The Behavioral Health Needs Framework and Collaborative Comprehensive Case Plans

Webinar

September 4, 2019

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Speakers

- Donna Bond, Coordinator of Mental Health Reentry, Oklahoma Department of Corrections
- David A. D’Amora, Senior Policy Advisor, The Council of State Governments Justice Center
- Whitney Johnson, Case Manager, Douglas County Community Mental Health Center, Nebraska
- Mark Stovell, Senior Policy Analyst, The Council of State Governments Justice Center
Agenda

- Introductions
- The Criminogenic Risk and Behavioral Health Needs Framework
- Collaborative Comprehensive Case Plans
- Douglas County, Nebraska
- Oklahoma Department of Corrections
- Questions and Answers
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The Council of State Governments
Justice Center

Mission
We develop research-driven strategies to increase public safety and strengthen communities.

Who We Are
We combine the power of a membership association, representing state officials in all three branches of government, with the expertise of a policy and research team focused on assisting others to attain measurable results.

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The U.S. Department of Justice
Bureau of Justice Assistance

Mission

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities.

www.bja.gov
Delivers technical assistance (TA) and training for Second Chance Act grantees

Advances the knowledge base of the reentry field

Promotes what works in reentry and successes of grantees

Facilitates peer networks and information exchange

Provides information for people returning to communities and their families
Latest News and Resources in Reentry

National Criminal Justice Initiatives Map

Directories for State and Local Reentry Services
The Second Chance Act

• The Second Chance Act supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people leaving incarceration.

• The Second Chance Act has supported over $400 million in reentry investments across the country.

• Passed in 2018, the Second Chance Reauthorization Act builds on and strengthens the initial landmark legislation.
SCA CSAMI Reentry Grants: By the Numbers

- Over $61 million in funding
- 47 County Grantees
- 25 State Grantees
- 6 Tribal Grantees
- 105 Awards across 26 states, DC, and a territory
Program Goals & Objectives

The purpose of the program is to enhance corrections systems’ ability to address the needs of offenders with co-occurring substance abuse and mental illness in order to reduce recidivism, and to improve public safety and public health.

- Standardized Screening: CSAMI
- Assessment: CSAMI and Criminogenic Risk (CR)
- Pre- and Post-Release CSAMI and CBI for CR
- Collaborative Comprehensive Case Management
- Performance Measurement
• Introductions
• The Criminogenic Risk and Behavioral Health Needs Framework
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Behavioral Health and the Criminal Justice System

People who have behavioral health (mental illness and/or substance addiction) needs often:

• Are arrested at higher rates than the general population
• Have limited access to health care
• Have longer stays in jail and prison
• Have high recidivism rates
• Have more criminogenic risk factors to be ameliorated

Behavioral Health Needs

Co-occurring substance use and mental illnesses:

People are said to have co-occurring needs when at least one disorder of each type can be established independently of the other and is not simply a cluster of symptoms resulting from a single disorder.

In addition to behavioral health needs, people who have co-occurring disorders also tend to have higher prevalence of:

- Infectious diseases: e.g., Hepatitis C, HIV
- Other chronic diseases: e.g., diabetes, obesity, asthma, heart disease, cancer

Illicit Drug Use and Substance Use Disorders

Compared to the general population, people on probation and parole have higher rates of substance use disorders.

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2009-2012.
Prevalence of Substance Use Disorders

Compared to the general population, people in jail and prison have higher rates of substance use and alcohol disorders.

Co-Occurring Substance Use Disorders and Serious Mental Illnesses

Compared to the general population, people in the criminal justice system have higher rates of co-occurring substance use disorders and mental illnesses.

Criminogenic Risk and Mental Illness

Many people in the criminal justice system who have mental illnesses tend to have as many or slightly more criminogenic risk factors compared to people who do not have mental illnesses who are in the criminal justice system.
Criminogenic Risk

Criminogenic risk is the likelihood that a person in the criminal justice system will commit a new crime or violate the conditions of their supervision.
Criminogenic Risk

Criminogenic risk is **not**:

- Crime type
- Failure to appear
- Sentence to disposition
- Custody or security classification level
- Dangerousness
Principles for Reducing Criminogenic Risk

The Risk-Needs-Responsivity model:

- **Risk Principle:** Match the intensity of a person’s intervention to their risk of reoffending.

- **Needs Principle:** Target criminogenic needs, such as antisocial behavior, substance addiction, antisocial attitudes, and criminogenic peers.

- **Responsivity Principle:** Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the person; address issues that impact responsivity (e.g., mental illnesses).

## Static Risk and Dynamic Risk

<table>
<thead>
<tr>
<th>Static Risk Factors (Unchangeable)</th>
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<tbody>
<tr>
<td>1. Criminal History</td>
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<tr>
<td>● Number of Arrests</td>
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<td>● Number of Convictions</td>
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<tr>
<td>● Type of Offenses</td>
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<td>2. Current Charges</td>
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<td>3. Age at First Arrest</td>
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<td>4. Current Age</td>
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<td>5. Gender</td>
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<table>
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<tr>
<th>Dynamic Risk Factors/Needs (Changeable)</th>
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<tr>
<td>1. Anti-social Attitudes</td>
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<td>2. Anti-social Friends and Peers</td>
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<tr>
<td>3. Anti-social Personality Pattern</td>
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<td>4. Substance Addiction</td>
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<tr>
<td>5. Family and/or Marital Factors</td>
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<tr>
<td>6. Lack of Education</td>
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<tr>
<td>7. Poor Employment History</td>
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<td>8. Lack of Pro-social Leisure Activities</td>
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Responsivity Factors

- Anxiety
- ADHD
- Motivation Level
- Gender
- Mental health issues
- Substance use issues
- Reading Level / English as a Second Language “ESL”
- Transportation and Housing
Expansion of the RNR Model

Overarching principles
1. Respect for the person
2. Theory
3. Human service
4. Crime Prevention

RNR
5. Risk
6. Need
7. Responsivity (general + specific)

Structural assessment
8. Assess RNR
9. Strengths
10. Breadth
11. Professional discretion

Program delivery
12. Dosage

Staff practices
13. Relationship skills
14. Structuring skills

Organization
15. Community-based
16. Continuity of service
17. Agency management
18. Community linkages

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The Need for a Shared Framework

Adults with Behavioral Health Needs Under Correctional Supervision

- National publication released in September 2012 as a foundational report for policymakers, administrators, and service providers seeking to improve outcomes for the large number of adults cycling through the criminal justice system who have mental illnesses and substance addictions

Highlights from the Framework

The publication helps policymakers:

• Develop a shared language around the risk of criminal activity and public health needs;

• Integrate best practices in mental health treatment, substance addiction treatment, and recidivism reduction;

• Allocate scarce resources more wisely; and

• Maximize the impact of interventions on public safety and public health.
Behavioral Health Needs Framework

Low Criminogenic Risk (low)
- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)
- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)

Group 1
I-L
CR: low
SA: low
MI: low

Group 2
II-L
CR: low
SA: low
MI: med/high

Group 3
III-L
CR: low
SA: med/high
MI: low

Group 4
IV-L
CR: low
SA: med/high
MI: med/high

Group 5
I-H
CR: med/high
SA: low
MI: low

Group 6
II-H
CR: med/high
SA: low
MI: med/high

Group 7
III-H
CR: med/high
SA: med/high
MI: med/high

Group 8
IV-H
CR: med/high
SA: med/high
MI: med/high

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Web-Based Tool for Case Planning

Collaborative Comprehensive Case Plans (CC Case Plans):

- Online tool that helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community.


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# Implementation of CC Case Plans

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<td>STAFF TRAINING</td>
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<td>SCREENING AND ASSESSMENT</td>
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<td>CASE CONFERENCE PROCEDURES</td>
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<td>PARTICIPANT ENGAGEMENT</td>
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<td>PRIORITIZED NEEDS AND GOALS</td>
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<td>RESPONSIVITY</td>
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<td>LEGAL INFORMATION</td>
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<td>PARTICIPANT STRENGTHS</td>
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<tr>
<td>GENDER CONSIDERATIONS</td>
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Example of CC Case Planning

Lead Case Planners:

• Are any agency or provider who takes the lead in case planning and management, such as a probation or parole agency, behavioral health treatment provider, or correctional agency

• Oversee the case planning process and engage the appropriate people from each partnering agency, as well as each participant and their support system
Lead Case Planner Profile

San Joaquin County (CA) Probation Department

685,306 residents

- Lead case planner for reentry initiative, Assisting Reentry for Co-Occurring Adults through Collective Support (ARCCS)
- ARCCS includes: probation, sheriff’s office, San Joaquin Behavioral Health Services, and San Joaquin County Data Co-Op (the evaluation partner)
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Douglas County, Nebraska

Intensive Outpatient Program (IOP):

A collaboration between the Douglas County Community Mental Health Center and the Douglas County Department of Corrections
IOP Program Overview

- Initiated in 2015 through funding from Second Chance Act grant
- Housed at community corrections
- Focuses on co-occurring, high risk/high needs populations
- Dually-licensed therapists (mental health and substance abuse)
- Case manager
- Support group
- Graduate peer support
- 6-month minimum follow-up services
- Therapeutic alliance in a correctional environment
Matrix Model Curriculum

IOP uses this evidence-based intensive outpatient treatment curriculum to:

- Deliver treatment to criminal justice populations since the 1990’s
- Address basic needs, criminal thinking, anger, hostility, identity issues, resistance, and boundaries, and create a therapeutic alliance

The curriculum includes:

- 9 hours of group therapy per week targeting early recovery, relapse prevention, and adjustment
- 1 hour of individual therapy per week to work on personal recovery goals
Interagency Collaboration

Douglas County’s collaboration includes: the Community Mental Health Center; the Department of Corrections; court systems, specialty courts such as drug, young adult, and veterans; probation, child protective services, employment services, housing, and more.

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Importance of Information Sharing

- HIPAA and 42 C.F.R Part 2 are the federal standards for protected health information (PHI)
- Mental health vs. substance addiction records
- Community resources
- Points of contact
- Team meetings
- Medical Records
Screening and Assessment

Douglas County staff use the following instruments to screen and assess program participants:

- PROXY Risk Screen
- GAIN-SS
- Abbreviated PCL-C (six item version)
- Ohio TBI Screen
- Multidimensional Assessment to address housing, employment, medical, mental health, etc.
- Addiction Severity Index
- Substance Abuse Subtle Screening Inventory- 4 (SASSI-4)
Prioritized Needs and Goals

Douglas County develops individualized, multidimensional treatment plans which:

- Include long-term and short-term goals
- Involve S.M.A.R.T. goal planning
- Are client led

These plans help identify what factors led to incarceration, enable better follow-up support, and get positive results.
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Oklahoma’s Reentry Program

- Initially hired three integrated services discharge managers (ISDMs) to work in corrections facilities in the mental health units
- Focuses interventions on people with highest risk and needs
- ISDMs engage with people who have serious mental illnesses one year before they are released from prison
- Uses evidence-based assessments: Level of Service Inventory-Revised (LSI-R), Adult Substance Abuse Survey (ASUS), and Ohio Risk Assessment System (ORAS)-Reentry
- Employs evidence-based practices: motivational interviewing, Stages of Change, and cognitive behavioral interventions
Interagency Collaboration

Oklahoma’s collaboration includes: the Department of Corrections and the Department of Mental Health and Substance Services.
ISDMs as Lead Case Planners

• Assess participants’ needs, including housing, employment, public benefits, disability, and Medicaid or Medicare
  □ Start benefits applications inside prisons, so participants are pre-approved prior to release

• Assess participants using the Ohio Risk Assessment System (ORAS)- Reentry while inside prisons and assess participants using the ORAS-community version at 6 months after release from prison.

• Refer people to community-based teams following assessments
Transition from Prison to Community

- 4 Reentry Intensive Care Coordination Team (RICCT) contracts in behavioral health agencies in OK’s 2 largest cities
- RICCT conducts monthly “in-reach” visits in prisons up to the date of a person’s release; RNR model used to ensure appropriate level of services
- Team begins “in-reach” with DOC inmates to build rapport and continue case planning with “Strengths Based Case Management Assessment Tool” Motivational Interviewing Trained Teams
- Each RICCT consists of a certified case manager, Licensed Behavioral Health Provider (LBHP), & peer recovery support specialist

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Reentry Intensive Care Coordination Teams

- Recidivism rates **decreased 50 percent** at the first 3-year outcome study
- Decrease in inpatient admissions
- Increase in engagement in outpatient services
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Resources


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Contact Information

• Donna Bond, donna.bond@doc.ok.gov
• David A. D’Amora, ddamora@csg.org
• Whitney Johnson, whitney.johnson@douglascounty-ne.gov
• Mark Stovell, mstovell@csg.org
Thank you!

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