

A Road to Recovery and Community Engagement in Correctional Settings

Debra A. Pinals, M.D.

Medical Director

Behavioral Health and Forensic Programs

Michigan Department of Health and Human Services

Clinical Professor of Psychiatry

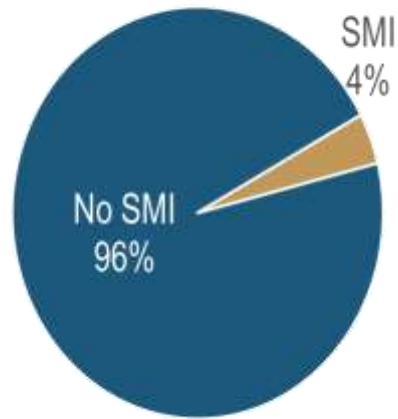
Director, Program in Psychiatry, Law, and Ethics

University of Michigan

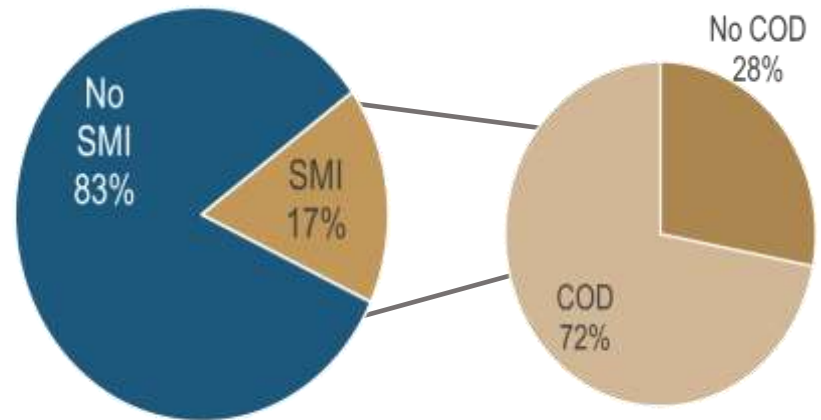
Special Thanks: Michael Andre, University of Massachusetts Medical School, Division of Addiction
Psychiatry

Jails and Mental Disorders

General Population

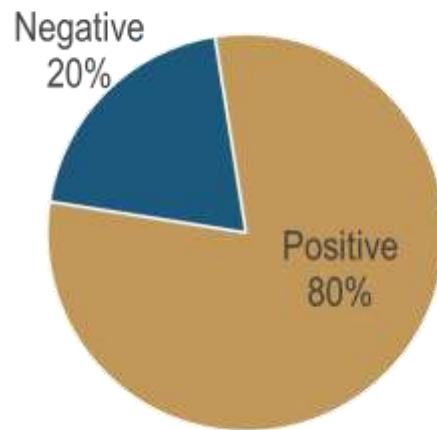


Jail SMI Prevalence



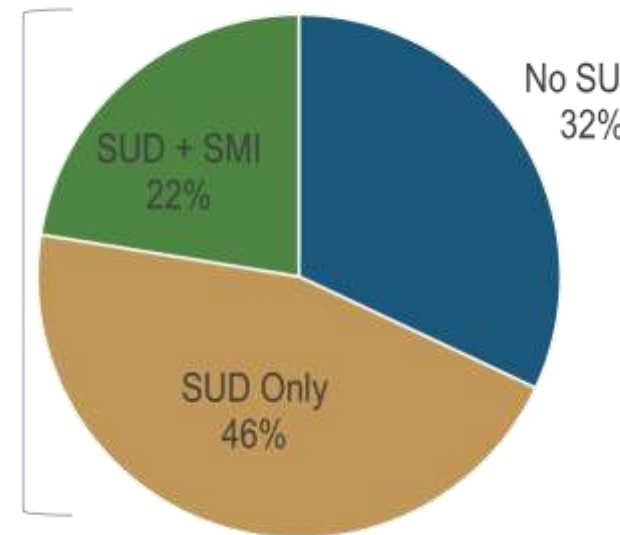
Jails and Substance Use Disorders

Drug Testing of Arrestees



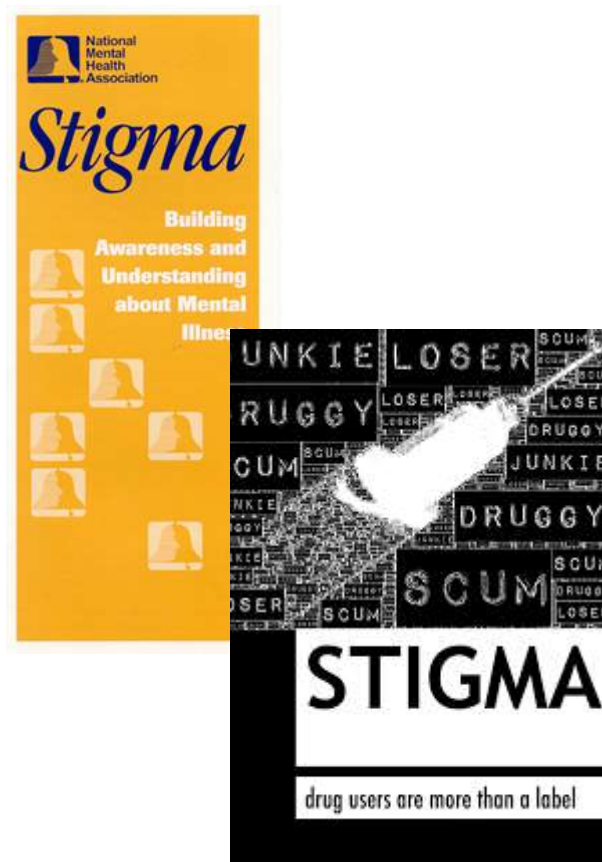
68% of jail inmates have a SUD.

Jail Population with SUDs



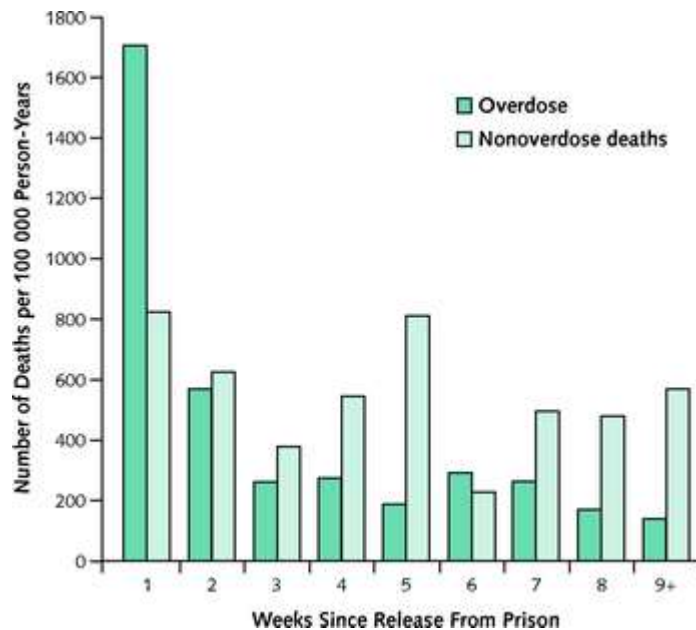
Impact of Stigma: Consequences and Collateral Consequences

- Disruptions and care
- Reduced access to care
- Reduced access to housing, employment, etc
- Relationship disruption (multi-generational)
- Discrimination, isolation
- Lack of parity in healthcare coverage
- Belief that persons with mental illness and substance use are not sufficiently held responsible for their actions
- Belief that persons with MI are less competent and more dangerous

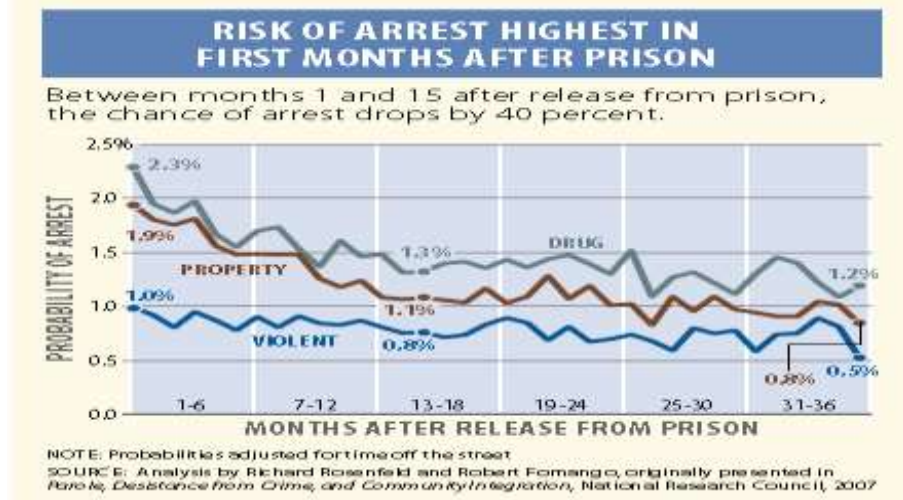


Post-Release Risks

- Risk of death 12.7 times higher for inmates with SMI (Drug overdose was leading cause of death, then heart disease, homicide, suicide NEJM 2007)
- Risk of re-arrest higher post-release especially in the first months



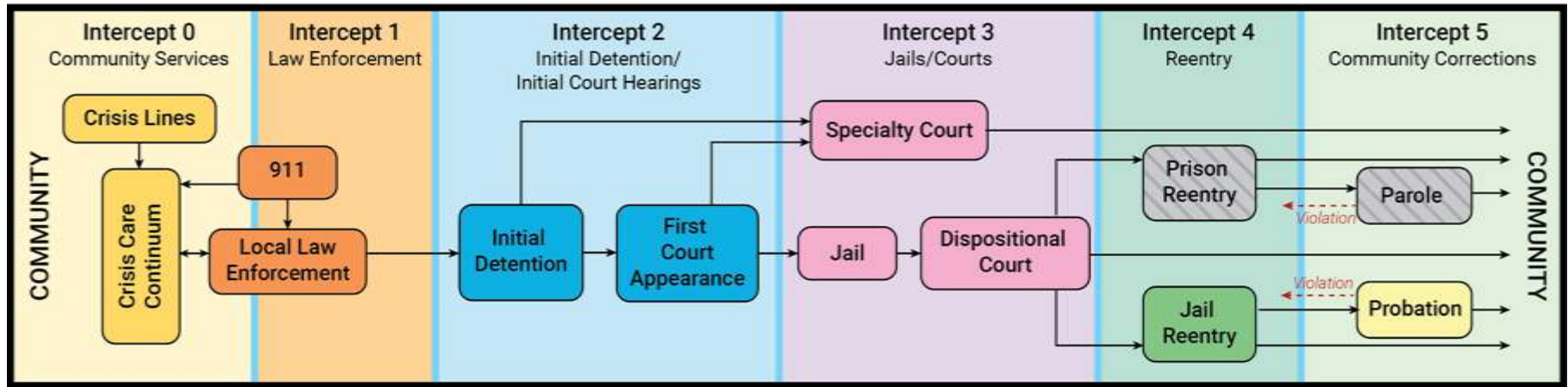
Binswanger et al 2013



Treatment as Usual vs. Smarter Services

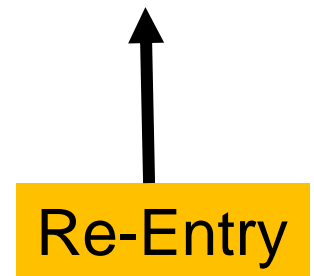
Treatment/Re-entry as Usual	Smarter Services
Assumes all crime can be “treated” by treating mental health symptoms and substance use symptoms	Recognizes the complex interplay of criminal recidivism and sociodemographics
Assumes individualized care in the treatment system is sufficient	Develops integrated models of service delivery including the criminal justice system
May have little tolerance for antisocial behavioral patterns	Understands that antisocial patterns have many causes and may need approaches ranging from support to leverage
May have goals to be more informed	Informed at the start but always improving

Sequential Intercept Framework



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Munetz and Griffin 2006
Policy Research Associates and SAMHSA Gains Center 2017



Risk
Reduction as
Part of
Recovery

Mental Illness and Crime: What is the Relationship?

- Symptoms of mental illness are variably, but often infrequently the driving feature of criminal conduct.
 - Bipolar symptoms more frequently associated with criminal behavior than psychosis (Peterson, Skeem, et al 2014)
- Co-morbid antisocial personality disorder, substance use and PTSD are more likely associated with arrest for violent crime than psychosis (McCabe, Christopher et al 2012)
- Decreasing symptoms of mental illness alone therefore will only have a modest effect on criminal behavior

Relationship between Crime and Symptoms (Peterson et al 2014)

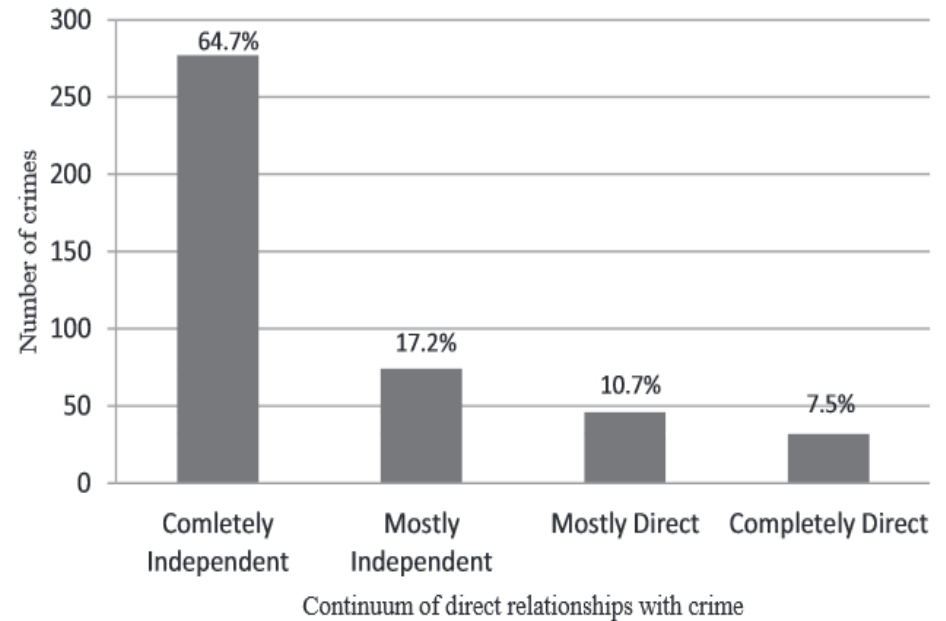


Figure 3. Distribution of crimes along the direct continuum from independent to direct.

Relationship between Substance Use and Crime

- Crime may be drug-involved offense (possession, selling, distributing)
- Crime may be drug-related (robbery, assault, cashing bad checks)
- Crime may be attributed to drug use (conducted while intoxicated)
- Crime may be totally unrelated to drug use but person may have a substance use disorder
- Substance use is associated with higher risk of criminal behavior (but not all people with substance use disorders commit crimes)

Criminogenic Risk Factors: The Risk-Need- Responsivity Paradigm

Risk Factor

History of antisocial behavior

Antisocial personality pattern

Antisocial cognition

Antisocial attitudes

Family and/or marital discord

Poor school and/or work performance

Few leisure or recreation activities

Substance abuse

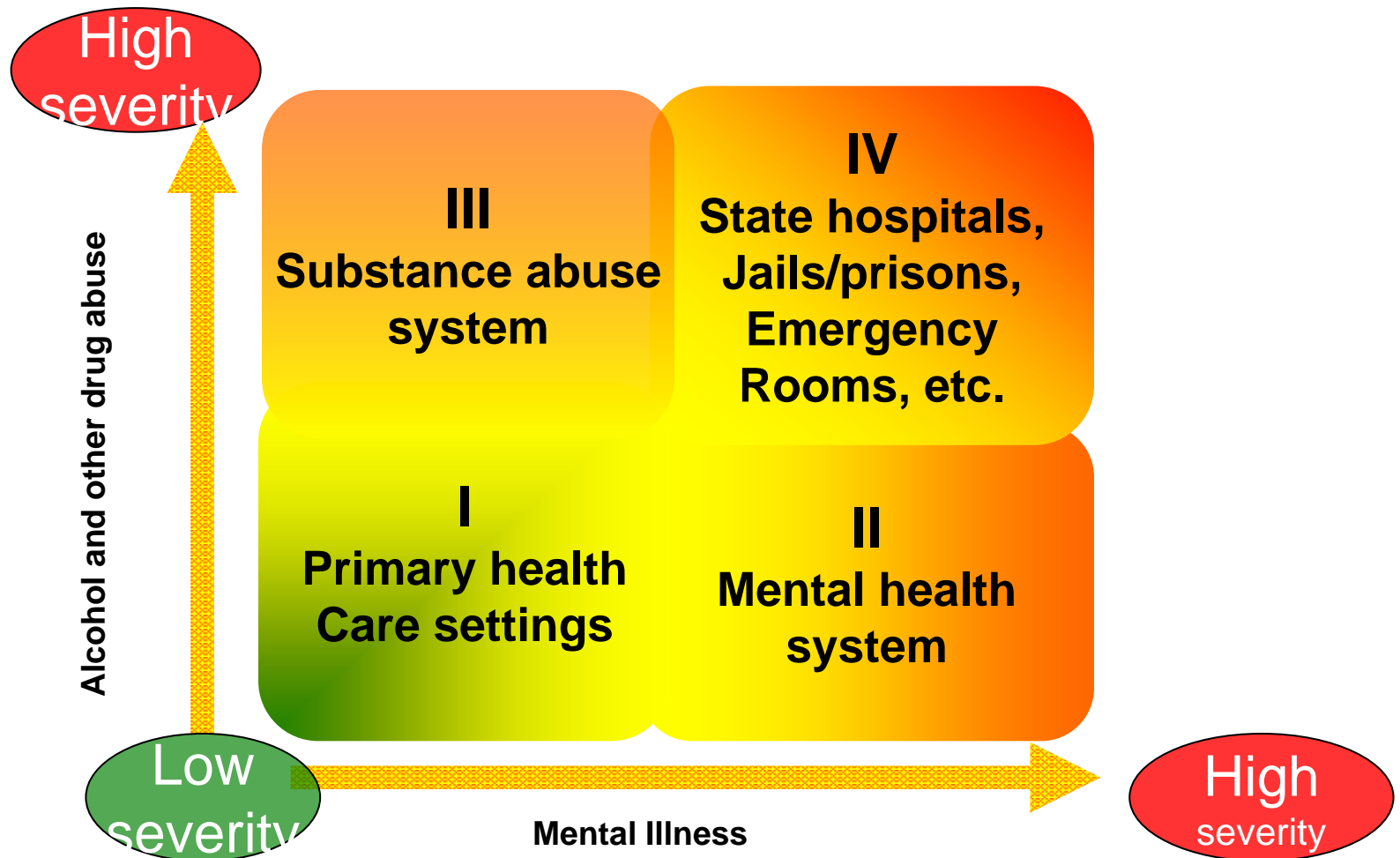
Source: Andrews (2006)

Risk-Need-Responsivity (Andrews, Bonta, Hoge 1990)

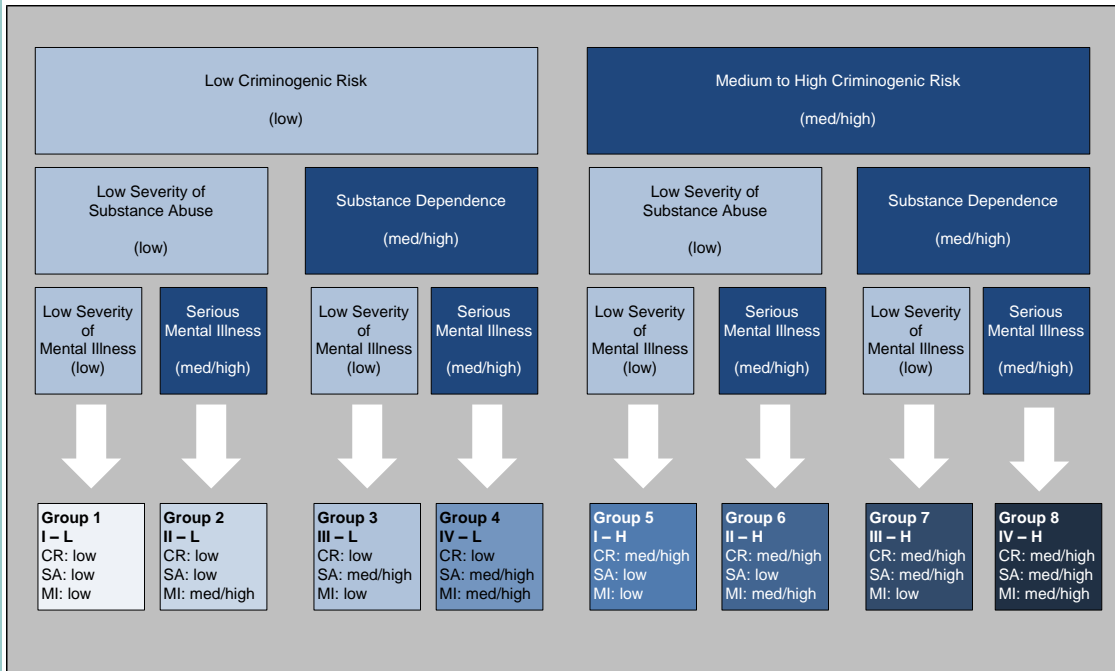
- RISK- Target resources where approaches will have the biggest impact, such as medium and High RISK
- Identify and Target criminogenic NEEDS
- Recognize that the approaches may need to vary based on the individual's RESPONSIVITY
 - Motivation, cognitive capacity, cultural factors, mental health factors, trauma issues, etc.

Framework for Addressing Population with Co-occurring Disorders

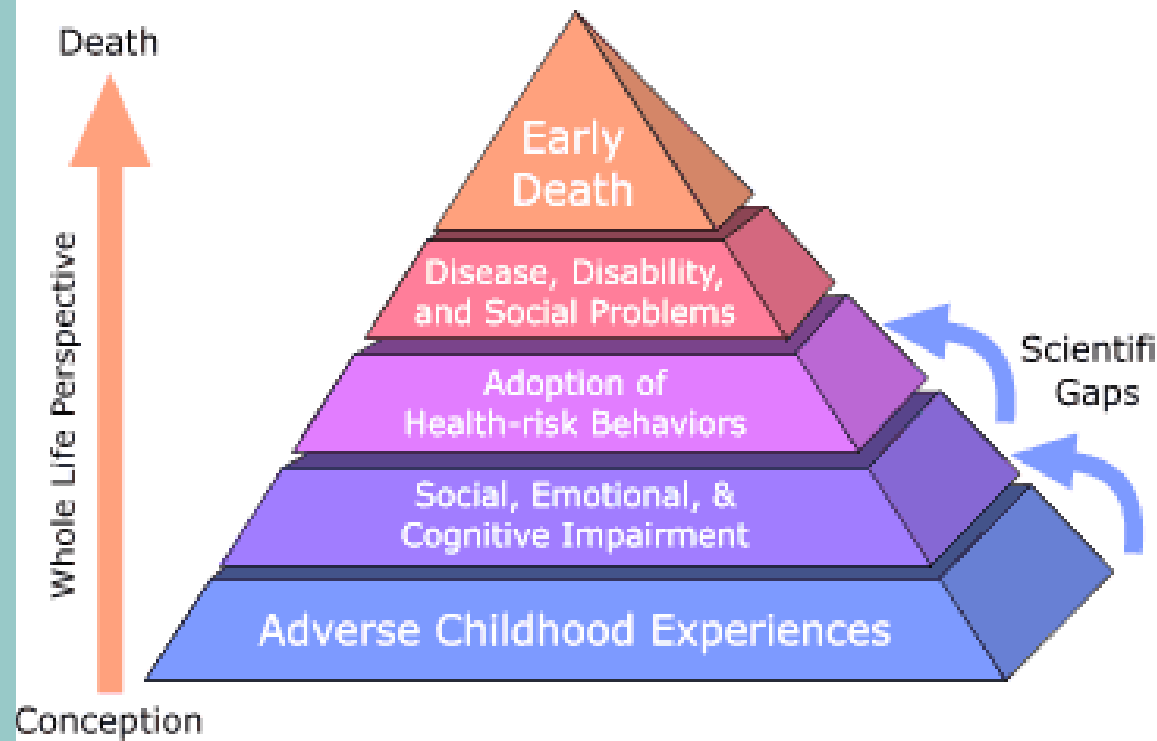
(NASMHPD-NASADAD, 2002)



Behavioral Health and Criminal Justice Framework



ACE Study Conceptual Framework: Incorporating Trauma-Informed Practices

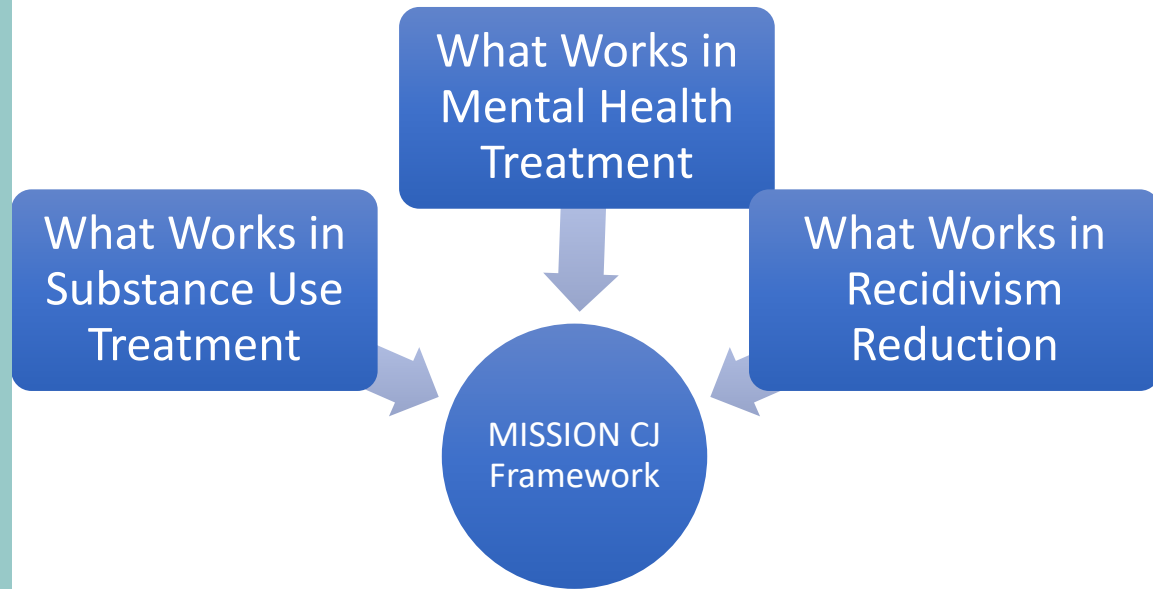


<http://www.cdc.gov/ace/pyramid.htm>

Care delivery in institutional settings

- Unit location
- Programming availability
- Motivation to participate
- Staff attitudes
- Resources for services
- Mileu management
- Continuity across prisons and other settings

Creating Cross-System Collaboration



Treatment and Criminal Justice Supervision: Similarities

- Treatment

- Regular appointments
- Toxicology screens
- Medication adherence emphasized
- Support
- Linkages
- Engagement strategies

- Supervision

- Regular appointments
- Toxicology screens
- Medication adherence emphasized
- Support
- Linkages
- Engagement Strategies

Treatment and Criminal Justice Supervision: Differences

- Treatment

- Self-report relied upon in most cases
- Nuanced conversation regarding adherence
- Treatment type based on diagnostic need
- Premise of privacy
- Need releases for communication
- Agent of the client

- Supervision

- Self-report only one aspect of oversight
- Data requires evidence
- Direct conversations regarding mandates
- Supervision follows rules/protocols
- Information sharing more likely/no premise of privacy
- Agent of the court

Key Components
for Individual
Treatment:
Incorporating
Community
Principles into
Correctional
Settings

- Clinical Eligibility of the particular treatment services (MI, SUD, Both)
- Risk Information
- Institutional historical information
- Coordination of roles/responsibilities

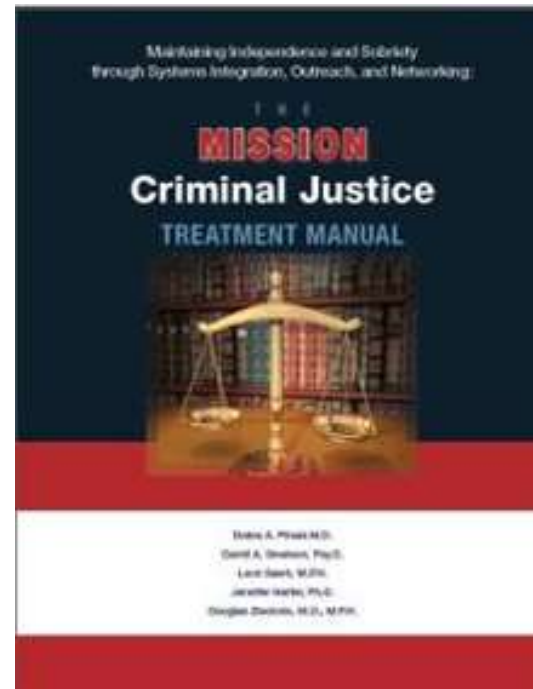
Examples of Risk Assessment Tools

- Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
- Level of Service instruments:
 - Level of Service/Case Management Inventory (LS/CMI)
 - Level of Service/Risk Need, Responsively (LS/RNR)
 - Level of Service Inventory (LSI)
 - Level of Service Inventory-Revised (LSI-R)
 - Level of Service Inventory-Revised: Screening Version (LSI-R:SV)
- Ohio Risk Assessment System, including:
 - Ohio Risk Assessment System-Pretrial Assessment Tool (ORAS-PAT)
 - Ohio Risk Assessment System-Community Supervision Tool (ORAS-CST)
 - Ohio Risk Assessment System-Community Supervision Screening Tool (ORAS- CSST)
 - Ohio Risk Assessment System-Prison Intake Tool (ORAS-PIT)
 - Ohio Risk Assessment System-Reentry Tool (ORAS-RT)
- Federal Post Conviction Risk Assessment (PCRA)

For a Review, See:

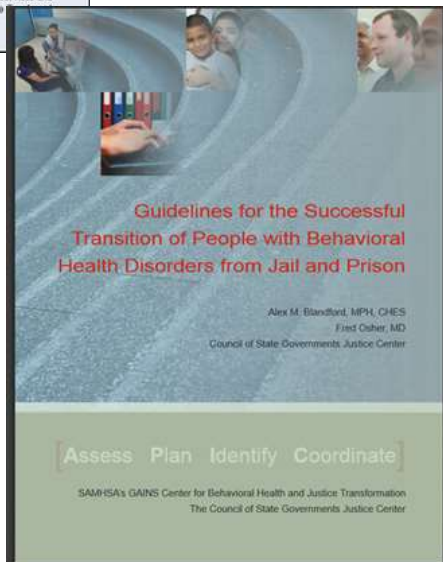
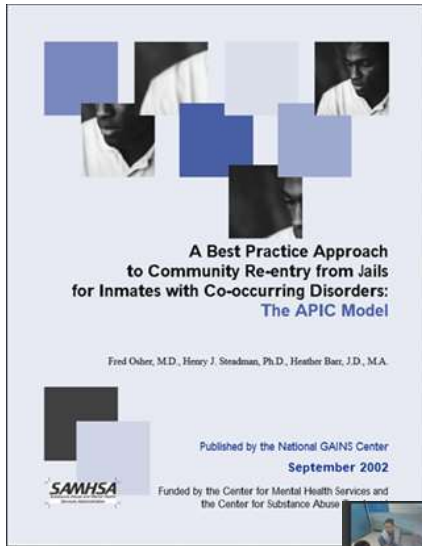
<https://csgjusticecenter.org/reentry/publications/risk-assessment-instruments-validated-and-implemented-in-correctional-settings-in-the-united-states/>

Examples of Collaborative Framework



- Emphasis on CJ involved populations with co-occurring mental illness and substance use disorders
- Incorporates Risk Needs Responsivity (RNR) Framework
- Increased focus on readjustment to community

See Missionmodel.org



10 Guidelines following the APIC framework including:

Assess

- Screening for behavioral health needs and risk
- Assessments after positive screenings

Plan

- Individualized treatment planning with appropriate treatment levels and dosing to match risk in collaborative programs
- Collaborative responses between behavioral health and justice systems

Identify

- Anticipate critical periods especially time surrounding release
- Policies and practices that enhance continuity of care

Coordinate

- Support “firm but fair” adherence to treatment and supervision conditions
- Develop Information sharing mechanisms
- Support cross training
- Support data analysis

Case Example 1

COMPAS REPORT

Client: Ms. ToBeReleased

Age: 29

Non-Violent, Drug Related Felony Convictions

Depression, Anxiety, Substance Use Needs



ASSESSMENT RISK PROBABILITY & SUMMARY

Assessment Risk Probability & Summary

Violence: N/A	COMPAS Recommended Supervision: High
Recidivism: N/A	Screener:
MDOC VFO Risk (Conviction): High	MDOC Non-VFO Risk (Conviction): High
Pretrial Release Risk: N/A	Marital Status: N/A
Custody Status: N/A	Legal Status: N/A
Defensiveness Scale: No Potential Faking Concern	Random Response: No Inconsistent Response Concern

Supervision Recommendation

Screener's Recommended Supervision: N/A	Override Reason: N/A
Actual Recommended Supervision: N/A	Override Reason: N/A

Client Strengths

Residential Stability
Positive Associates and Peers
High School Graduate or GED

Client Interests

CURRENT CHARGE AND CRIMINAL HISTORY SUMMARY

COMPAS REPORT (cont' d)

Client: Ms. ToBeReleased

Current Offense Summary

Offense category(s): Other

Do any current offenses involve family violence? No

Which offense category represents the most serious current offense? Non-violent Felony

Was this person on probation or parole at the time of the current offense? Neither

Based on the screener's observations, is this person a suspected or admitted gang member? No

Current History Summary

How many times has this person been returned to custody while on parole? 0

How many prior drug possession/use offense convictions as an adult? 2

What was the age of this person when he/she was first convicted or adjudicated as an adult or juvenile (criminal arrests only)? 16

Institutional History

How many times has this person been sentenced to probation as an adult? 5+

How many times has this person violated his or her parole? 0

How many times has this person's probation been violated or revoked? 2

Criminogenic Needs Summary

Client: Ms. ToBeReleased

Item	Needs Score and Narrative
Criminal Associates/Peers	Unlikely
Criminal Opportunity	Probable (“fairly high-risk lifestyle”)-few prosocial ties, and few constructive activities
Leisure and Recreation	Highly Probable (not likely to engage in prosocial activities, boredom, restlessness)
Social Isolation	Unlikely (supportive social network)
Substance Abuse	Highly Probable
Criminal Personality	Probable (<i>impulsivity</i> , risk-taking, anger, boredom/restlessness, may resist treatment)
Criminal Thinking Self-Report	Unlikely
Cognitive Behavioral	Unlikely (absence of blame to others or minimizing seriousness of offense <i>unlikely to make impulsive decisions</i>)

Criminogenic Needs Summary (cont'd)

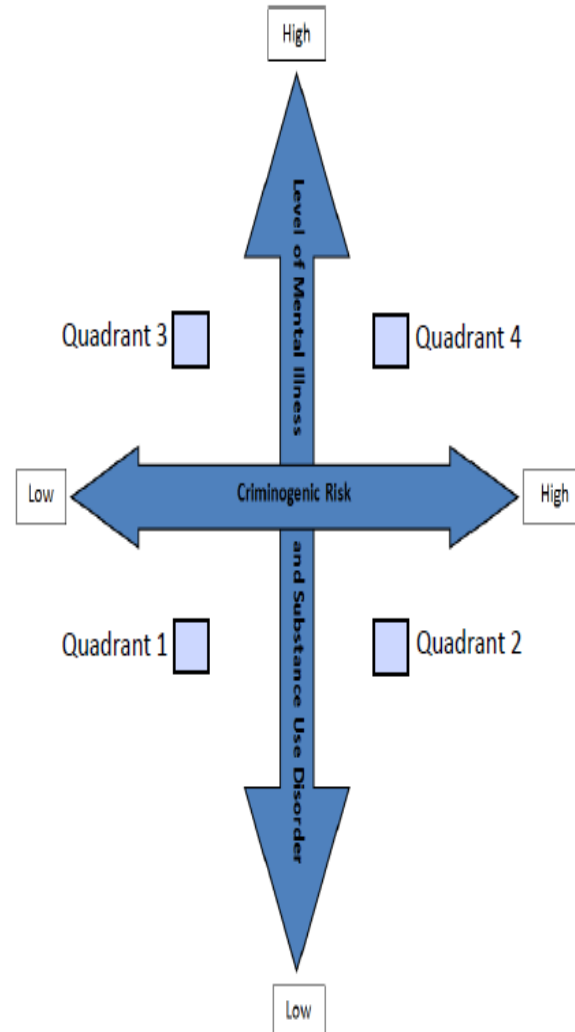
Client: Ms. ToBeReleased

Item	Score and Narrative
Family Criminality	Unlikely
Vocational/Education	Highly Probable (lack of educational/vocational resources)
Residential Instability	Unlikely
Social Adjustment Problems	Probable (history of some problematic relationships and history of being suspended or expelled and fired)
Social Environment	Probable (environment characterized by high crime rates, drugs, gangs)
Experience(s) of abuse as a childhood	Low
Experience of Abuses as an Adult	Low
Self-Efficacy	Medium (moderate sense of self-confidence)
Relationship Dysfunction	Low (tends toward healthy relationships)

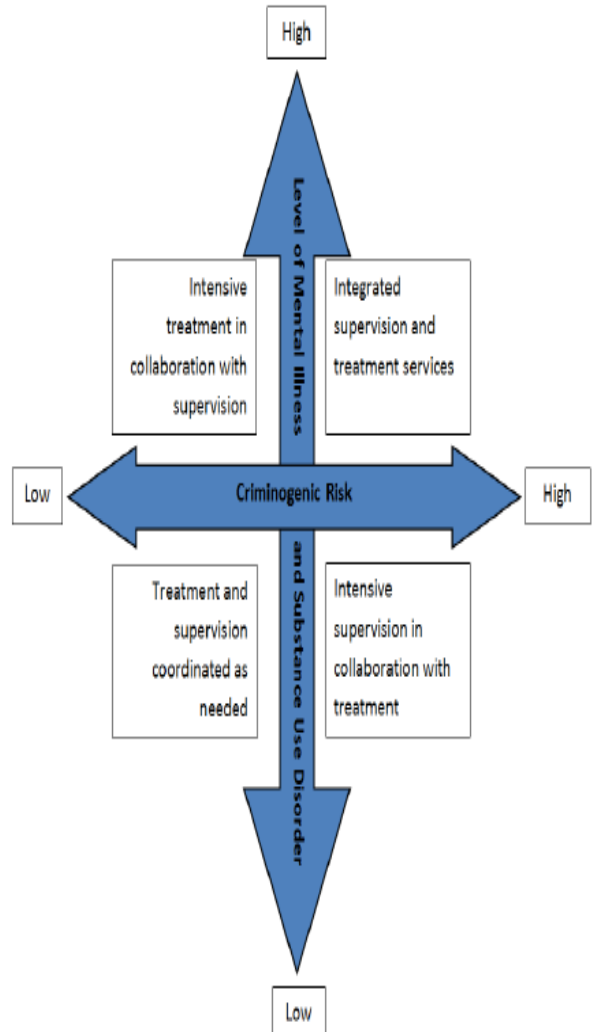
Let's Explore:
Which
Quadrant is
right for Ms.
ToBeReleased?

Criminogenic Need and Functional Impairment Linkage Grid:

Client Data (Carefully Examine Risk and Need to Identify the Appropriate Ratio of Behavioral Health and Criminal Justice Resource Utilization, Then Place Check in Appropriate Quadrant in Linkage Grid to Correspond to Client Needs)



Reference Grid (Identifying Strategies to Work with Target Population of Persons with Mental Illness by Criminogenic Need and Functional Impairment)

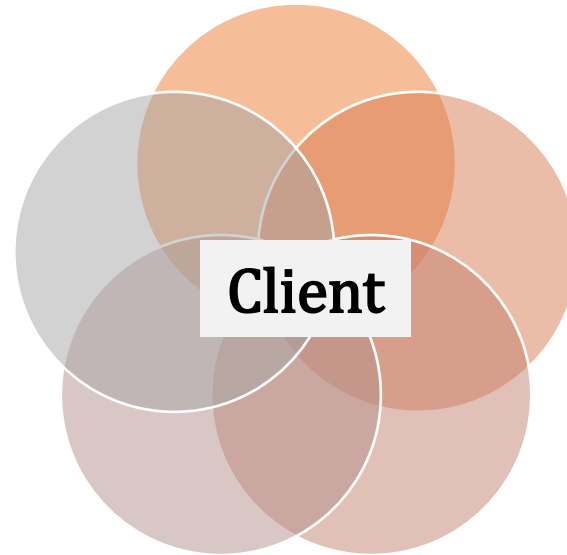


Critical Issues:
Using the
Quadrants to
Help Determine
Coordination

**Mental
Health
Services**

**SUD
Providers**

**DOC
Institution
Placement**

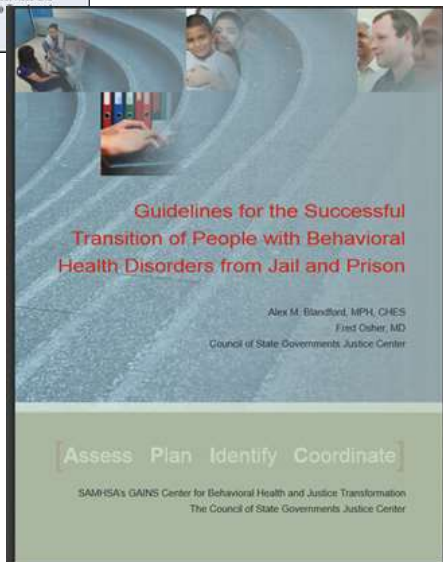
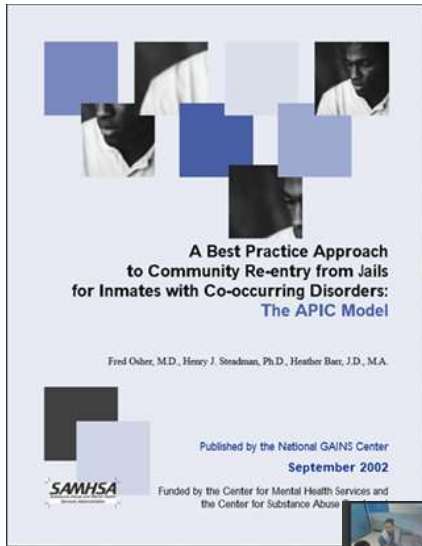


**DOC
Parole**

**Medical
Provider**

Maximize Engagement

- Therapeutic approaches
 - Medications
 - Therapies
- Getting history, including from family
- Motivational Interviewing
- Peer supports
- Quality improvement strategies
- Out of cell visits



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Maximize Engagement

- Understanding and enhancing community approaches to inform correctional system practices takes continuous network development and problem solving feedback loops

