JMHCP Conference

Behind Bars and Into The Community: Evidence-Based and Recommended Practices for Individuals with Mental Illness
Overview

• "Correctional" facilities
• "Old School" approaches
• Our obligations and liabilities
• Starting with the offender
• More effective approaches
Overview (cont.)

• Approaches "inside the walls"
  • Assessment
  • Levels of care
  • Staffing
  • CIT
  • Planning for release
Overview (cont.)

- Approaches "beyond the walls"
  - TPC
  - Release Planning
  - Community Supervision
  - Community treatment for offenders
"Old School"

- Facility Perspective
  - Providers: "hug a thug"
  - Offenders: "wobble-heads"
  - Services: "necessary evil"
- Goals of Treatment
  - "keep 'em alive"
  - "keep 'em out of trouble"
- Timeframe: Within the Walls
Provider "Traps"

• Offenders "misunderstood"

• Us vs. Them

• "Private Practice"

• The attraction of the "high functioning client"
What's Wrong With Those Approaches?

• Limited view:
  • Narrow range of problems
  • Short-term problem-solving vs. Long-term management
• Lacking a shared, collaborative, approach
• Well-designed and implemented treatment
  • takes advantage of incarceration time
  • incorporates a shared approach
  • is inherently collaborative
  • increases security within facilities
  • reduces recidivism outside of facilities
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The "Revolving Door"

- Mental Illness is rarely the cause of criminal behavior, but...

- Offenders with behavioral health disorders are more likely to become "stuck" in the CJ system

- Remain 15 months longer than prisoners without mental illness

- Offenders with MI and COD are significantly more likely to have their supervision suspended or revoked
To treat the mental illness...
Or, the offender....

- False dilemma
- Mental illness and criminogenic factors are typically both present in some measure
- Systemic approach based on sound correctional strategies
- Training of providers
Principles of Effective Interventions

- Assess Risk and Needs
- Enhance Intrinsic Motivation
- Target Interventions
- Skill Training
- Positive Reinforcement
- Engage Support Systems
- Measure Outcomes
- Provide Feedback
Risk, Need, Responsivity

- **Risk:** "Put resources where the risk is" (match type and intensity of intervention to risk)

- **Need:** Target criminogenic needs (the big eight)

- **Responsivity:** Design and implement interventions taking into account offender learning styles, motivation, gender, culture, abilities, etc.
Effective Mental Health Interventions "inside the walls"

- Screening and Assessment
- Medical, Mental Health Substance Abuse
- Watch for medical issues presenting as MI (detox, drug induced, tumors, etc)
- Everyone plays a role in suicide prevention
- If it isn't documented, you didn't do it!
Effective Interventions

- Multi-systemic view
- Integrated treatments
- Collaboration
- Teamwork
- Sufficient staffing
Triage Strategies

• Crisis
• Suicide/Homicide risk
• SMI
• Focus on relevant functional impairment
• Problem of "desirable" clients
• "Level of Care" guidelines
• RNR Principles ("Framework")
Continuum of Treatment

- Self-help and volunteer-driven programming
- Outpatient level of care
- Mid-level interventions
- Residential level of care
- Segregation interventions
- Co-occurring treatment
Medications

- Medication and abuse
- Black markets
- Psychiatric provider training
- Collaboration
- Work with OSI
Motivation

- Personality Disorders
- Trauma
- Learning Disorders
- Poorly designed interventions
Motivational Interviewing: Helping People Change

Third Edition

William R. Miller
Stephen Rollnick
Motivational Interviewing

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy
Traumatic Brain Injury

• 998 consecutive admissions

• 1 reported head injury to nurse, 9 reported to psychologist in traditional interviews

• Screening:
  • 172 no TBI
  • 144 Severe (>24 LOC and/or PTA)
  • 102 Moderate (1+ hrs LOC and/or PTA)
TBI causes

• General Population TBI Causes
  • Falls (28%)
  • MVA (20%)
  • Assaults (11%)

• Offender Population
  • Assaults (36%)
  • MVA (20%)
  • Sports (11%)
  • Falls (7%)
TBI Plus...

- Severe/Moderate TBI + SMI: 18%
- Mild TBI + SMI: 12%
- No TBI + SMI: 2%
- Increased SUD
Traumatic Brain Injury

- Learning
- Tracking
- Memory
- Anger
- Impulsivity
- Volatility
MI in Segregation Units

- MI offenders "over-represented" in segregated housing units
- Definitions: Ad-Seg, Disciplinary Seg, "Super Max"
- Risks: Suicide, decompensation
- Ongoing assessment
- Regular "rounds" (nursing and MH staff)
- Provision of treatment and current court cases
Self-Injurious Behavior

• Definitions: SIB, "gestures", suicidal behavior

• Etiology

• "vicious cycle"

• Staff multidisciplinary consultations

• Outside consultations
Furor sparks call for crisis team
New options needed on handling of mentally ill, says alliance

By William C. Bayne
Staff Reporter

Approached aggressively, a person with severe mental problems may react aggressively — either fighting or fleeing from law enforcement officers or others trying to help.

"There's magic in the manner," said Ann Dino, president of the Alliance for the Mentally Ill of Memphis, the organization that suggested the task force approach for dealing with uncontrollable people with mental illness.

She said a better approach to Joseph Robinson, the 27-year-old man who was shot repeatedly and killed last Thursday by police, might have "prevented the tragedy."

On Monday, Mayor Dick Hackett announced he would speed up plans to create a crisis intervention team, which would include mental health professionals, to deal with people who have mental problems and are violent.

"There is no evidence has emerged to show Robinson had a history of mental illness. A relative who had called police to subdue him said he was "trying to cut his throat, acting like he's on drugs," police reported.

Strict laws would be the only solution, Mrs. Dino and others with the alliance met with Police Director John Holt before Thanksgiving last year asking for a task force approach to handling the uncontrollable mentally ill.

"She said Holt seemed receptive to the idea and assigned Patrolman John Dwayne to research the proposal."

"You have to have the research in order to see what best will work in connection with the needs you have," she said yesterday. "Los Angeles has the best one in the country, but it took them two years to work out the kinks in their operation."

"Part of the reason," she said, "pointed out changes needed in ordinances and in police orders about the handling of emergency commitments."

She praised Dwayne's "excellent" and said cooperation was "tremendous" between the Police Department and City Hall. She said the first-year startup costs for a task force would be..."
Crisis Intervention Teams

- Tools, strategies and techniques
- Address crisis situations
- Reduce "use of force" incidents
- Reduce injuries
- Promote better outcomes for mentally ill offenders
- Change facility culture
- Build upon existing strategies and skills
- CIT is NOT for every situation
Core CIT elements

- Partnerships with security, mental health, advocates
- Defined policies and procedures
- Special officer selection
- Connection to mental health services
- Data collection and evaluation
- Ongoing training
- Recognition program
- 40 hour training, including role-playing
MN Transition to Community (TPC) Linear Model

Vision - Contribute to a safer Minnesota
Mission – Embed TPC philosophy into every facet of the Department’s operations
Transitions to the Community

- Transitions from Prison to Community (TPC)
- Release planning
- Community-based interventions
- "Framework" project
Closing Remarks

- The bar is being raised

- Correctional facilities aren't inherently "correctional" but incarceration time can be put to good use

- Corrections is a specialty

- Comprehensive Assessment

- Integrated interventions

- Long-term View

- Community safety is all of our responsibility and investments in behavioral health increase public safety and reduce both social and financial costs
Discussion
Thank you!

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