



# Montana Commission on Sentencing

Behavioral Health Programming and Treatment In Corrections

- Steve Allen, Senior Policy Advisor, Council of State Governments

# Assessment of corrections programming and behavioral health treatment

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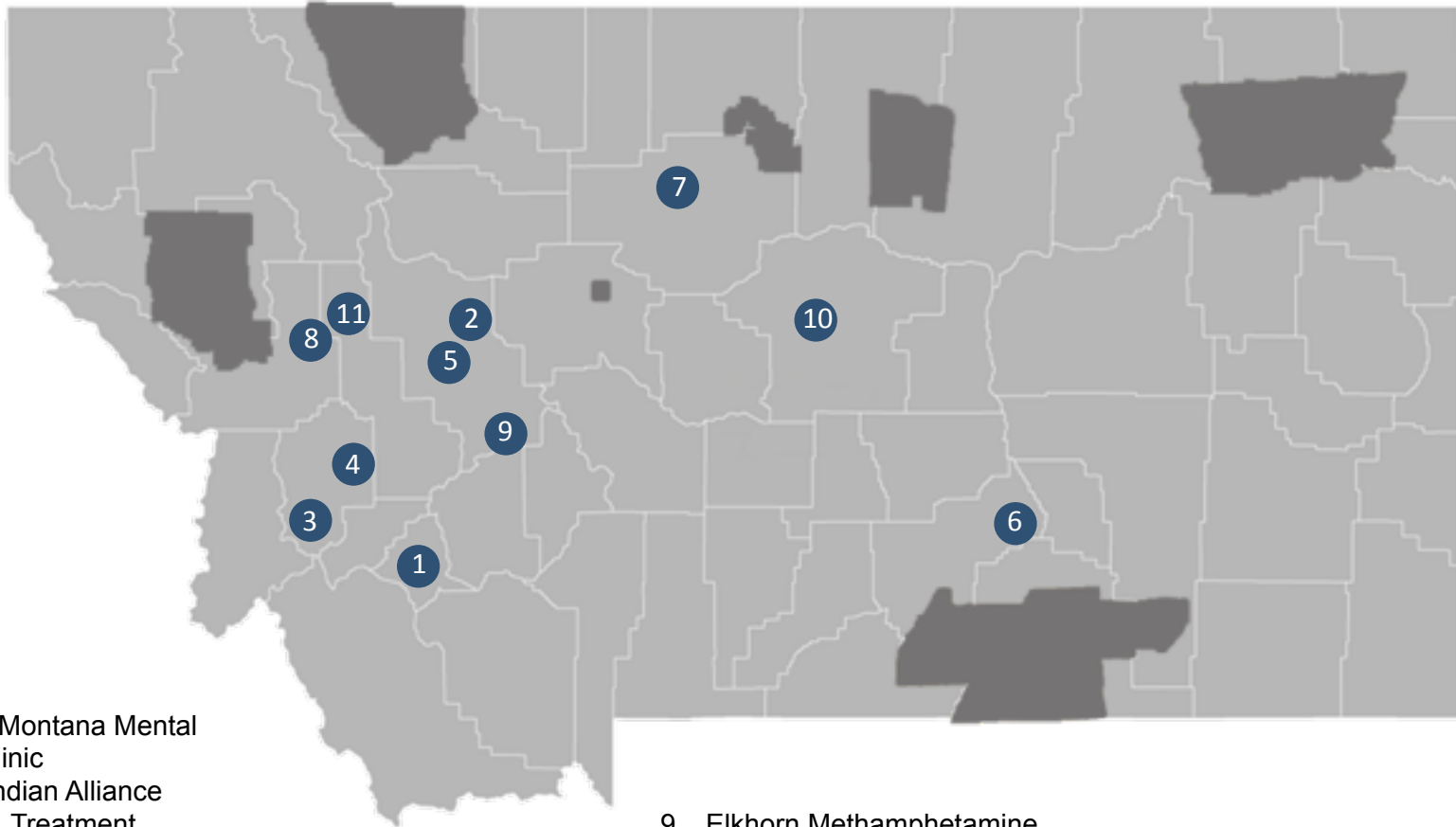
Staff with expertise in programming and treatment in corrections

11

Programs and Centers Visited

35

Hours Direct Observation



1. Western Montana Mental Health Clinic
2. Helena Indian Alliance
3. Sanction, Treatment, Assessment, Revocation & Transition Center
4. Warm Springs Addiction, Treatment & Change
5. Helena Prerelease Center

6. Billings Prerelease Center/ Passages
7. Great Falls Prerelease Center
8. Missoula Prerelease Center

9. Elkhorn Methamphetamine Treatment Center
10. NEXUS Methamphetamine Treatment Center
11. Missoula Assessment & Sanction Center

# FY2015 Cost and Capacity Overview of Prerelease and Treatment Centers

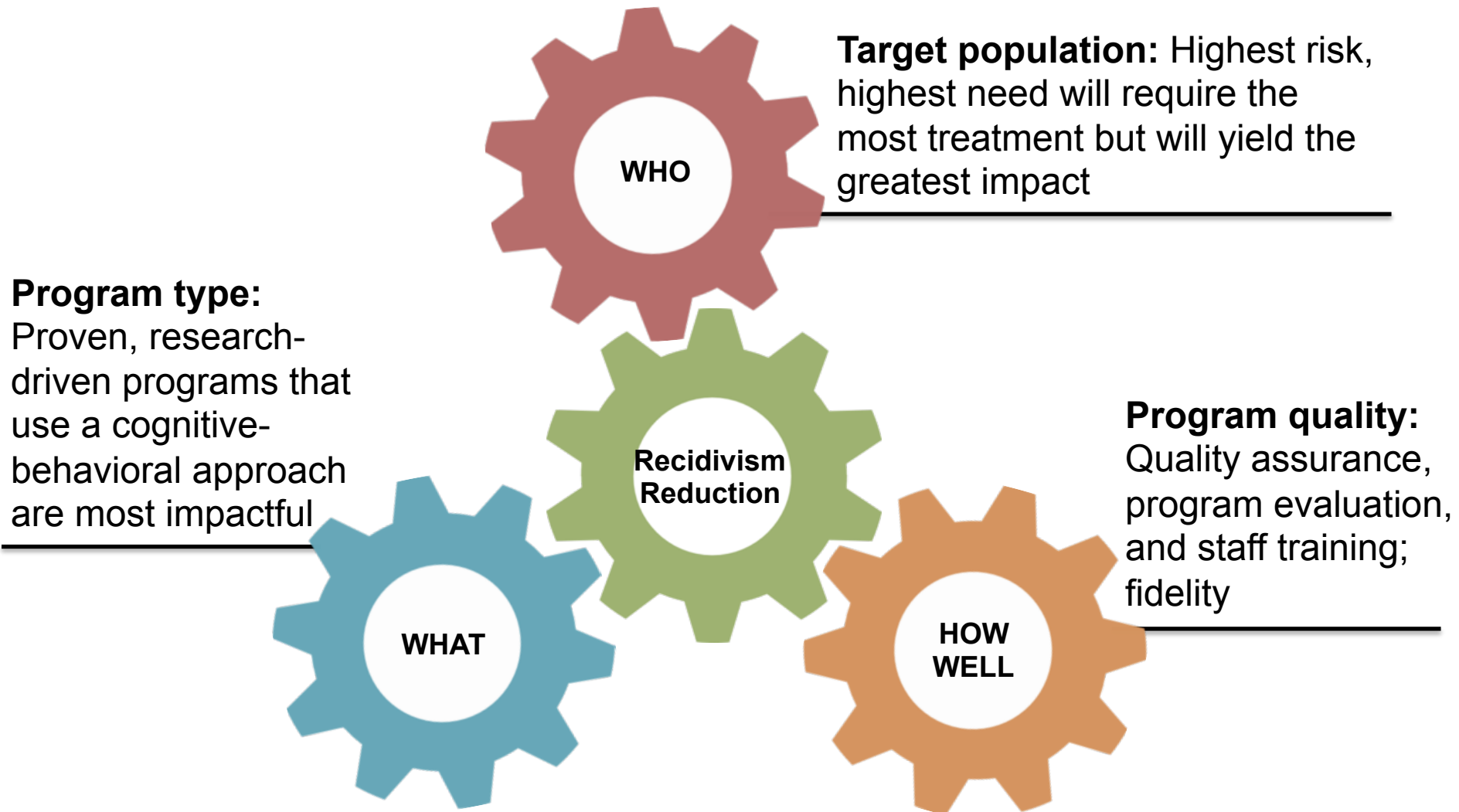
Name	CCP (Connections)	Elkhorn Treatment Center	Nexus (Meth)	WATCH (DUI)	Prerelease*	START (Sanctions)	Total FY15 Contract Amount
Capacity (in Beds)	94	36	80	163	828	138	\$38.4 million
Cost per Day	\$153.50	\$131.36	\$123.86	\$80.67	\$57.33 (average)	\$176.85	
Average Length of Stay (in Days)	69	221	192	165	172	51	
Cost per Stay per Person	\$9,056.5	\$29,030.56	\$23,781.12	\$13,291.12	\$9,634 (average)	\$9,019.35	
Total Contract Amount	\$2,913,430	\$2,013,748	\$3,707,129	\$4,379,824	\$22,521,599	\$4,862,997	

\*includes Passages

## Preview of Recommendations

1. Strengthen existing investments to increase effectiveness.
2. Require Medicaid enrollment for offenders.
3. Increase community corrections center capacity and improve outcomes.
4. Increase community behavioral health capacity by leveraging Medicaid.
5. Increase the treatment provider base.

## Reminder: Effective interventions use an integrated approach to reduce recidivism



# Reminder: What are evidence-based practices for people in the criminal justice system with behavioral health disorders?

## **Corrections Evidence-Based Practice**

- Assess risk and needs
- Target Interventions
- Enhance Motivation to Change
- Utilize Skills Training with Directed Practice (CBT)
- Increase Positive Reinforcement
- Engage Ongoing Community Support
- Measure Processes and Practices
- Provide Feedback

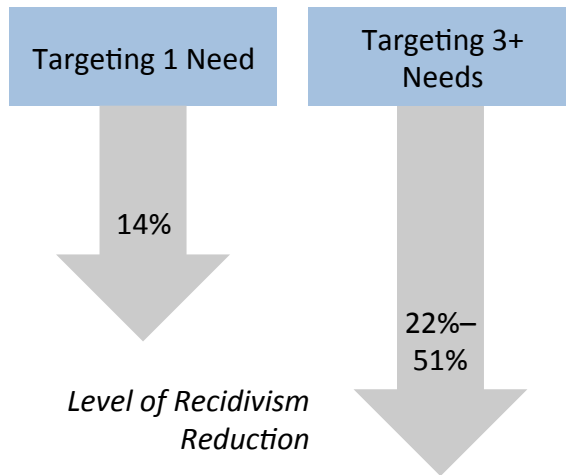
## **Substance Use Disorder Treatment Best Practices for Corrections Populations**

- Comprehensive assessment
- Individualized treatment
- Sufficient duration
- Target criminogenic factors
- Collaborative case planning with corrections supervision
- Continuity of care
- Address co-occurring disorders
- Balance rewards and sanctions

# To reduce recidivism, programs must address the multiple need areas that drive criminal behavior

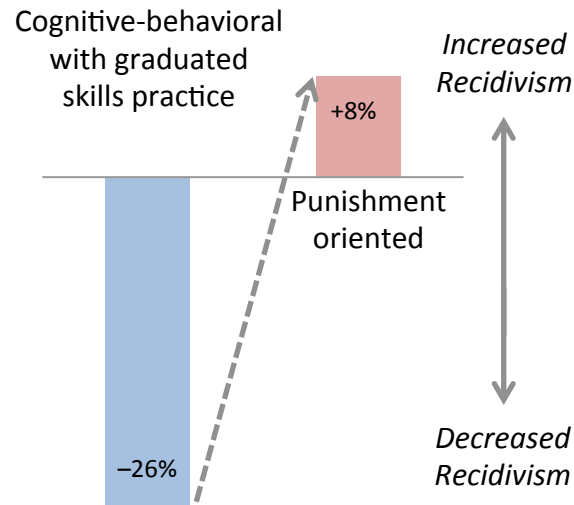
## Addressing just one need is insufficient to change behavior

*Addressing only one criminogenic factor has significantly less of an impact than addressing multiple factors*



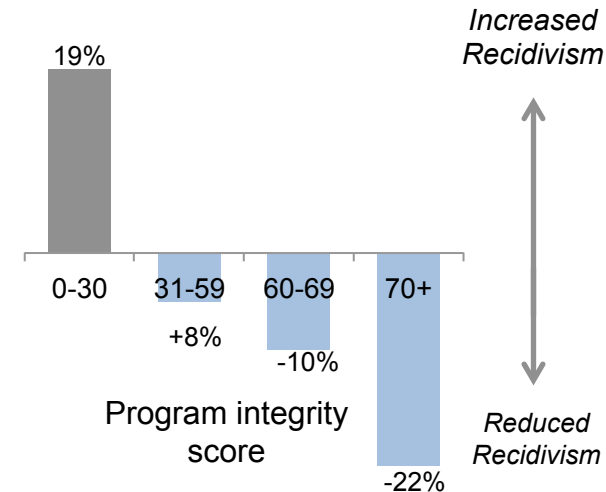
## Programs must be based on proven curricula or principles of effective intervention

*Evidenced-based practices significantly reduce recidivism, while outdated punitive approaches can increase negative results*



## Programs must have high integrity

*Program integrity is how closely a program aligns with best practice standards (fidelity to the model).*



• Andrews and Bonta, *The Psychology of Criminal Conduct*, 5<sup>th</sup> ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010); Lowenkamp, Latessa, and Holsinger, "The Risk Principle in Action: What Have We Learned from 13,676 Offenders and 97 Correctional Programs?" *Crime and Delinquency* 52, no. 1 (2006): 77-93

## 1a. Strengthen outcomes through assessment-driven intervention matching



### **Reminder:**

MDOC lacks criteria and a structured process for referring offenders to appropriate programming based on risk and need.

Effective practice requires individuals to be matched with interventions based on level and types of risk and need. Resources can be wasted, and risk can inadvertently increase when matching does not occur.

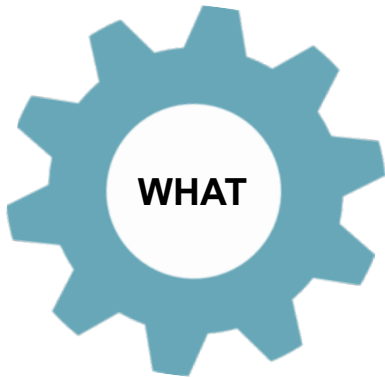
### **Recommendation:**

Require use of validated risk/needs assessments along with clinical assessments as the basis for program placement decisions.

***Policy Option #7, #11, #19, and #22 in Policy Options Handout***



## 1b. Strengthen outcomes by funding evidence-based interventions



No requirements for programs to meet best practice standards in structure, curriculum, duration, or intensity, resulting in wide variance in both quality and dosage between institution-based, prerelease, and community-based programming.

### Increases Recidivism

- X Boot camps
- X Shame-based
- X Straight punishment

### No Effect

- X Yoga
- X Art Therapy

### Effective

- ✓ Cognitive-behavioral interventions

### Reminder:

- Effective systems prioritize valuable resources for interventions that have demonstrated public safety and public health benefits.
- One size does not fit all. Effective systems establish and utilize a range of evidence-based interventions designed to address levels of individual risks and needs.

### Recommendation:

- Require programs to utilize evidence-based interventions and individualize case plans based on individual risk and needs.
- Program length should be based on progress, not time, when feasible.

***Policy Option #10 in Policy Options Handout***

## 1c. Strengthen outcomes by ensuring program fidelity and tracking key variables



Montana lacks quality assurance policies and practices across programs and agencies.

### **Reminder:**

- The impact of even evidence-based interventions is dependent on how well programs are implemented.
- Routine training, evaluation, and reporting help assure that programs are operating as designed.

### **Recommendation:**

- Establish and require all publicly-funded programs to adhere to standards aligned with current evidence-based practices.
- Require program design and practices to gain approval.
- Support adherence to standards through certification or licensing, training, auditing, and reporting of key metrics.

***Policy Option #20 and #21 in Policy Options Handout***

## 2. Require Medicaid enrollment to improve access to behavioral healthcare services and to extend general fund monies.



### **Require programs to assist in enrollment:**

- Require all state-funded public and private programs to screen for healthcare coverage and enroll individuals who lack insurance.
- Agencies submit quarterly and annual summaries of enrollment activities and results.



### **New CMS guidance:**

- Require facility providers at non-secure state funded facilities to seek Medicaid reimbursement for reimbursable treatment services and return payments to the General Fund.
- Utilize leveraged funds to help expand community-based treatment services.

***Policy Option #10 in Policy Options Handout***

### 3a. Increase the effectiveness and capacity of community corrections programs by increasing staffing and program intensity.



#### **Reminder:**

- One size does not fit all. Interventions should be delivered with differing levels of intensity and duration based on risk and needs.
- Non-institutional interventions are less expensive and offer individuals the opportunity to hone risk reduction skills with support and supervision within an environment where those skills will be tested.



#### **Current practices:**

- Lengths of stay average 7 months but intervention duration is not driven by assessments of individual risks and needs.
- Program waiting lists compound pressures on jail and prison beds.



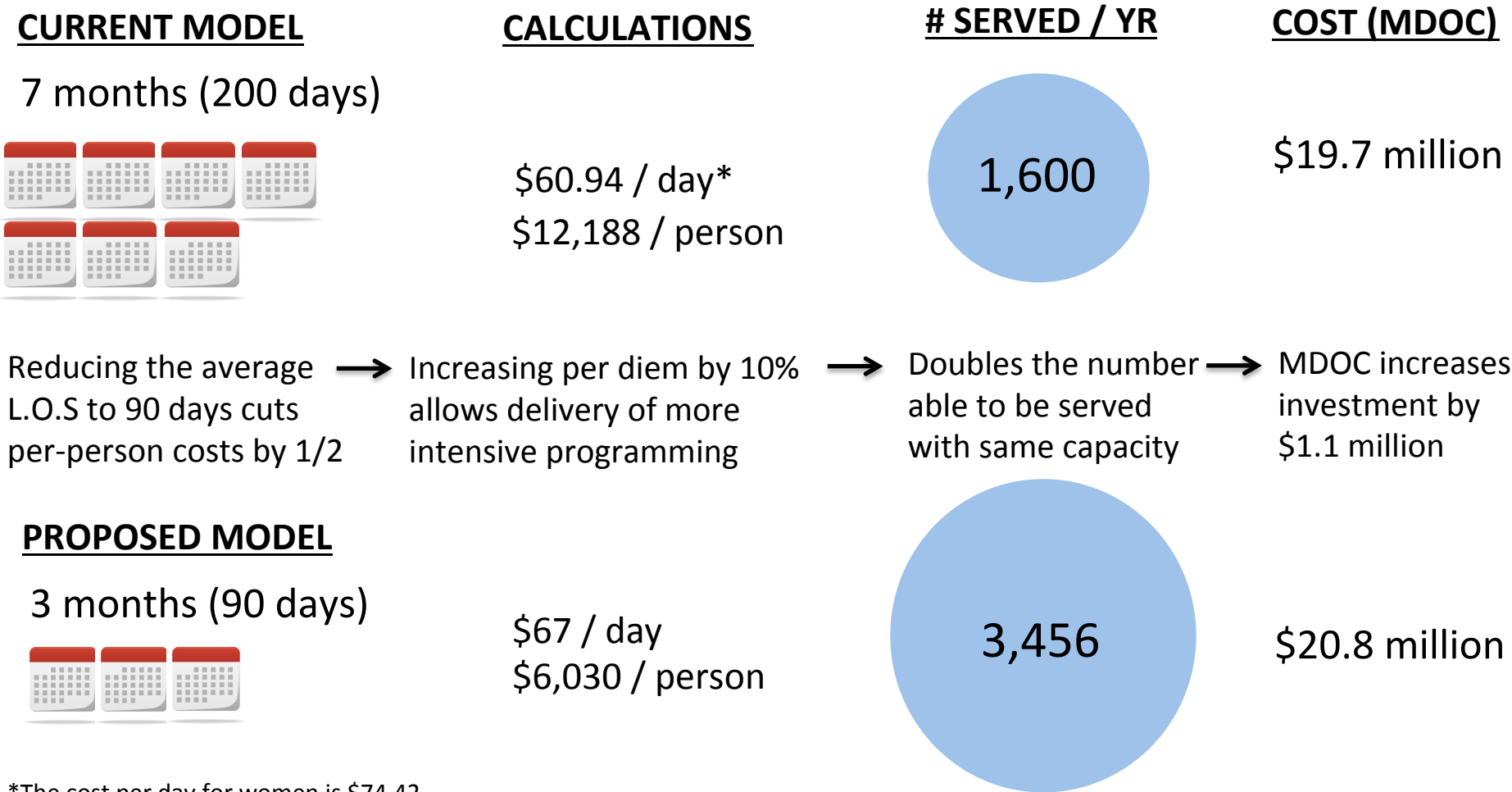
#### **Recommendations:**

- Base program length of stay on individualized case plans and cap at 3 months for most people.
- Increase program staffing and program intensity sufficient to protect community safety, impact high-risk people, and allow for reduced lengths of stay.

# 3a. Increasing program intensity while reducing length of stay can increase capacity at modest cost

(Prerelease Facilities—839 bed capacity)

For a **5% increase in state spending** (\$1.1 million),  
Montana could **double those served** by prerelease centers



\*The cost per day for women is \$74.42.

# Changing behavior of those most likely to recidivate is most effective through interventions after release

## EFFECTIVENESS OF PROGRAMMING OFFERED DURING INCARCERATION



POTENTIAL RECIDIVISM REDUCTION

**5–10%**

## EFFECTIVENESS OF PROGRAMMING FOLLOWING RELEASE



POTENTIAL RECIDIVISM REDUCTION

**20–30%**

- Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs: What Works and What Does Not*, January 2006 ; D. A. Andrews and James Bonta, *The Psychology of Criminal Conduct*, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

### 3b. Increase the effectiveness of community corrections programs by better targeting populations served and strengthening reentry.



#### **Reminder:**

- System resources are maximized for risk reduction when they are prioritized for people with higher risk and needs.
- Reentry success is improved with treatment continuity of care and by establishing strong community support systems.



#### **Current practices:**

- Community corrections placements are not prioritized by risk and needs or by proximity to the individual's approved home plan.



#### **Recommendations:**

- Prioritize community corrections placements for higher-risk and needs individuals.
- Place people in the center closest to their approved home plan whenever feasible.
- Restrict the ability of community corrections boards to reject referrals except for certain individuals with a felony violence or sexual offense in their history.

***Policy Option #7 and #8 in Policy Options Handout***

### 3c. Increase effectiveness of community corrections residential treatment programs by ensuring they utilize best practices



#### **Reminder:**

- Behavioral health treatment programs for criminal justice populations are most effective when following evidence-based practices.



#### **Current practices:**

- State-funded residential corrections treatment programs are not currently governed by promulgated state standards or enforced through program licensure.



#### **Recommendations:**

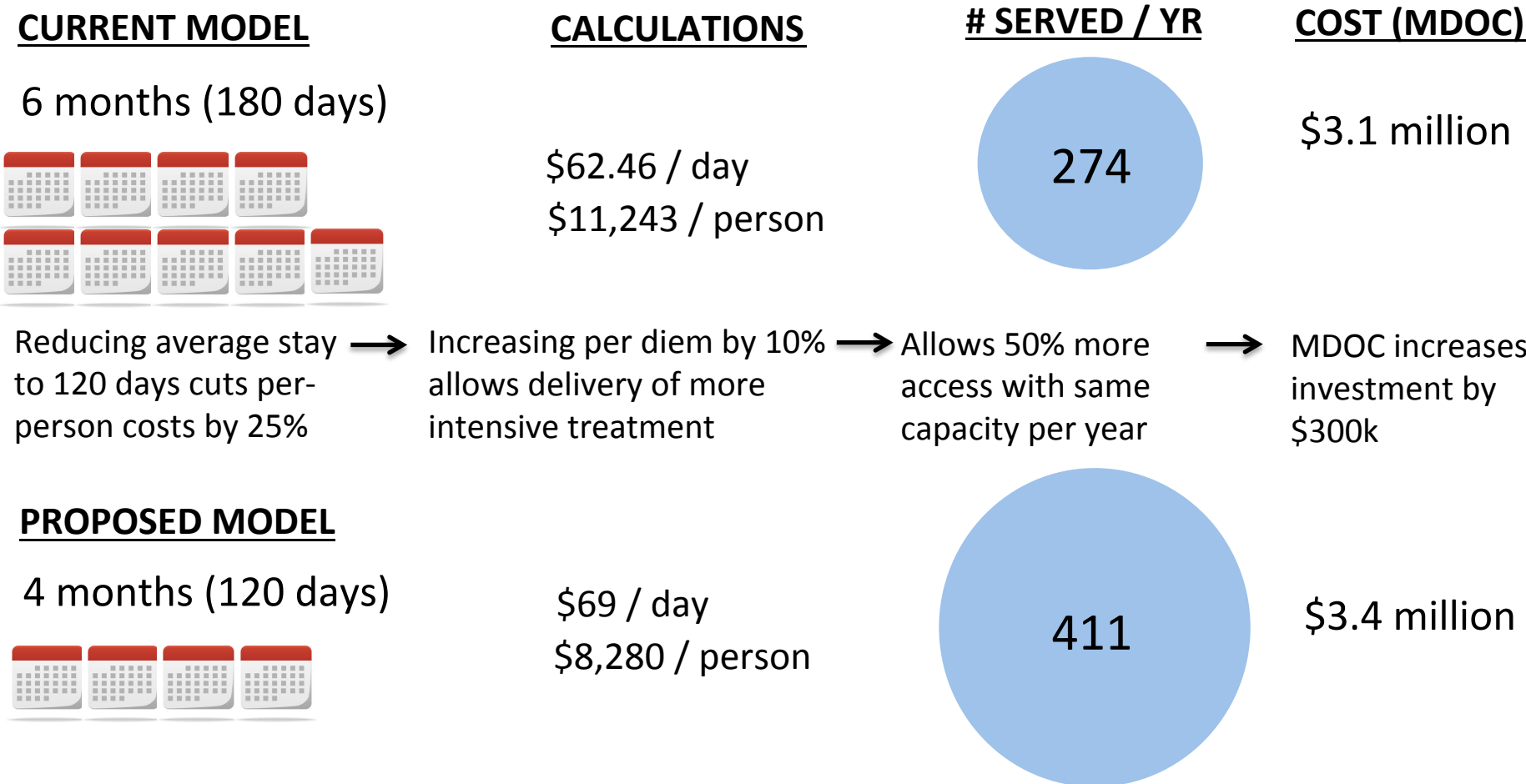
- Create statewide standards for residential treatment centers, incorporating requirements for best practices.
- Dually license residential treatment centers serving corrections populations under MDOC and DPHHS.
- Increase funding to support program staffing and program enhancements.

***Policy Option #9 in Policy Options Handout***



### 3c. Increase the capacity of community corrections treatment programs by shortening length of stay followed by community outpatient treatment *(Treatment Facility Example—137 bed capacity)*

For a **9% increase in state spending (\$300,000)**,  
Montana could **reach ~50% more people** at each treatment facility.



## 4. Fund increased community behavioral health capacity by leveraging Medicaid.



### **Reminder:**

- Medicaid Expansion provides an opportunity to leverage substantial federal match to expand treatment access.
- Increased availability of appropriate community-based treatment services can help sustain gains from residential treatment and provide additional options for diversions.



### **Current practices:**

- There are insufficient community-based treatment resources, especially those tailored to be effective with higher-risk and needs individuals.



### **Recommendations:**

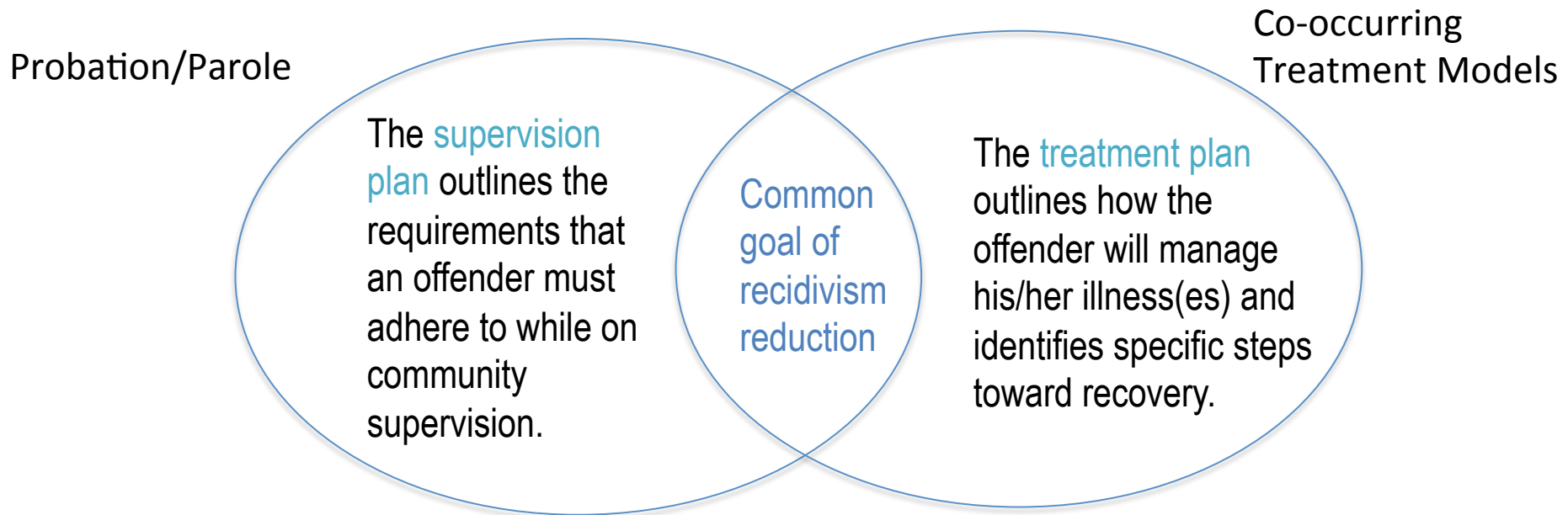
- Develop standards for a continuum of community-based behavioral health treatment interventions for high- to moderate-risk and needs individuals.
- Work with Medicaid agency to create enhanced reimbursement rates linked to value-based incentive to adequately compensate providers for the added costs required to effectively treat these populations.

***Policy Option #10 in Policy Options Handout***

# Reminder: Coordinated system responses are effective

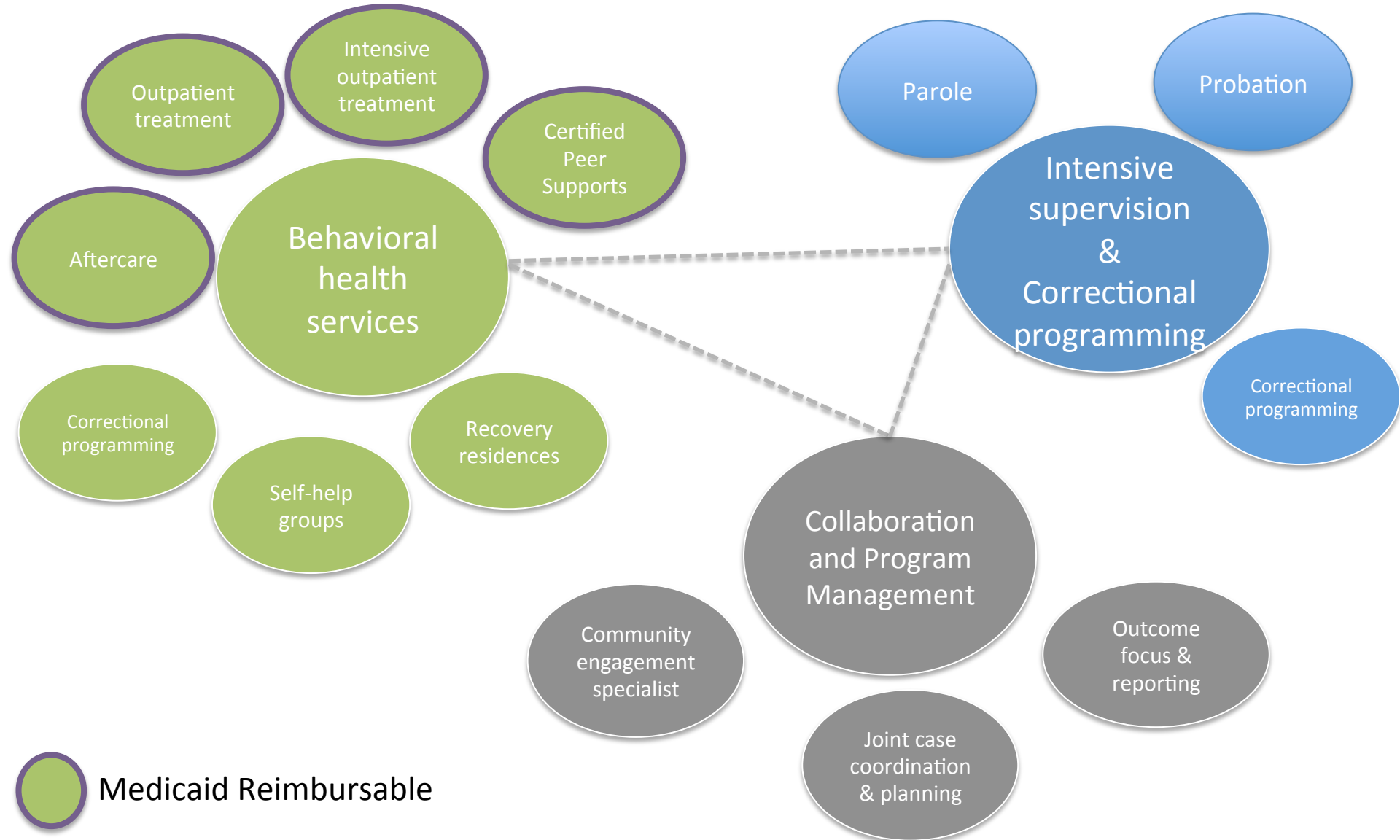
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Research suggests that for adults with mental illnesses, **combined supervision and treatment are more effective** at reducing recidivism than supervision alone.



Ideally, behavioral health and community corrections stakeholders should **come together to develop integrated treatment and supervision plans** for offenders.

## 4. Funding an array of collaborative supervision, treatment, and support services



# What are Value-Based Incentives?

Targeted pay for performance (P4P) incentive payment for providers who expand access to and improve quality of behavioral health services for targeted correctional populations:

- In addition to payments providers already receive or would receive in the future through managed care plans
- Funded through Medicaid to take advantage of significant federal match for Medicaid expansion population
- Connected to process and outcome measured directly related to improved outcomes for the targeted higher-risk and needs population

Examples of outcomes triggering enhanced rate:

- Reduced time to program admission
- Increased percentage of successful program completions
- Compliance with timely data reporting
- Engagement in collaborative case planning and case management with community supervision.

*VBI's incentivize effective practices while also compensating providers for the increased cost of care for higher-risk and needs populations.*

## 5. Establish and fund policies designed to create and sustain a robust network of community behavioral health practitioners.



### **Reminder:**

- Untreated mental illness and substance use disorders are significant contributors to ongoing criminal justice involvement.



### **Current practices:**

- The lack of a sufficient treatment provider base limits the system's ability to address these treatment needs and improve outcomes.



### **Recommendations:**

- Broaden the array of community behavioral support positions to include
  - Certified peer specialists
  - Community engagement specialists
- Offer incentives to encourage practitioners to practice in rural areas
- Provide training CEU's at no cost related to effective treatment for criminal justice populations

***Policy Option #10 in Policy Options Handout***



## Idaho successfully overhauled its prison system using a multi-pronged approach:

- ✓ Integration of key policies in JRI statute to build a framework for change
  - Risk assessment best practices
  - Ongoing program evaluation
  - Officer training in EBP
- ✓ Comprehensive assessment of programming to identify gaps (Justice Program Assessment)
  - WHO? WHAT? HOW WELL?
- ✓ Commitment by leadership to make changes and dedicate personnel and fiscal resources to making improvements

### Key Findings

- 9 out of 12 curricula offered used methods unlikely to reduce recidivism
- IDOC was using an outdated TC model based on the more punitive, shame-based approaches of the 1970s and '80s that have since been shown to be ineffective, and in fact have the potential to increase recidivism.

### Taking Action

The anticipated impact of the system overhaul: redirect the millions Idaho spends annually away from an overly complex and ineffective set of program curricula to a more streamlined approach that uses program models based on proven practices to reduce recidivism.

# What can policy-makers do to maximize investments?

Some lessons learned from other justice reinvestment states:



Consider requiring performance-based contracts for providers delivering programs and clinical services (PA)



Create statutory requirements for ongoing program evaluation (CPC), development and adoption of minimum treatment standards, and mandatory risk assessment (ID)



Invest in treatment slots for high-risk high-need individuals in facilities and in the community (KS, WV)

*“Throwing more money at well-intentioned efforts is easy to do, but it takes leadership to question whether those efforts are working and then do the even harder work of redesigning our programs so they actually reduce recidivism.”*

—Gov. Butch Otter (Idaho)



# Thank You

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