OZIA
PARTNERS

Changing the World:
Inspiring Hope, Health & Recovery

*Transforming systems at every level
to be about the needs, hopes and dreams
of the people and families with complex needs
who come to our door*

ZIA
PARTNERS

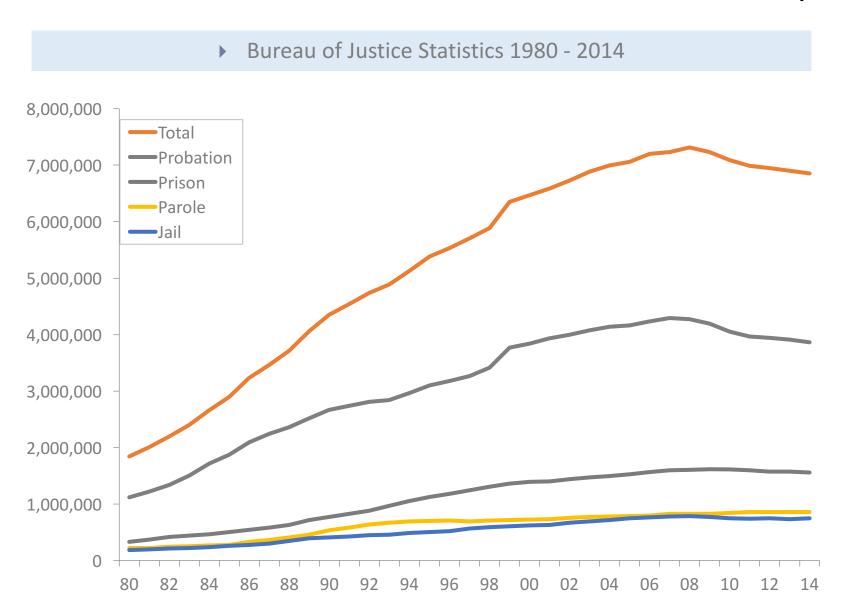# Criminal Justice
Behavioral Health Services

Helping adults and children
to be successful in the community
-including in the prison community -
while ensuring public safety.

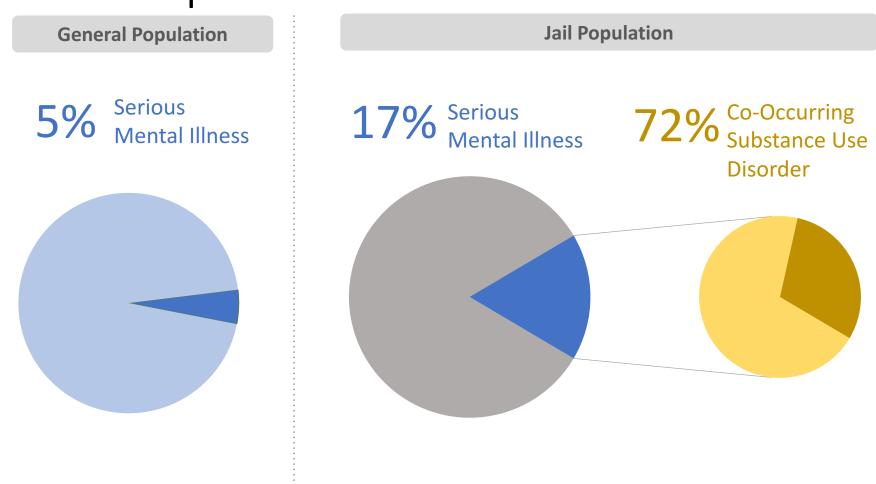# Too Many People with Mental Illnesses in Criminal Justice Systems:

How Did We Get Here?

Millions of Adults Now Under Correctional Supervision
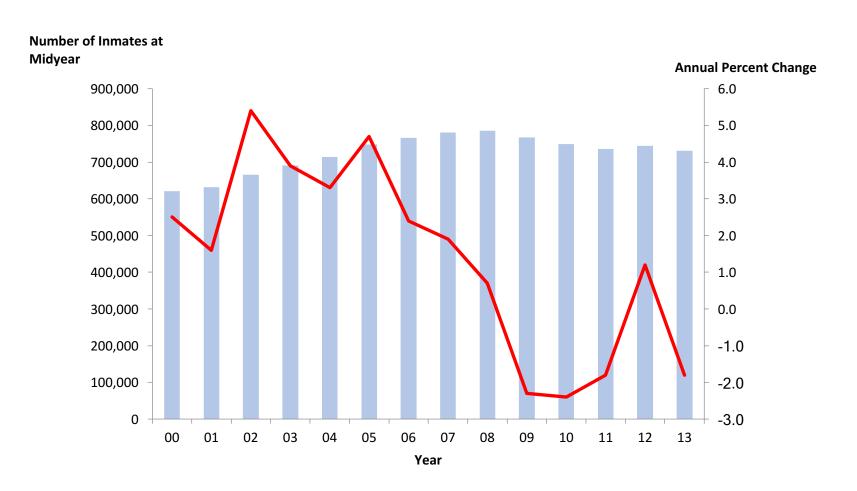

Bureau of Justice Statistics 1980 - 2014

Mental Illnesses: Overrepresented in Our Jails

General Population

Jail Population

5% Serious Mental Illness

17% Serious Mental Illness

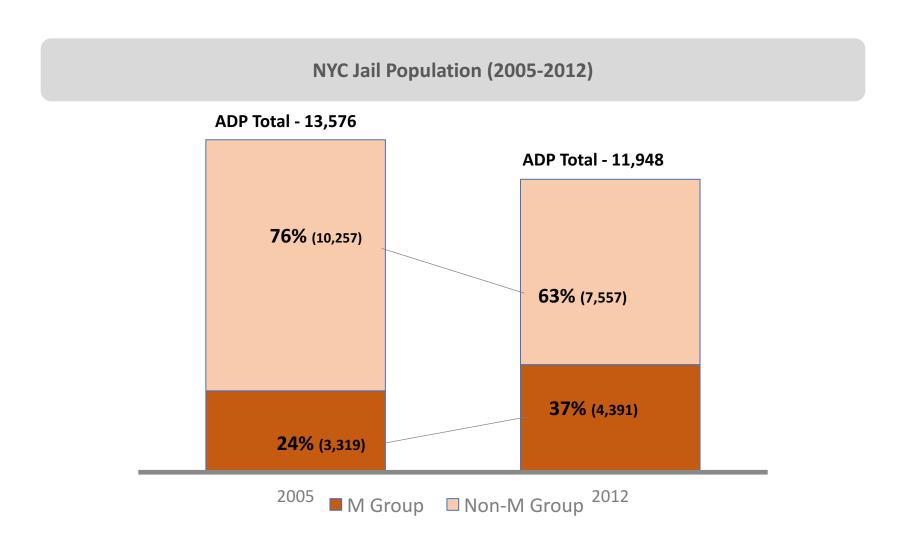**72%** Co-Occurring Substance Use Disorder

While Jails Populations Have Declined Nationally.......

Inmates Confined in Local Jails at Midyear and Percent Change
in the Jail Population, 2000-2013

… Jails Report Increases in the Numbers of People with Mental Illnesses

NYC Jail Population (2005-2012)

Factors Driving the Crisis

Disproportionately higher rates of arrest

Longer stays in jail and prison

Limited access to health care

Higher recidivism rates

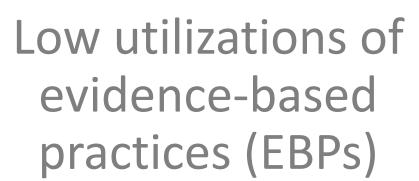Low utilization of EBPs

More criminogenic risk factors

Factors Driving the Crisis

Low utilizations of evidence-based practices (EBPs)
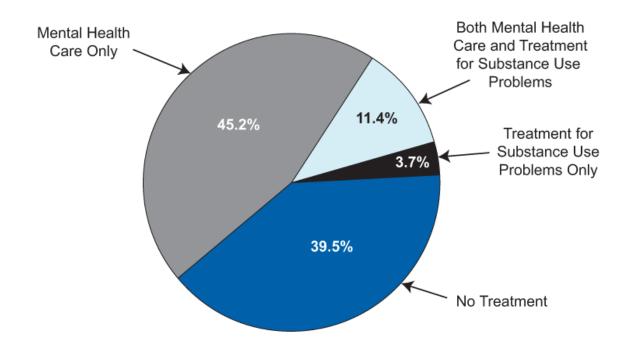
SMI and CODs Are Often Untreated

Past Year Mental Health Care and Treatment for Adults Aged 18 or Older with Both Serious Mental Illness and Substance Use Disorder

Mental Health Care Only

Both Mental Health Care and Treatment for Substance Use Problems

45.2%

11.4%

Treatment for Substance Use Problems Only

3.7%

39.5%

No Treatment

2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Source: NSDUH (2008)

Factors Driving the Crisis

Higher rates of recidivism

High Recidivism Rates on Reentry

Persons without mental illnesses ■ **Persons with mental illnesses**

(Bar chart)
- Arrests: without mental illnesses ~36%, with mental illnesses ~35%
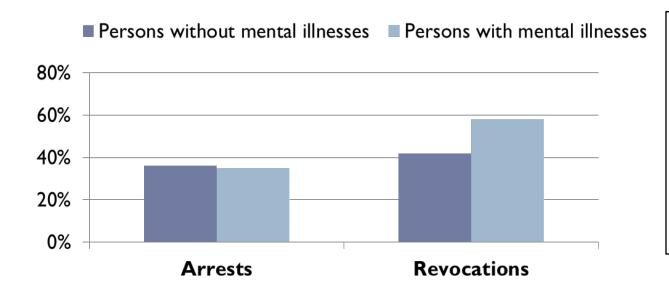- Revocations: without mental illnesses ~42%, with mental illnesses ~58%

Screened 2,934 probationers for mental illness:
- 13% identified as mentally ill
- Followed for average of two years

No more likely to be arrested …

… but 1.38 times more likely to be revoked

Source: Vidal, Manchak, et al. (2009); see also: Eno Louden & Skeem (2009); Porporino & Motiuk (1995)

Factors Driving the Crisis

More criminogenic
risk factors
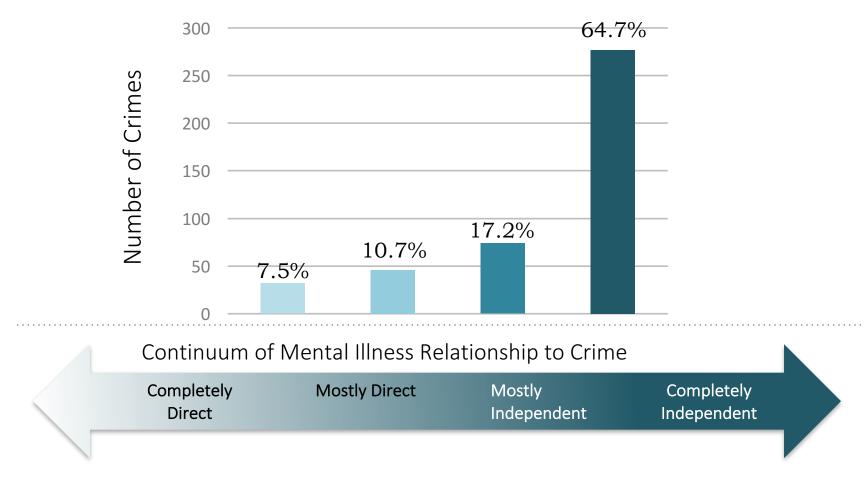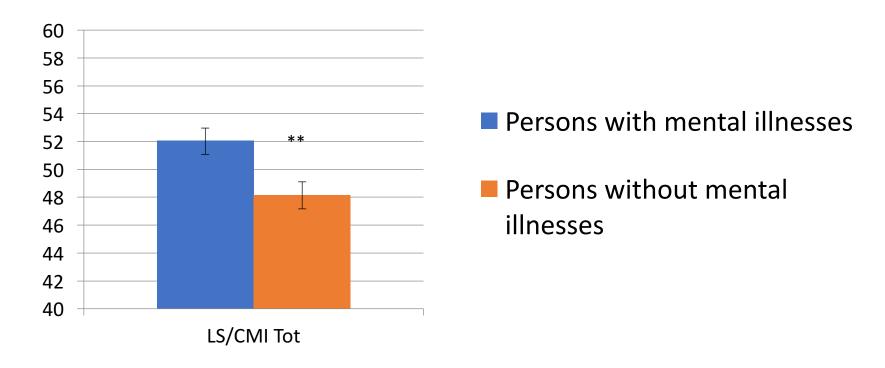
Incarceration Is Not Always a Direct Product of Mental Illness

Number of Crimes

300
250
200
150
100
50
0

7.5%
10.7%
17.2%
64.7%

Continuum of Mental Illness Relationship to Crime

Completely Direct

Mostly Direct

Mostly Independent

Completely Independent

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)

Those with Mental Illnesses Have *More* "Central 8" Dynamic Risk Factors

….and these predict recidivism more strongly than mental illness

Source: Skeem, Nicholson, & Kregg (2008)

Recidivism Is Not Simply a Product of Mental Illness: <u>Criminogenic Risk</u>

Risk:
- ≠ Crime type
- ≠ Failure to appear
- ≠ Dangerousness
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk = How likely is a person to commit a crime or violate the conditions of supervision?

Criminogenic Risk Factors

Static

Criminal History
- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

Age at first arrest

Current age

Gender

Dynamic (the "Central 8")

1. Substance abuse
2. History of antisocial behavior
3. Antisocial personality pattern
4. Antisocial cognition
5. Antisocial associates
6. Family and/or marital discord
7. Poor school and/or work output
8. Few leisure/recreation outlets
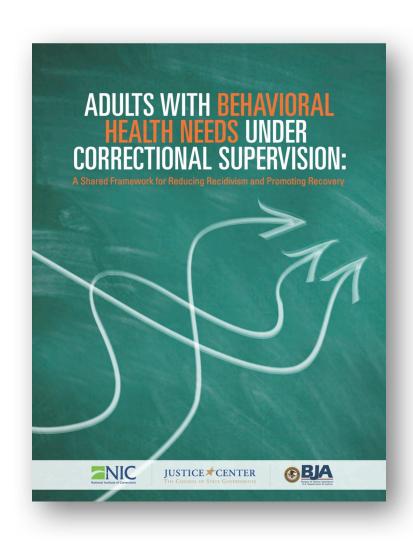
Risk-Need-Responsivity Model as a Guide to Best Practices

Principle	Implications for Supervision and Treatment
Risk Principle	Focus resources on high **RISK** cases; limited supervision of lower RISK people
Needs Principle	Target the **NEEDS** associated with recidivism such as antisocial attitudes, unemployment, substance use
Responsivity Principle	General and specific factors impact the effectiveness of treatment. Be **RESPONSIVE** to learning style, motivation, culture, demographics, and abilities of the offender

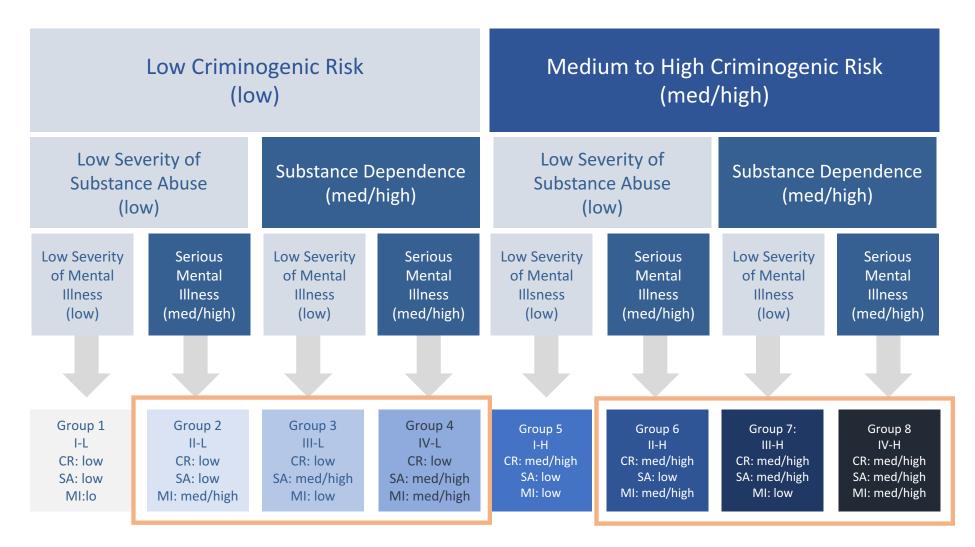# Responsivity: You Can't Address Dynamic Risk Factors without Attending to Mental Illness

Knitting Together Available Research ...

...To Create A Framework for Prioritizing Target Population

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Low Severity of Substance Abuse (low)		Substance Dependence (med/high)		Low Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illsness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
Group 1 I-L CR: low SA: low MI:lo	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: low	Group 8 IV-H CR: med/high SA: med/high MI: med/high

"Stepping Up" to Address a National Crisis:
Too Many People with Mental Illnesses in our Jails

There will be fewer people with mental illnesses in our jails tomorrow than there are today.

THE STEPPINGUP INITIATIVE

Launch a national campaign

Counties that have passed resolutions (389)

CSG | **Justice Center**
THE COUNCIL OF STATE GOVERNMENTS

Judges' and Psychiatric Leadership Initiative (JPLI)

Mission of the JPLI

- Stimulate and support efforts by judges and psychiatrists to take leadership roles on criminal justice/behavioral health issues to improve responses to justice-involved people with behavioral health issues

  ▸ Technical assistance to 11 Chief Justice-led task forces

  ▸ Technical assistance on veterans' issues to four states

  ▸ Three *Judges' Guides*

PEOPLE WITH
Mental Illness IN THE
Criminal Justice System

ANSWERING
A CRY FOR
HELP

GROUP for the
ADVANCEMENT of
PSYCHIATRY

Committee on Psychiatry and the Community

A Practice Manual
for Psychiatrists and
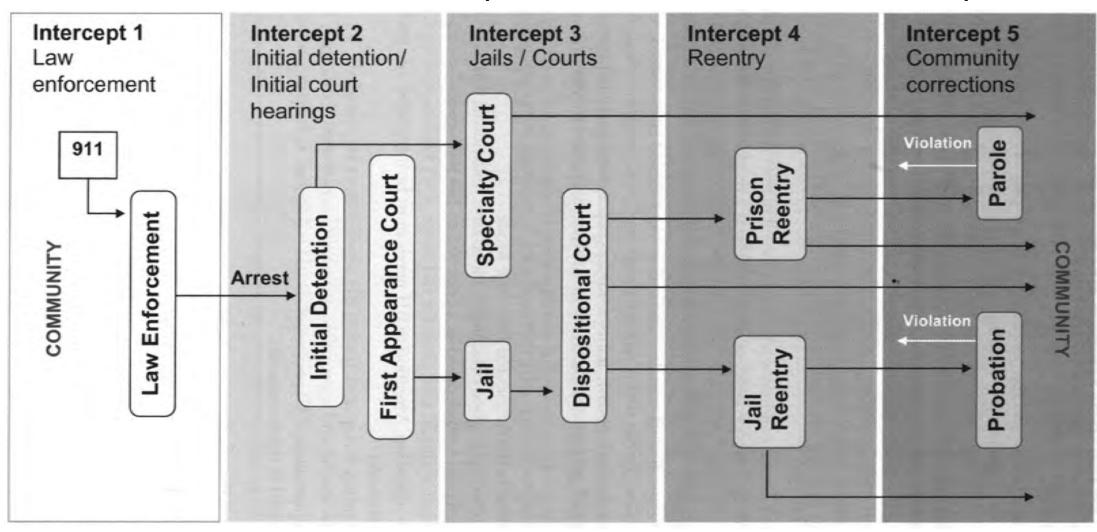other Practitioners
APPI, 2016

Dear Abby's Column, June, 2007

- "If you or a member of your family has been diagnosed as "mentally ill" and has spent time in jail or prison, please write and tell me about it.
- Result: Almost 3,000 letters with tragic stories of all kinds.

This manual uses the letters as
case studies for teaching:

- How to avert dreadful situations using a different approach.

- We ask readers to answer this question:

- What can you do differently in your own work, in your agency, in your community?

Intercept Zero
The Ultimate Intercept: An Excellent BH System

The Sequential Intercept Model

- Welcoming and hopeful engagement with individuals and families

- Partnerships with:
  - Law enforcement
  - Judges and the courts
  - Psychiatrists in the jails
  - Community re-entry
  - Probation and parole
  - In integrated community-based care

Wouldn't it be nice if people just did what we told them to do?

What are "Co-occurring Conditions"?

- Any combination of any MH issue, incl. trauma
- And/or any SUD issue, including gambling
- And/or any cognitive issue, I/DD or Brain Injury
- Plus in the CJ system, include criminogenic thinking
- As well as other complex health and human service needs
- *The more issues people have, the less likely they will do "what we tell them to do" without help*

The Hope Challenge

Many people in trouble with the law have no hope that their lives will get better, so they give up before they get started.

People with multiple issues and multiple challenges most need **HOPE** in order to be inspired to do the work to succeed.

The Complexity Challenge

- Individuals with complex multiple issues have the poorest outcomes in multiple domains.
  - Most likely to get in trouble with the law.
  - Most likely to violate probation.
  - Most likely to lose hope

ZIA
PARTNERS

Integrated Systems of Care

- Complexity is an expectation, not an exception.

- ALL services (including CJ related treatment services) are designed to welcome, engage, and provide integrated services to individuals and families with multiple co-occurring complex issues (MH, SUD, cognitive disability,, criminal justice involvement, criminogenic thinking, housing, trauma, health, etc.).

Comprehensive, Continuous Integrated System of Care
CCISC

- All programs in the system become welcoming, recovery-oriented, trauma-informed, and complexity-capable.

- All persons delivering care become welcoming, recovery-oriented, trauma-informed, and complexity-capable.

- 12-Step Program of Recovery for Systems

Complexity Capability in Criminal JusticeA

All <u>programs</u> (e.g., treatment courts, diversion programs, residential services, etc.), <u>services</u> (e.g. community corrections interventions), and <u>expectations</u> (e.g., conditions of participation and program contracts) must be designed with the expectation that <u>participants will have co-occurring conditions, including at times cognitive disabilities</u>, as well as other complex needs, and that <u>they will receive integrated best practice interventions</u> that improve their ability to be successful

ZIA PARTNERS

Recovery-Oriented Complexity Capability

- CCISC Program Self-Assessment Tool: COMPASS-EZ™

- 12 Steps for Programs Developing Recovery-oriented Complexity Capability

ZIA
PARTNERS

Recovery-Oriented Complexity Competency

Each person providing services is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with complex needs that are likely to already be in their caseloads.

Recovery-Oriented Complexity Competency

- CCISC Clinician Self-Assessment Tool: CODECAT-EZ™

- 12 Steps for Staff Developing Recovery-oriented Complexity Competency

ZIA
PARTNERS

Is this your vision?

If so, how do you get there?

How do we get there clinically?

- Research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.

- The SAME principles are consistent with best practice "therapeutic justice"

ZIA
PARTNERS

As a system or organization, how do we get there?
Quality Improvement

- Recovery process for systems
- Horizontal and vertical quality improvement partnership
- Empowered Change Agents
- Anchoring value-driven change into the "bureaucracy"
- Serenity Prayer of System Change

ZIA
PARTNERS

What is a System?

Sets of nesting Russian dolls
that are not quite so nesting:

Systems

within systems

sitting next to other systems

within systems.

Transformation

- Involves EVERY system, subsystem, and sub-sub-system in a common process to achieve a common vision, with EVERY dollar spent and EVERY policy, procedure and practice.

- In any provider organization, that means the agency as a whole, every program in the agency, and every person delivering care is working toward a common vision.

ZIA
PARTNERS

Principles Made Simple

Principle #1

Complexity is an expectation.

- Welcome people with complexity as priority customers.

  - *This is not just about "being nice"; this is welcoming the opportunity to work with people exactly as they are.*

- Remove access barriers that interfere.

- Welcome the chance to see ALL the complex issues: integrated screening and documentation.

ZIA
PARTNERS

Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

- Hopeful goals for a meaningful, productive life.

- Work with all the issues step by step over time to achieve success.

- Identify and build on strengths used during periods of success.

ZIA
PARTNERS

Principle #3

All people with complex issues are not the same.

- Different individuals with co-occurring conditions may have different needs

- Different criminal justice behavioral health programs have different jobs for different populations.

- Risk-need-responsivity (RNR) and Four-Quadrant model (HI-HI, HI-LO, LO-HI, LO-LO for MH-SA) may help with service mapping and service matching.

ZIA
PARTNERS

Principle #4

All co-occurring conditions, including criminal justice issues, are primary.

Integrated multiple primary condition-specific best practice interventions are needed.

Always consider criminogenic thinking as well as each behavioral health issue as a "primary" condition to address

ZIA
PARTNERS

Principle #5

Parallel process of recovery for multiple conditions

- Recovery of the *person* with one or more conditions.

- Recovery involves:
  – Addressing each condition over time.
  – Moving through stages of change for *each* condition.

- Integrated services involve stage-matched interventions for *each* condition.

ZIA
PARTNERS

Stage-Matching in Criminal Justice Settings

- For many people, the "most active" stage of change will be their interest in not being incarcerated.

- Integrated stage-matching for multiple conditions means that you engage the person to make progress toward his/her hopeful goals, utilizing addressing the issues with "more active" stages of change to leverage progress in addressing related issues in "earlier" stages of change.

ZIA
PARTNERS

Stages of Change

Issue-specific, not person-specific.

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.

- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

Stages of Change

- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.

- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.

ZIA
PARTNERS

Stages of Change

- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.

- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

ZIA
PARTNERS

Principle #6

Adequately supported, adequately rewarded, skill-based learning for each condition.

- Small steps of practical learning
- Self-management skills and "asking for help" skills
- Compliance does NOT equal learning skills
- Make it easy to ask for help when things are not going well.
- Rounds of applause for each small step of progress

ZIA PARTNERS

There is no one correct intervention or program.

In CCISC, every program, policy, practice, etc., is organized to match interventions based on the principles.

In CJ services, matching is also based on nature of the offense, and MH-SA- other issues that contribute to criminogenic risk.

ZIA
PARTNERS

Summary

- Welcoming, empathic, hopeful, continuous, integrated recovery partnerships
  - Addressing multiple primary issues
  - Providing adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue
  - Moving toward the goal of a happy, meaningful life, while maintaining safety in the community

ZIA PARTNERS

ZIA PARTNERS

Thank You