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Collaborative Approaches to Public Safety

Access to Treatment: Bringing NIATX to Corrections

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Speakers

Kim Johnson, Ph.D.
Co-Director, ATTC Network Coordinator Office and Deputy Director, NIATx

Sarah Wurzburg
Grantee Technical Assistance Manager
The Council of State Governments Justice Center

Faye Taxman, Ph.D.
University Professor, Criminology, Law and Society Program, and Director, Center of Advancing Correctional Excellence, George Mason University

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Senate Committee Approves Second Chance Reauthorization Act

Congress took a significant first step toward continuing the work of the Second Chance Act on September 18 as the Senate Judiciary Committee voted to reauthorize the bipartisan bill.

Learn More

the NATIONAL REENTRY RESOURCE CENTER
A project of the CSG Justice Center

The National Reentry Resource Center provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, non-profit organizations, and corrections institutions working on prisoner reentry. To learn more, click here.

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SEPTEMBER 24, 2014

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Overview

The NIATx Model and the Impact

Lessons Learned from Three Pilot Studies

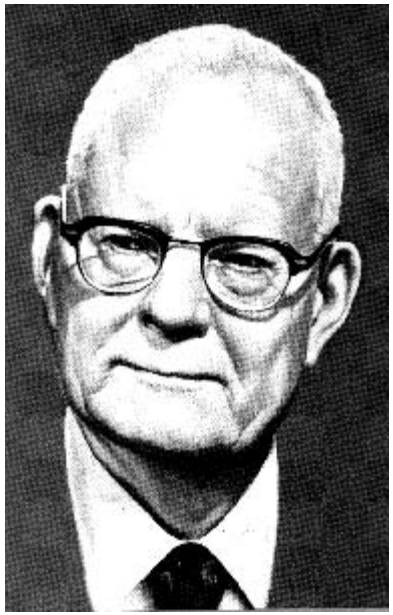
Process Measures at the Interface of Criminal Justice and Behavioral Health

Questions and Answers

The NIATx Model and the Impact

Why is it hard for People in the Justice System to have successful community re-entry?

- They are just bad people, it's impossible to rehabilitate them?
- They are addicts and they can't help themselves?
- The community providers are useless?



W. Edwards Deming

85 percent of the problems that organizations have in serving customers are caused by their processes

Process Improvement

Customers (people in the justice system) are served by ***processes***.

85 percent of customer (people in the justice system)-related ***problems*** are caused by processes.

You must improve your processes to better serve ***customers*** (***people in the justice system***).

Five Key Principles

Evidence-based predictors of change

1. Understand & Involve the Customer (people in the justice system)
2. Focus on Key Problems
3. Select the Right Change Agent
4. Seek Ideas from Outside the Field and Organization
5. Do Rapid-Cycle Testing

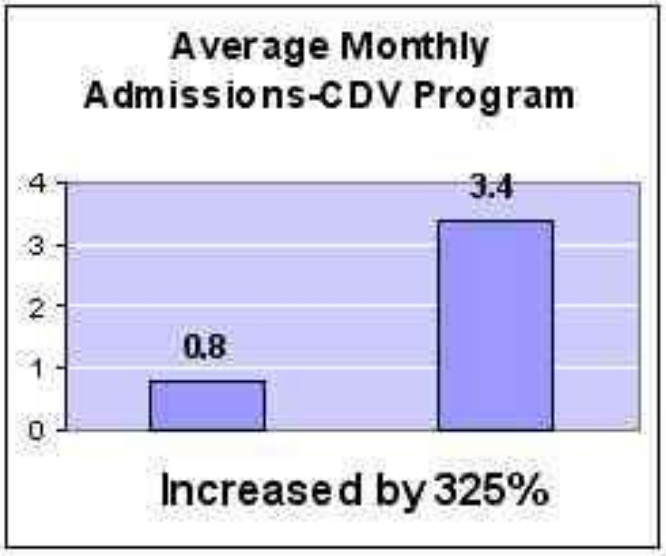
Example

ALPHA Counseling SC

Aim: Increase percent of criminal domestic violence referrals that become clients

Pilot 1: Changed process so that staff attended court to schedule appointments onsite

Pilot 2: Streamlined intake process so that it could be completed at the court



Four Original Aims

Reduce Waiting Times

Reduce No-Shows

Increase Continuation

Increase Admissions

Lessons Learned from Three Pilot Studies

Three Pilot Sites

In 2011, the CSG Justice Center and NIATx started work with three pilot sites:

- Dekalb County, GA,
- Durham County, NC,
- the State of Maryland

Recommendations were developed to help criminal justice and substance use treatment systems to improve transitions between institutional and community care

Recommendations from Site Work

1. Collaborate Across Systems
2. Increase Communication and Information Sharing
3. Reduce Duplication of Efforts and Streamline Processes
4. Monitor the Process Improvements and Focus on Data Collection

Collaborate Across Systems

- *Joint participation and buy-in from executive and front-line staff is key to implementing changes in business practices*
- *Timely access to treatment services is critical*
- *Establish walk-in appointments*
- *Monitoring clients' participation can help them succeed in treatment; in addition, partner with community corrections to coordinate post-release treatment*

Opportunities to Increase Coordination

- Cross training staff
- Co-location of staff
- Partnership between community supervision officers and treatment providers to promote treatment compliance

Increase Communication and Information Sharing,

- *Have a shared language and clear terminology*
- *Focus on the customer*
- *Increase communication across systems to increase timely access to treatment*
- *There should be communication related to release date and participation in treatment*
- *Make information exchange easier*

Reduce Duplication of Efforts and Streamline Processes

- *Communicate with staff to avoid fear of role reduction*
- *Streamline the referral process*
- *Avoid duplication of efforts through increased access to shared information*

When Referral Process Go Wrong, Consequences Are Significant

- Clients will not attend an appointment or make the necessary arrangements to attend (including transportation, child care, or time off of work) just to repeat what they did with the probation officer or the jail or prison treatment staff.
- Multiple steps delay care. Eliminating multiple assessments gives staff time for other work; creates more capacity in the system; and reduces the time clients have to wait for services.

Monitor the Process Improvements and Focus on Data Collection

- *Focus on one "change project" at a time*
- *Measure and assess "change project" data*
- Led to the development of process measures at the interface of behavioral health and criminal justice

Process Measures at the Interface of Criminal Justice and Behavioral Health

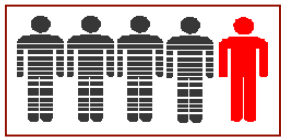
Health-Justice

Substance Use Disorder
1:2

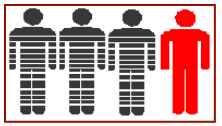
Co-Occurring Disorders
1:2

Sexually Transmitted Infection
1:2

Mental Health Disorder
1:2



Tuberculosis
1:5



Hepatitis C
1:4

HIV/AIDS
1:48

*Sexually transmitted infections include: HIV, AIDS, Hepatitis C, Chlamydia, gonorrhea, and syphilis.
*Correctional population numbers came from: Taxman et al. (2007), supplemented by information on federal prisoners, probationers, and parolees from the Bureau of Justice Statistics' "Prisoners in 2007" and "Probation and Parole in 2007" (available at http://www.ojp.usdoj.gov/bjs/correct.htm).
*People in the Justice System health status numbers came from: Taxman, F., Cropsey, K., & Gallagher, C. (under review).

Guiding Principles of Interface Measures

- **Collaboration.** The many different agencies that make up the criminal justice and behavioral health systems in each jurisdiction must work ***collaboratively*** to ensure that there is treatment available for people involved in the justice system who have substance use disorders, mental disorders, or co-occurring substance use and mental disorders.
- **Access and Retention.** Jointly facilitating ***access*** to and ***retention*** in behavioral health services by criminal justice and behavioral health partners is essential for achieving better behavioral health outcomes for people involved with the justice system.
- **Options for Care.** Individuals in the justice system who have behavioral health needs should have access to the ***appropriate level of care***.
- **Process Measurement.** ***Process measures*** provide the means to assess whether partners (justice, behavior health, or both) have met their goals of providing access to, retaining, and completing the appropriate level of care for people who have behavioral health disorders.
- **Quality and Joint Accountability.** Process measures can promote ***quality and joint accountability*** in the delivery of substance use and mental disorders services.

CJ & Treatment Interface

Client

Street

Arrested

Jail

Prison

Probation/ Parole

Sequential Intercept

Treatment Interface

- Screening
- Assessment
- Referral
- Placement
- Initiation
- Engagement
- Retention
- Completion

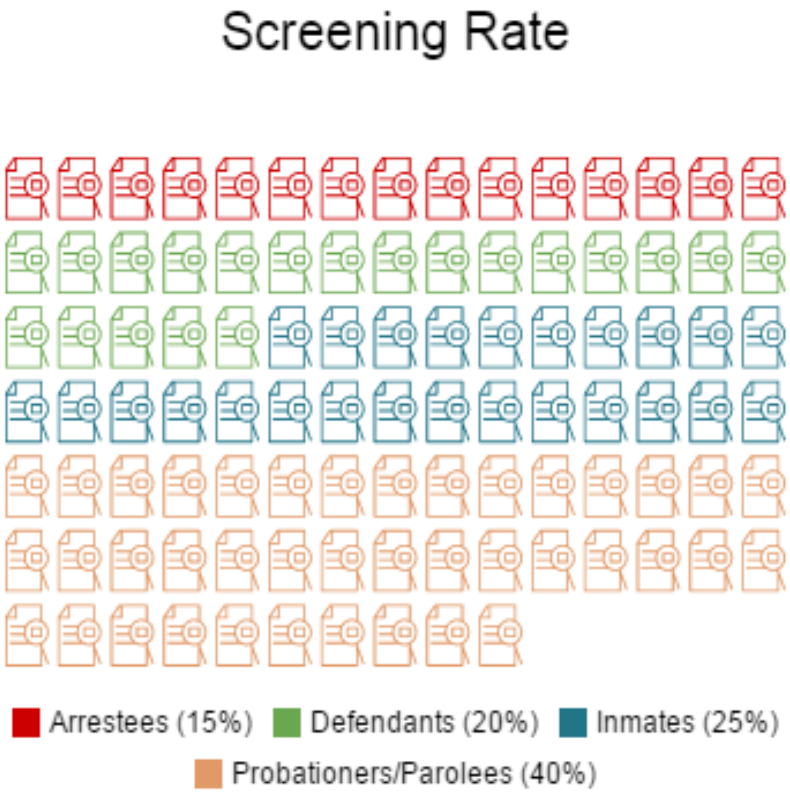
4 Types of Process Measures

- **Identification and Referral (Systems Level):** How well does the system do at facilitating interface?
- **Engagement and Completion (Individual Level):** How well does the client do at accessing care?
- **Recovery Management (Individual Level):** How well does the client do in care or managing recovery?
- **Access Measures and Systematic Responsivity (Systems Level):** How well does the system do at providing access to appropriate levels of care?

Set 1: Identification and Referral (Systems Level)

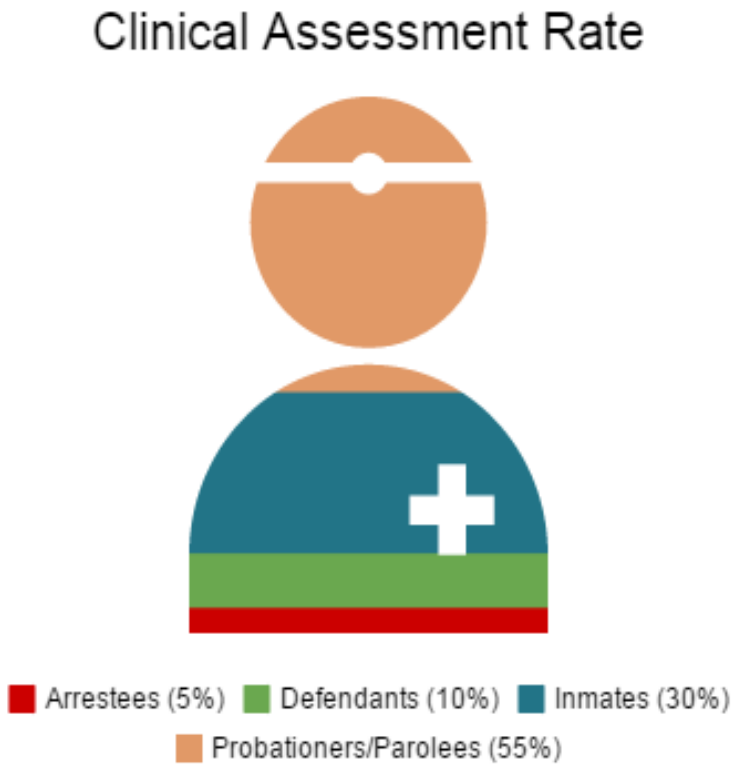
Screening Rate

Percentage of arrestees, defendants, inmates, probationers/ parolees who **screened positive** for **behavioral health issues** using a validated screening tool.



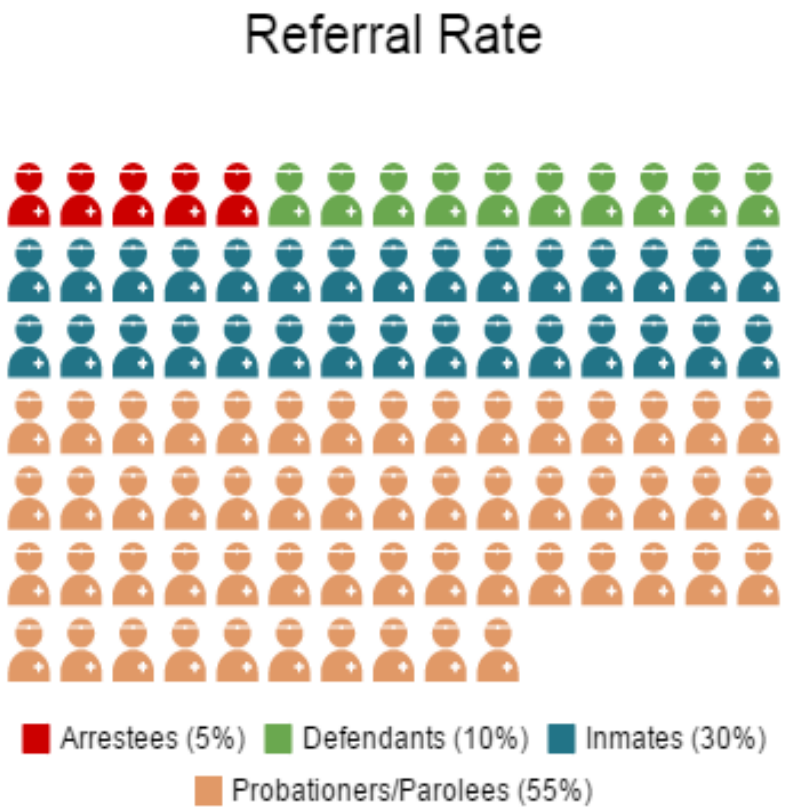
Clinical Assessment Rate

Percentage of arrestees, defendants, inmates, probationers/parolees **clinically assessed** using a validated assessment procedure as needing **behavioral health services**



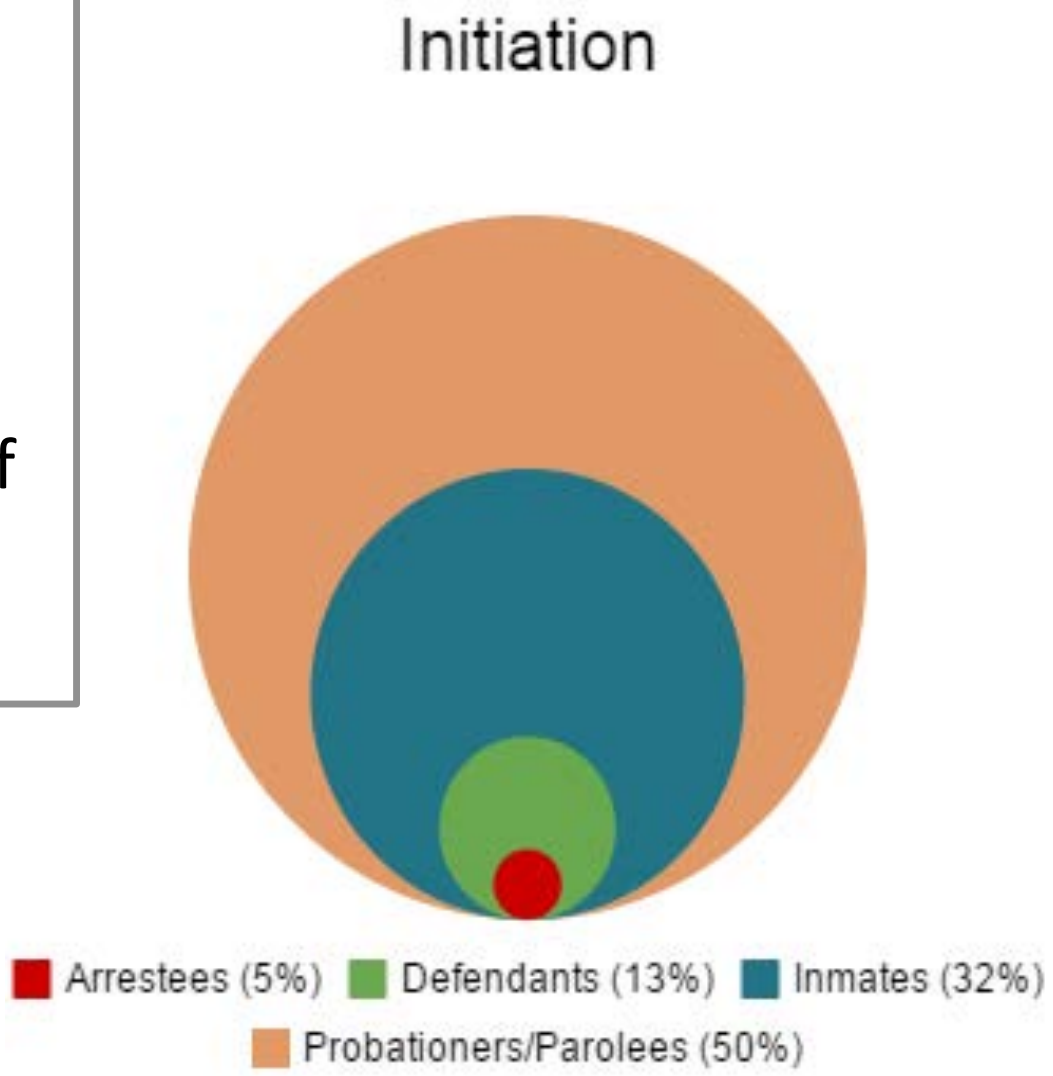
Referral Rate

Percentage of arrestees, defendants, inmates, probationers/parolees **screened or assessed** for behavioral health disorders that are **referred** to a treatment program or **linked**



Initiation

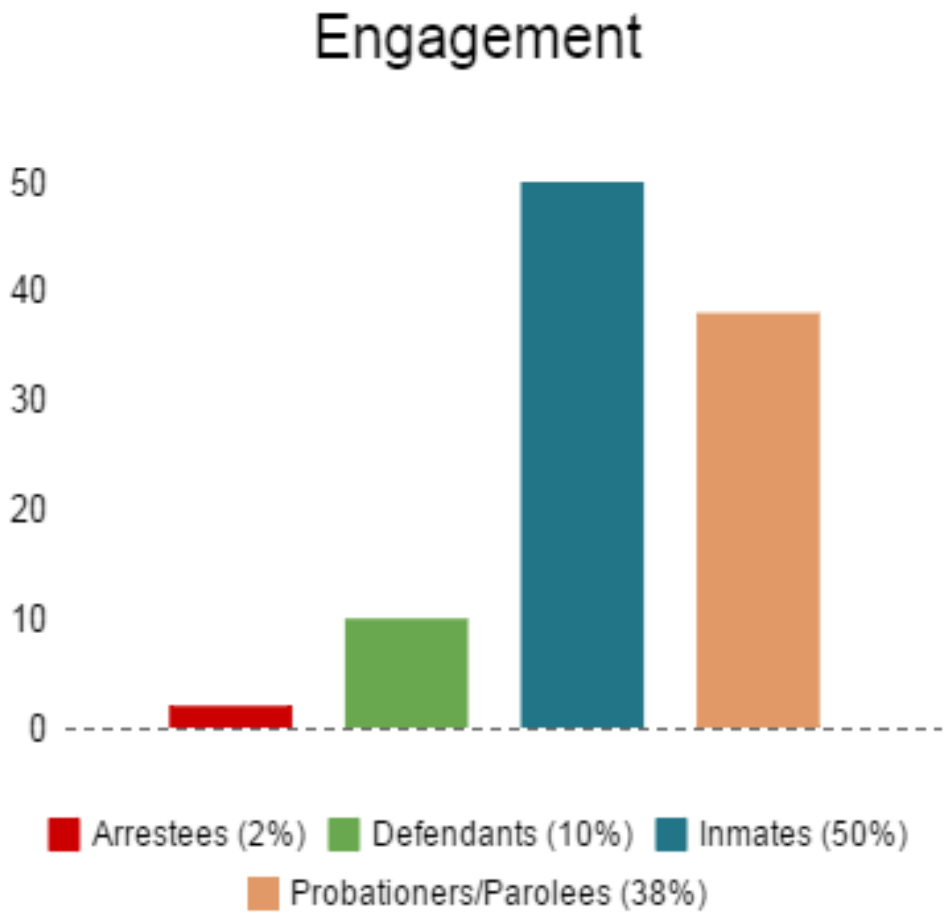
Percentage of arrestees, defendants, inmates, probationers/parolees **referred** to **behavioral health services** that start services within 14 days of the screening or clinical assessment



Set 2: Engagement and Completion (Individual Level)

Engagement

Participates in at least **two** treatment sessions within a **30-day period** of initiation



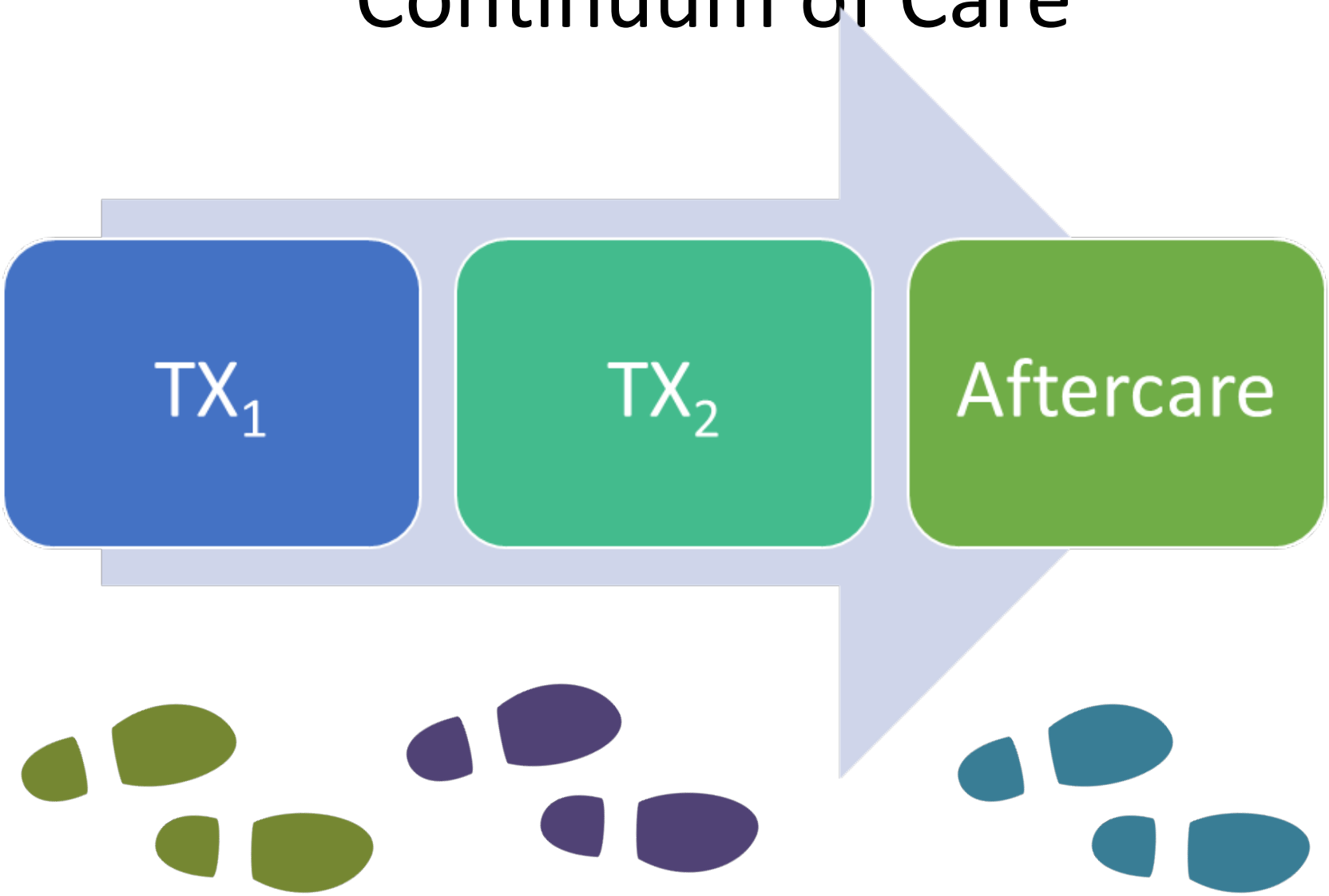
Retention → Completion

Length of stay in treatment for **different levels of care** including outpatient therapy, intensive outpatient therapy, therapeutic community, and counseling services

Percentage of arrestees, defendants, inmates, probationers/parolees who **successfully** complete treatment

Set 3: Recovery Management (Individual Level)

Continuum of Care



Set 4: Access Measures and Systematic Responsivity (Systems Level)

Insurance Enrollment

Percent of individuals **involved in the justice system** who are enrolled in health

Percent of individuals **released from prison or jail** who are enrolled in health insurance

The **Affordable Care Act (ACA)** extended Medicaid eligibility to all adults whose annual income is less than $16,243[1]

- Up to 30% of individuals released from jails could enroll in Medicaid in states that expand the program[2]
- In 2011, 80% of former inmates in Massachusetts were continuously enrolled in Medicaid during the first year after their release[1]

Which justice-involved individuals are eligible for coverage under the ACA?

Status	Marketplace	Medicaid
Pretrial but not detained	Yes	Yes
Pretrial, detained	Yes, depending on specific plan requirements	No (unless he or she receives inpatient treatment outside the jail – see below)
Sentenced but not detained	Yes	Yes
Sentenced and incarcerated	No	No (unless he or she receives inpatient treatment outside the jail – .

http://www.naco.org/sites/default/files/documents/QandA-ACA%20Inmate%20Healthcare-OCT2014%20(2).pdf

States Suspending Medicaid

Suspension of Medicaid Benefits upon Incarceration: At least 12 states have laws or administrative policies to suspend Medicaid enrollment of inmates.

- California
- Colorado
- Florida
- Iowa
- Maryland
- Minnesota
- New York
- North Carolina
- Ohio
- Oregon
- Texas
- Washington

https://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf

[1] http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/6/11/linking-released-inmates-to-health-care
[2] http://www.chcs.org/media/Medicaid_Expansion_and_Jails_Fact_Sheet_032714.pdf

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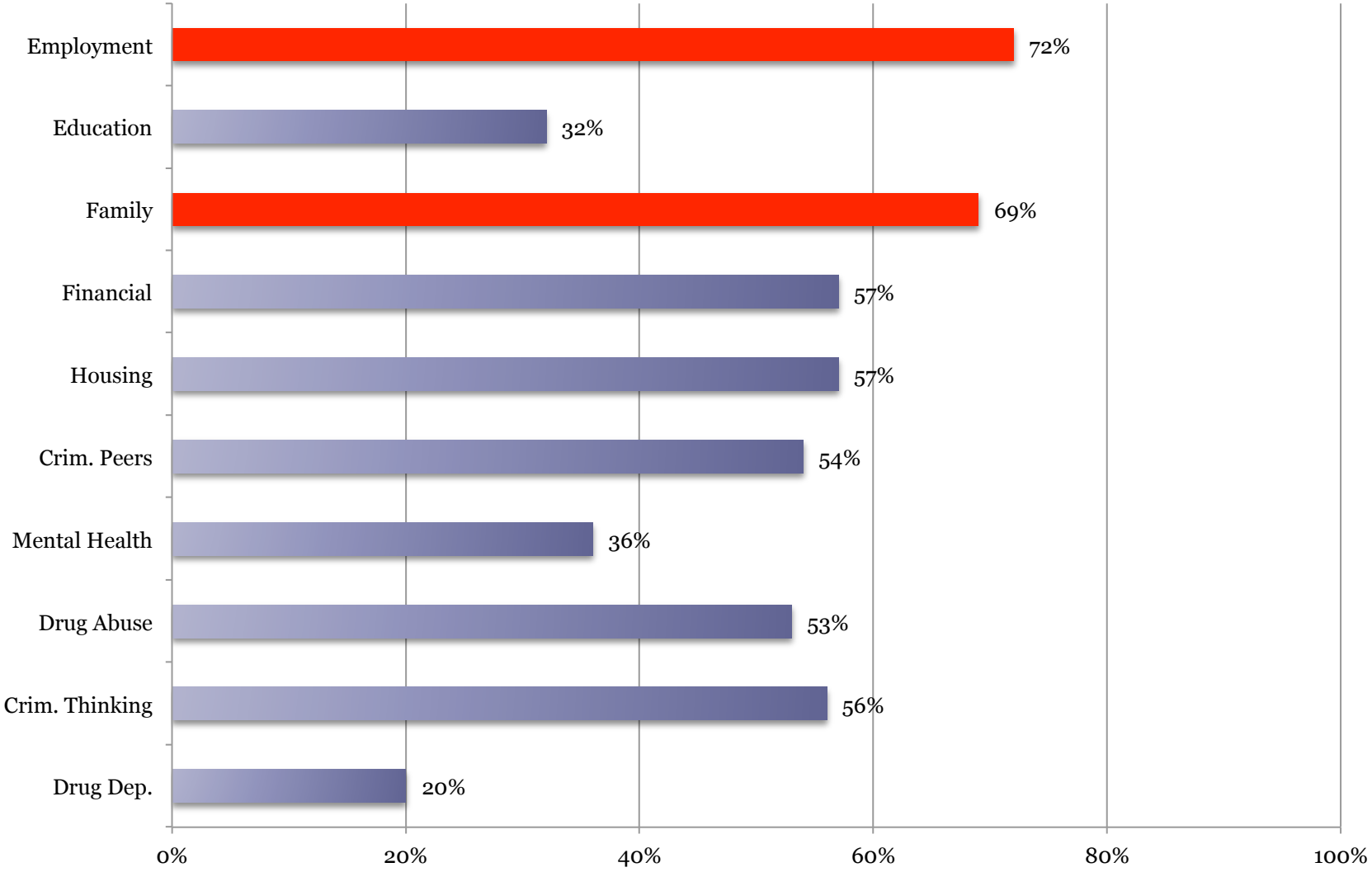
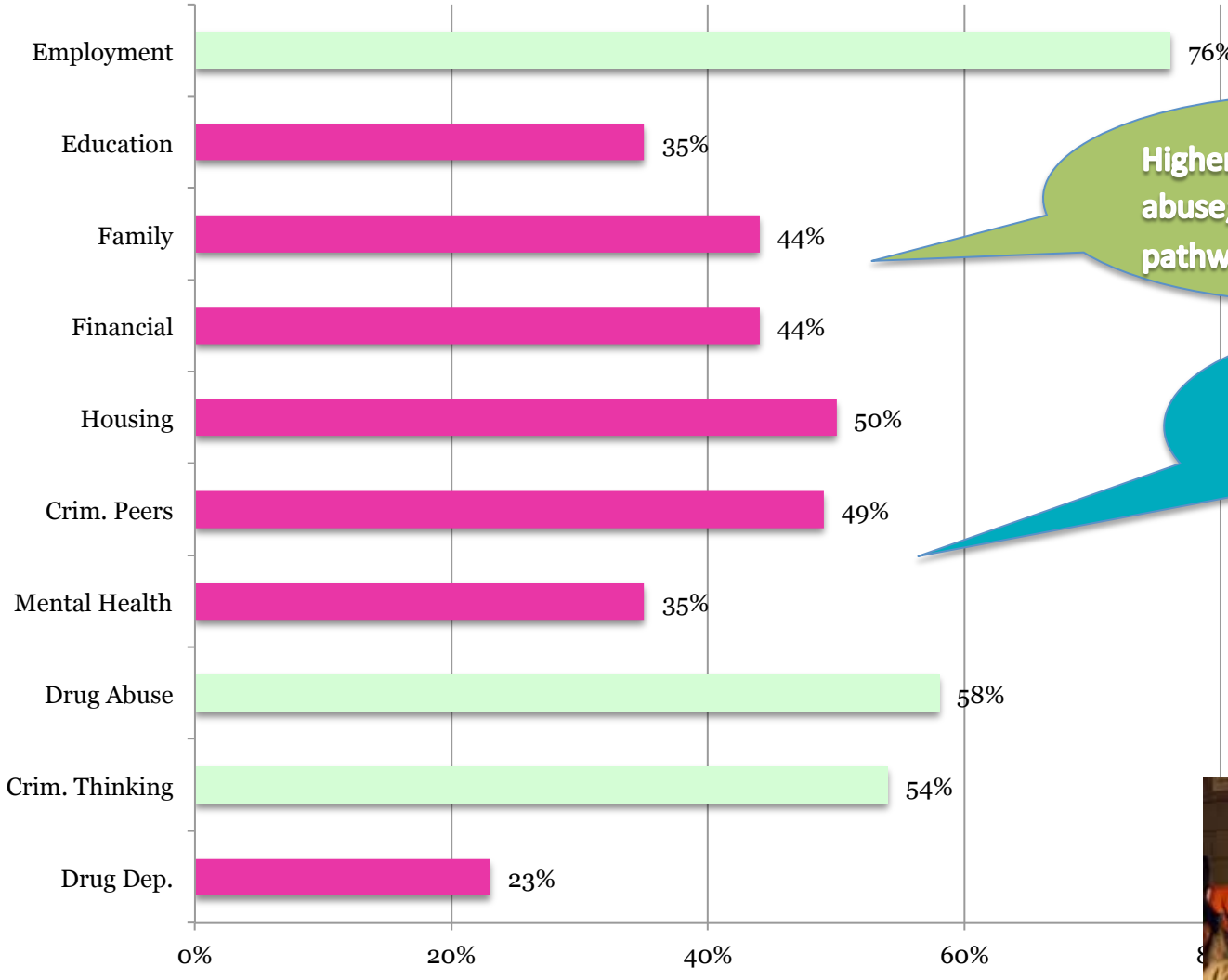
http://www.gmuace.org/tools/

What are the Probationer Needs?



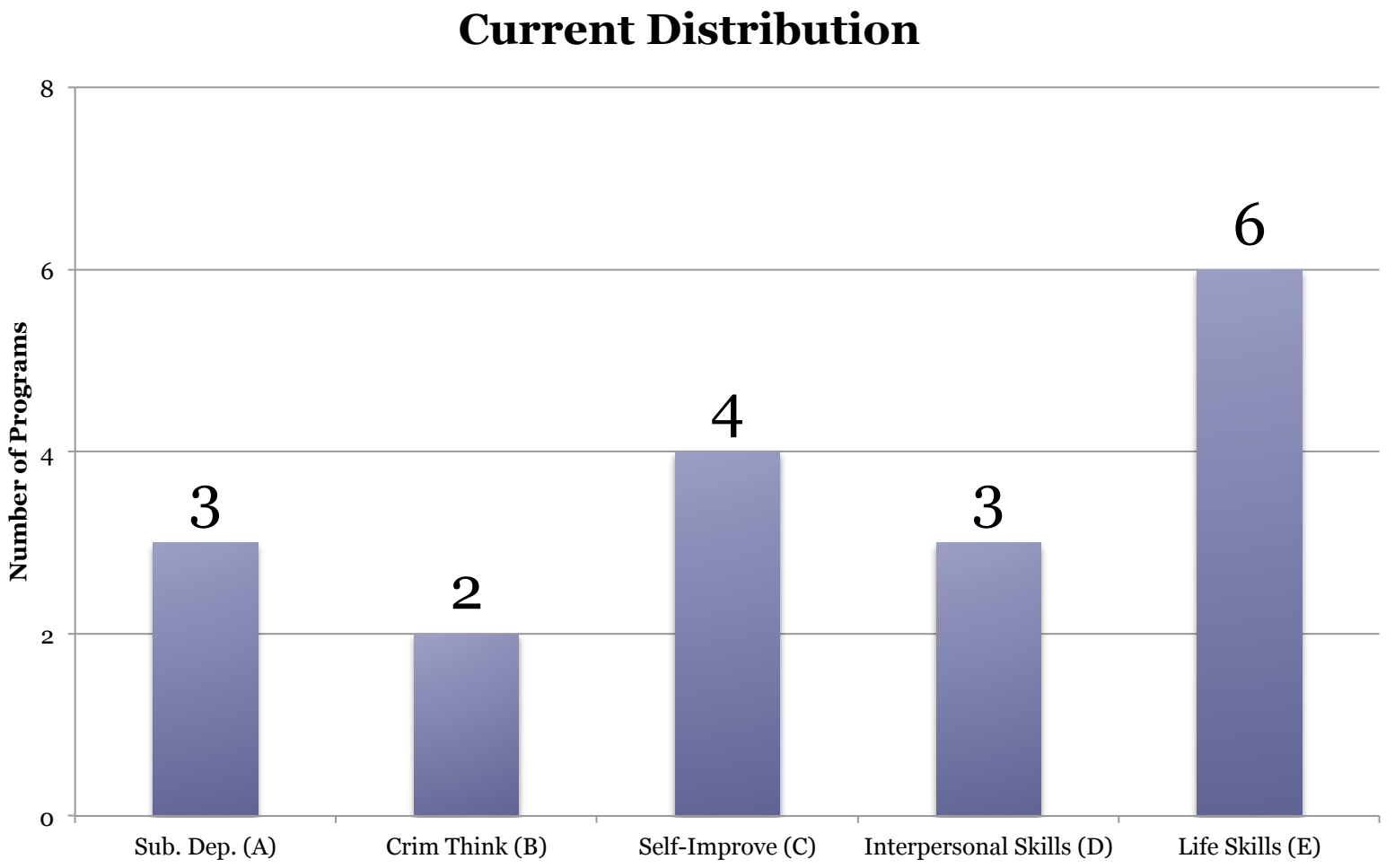
Female Population Needs



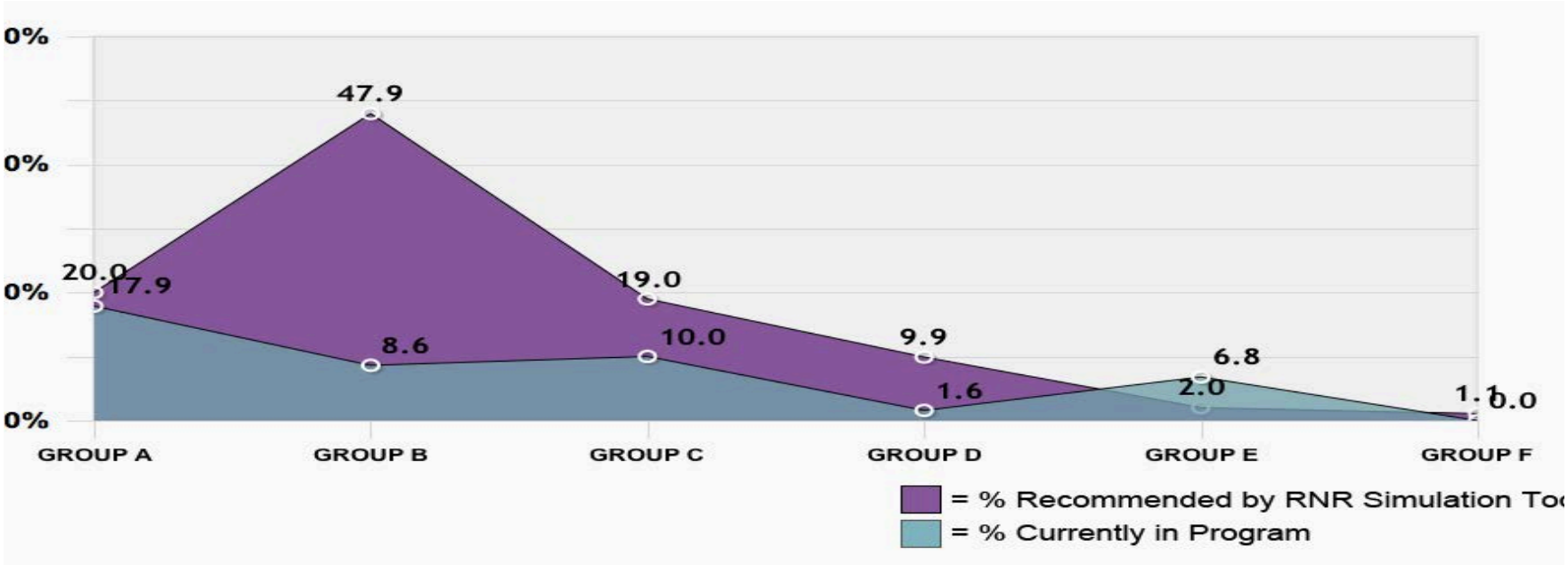
Higher rates of drug abuse; different pathways to offending

Where possible, conduct gender-specific groups

Program Availability

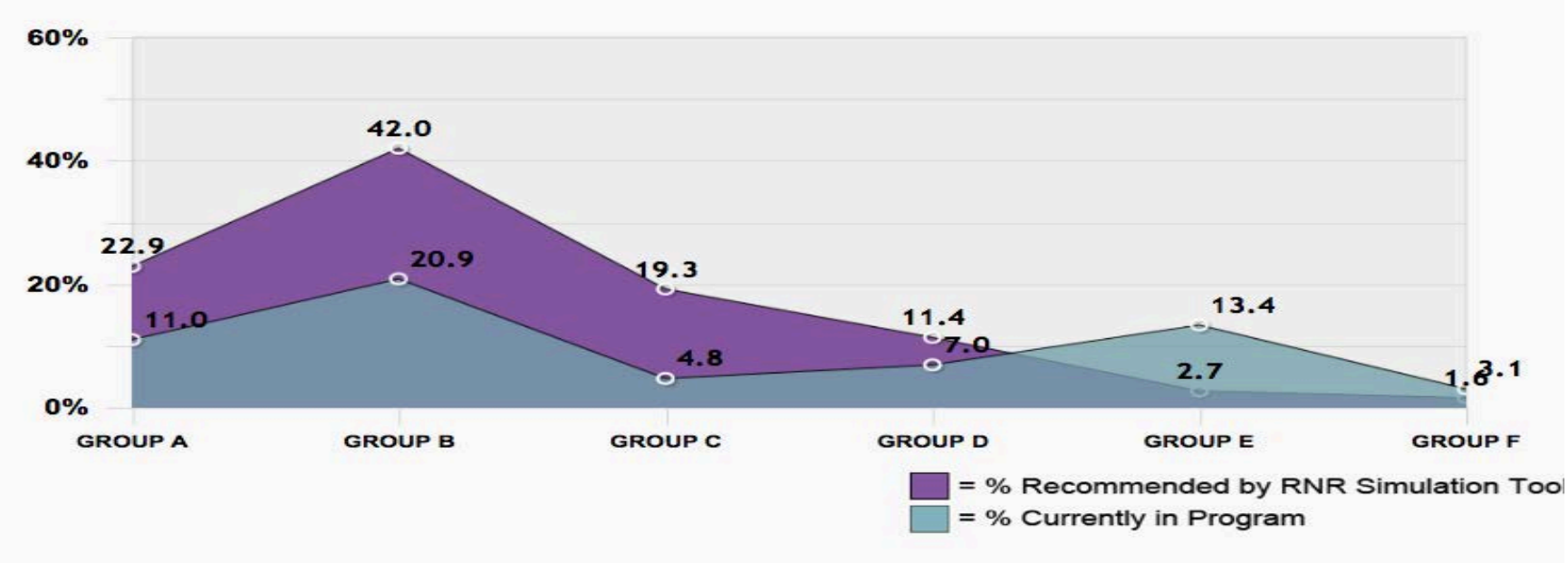


ADP Estimated Responsivity Rate



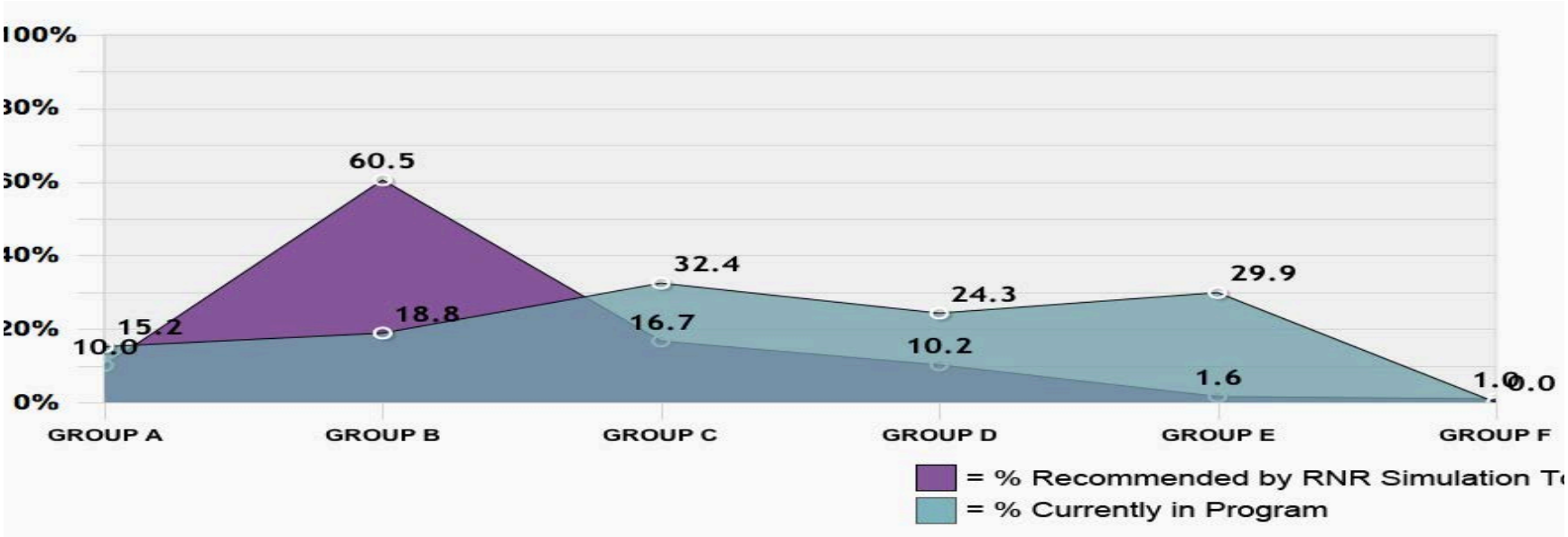
- Greatest unfulfilled needs are cognitive restructuring programs, mental health, co-occurring disorders, and substance abuse

Responsivity Rate for Females



- Higher rates of substance dependence than males; similar need for cognitive restructuring, mental health, co-occurring disorders programs
- Limited gender-specific treatment available

Responsivity Rate for Young Adults



- APD clients age 18-27: lower rates of substance dependence; VERY high rates of criminal thinking, resulting in pronounced gap

Why do we need process measures?

- Holds systems accountable
  - If you do not screen, you can assess or place with fidelity
  - If people do not have insurance, then the programming options are limited
- Some measures can be "warning signs"
  - Engagement predicts reduction in rearrest (Garnick, et al 2014)
  - Treatment Completion predicts reduction in recidivism (Wexler, et al 1998)
- Systems improvements can be earmarked!

Questions?

Presenter Contact Information

Kim Johnson, kimberly.johnson@chess.wisc.edu
http://www.niatx.net/

Sarah Wurzburg, swurzburg@csg.org
https://csgjusticecenter.org/substance-abuse/projects/niatx/

Faye Taxman, ftaxman@gmu.edu
https://www.gmuace.org/

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