

# **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.



**Justice  
Center**

## 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.

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

## **Mission**

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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.



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

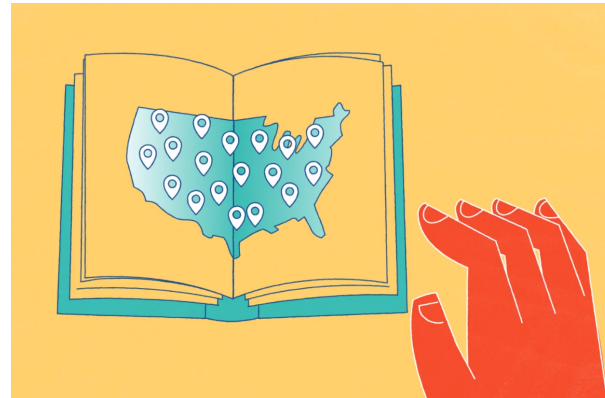
[www.bja.gov](http://www.bja.gov)

- **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



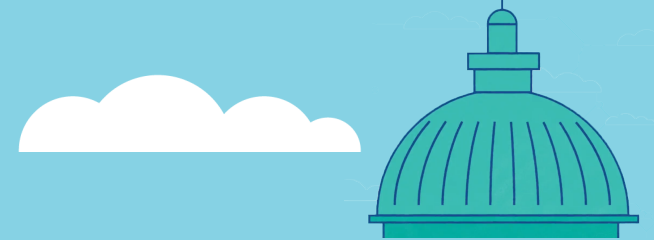
## National Criminal Justice Initiatives Map



## Directories for State and Local Reentry Services



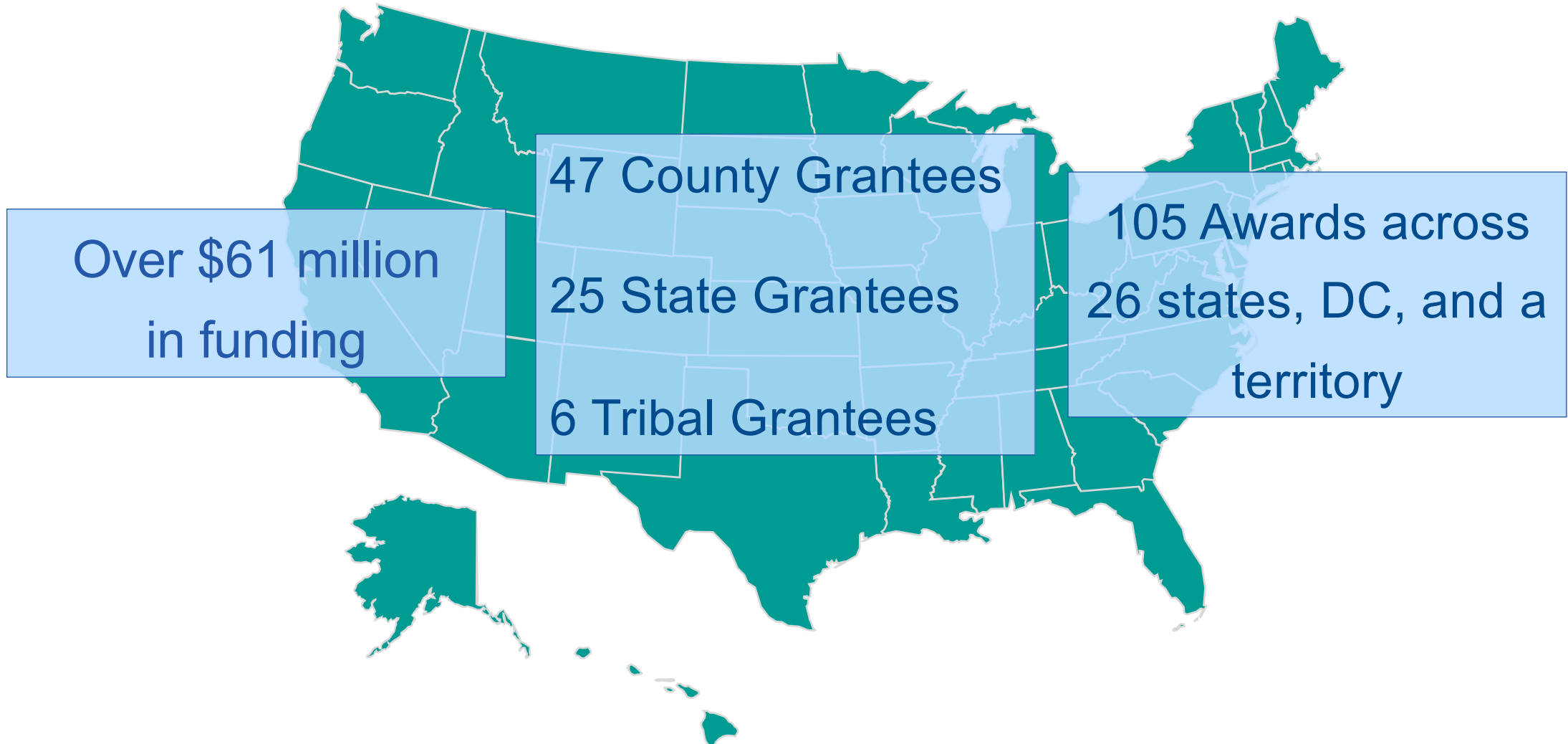
# The Second Chance Act



- 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.

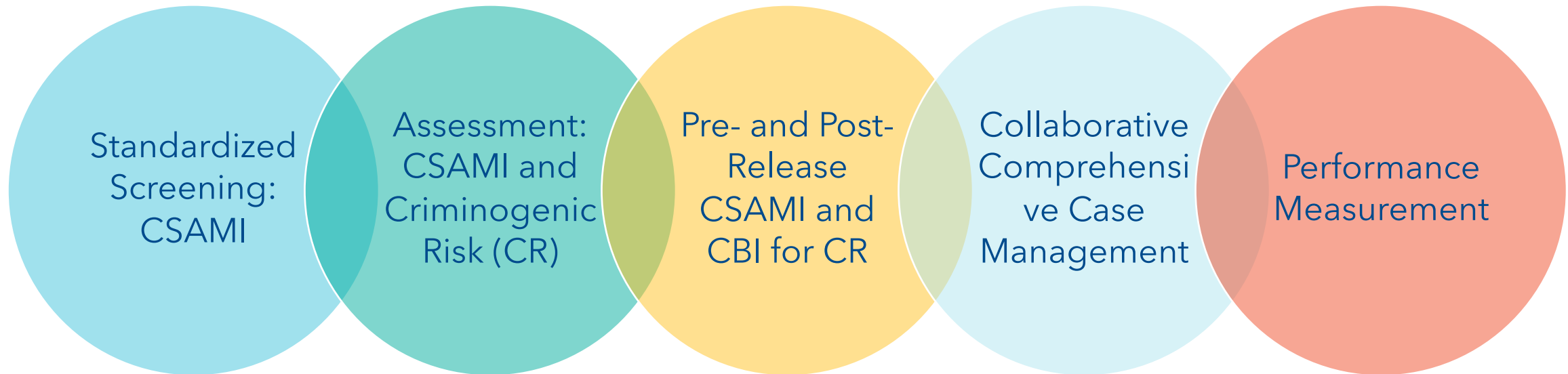


# SCA CSAMI Reentry Grants: By the Numbers



# 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*



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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:

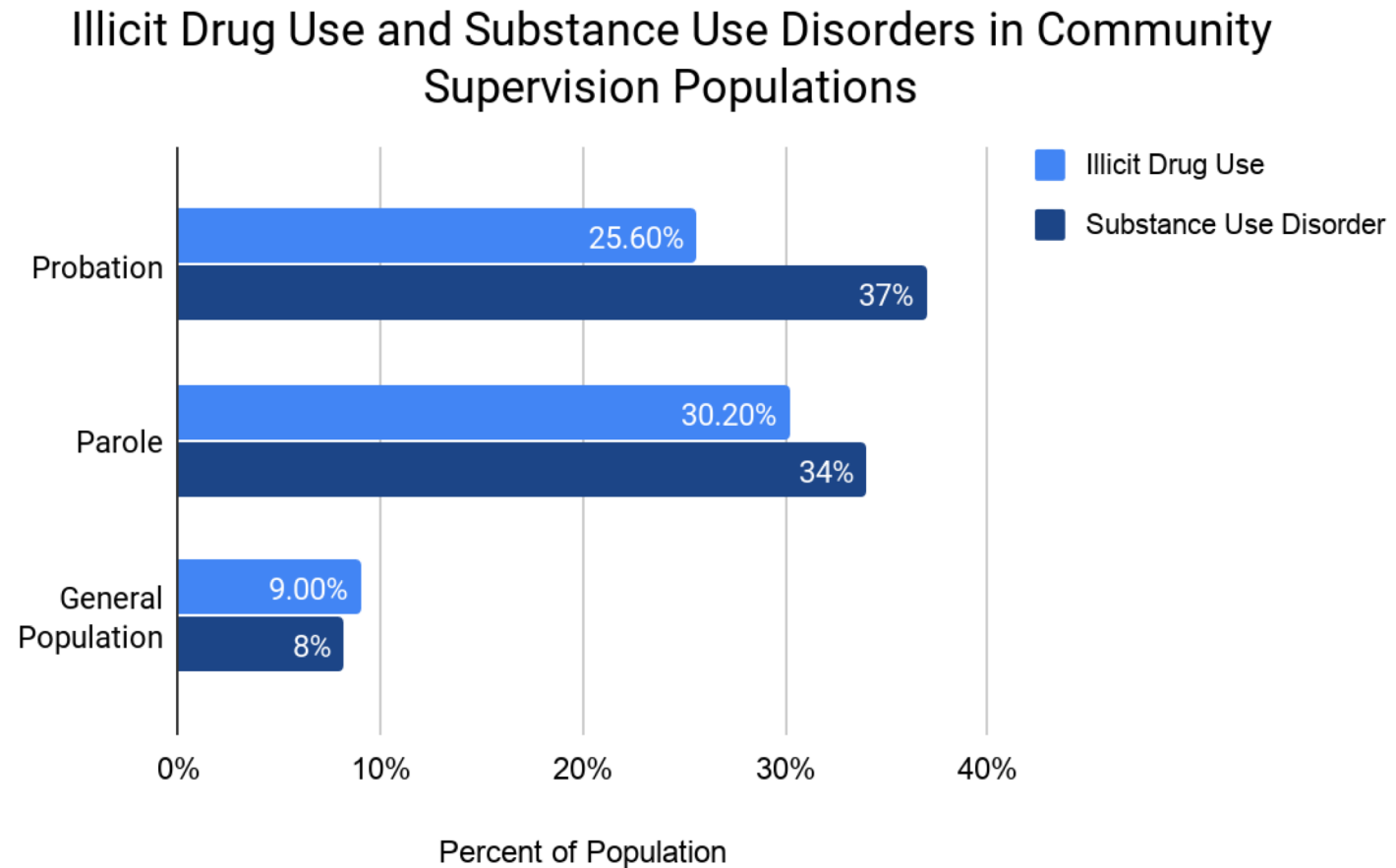
**Infectious diseases: e.g., Hepatitis C, HIV**

**Other chronic diseases: e.g., diabetes, obesity, asthma, heart disease, cancer**



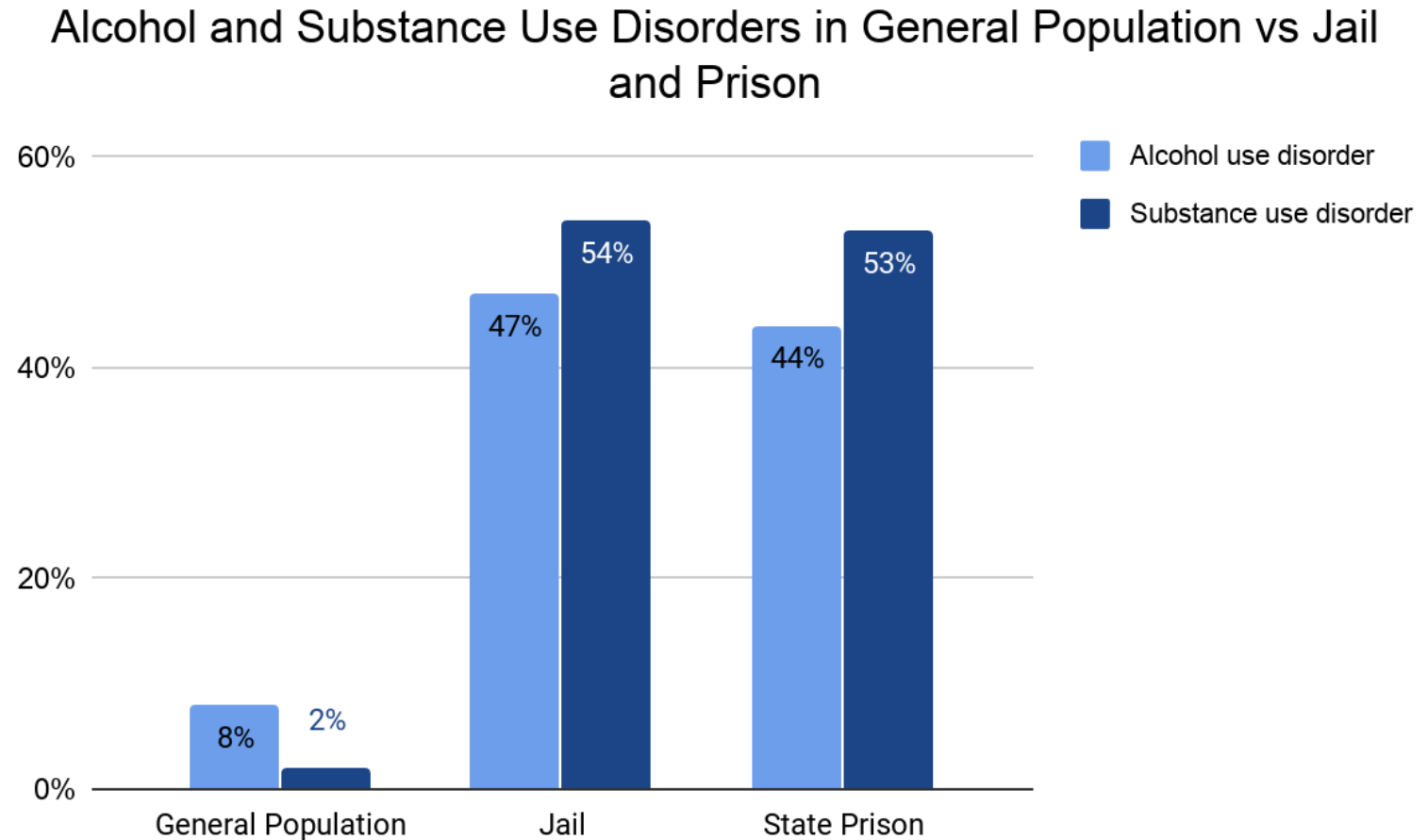
# Illicit Drug Use and Substance Use Disorders

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



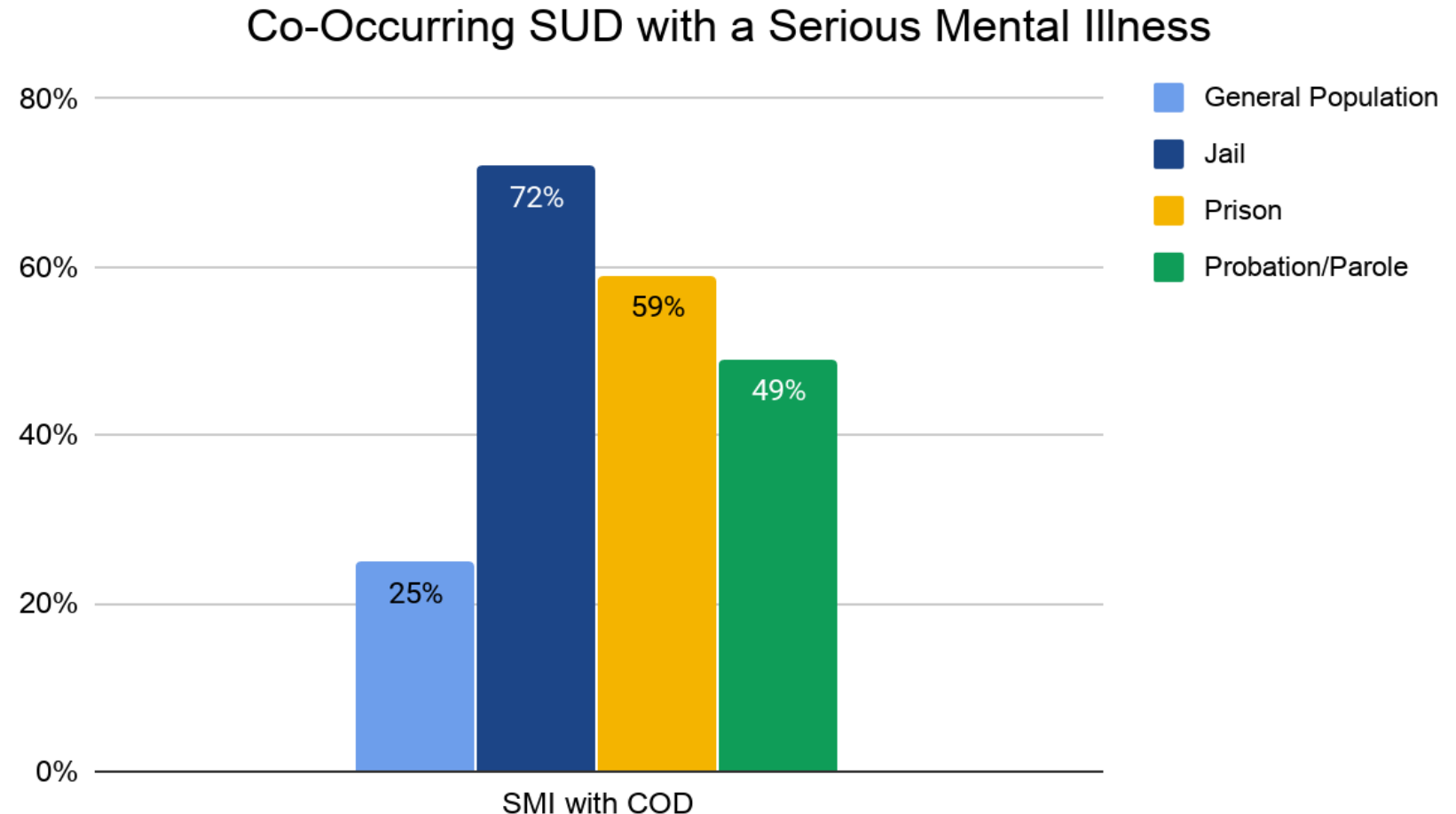
# Prevalence of Substance Use Disorders

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.



Source: "Co-occurring Disorders Among Mentally Ill Jail Detainees," American Psychologist.

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# 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

## Static Risk Factors (Unchangeable)

1. Criminal History
  - Number of Arrests
  - Number of Convictions
  - Type of Offenses
2. Current Charges
3. Age at First Arrest
4. Current Age
5. Gender

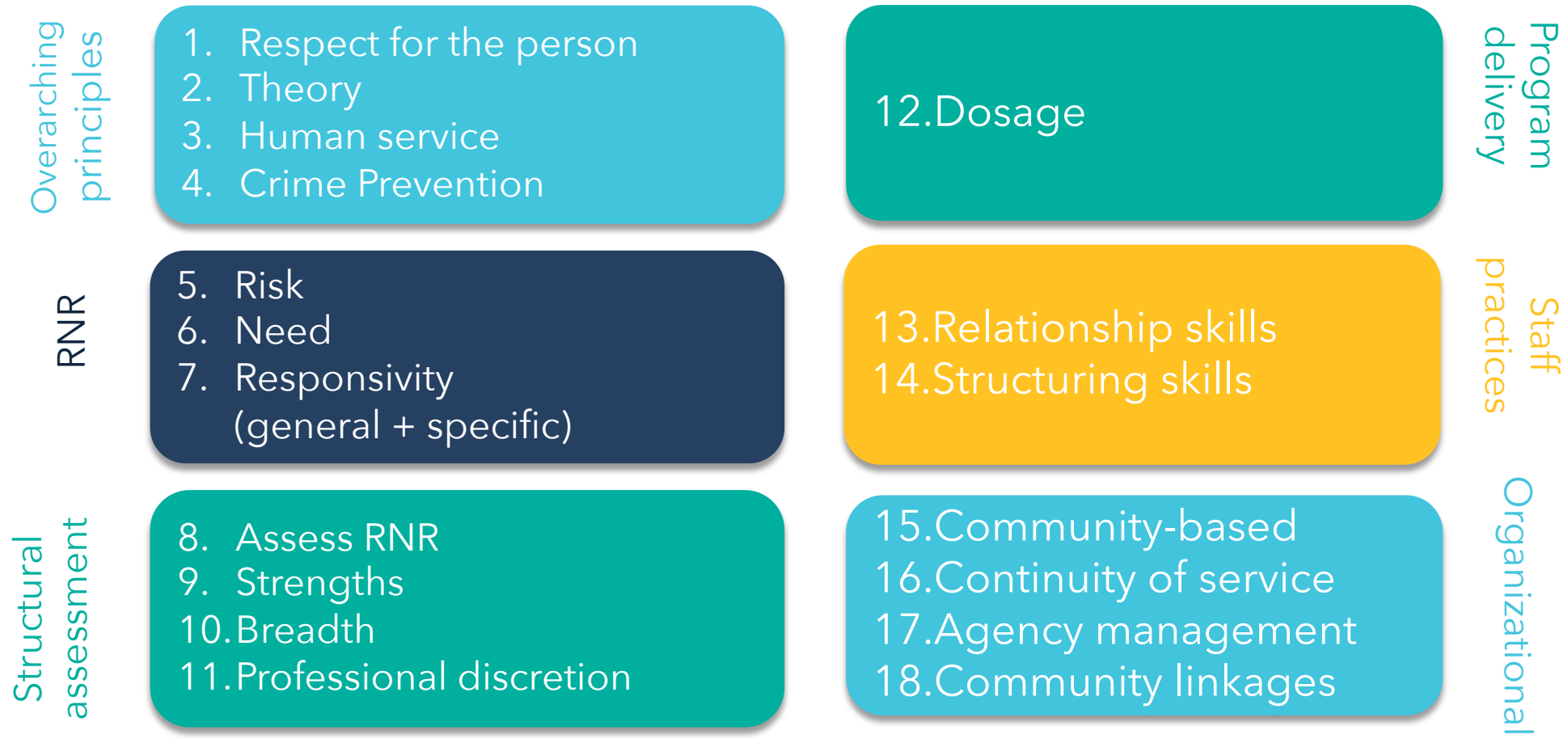
## Dynamic Risk Factors/Needs (Changeable)

1. Anti-social Attitudes
2. Anti-social Friends and Peers
3. Anti-social Personality Pattern
4. Substance Addiction
5. Family and/or Marital Factors
6. Lack of Education
7. Poor Employment History
8. Lack of Pro-social Leisure Activities

# Responsivity Factors

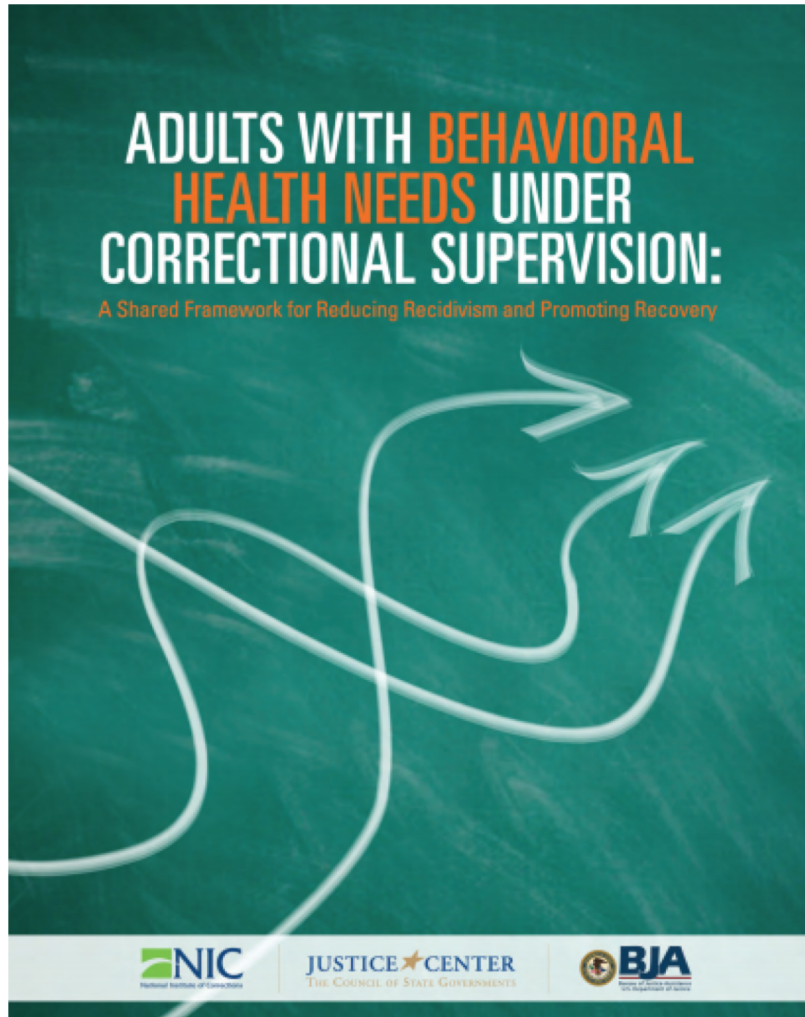
- Anxiety
- ADHD
- Motivation Level
- Gender
- Mental health issues
- Substance use issues
- Reading Level / English as a Second Language “ESL”
- Transportation and Housing

# Expansion of the RNR Model





# 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
- <https://csgjusticecenter.org/mental-health-projects/behavioral-health-framework/>

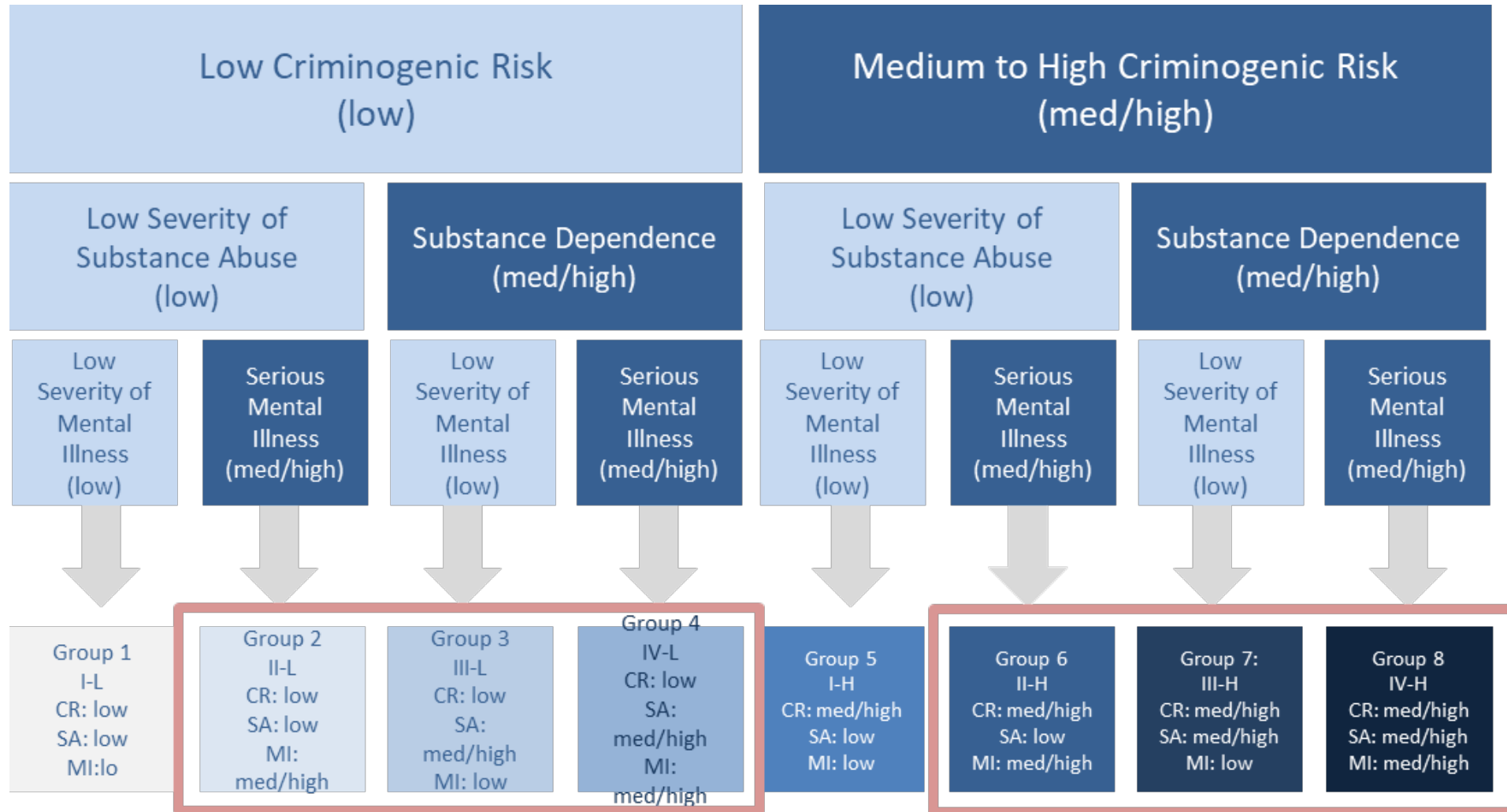
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# Highlights from the Framework

The publication helps policymakers:

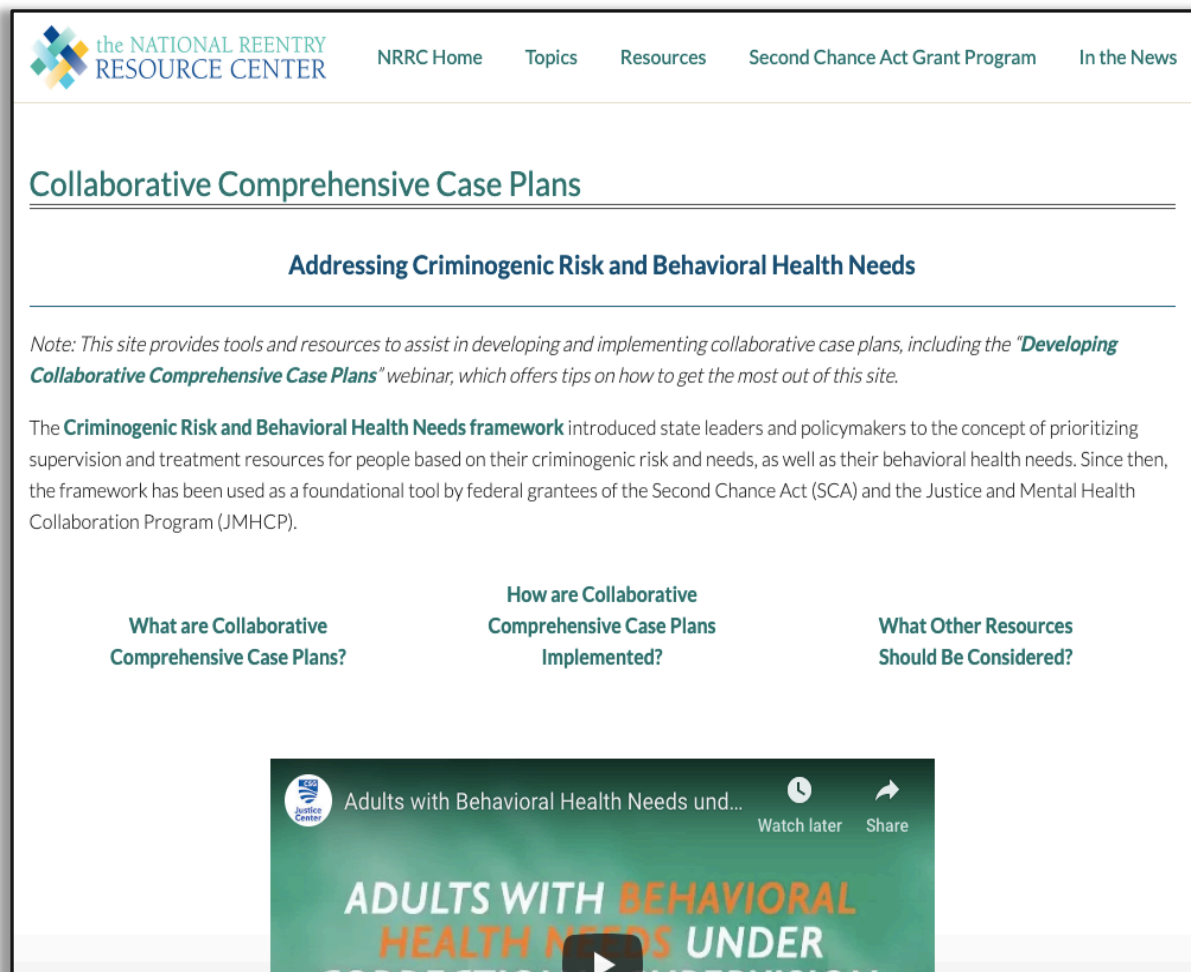
- Develop a shared language around the risk of criminal activity and public health needs;
- Integrate best practices in mental health treatment, substance addiction treatment, and recidivism reduction;
- Allocate scarce resources more wisely; and
- Maximize the impact of interventions on public safety and public health.

# Behavioral Health Needs Framework



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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.
- <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>

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# Implementation of CC Case Plans

INTERAGENCY COLLABORATION AND INFORMATION SHARING	+
STAFF TRAINING	+
SCREENING AND ASSESSMENT	+
CASE CONFERENCE PROCEDURES	+
PARTICIPANT ENGAGEMENT	+
PRIORITIZED NEEDS AND GOALS	+
RESPONSIVITY	+
LEGAL INFORMATION	+
PARTICIPANT STRENGTHS	+
GENDER CONSIDERATIONS	+



# 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

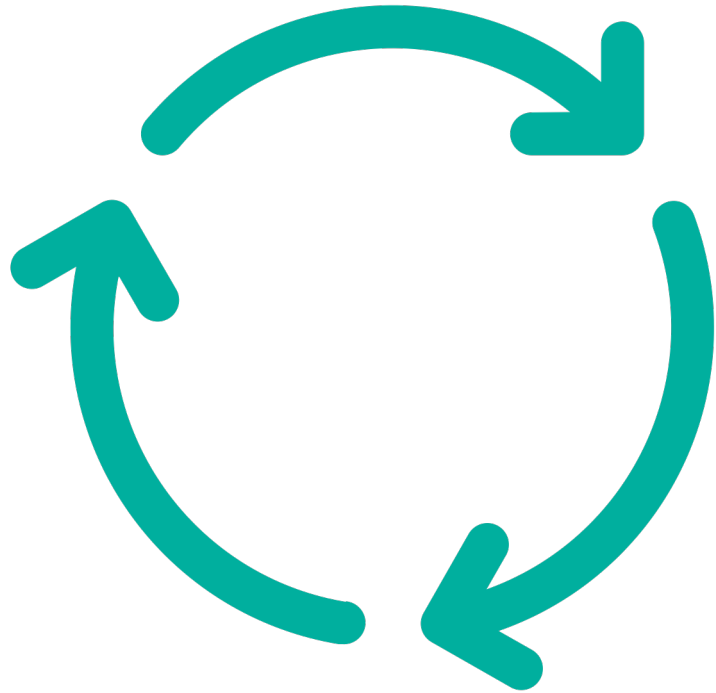
The curriculum includes:

- 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.

# 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

# 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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# Questions and Answers

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# Resources

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- “Collaborative Comprehensive Case Plans”:  
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