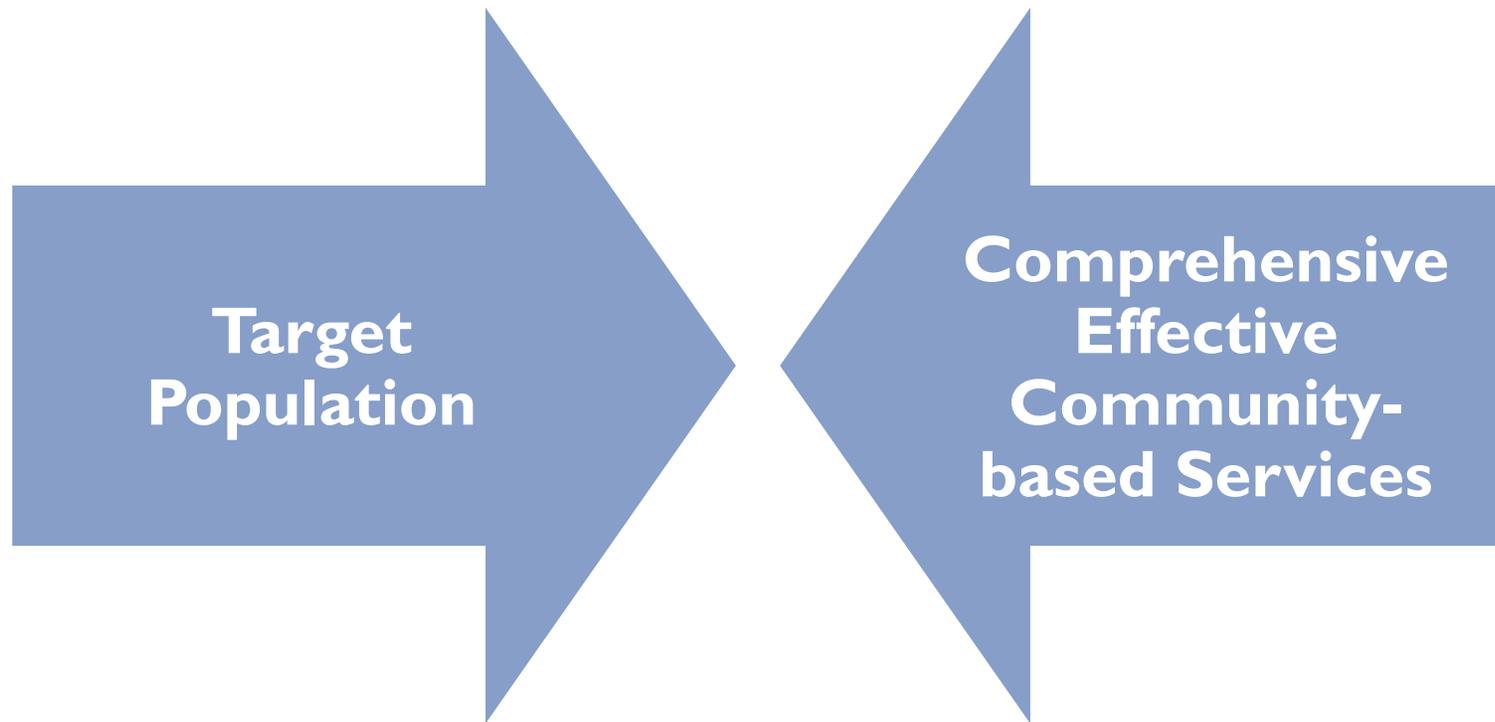
High Criminogenic Risk with High Behavioral Health Treatment Needs

Group 6	Group 7	Group 8
CR: MED/HIGH	CR: MED/HIGH	CR: MED/HIGH
SA: LOW	SA: MED/HIGH	SA: MED/HIGH
MI: MED/HIGH	MI: LOW	MI: MED/HIGH

- ▶ Priority population for corrections staff time and treatment
- ▶ Intensive supervision and monitoring; use of specialized caseloads when available
- ▶ Access to effective treatments and supports
- ▶ Enrollment in interventions targeting criminogenic need including cognitive behavioral therapies



Two Critical Components



The Framework Advances Collaboration and Communication by:

Developing a shared language around risk of criminal activity and public health needs

Establishing common priorities between criminal justice and behavioral health systems

Creating a common “starting point” for cross-systems policies, practices, and decision-making

Underscoring the need for information sharing across systems



The Framework can ensure that scarce resources are used efficiently by :

Identifying the right people for the right interventions

Promoting the use of validated assessment tools to gauge individuals' criminogenic risk and needs together with substance abuse and mental health needs

Encouraging collaborative decision-making among system leaders for how scarce treatment slots and intensive supervision services should be allocated to have the greatest impact

The Framework Promotes Effective Practices by:

Matching individuals' risk and needs to programs and practices associated with research-based, positive outcomes

Ensuring consistency of coordinated approaches while allowing for individualization of treatment and case management strategies

Refocusing reentry and other efforts for individuals leaving prisons and jails, to equip them with the necessary skills and competencies to become law-abiding, healthy members of communities and families

Where can you find the report?

- ▶ consensusproject.org/jc_publications/adults-with-behavioral-health-needs

The screenshot shows the website for the Justice Center, part of The Council of State Governments. The page is titled "Justice Center Publication" and features the report "ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION: A SHARED FRAMEWORK FOR REDUCING RECIDIVISM AND PROMOTING RECOVERY". The report is dated September 27, 2012, and is written for policymakers, administrators, and service providers. It introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance abuse, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses. Links are provided to view the press release, an FAQ, and the full report, summary, and related resources.

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Overview

Justice Center Publication

ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION: A SHARED FRAMEWORK FOR REDUCING RECIDIVISM AND PROMOTING RECOVERY

On September 27, 2012, the CSG Justice Center released *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*. The report is written for policymakers, administrators, and service providers committed to improving outcomes for the large number of adults with mental health and substance use disorders that cycle through the criminal justice system. It introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance abuse, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses.

To view the press release, click [here](#).

To view an FAQ related to the report, click [here](#).

Full report, summary, and related resources below.

Thank You!

The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

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 Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.

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