Technical Information

SAMHSA
Substance Abuse and Mental Health Services Administration

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LIVE

This webinar is now live.

It is being recorded.

Please remain muted.

Welcome

Central East ATTC and PTTC Webinar

Behavioral Health Services for Criminal Justice-Involved Populations Part 1: Understanding the Unique Needs of Diverse Populations

THE DANYA INSTITUTE

The Central East ATTC, MHTTC, and PTTC are housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Central East (HHS Region 3) ATTC

Central East (HHS Region 3) PTTC

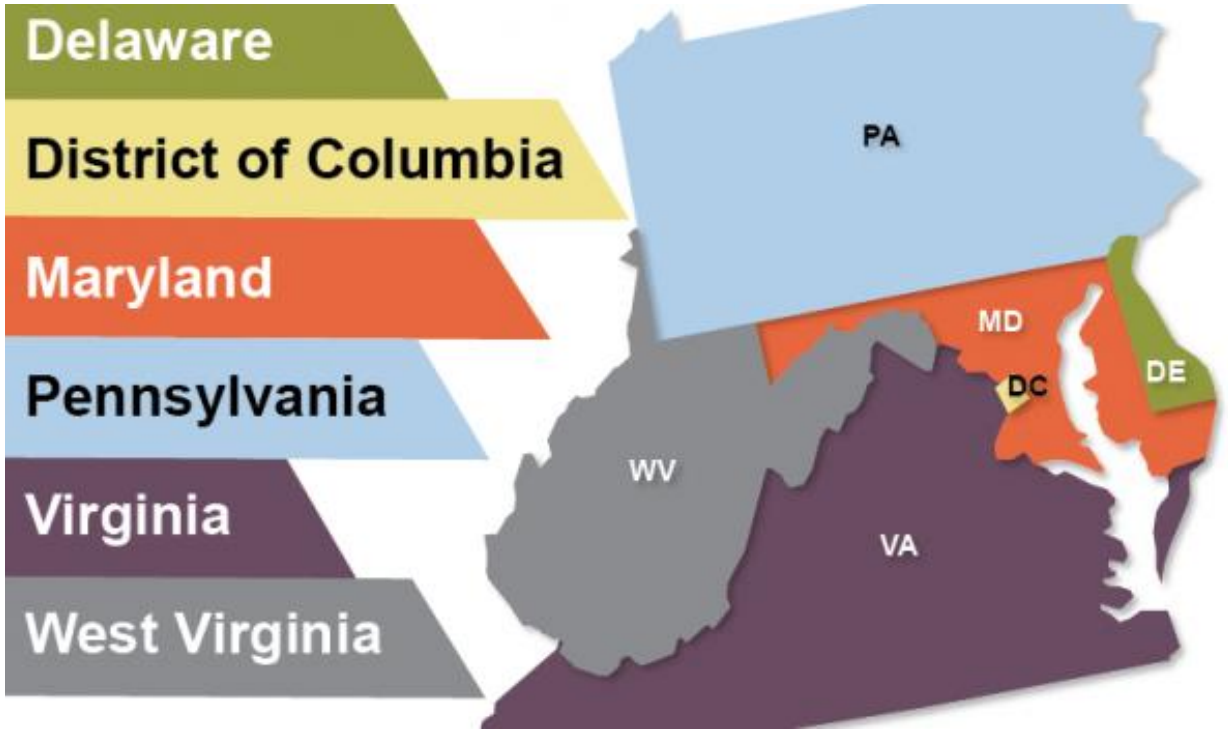
DBH DEPARTMENT OF BEHAVIORAL HEALTH

Each TTC Network includes 13 centers.

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

Central East Region

HHS REGION 3



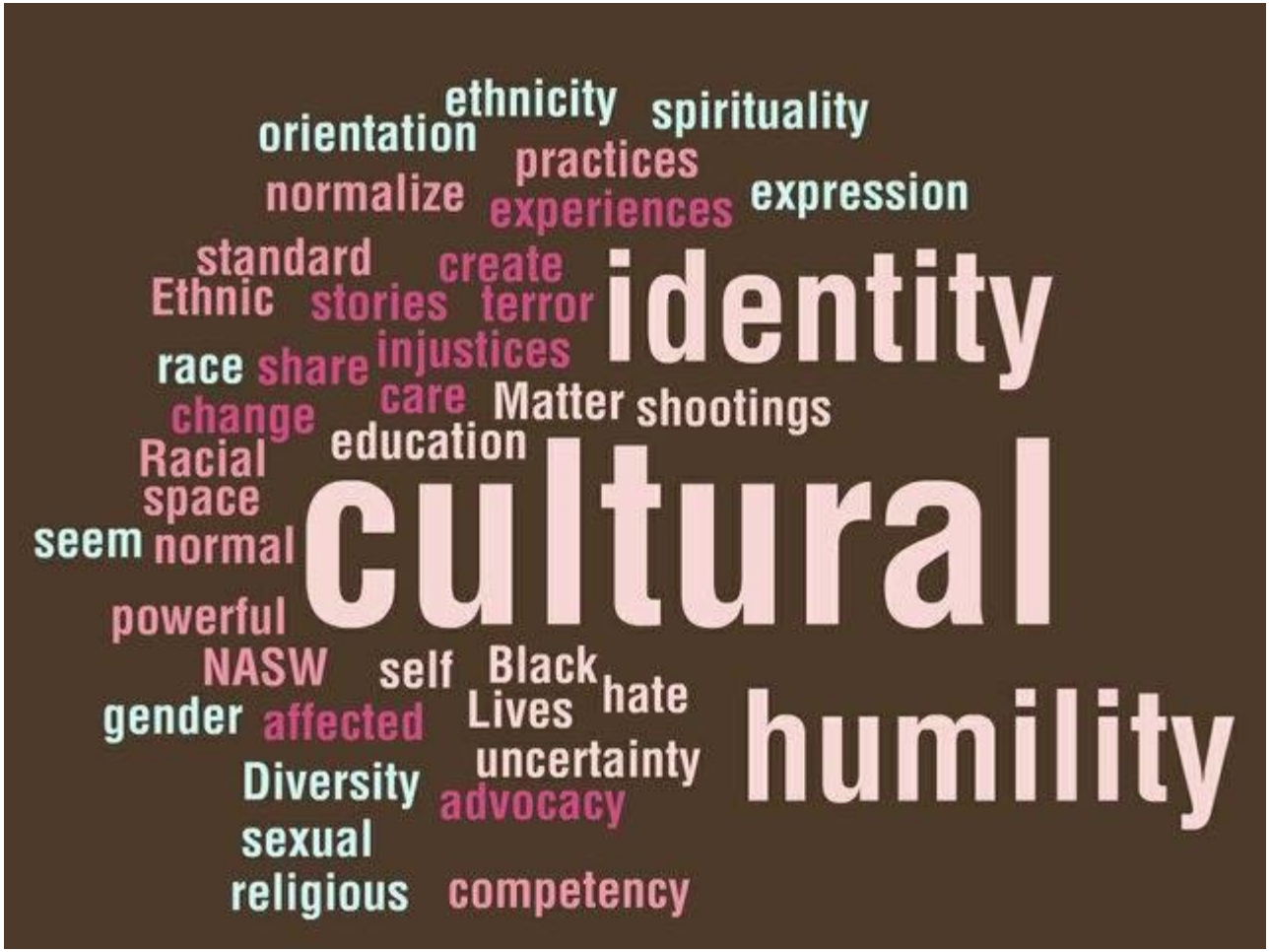
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.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powerful
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self
Black
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Lives
hate
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Diversity
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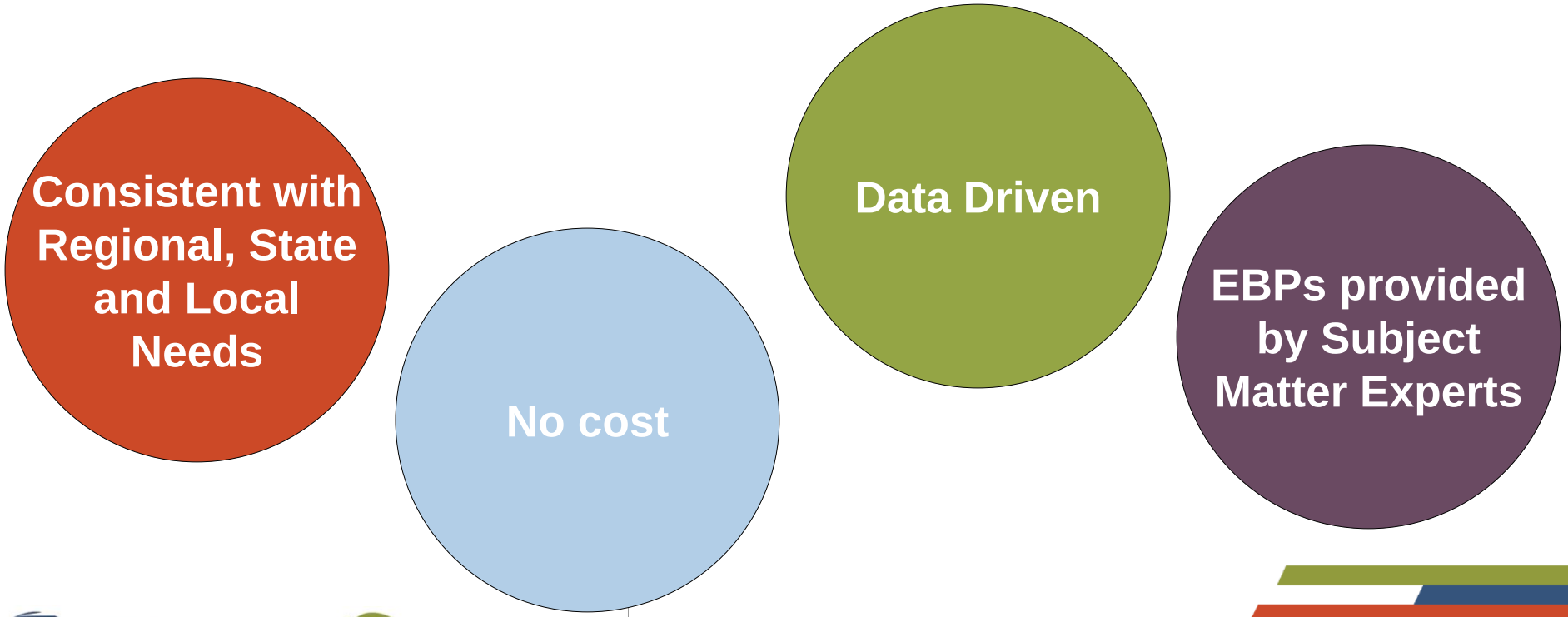
Eligibility

Behavioral health and health care providers, consumers, families, state and local public health systems and other stakeholders



Central East (HHS Region 3) ATTC

Central East (HHS Region 3) PTTC

Behavioral Health Services for Criminal Justice-Involved Populations Part 1: Understanding the Unique Needs of Diverse Populations

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March 7, 2023

The Danya Institute

SAMHSA
Substance Abuse and Mental Health Services Administration

Presenters

Josh Esrick

Speaker

Lauren Pappacena

Speaker

Learning Objectives

- Explain the need for behavioral health services among criminal justice-involved populations
- Define the risk-need responsivity model, describe its use in determining treatment needs, and recognize how it can be adapted to assessing prevention needs
- Identify the intercept points where individuals encounter the justice system and can receive services
- Describe the unique risks associated with justice system involvement

The Need for Services

Why Serve the CJ-Involved Population?

- Many behavioral health professionals may lack experience serving the CJ-involved population
- However, the CJ-involved population includes many diverse groups at varying risk for:
  - Substance Use
  - Overdose
  - Suicide
- Would benefit from prevention services
- Many of these groups also have high rates of behavioral health disorders that would benefit from treatment

Lack of Access to Services

- 2019 survey of state prisons found that (Scott et al):
  - 53% did not screen for substance use
  - 57% did not provide withdrawal management
  - 61% did not provide MOUD treatment
  - 73% did not provide overdose reversal education at community re-entry
- 2% of federal prisoners eligible for MOUD receive it (Schwartzapfel)
- ~17% of police agencies report having crisis intervention training for officers (Rogers et al)

Lack of Access to Services, 2

- 40% of community-based service programs for CJ-involved populations do not use EBPs (Reichert & Gleicher)
- 64% of state probation agencies report barriers to clients accessing MOUD (Reichert & Gleicher)
- Data on access to prevention is less comprehensive, but qualitative results suggest many barriers and a lack of access

Barriers to Services

- Lack of funds among CJ agencies for services
- Lack of CJ agency knowledge of BH service providers
- Lack of BH service providers
- Lack of CJ agency knowledge of the effectiveness of BH services
- Safety/justice priorities weighted heavier than health priorities
- Logistical difficulties providing services

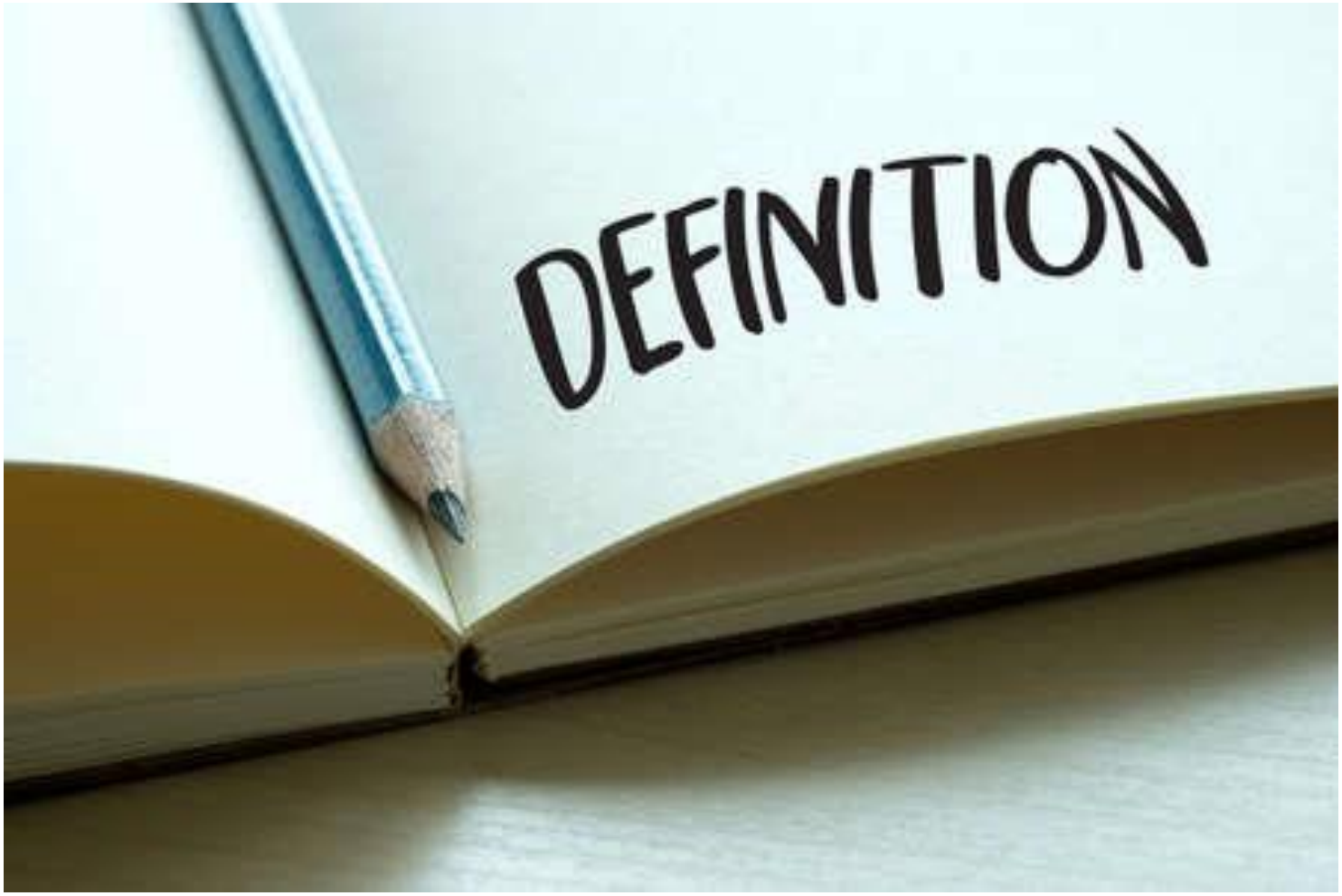
Who are the CJ-Involved Population?

- Individuals involved within any stage/intercept of the criminal justice system; including people still within the community
- Substance use is extremely high within the CJ-involved population
  - 85% of incarcerated individuals have an active SUD or were incarcerated for a drug-involved crime (NIDA)

Who are the CJ-Involved Population?

- Incarcerated individuals in 2021 (BJS):
  - 1.2 million total people (1.05 million in state systems, 150,000 in federal system)
  - 93% male, 7% female
- Incarceration rate per 100,000 people:
  - 901 African Americans, 763 AI/ANs, 434 Hispanics, 181 Whites, 72 Asian Americans
- Complete data of other CJ intercepts is not available

Further Defining the CJ Population



Further Defining the CJ Population

- Many sub-populations, which we can define and organize through:
  - Risk/need responsivity theory and quadrant approach
  - Sequential intercept model
- Let's us understand which groups may benefit from which services!

Risk/Need Responsivity (RNR)

- RNR triages individuals to treatment programming based on:
  - **Criminogenic risk**: Risk for recidivism or service failure (prognostic risk) AND
  - **Criminogenic need**: Disorders/conditions that can be responsible for criminal behavior

Risk/Need Responsivity (RNR)

- What it is NOT….
  - Criminogenic risk is NOT risk of violence of dangerousness
  - Criminogenic need is NOT risk factors for violence or dangerousness or risk factors that are unchangeable or historical in nature

Why Does (RNR) Matter?

- Research supports that the best outcomes are achieved when:
  - Intensity of treatment services is matched to risk of recidivism or service failure (criminogenic risk)
  - Treatment services focus on disorders/conditions that are responsible for an individual's criminal behavior (criminogenic needs)

Why Does RNR Matter?

- Negative outcomes may result from misaligning individuals to inappropriate services, such as:
  - Misallocated resources
  - Negative peer influences
  - Over-treating
  - Under-treating

Quadrant Model

- Based on RNR
- Integrates substance use and criminal behaviors to identify treatment responses
  - But can also be applied to prevention

Quadrant Model

- High risk and high need
  - Have serious risk factors for recidivism or service failure, have severe SUD/MHD, and other pressing social service needs
- High risk and low need
  - Have serious risk factors for recidivism or service failure, do not have severe SUD/MHD, may have other pressing social service needs

Quadrant Model

- Low risk and high need
  - Do not have serious risk factors for recidivism or service failure, but have severe SUD/MHD and other pressing social service needs
- Low risk and low need
  - Do not have serious risk factors for recidivism or service failure and do NOT have severe SUD/MHD or other pressing social service needs

What About Prevention?

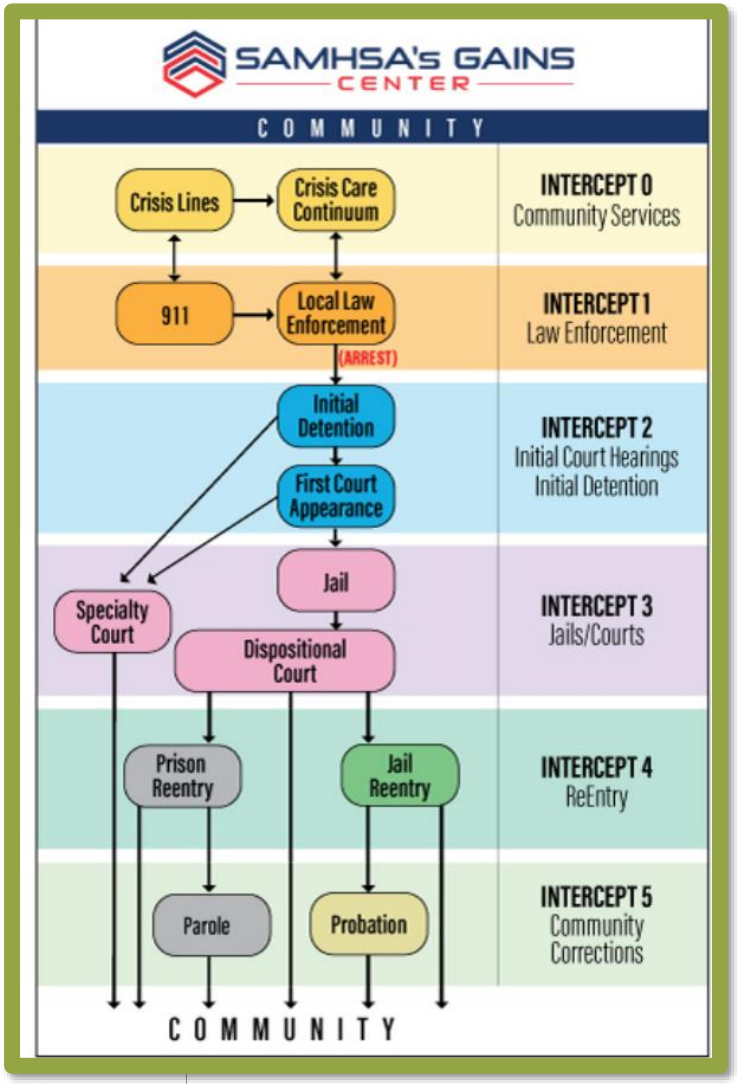
- We can adapt the quadrant model for…
  - **Universal Prevention**: Providing less intensive prevention services to the large low risk/low need population
  - **Selective Prevention**: Serving at-risk (for use) groups among the higher risk/higher need populations
  - **Indicated Prevention**: Preventing heavy or chronic use from developing

Sequential Intercept Model

- Outlines “intercepts” where individuals may encounter the justice system
- Can be used as a community strategic planning tool to understand how individuals navigate through the justice system
- Can be used to assess available resources and gaps in services

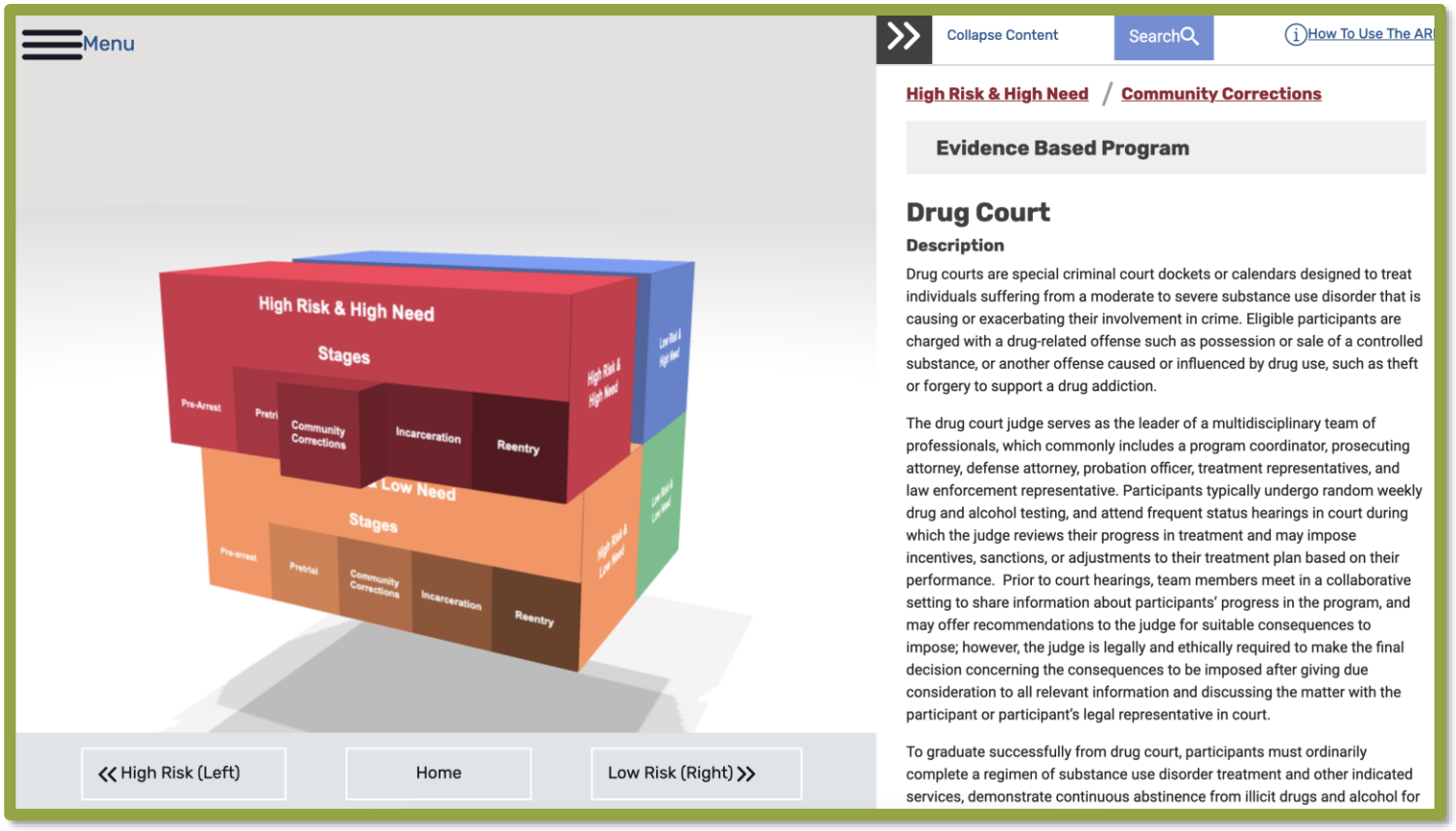
Sequential Intercept Model

Sequential Intercept Model



Combining Models: The ARK

https://ark.nadcp.org/



Program Examples by Intercept

- Pre-Arrest
  - Community oriented policing
  - Crisis intervention teams
- Pretrial
  - Pre-arraignment screening units
  - Pre-trial diversion programs
- Community Corrections
  - Juvenile/adult drug courts
  - Administrative probation

Program Examples by Intercept

- Incarceration
  - Peer programs for self-harm and suicide prevention
  - MAT/MOUD programming
  - Prison based CBT programming
- Reentry
  - Overdose education and naloxone access
  - Recovery management checkups

Behavioral health professionals should consider…

- The different intervention settings and individual obligations within intercepts
- Which CJ organizations and staff could collaborate within intercepts
- Staff willingness/ability to serve CJ involved populations
- How interventions/strategies can address increased risks associated with certain intercepts
- Availability & organizational capacity to implement EBPs

Application to the SPF

- RNR principles and the Quadrant Model can be applied throughout SPF, but particularly:
- Step 3 through assessing…
  - *Importance:* Risk factors and exploring how they may contribute to priority problems in the community
  - *Changeability*: Available resources to address the risk/need combination and if a program/practice exists to address that combination

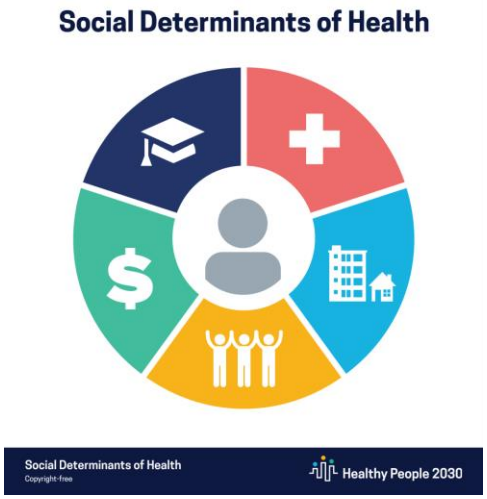
Application to the SPF

- Step 4 through assessing…
  - *Fidelity*: Degree to which a non-justice specific program/practice can be delivered as intended for a CJ population
  - *Adaptation*: How much and in what ways a program/practice can be adapted for working with a CJ population or within a given intercept

The Unique Risks of CJ-Involvement

What Influences Risk of Use?

- Many social determinants of health can influence behavioral health outcomes
  - As well as risk of justice-involvement in the first place
- Any of the wide range of risk and protective factors that prevention professionals are familiar with from other work



Impacts of Risks

- CJ-involvement adversely effects social, economic, mental, and physical well-being, including (Esponsito et al):
  - Employment
  - Housing
  - Social standing
  - Marital and parental roles
  - Chronic stress
  - Substance use and its consequences

Risk of Overdose

- CJ-involved population is at substantial risk for an overdose after re-entry
  - 12.7x at greater risk than the general population in the first 2 weeks (Waddell et al)
- Overdose risk is also elevated among individuals under community supervision (Binswanger et al)
- Overdose during incarceration is relatively rare; but increased by ~400% from 2014 to 2019 in state prisons (BJS)

Overdose Risk Factors During Re-entry (Grella et al)

- Relapse due to lack of social supports, medical comorbidities, or inadequate economic support
- Pervasive exposure to substances in new living environments
- Intentionality related to stressors
- Unintentionality related to decreased tolerance
- Lack of access to protective factors
- Lack of access to or education on naloxone

Suicide Risk

- Adults at the pretrial intercept are at a substantially increased risk of suicide (Bryson et al)
  - Over one third of deaths in jails are due to suicide (BJS)
  - Evidence suggests being arrested is a unique stressor
- Suicide rate during incarceration has significantly increased since 2013 (BJS)
  - Almost double the national rate in 2019
  - May be a correlation between longer sentences and increased risk
- Other CJ intercepts not associated with increased risk (Bryson et al)

Conclusion

- CJ-involved individuals form a variety of diverse populations
- Important to understand the divergent needs of these various populations to better target services
- Services are necessary due to the high and unique risks these populations face
- We'll talk more about what services can be provided in Part 2 of this series

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