Leveraging National Health Reform to Sustain Your Program, Reduce Recidivism & Build Recovery

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The TASC Perspective

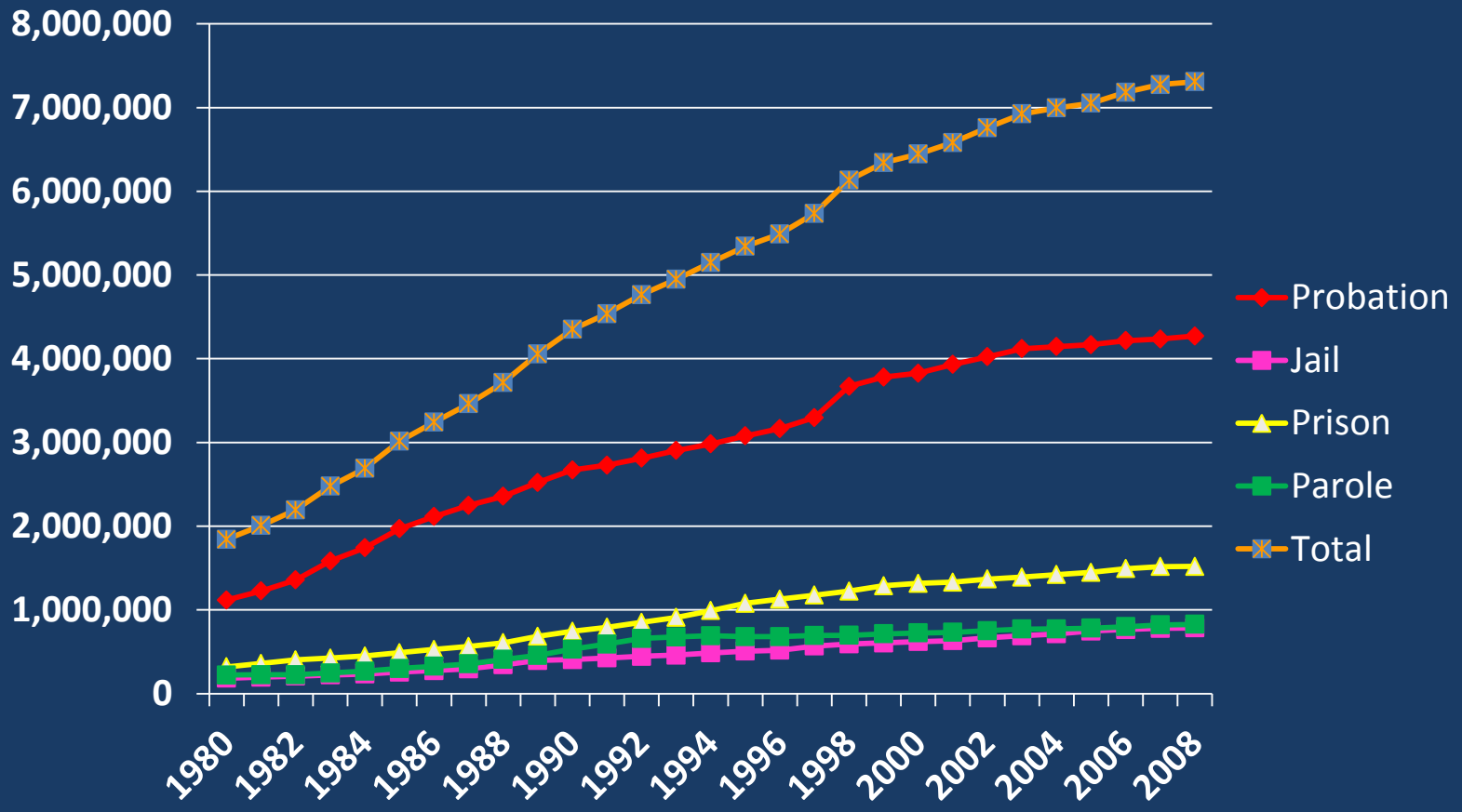
- Nearly 35 years of research, public policy involvement, and direct service provision
- TASC serves more than 20,000 justice-involved individuals annually with substance use, mental illness, or both
- Designed and managed numerous programs connecting criminal justice with community-based care:
  - Statutory authority / state licensure around clinical case management for drug-involved probation and parole populations
  - Court advocacy and case coordination for specialty courts
  - Design and implementation of Cook County Jail treatment and re-entry program
- TASC participates extensively in national and state planning on health care reform and for people under criminal justice supervision

Learning Objectives

- Understand the scope of the SA and MH health problem in criminal justice populations
- Describe the public safety and public health benefits associated with treatment for criminal justice populations
- Realize barriers that limit treatment expansion
- Learn the specific activities criminal justice professionals can do to increase access to treatment

THE SCOPE OF THE PROBLEM

Adults Involved in CJS in the U.S.



Sources: Bureau of Justice Statistics, Correctional Surveys, as reported by the Pew Trust, "One in 31" (2009).

The Justice System is Growing

- 1 in 100 adults behind bars (2006)
  - Jails = 748,728 in (2010) vs. 723,131 (2008)
  - Prisons = 1,617,478 (2009) vs. 1,596,127 (2008)

- 1 in 45 adults on probation or parole (2007)
  - Probation = 4,203,967 (2009) vs. 4,237,000 (2006)
  - Parole = 819,308 (2009) vs. 798,200 (2006)

Sources: The Pew Center on the States, 2008; Minton, 2011; West, 2010; The Pew Center on the States, 2009; Glaze & Bonczar, 2010; Langan & Levin, 2002; Beck, 2006 vin, 2002; Beck, 2006; BJA

Revolving Door of Justice Involvement

- 730,000 people admitted and released from prisons each year (2009)
- Two-thirds (68%) of prisoners rearrested within 3 years of release (1997)
- Half (52%) of prisoners returned to prison for new crime or violation (1997)

Alcohol, Drugs and Crime

- In 2006, alcohol and other drugs were involved in:
  - 78% of violent crimes
  - 83% of property crimes; and
  - 77 % of weapons offenses, probation & parole violations, immigration and public order crimes

- As many as 87% of arrestees tested positive for at least one illicit drug & 40% for more than one drug

Sources: BJA Arrestee Drug Abuse Monitoring (ADAM) Survey 2008; CASA, “Behind Bars II”, February 2010

Drugs and Crime

Estimated Percentage of U.S. Adult Male Arrestees Testing Positive by Urinalysis for Illicit Drugs, 2008

Total testing positive in all ten of the ADAM cities: ~48,000

ADAM II Site	Any Drug*	Marijuana	Cocaine	Opiates	Metham-phetamine
Atlanta	60%	32%	41%	2%	<1%
Charlotte	69%	51%	30%	1%	<1%
Chicago	87%	49%	44%	29%	<1%
Denver	68%	42%	33%	4%	3%
Indianapolis	64%	46%	21%	5%	2%
Minneapolis	65%	48%	23%	6%	2%
New York	69%	42%	30%	7%	<1%
Portland	64%	41%	21%	8%	15%
Sacramento	78%	47%	17%	4%	35%
Washington, D.C.	49%	31%	27%	12%	2%
Range	**49%-87%**	**31%-51%**	**17%-44%**	**1%-29%**	**0.1%-35%**

Source: Arrestee Drug Abuse Monitoring (ADAM) Study

Substance Use Disorders Are Nearly Universal in CJS

- The criminal justice system is the largest catchment area for people with addictions.
  - 47.9% of state inmates met criteria for SA dependence
  - 43.7% of jail inmates met criteria for SA dependence
  - Taken altogether, the rate of addiction for offenders is over 7 times greater than the non-criminal justice population

Sources: CASA, "Behind Bars II", February 2010; DOJ ADAM Report, Adams, Olson & Adams,, 2002

Substance Use Disorders Are Nearly Universal in CJS

- Criminal justice populations also include people who use and abuse drugs, not just those who are addicted.
  - This has serious legal and health consequences
  - Female offenders are both more likely to have SA problems and more likely to meet criteria for SA dependence than male offenders

Sources: CASA, "Behind Bars II", February 2010; DOJ ADAM Report, Adams, Olson & Adams,, 2002

What about Mental Health in CJS?

- Serious Mental Illness (Axis 1 Diagnosis) in Jail
  - 15% male
  - 31% female

- Co-occurring SA with Serious Mental Illness
  - 80% jail or prison

Source: CASA, "Behind Bars II", February 2010; DOJ ADAM Report, Adams, Olson & Adams,, 2002

SO WHAT?

Public Safety

- Addressing criminogenic (dynamic) needs contributes to public safety
- Substance abuse is a major criminogenic factor
- Treating substance abuse promotes public safety as well as fostering risk reduction

Research tells us that treatment works… when done right

- Treatment participation reduces subsequent criminal activity by 33%-70%, depending on the model (Mancuso & Felver, 2009, Olson 2008)

- Reducing untreated criminogenic needs = reducing subsequent arrests

"Done Right" means…

- EBP Supervision & Treatment together
  - Screening instrument
  - Target criminogenic needs
  - Use of a clinical assessment
  - Proper dosage (duration)
  - Proven treatment provider
  - Framework: Risk-Needs-Responsivity

Models for effective treatment of offenders have been proven over the past 40 years

- EBPs for justice populations with SA/MH:
  - OJP - CrimeSolutions.Gov - Drugs and Substance Abuse
  - NIDA – "Principles of Drug Abuse Treatment for Criminal Justice Populations"
  - SAMHSA – "Treatment Improvement Protocol 44: Substance Abuse Treatment for Adults in the Criminal Justice System (TIP 44)"
  - SAMHSA – National Registry of Evidence-based Programs and Practices (NREPP)
  - SAMHSA / GAINS Center – Six EBPs for mental health treatment in justice settings
  - NIC – EBPs to reduce recidivism
  - NIC – Guidelines for implementing EBPs in policy and practice in community corrections

Public Safety Benefits

- Divert people from jail or prison to treatment in the community with appropriate supervision
- Reduce re-incarceration due to technical violations while on probation/parole
- Improve Responsivity of R-N-R

Public Health Benefits

- Catch and treat infectious diseases
- Higher rates of infection among inmates
  - HIV - 18%
  - Hep C - 7%
  - TB – 5%

Source: Alison Evans and Jehanzeb Cheema "As Roughly 700,000 Prisoners are Released Annually, About Half Will Gain Health Coverage and Care Under Federal Laws" *Health Affairs*, 31, no. 5 (2012): 931-938

“Data suggests drug treatment can lower crime”

WASHINGTON (Reuters) - U.S. crime statistics show illegal drugs play a central role in criminal acts, providing new evidence that tackling drugs as a public health issue could offer a powerful tool for lowering national crime rates, officials said on Thursday.

….But Thursday's report, based on thousands of arrestee interviews and drug tests, showed that on average 71 percent of men arrested in 10 U.S. metropolitan areas last year tested positive for an illegal substance at the time they were taken into custody. The figures….were higher for nearly half of the collection sites since 2007.

U.S. officials held up the data as evidence to support President Barack Obama's strategy aimed at breaking the cycle of drugs and crime by attacking substance abuse with treatment rather than jail for nonviolent offenders.

"Tackling the drug issue could go a long way in reducing our crime issues," Gil Kerlikowske, head of the office that issued the report, told Reuters in an interview. "These data confirm that we must address our drug problem as a public health issue, not just a criminal justice issue."

Source: Chicago Tribune, May 16, 2012

SO WHY NOT MORE?

Insufficient/Inadequate Treatment...

- Demand for community-based treatment in most states exceeds availability
- Justice-based treatment programs rarely reach all individuals who are legal eligible (or legally entitled)
- Lack of resources to expand successful models

Insufficient Treatment Dosage

- SA/MH are chronic – require ongoing, long-term treatment and management
  - At least 3 months in treatment to stop or curtail use
  - Durable recovery requires multiple episodes of care over years
- Acute care treatment in justice settings can't address chronic conditions

Fragmented funding streams...

- Public sa/mh supported largely by federal block grants & categorical Medicaid eligibility (MH)
- Federal Justice and Human Services funding streams / initiatives
- State and County-level funding
- Pursuit of non-block grant funding requires long RFA processes for only incremental increases
- Uncoordinated funding creates isolated pockets of service, not seamless continuums of care

Lack of insurance...

- Most people in justice systems don't have health insurance
  - Only 10% of jail inmates
- State Medicaid rules may exclude most childless adults
- Those with Medicaid may get unnecessarily dropped while incarcerated
- Once released, little assistance reinstating benefits

NOW WHAT?

1. Specific Opportunity: Probation

- Reduce probation violations due to untreated substance use and psychiatric disorders
- Gain these results across all probationers, not just in smaller “demonstration” programs and specialty courts
- For specialty courts:
  - Better access to timely treatment
  - Opportunity to focus on high risk/high need probationers

What will be needed to gain these results?

- Timely enrollment in Medicaid/Insurance
- Universal screening early in the CJS process
- Matching to appropriate services
  - Drug Education
  - Outpatient, Intensive Outpatient, Residential Treatment
  - Expanded capacity will be needed
- Universal reporting and sanctions process
  - Must avoid net widening

2. Specific Opportunity: Parole

- Develop reentry services for parolees who have had treatment inside correctional centers
  - Research shows that pre- and post-release treatment together have the greatest impact
- Reduce parole violations due to untreated substance use and psychiatric disorders
  - Increased access to community based treatment as an alternative to re-incarceration
- Gain these results across all parolees, not just in smaller “demonstration” programs
  - Universal access to sa/mh services on release

What is needed to gain these results?

- Timely enrollment in Medicaid/Insurance
- Universal screening pre-release or parole intake
- Matching to appropriate services
  - Drug Education
  - Outpatient, Intensive Outpatient, Residential Treatment
  - Expanded capacity will be needed
- Infrastructure for coordinated care
- Universal reporting and sanctions process
  - Must avoid net widening

3. Specific Opportunity: Jails

- Reduce “frequent fliers” due to untreated substance use and psychiatric disorders
- Reduce jail health care expenditures related to chronic conditions
- Potential opportunity: Reduce incarceration through increased diversion to treatment with pre-trial/probation supervision

What is needed to gain these results?

- Enrollment in Medicaid/Insurance during incarceration
- Universal screening
  - Substance use & psychiatric disorders, chronic medical conditions
- Matching to appropriate services
  - Substance abuse treatment
  - Mental health treatment
  - Community medical care for chronic conditions

The Actors: Judges, Probation & Parole Chiefs:

- Convene planning processes
- Partner with correctional and community / behavioral health care providers and funders to bring diversion and re-entry initiatives to scale
- Represent the concerns of public safety and behavioral health intervention from criminal justice perspective
- Advocate for treatment resources needed to reduce recidivism
  - Sufficient duration & intensity to create durable recovery

The Actors: Line Officers

- Ask questions about health care reform implementation in your state
  - Influence direction through department leadership, associations
- If you live in one of the 12 states that have adopted coverage for low-income single adults, you may be able to do this now
  - Additional system shaping may be needed

Resources

COCHS Conference Papers

http://www.cochs.org/health_reform_conference_dc/papers

SAMHSA Presentation on HCR from the treatment provider/system perspective

http://www.saasniatx.net/Presentation/2011/HCRforProviders-NIATX-Julyl2011-RitaVandivort.pdf

Council for State Governments FAQ on HCR

http://consensusproject.org/announcements/new-csg-justice-center-faq-on-health-reform-legislation

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