Speakers

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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 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.

Visit the What Works in Reentry Clearinghouse

Attorney General Discusses Justice Reinvestment, New Grant Awards

SEPTEMBER 24, 2014


Pre-Conference Event Addresses Substance Use and the Justice System

Attendees will have the opportunity to discuss emerging evidence on addiction and related issues, including the ability of drug courts to be effective.
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CSG Justice Center
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The Council of State Governments Justice Center provides policymakers with practical nonpartisan advice to increase public safety and strengthen communities.

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Joined September 2012
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?
85 percent of the problems that organizations have in serving customers are caused by their processes.
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

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Average Monthly Admissions-CDV Program

- Increased by 325%
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
Sexually Transmitted Infection
1:2

HIV/AIDS
1:48

Hepatitis C
1:4

Tuberculosis
1:5

Co-Occurring Disorders
1:2

Mental Health Disorder
1:2

Substance Use Disorder
1:2

*Sexually transmitted infections include: HIV, AIDS, Hepatitis C, Chlamydia, gonorrhea, and syphilis.
*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.
Percentage of arrestees, defendants, inmates, probationers/parolees clinically assessed using a validated assessment procedure as needing behavioral health services.
Percentage of arrestees, defendants, inmates, probationers/parolees screened or assessed for behavioral health disorders that are referred to a treatment program or linked.
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

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

**Completion**

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

Successful Completion Rate

- Arrestees (5%)
- Defendants (8%)
- Inmates (45%)
- Probationers/Parolees (42%)
Set 3: Recovery Management (Individual Level)
Continuum of Care

TX₁  TX₂  Aftercare
Set 4: Access Measures and Systematic Responsivity (Systems Level)
Insurance Enrollment

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

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 $16,2431

- Up to 30% of individuals released from jails could enroll in Medicaid in states that expand the program2
- In 2011, 80% of former inmates in Massachusetts were continuously enrolled in Medicaid during the first year after their release1


2 http://www.chcs.org/media/Medicaid_Expansion_and_Jails_Fact_Sheet_032714.pdf
http://www.gmuace.org/tools/
What are the Probationer Needs?

- Employment: 72%
- Education: 32%
- Family: 69%
- Financial: 57%
- Housing: 57%
- Crim. Peers: 54%
- Mental Health: 36%
- Drug Abuse: 53%
- Crim. Thinking: 56%
- Drug Dep.: 20%
Female Population Needs

- Employment: 76%
- Education: 35%
- Family: 44%
- Financial: 44%
- Housing: 50%
- Crim. Peers: 49%
- Mental Health: 35%
- Drug Abuse: 58%
- Crim. Thinking: 54%
- Drug Dep.: 23%

Higher rates of drug abuse; different pathways to offending
Where possible, conduct gender-specific groups
Program Availability

Current Distribution

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<td>Sub. Dep. (A)</td>
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<tr>
<td>Crim Think (B)</td>
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<tr>
<td>Self-Improve (C)</td>
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<td>Interpersonal Skills (D)</td>
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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
• 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)

• Systems improvements can be earmarked!
Questions?
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