Bridging the Gaps: Agencies Working Together to Provide Re-Entry Planning for Women with Co-Occurring Disorders.

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Bridging the Gaps

• Introduction
  Shelley Curran
  Magellan Health Services

• Behind the Fence: Arizona Department of Corrections
  Karen Hellman
  Arizona Department of Corrections

• Community Supervision / Parole
  Paul O’Connell
  Arizona Department of Corrections

• Community Supervision/Probation
  Sherry Johnston
  Maricopa County Adult Probation Department

• Gender Responsive Community Treatment
  Thelma Ross, National Council on Alcoholism and Drug Dependence
  Kimberly Craig, Community Bridges
Why Focus on Women?

- More than 1,000,000 women are involved in the criminal justice system (1 out of every 109 adult women) and now account for 7% of state and federal prison populations.
- The number of women in prison has increased at nearly double the rate of men since 1985 (404% versus 209%).

  - The Sentencing Project (May 2007); NCCD (July 2007)
Why Focus on Women with Co-Occurring Disorders?

- Women are convicted primarily of property and drug offenses. - Greenfeld & Snell, 1999
- Changes in state and national drug policies that mandate prison terms for even relatively low-level drug offences has lead to an increase in the women’s prison population.
- Between 1986 and 1999, the number of women incarcerated in state facilities for drug related offenses alone increased by 888% (compared to an increase of 129% for non-drug offenses).

Lapidis et al., 2004
Why Focus on Women with Co-Occurring Disorders?

- Women in the justice system are more likely to suffer from co-occurring substance abuse and mental health disorders than men. - Bloom, Owen, & Covington, 2003

- 73% of women prisoners in state prisons exhibited mental health problems as compared to 55% of male prisoners.

- Women prisoners are twice as likely as male prisoners to take prescription medications for mental health problems and receive therapy for their illness. - James & Glaze, 2006
What Does the Term Gender-Responsive Mean?

“Understanding and taking into account the differences in characteristics and life experiences that men and women bring to institution corrections and community supervision AND adjusting correctional strategies and practices in ways that appropriately respond to those conditions.”

Bloom, Covington and Owen, 2003
What works best for women coming out of prison?

- Use of evidence-based AND gender-responsive research to inform the development of tools and interventions
- Target women’s risk factors
- Recognize the low risk women generally present to society.
- Create environments that are safe, supportive, respectful and dignified
- Avoid re-traumatization and assure that interventions are trauma-informed

Bloom, Owen, & Covington 2003
What works best for women coming out of prison?

- Cross train staff regarding women’s needs, trauma-informed approaches, relationships, assessing risk, mental health
- Acknowledge how relationships affect women’s lives:
  - Motivations
  - Children
  - Dysfunctional relationships
- Build partnerships with a wide range of community organizations to establish multi-dimensional, wrap-around services. Bloom, Owen, & Covington 2003
Transition of women from prison back into the community is not solely the responsibility of corrections.

Agencies responsible for public health, social services, education, workforce development, and housing all play a vital role. - Engle 2008

How can women access these supports prior to release and immediately upon re-entry?
Behind the Fence

Karen Hellman
Counseling and Treatment Services Administrator
Arizona Department of Corrections
Life Beyond Prison

96% of all inmates will be released
What happens then?

- Continuity of Care
- Services in the community
- Community Supervision
What happens while inside prison?
At Intake, inmates are screened/assessed for a variety of needs:

- Medical - physical exam
- Dental - physical exam
- Mental Health - structured interview
- Educational - TABE
- Addiction Treatment - TCUDS-II and AZSAHI
- Cognitive Restructuring - Criminal Thinking Scales
Mental Health Scores

Mental Health Care (MH) Needs Score

MH-5  Acute Need  Offender requires placement in the ADC licensed behavioral health treatment facility (e.g., Baker and Flamenco Wards of the Alhambra Behavioral Health Treatment Facility) to receive intensive psychological and psychiatric services. Offender has a recognized need for psychiatric monitoring. Offender has a recognized acute need for mental health treatment and supervision.

MH-4  High Need  Offender requires specialized placement in a mental health program (e.g., Men's Treatment Unit (MTU), Women's Treatment Unit (WTU), or Step-Down unit) which provides a highly structured setting and/or has intensive psychological and psychiatric staffing and services. Offender has a recognized need for psychiatric monitoring. Offender has a recognized need for intensive mental health treatment and/or supervision.
Mental Health Care (MH) Needs Score

**MH-3S Moderate to High Need**  
Offender requires placement in a prison complex (e.g. Perryville, Phoenix, Florence, Eyman, Lewis or Tucson) that has regular, full-time psychological and psychiatric staffing and services. Offender has a recognized need, or, there exists current need for MH treatment and/or supervision.

**MH-3R Moderate Need**  
Offender requires placement in a prison complex (e.g. Perryville, Phoenix, Florence, Eyman, Lewis or Tucson) that has regular, full-time psychological and psychiatric staffing and services. Offender has a recognized need, or, there exists a routine level of need for MH treatment and/or supervision.
Mental Health Scores

Mental Health Care (MH) Needs Score

MH-2  Low Need  Offender does not require placement in an institution that has regular psychological and psychiatric staffing and services on site. Offender has a history of mental health problems or treatment, but has no current recognized need for psychotropic medication, psychiatric monitoring, or psychological counseling or therapy.

MH-1  No Need  Offender does not require placement in an institution that has regular psychological and psychiatric staffing and services on site. Offender has no known history of mental health problems or treatment. Offender has no recognized need for psychotropic medication, psychiatric monitoring or psychological counseling or therapy.
Substance Abuse Scores

- Higher of the two assessment scores becomes the SA referral score

- 0 = No SA needs

- 1 = SA education needed

- 2 = Moderate SA treatment needed

- 3 = Intensive SA treatment needed
Inmates have the opportunity to engage in a number of programs designed to help them become pro-social citizens:

- Adult Basic Education (8th grade equivalency)
- GED
- Career and Technical Education
- College Classes
- Addiction Treatment
Programming Opportunities cont.

- Sex Offender Treatment
- Cognitive Restructuring
- Religious Programming
- Re-entry Class
- Self-Improvement Programs
- Treatment by licensed mental health professionals
- Employment in a variety of jobs
Re-entry Specific

- Sixteen session pre-release course that addresses a variety of topics including; interviewing skills, learning styles, choosing an appropriate release placement and resiliency skills.
- Web based Discharge Plan that identifies met and unmet release needs such as social security card, birth certificate, etc.
- Medical and Mental Health Release Planners
  - 30 day supply of medication
  - Enrollment in AHCCCS
Re-entry Specific

- Re-entry Resource Center
- COIIIIs
- Inmate Library
- Replacement Social Security Cards
- Reinstatement of SSDI benefits before release
- State Identification Cards or Driver’s Licenses *
- Birth Certificates *
- Property from MCSO
Grant Specific

- Grants serves women releasing from ADC to Maricopa County Probation
- Women must have co-occurring disorder
  - MH score of 3 or above
  - SA score of 2 or above

Automated list generated that identifies women with these criteria
MCAPD meets with inmate pre-release
CPR assesses inmate pre-release
Community Corrections/Parole

Paul O’Connell
Operations Director
Community Corrections Division
Arizona Department of Corrections
Community Correction’s Focus…..

- **Offender Accountability - Public Safety**
  - Community Corrections facilitates the swift return to custody of those offenders who violate conditions of supervision and who represent serious threat to the safety;

- **Evidence Based Practices**
  - Community Corrections ensures the accurate release, effective re-entry transition and supervision of offenders released to the community utilizing a continuum of supervision services, strategies that are evidenced based;

- **Building Community Partnerships**
  - Community Corrections utilizes existing community resources and coordinates those resources to provide community based treatment and programs for offenders returning to the community.
Arizona Department of Corrections
Community Corrections

- Has an inmate population of 40,000 inmates
- Releases approximately 13,000 offenders to community supervision each year
- Of those release, 65% are released to Maricopa County
- Of those returning to the community, 22% have diagnosed mental health or substance disorders
- Community Corrections supervises approximately 6500 offenders statewide
Grant Purpose......

- Improve prison and community corrections protocols that improve the:
  - Screening of Inmates
  - Supervising Offenders using EBP
  - Referring Offenders for appropriate treatment

- Target Population
  - Offenders diagnosed with mental illness OR co-occurring substance abuse disorders
  - 250 Inmates of which 75 are female

- Duration of the program would be for two years
Community Corrections.....

- Create 3 “specialized” caseloads for case management in Maricopa County
- Provide “specialized” training by experts in the field for all community corrections officers
  - State conferences
  - Regional trainings
  - Unit trainings
- Conduct case management utilizing Evidence Based Practices
- Work closely with treatment providers in a team environment
Goal of the Program....

Ensure a unified approach for treating and supervising mentally ill offenders returning to the community who have been diagnosed with co-occurring substance abuse disorders.
Community Supervision/Probation

SHERRY JOHNSTON, REENTRY PROBATION SUPERVISOR AND GRANT MANAGER
MARICOPA COUNTY ADULT PROBATION
Objectives

- Learn about reentry in Maricopa County
- Identify criminogenic factors that impact the mental health population
- Understand risk assessments and how they relate to case plans
- Discover the importance of collaboration
Edward Byrne Recovery Act Grant

- Received Federal Grant in 2009 to form a reentry unit for 2 years
- 8,500 inmates in ADC with probation “tail”

Issues prior to the grant:
1. High initial absconder rate
2. High # of new felony arrests
3. High # of petitions to revoke
Reentry Model

- 4 officers go into the prisons for pre-release
- 7 officers supervise probationers in all of Maricopa County
  (address critical needs, assess, case plan & transition)
- 3 officers are specially trained in fugitive apprehension
Numbers thru March 2011

- **1,526** cases to the re-entry unit from parole/prison (102 per mo.)

- **15** new cases per month per officer

- **1:30** ratio caseload size
## Pre- vs. Post Grant Implementation

<table>
<thead>
<tr>
<th>Metric</th>
<th>Pre-Grant</th>
<th>Post-Grant</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial absconders</td>
<td>23%</td>
<td>1.8%</td>
<td>-92%</td>
</tr>
<tr>
<td>Petition to Revoke</td>
<td>10.1%</td>
<td>4.3%</td>
<td>-57%</td>
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<tr>
<td>New felony arrests</td>
<td>13.8%</td>
<td>11.7%</td>
<td>-15%</td>
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Overcoming Barriers

THE MENTAL HEALTH POPULATION AND REENTRY
People with serious mental illness are overrepresented in U.S. criminal justice system

Source: Teplin, 1990; Teplin, Abram, & McClelland, 1996

Steadman, Osher, et al. (2009): 14% men and 31% women
Most have co-occurring substance abuse disorders

% Without Co-Occurring Substance Use Disorders
28%

% With Co-Occurring Substance Use Disorders
72%

Source: The National GAINS Center, 2004
Most are supervised in the community...and often “fail”

Sources: Bureau of Justice Statistics (2007); Skeem, Emke-Francis, et al. (2006)
Justice & Mental Health Collaboration Grant

- Started January 2011

- Focus is on females with a substance abuse/general mental health co-occurring disorders

- The grant money is to fill the gap in services between when a female is released from prison and before AHCCCS starts.
No-Gap Design

ADC ID’s Female

APD Referral Magellan

Magellan Screens

Referral for Services
Community Bridges or NDCADD

Referral for Housing
Crossroads Transitional Living Program
Goals of the Grant

1. Reduce recidivism with this special population

2. Improve individual outcomes through cross-system collaboration to assist female offenders with co-occurring mental health and substance abuse disorders
Jan 2011 to June 2011

- 11 females/goal is 75 in 2 years
- 4 of the 11 females went to transitional housing upon release due to homelessness

Currently:
- 11 are in outpatient treatment
- 2 are transitional housing
- 100% are on medication
- 0% in violation
Principles of Effective Intervention

- Risk Principle – target higher risk offenders (WHO)
- Need Principle – target criminogenic risk/need factors (WHAT)
- Treatment Principle – use behavioral approaches (HOW)
### “Central eight” for criminal behavior

*(Andrews, 2006)*

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of criminal behavior</td>
<td>Build alternative behaviors</td>
</tr>
<tr>
<td>Antisocial personality pattern***</td>
<td>Problem solving skills, anger management</td>
</tr>
<tr>
<td>Antisocial cognition*</td>
<td>Develop less risky thinking</td>
</tr>
<tr>
<td>Antisocial peers</td>
<td>Reduce association with criminal others</td>
</tr>
<tr>
<td>Family and/or marital discord**</td>
<td>Reduce conflict, build positive relationships</td>
</tr>
<tr>
<td>Poor school and/or work performance*</td>
<td>Enhance performance, rewards</td>
</tr>
<tr>
<td>Few leisure or recreation activities</td>
<td>Enhance outside involvement</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Reduce use</td>
</tr>
</tbody>
</table>

***p < .001, **p < .01, *p < .05, PMI > Non-PMI, Skeem, Nicholson, & Kregg (2008)***
Targeting Criminogenic Need: Results from Meta-Analyses

Probation Assessments

- Incorporates questions specific to the top 8 criminogenic factors.
- The assessment contains 9 categories:
  - Family/Social Relationships
  - Residence/Neighborhood
  - Alcohol
  - Drug Abuse
  - Attitude
  - Criminal Behavior
  - Vocational
  - Mental Health
  - Education
Case Plan

- Case plans are developed in collaboration with the defendant.
- A new case plan is developed with each reassessment. Reassessments are conducted every 6 months.
- Specific treatment providers can be designated in the treatment plan.
- Treatment plans are based on assessment areas of needs, level of risk and focus on cognitive behavior approach to behavior change.
Case Plan

Client: Probationer, Joe Jr
SID: ZZ071487505

<table>
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<tr>
<th>Date</th>
<th>Case Plan</th>
<th>By</th>
<th>Assessment</th>
<th>Date</th>
<th>Type</th>
<th>Attempted Date</th>
<th>Effective Dates</th>
</tr>
</thead>
</table>

Risk Scores:

- Health 0%
- Residence 0%
- Mental Health 0%
- Vocation 60%
- Alcohol 67%
- Social/Peer 63%
- Education 33%
- Drug 67%
- Attitude 71%
- Criminal Behavior 44%
- Other NA %

Current Supervision Information:

Type: SPS
Level: Maximum
Location: Community - In Community
Status: Active 8/3/2009

Updates/Comments:
- The “alcohol” and “drug” risk factors were combined, and both addressed in the “drug” domain.
- The risk factor “social/peer” is addressed in the “attitude” domain, as well as the “drug” domain.
- “Vocation” will not be addressed at this time, as it appears Mr. Probationer needs to focus the next six months on his substance abuse needs and on developing positive relationships; it will be addressed at the next case plan if Mr. Probationer is ready.

BEHAVIORAL GOALS

Drug 67%

Problem Statement: I tend to participate in criminal activity with my friends when I use meth (methamphetamine).

Goal: I want to be friends with people who don’t use drugs, so that I don’t feel the need to use drugs.

Strategies for this supervision period:

1. I will make a list of the people I know, and can be friends with, that don’t use drugs, and I will share it with my APO.
2. I will enroll in substance abuse treatment at Blank Agency by my next meeting with my APO & I will participate in class.
3. I will continue to work on the friendships I have with those people I identified as positive influences, and decrease the contact I have with my current friends until I no longer have contact.

Probation Officer Strategy: I will verify that Mr. Probationer has enrolled in treatment with Blank Agency by our next office appointment.

Probation Officer Strategy: I will monitor Mr. Probationer’s drug and alcohol use with random, monthly UA’s and BAC’s at every field contact.

Probation Officer Strategy: I will work with Mr. Probationer do identify those people in his life that will be positive influences, and better “friends” than those he associates with now, and we will discuss it at every office meeting, & will continually support his decision to disassociate from his current group of friends.
Case Plan

Client: Probationer, Joe Jr  SID: ZZ071467505

BEHAVIORAL GOALS

Attitude 71%

Problem Statement: I typically blame other people for my behavior.
Goal: I want to learn to accept more responsibility for myself.

Strategies for this supervision period:
1. At the next meeting, I will discuss, with my APO, some of the beliefs I have that influence negative behaviors.
2. I will call Prosocial Marcy within the next month, and further our positive friendship; making better friends will help me learn to make better decisions.
3. At every office meeting, I will keep my APO informed of my new friendships and relationships, and be open to discussion about the influence they have on my life and my decisions.

Probation Officer Strategy: I will continue to discuss the progress Mr. Probationer is making with furthering his pro-social relationships at office meetings.
Probation Officer Strategy: I will have Mr. Probationer write a list of those individuals that are positive role models, and those that are not.
Probation Officer Strategy: In the next 3 months, I will supply Mr. Probationer with a Carey Guide "assignment" to help him better identify attributes of a positive influence, and discuss it with him.

Probationer's Signature: ___________________________ Date: ___________________________
Probation Officer's Signature: ___________________________ Date: ___________________________
Surveillance Officer's Signature: ___________________________ Date: ___________________________
Surveillance Officer's Signature: ___________________________ Date: ___________________________

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Gender Responsive Community Treatment

Thelma Ross, L.I.S.A.C.
Chief Executive Officer
National Council on Alcoholism and Drug Dependence Phoenix, Arizona
NCADD INTAKE FLOWCHART

STAGE 1
- Referral made to NCADD prior to client’s release from prison.
- Appointment is scheduled within 2 days of client’s release.

STAGE 2
- Client will be picked up at prison by peer support if a ride is needed. Client will be taken directly to Crossroads Halfway House.
- Client is picked up from crossroads and transported to NCADD to complete intake and assessment.

STAGE 3
- Level of care established
- Development of interim service plan
Therapeutic Approaches
Presenting Concerns...

- Client perception of the problem
- Client readiness for change
- Nature of the issue (how long, who has it impacted)
- Actions taken by the client for change
- What has worked in the past
- Cultural preferences relative to treatment
• Addressing the needs of MCAPD population:
• Maintaining communication between the agencies involved with the client, i.e. Probation Officer, Crossroads.
• Creation of a re-entry group which is held on a weekly basis to address the specific needs and re-entry issues of this population
Gender Responsive Community Treatment

Kimberly Craig
Vice President
Women's and Children's Programs
Community Bridges, Inc.
COMMUNITY BRIDGES, INC.
WOMEN’S OUTPATIENT
TRAUMA INFORMED / RESPONSIVE INTERVENTIONS
Why is it important?

- Research shows that incarcerated women are more likely than their male counterparts to report extensive histories of physical, sexual, and emotional abuse (Messina, Burdon, Hagopian, & Prendergast, 2006).

- According to the Bureau of Justice Statistics, at midyear 2005, female prison and jail inmates had many more mental health problems than did male prisoners.
  - Prison: 73% women, 55% of males,
  - Local Jails: 75% of women, 63% of males.

Incidence of Trauma

A studies have shown that 98% of incarcerated women have had exposure to trauma

- 90% interpersonal trauma
- 71% Domestic violence

What is Trauma-Informed Care?

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors.

Trauma informed organizations understand and modify practice / policy to be more supportive and avoid re-traumatization.
What are Trauma-Specific Interventions?

Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

Programs offering trauma specific interventions recognize the following:

- Survivor's need to be respected, informed, connected, and hopeful regarding their own recovery

- The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)

- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers
Strength-based Treatment Interventions

In a traditional treatment model, the clinician typically approaches assessment with a problem focus: *What is missing in the client? What is wrong with the client?*

Strength-based (asset) treatment shifts the focus from targeting problems to identifying the multiple issues a woman must contend with and the strategies she has adopted to cope. This is referred to as assessing a woman’s “level of burden.” (Brown, Melchior, & Huba, 1999).
Burdens are conditions such as:
- psychological problems,
- homelessness,
- HIV/AIDS, other health issues,
- addiction,
- physical and sexual abuse.

The focus is on support, rather than on confrontation to break down her defenses.
Strengths based/ assets model

- A counselor helps a client to see the strengths and skills she already has that will help her to manage symptoms, and become sober and drug-free.

- The counselor looks for the seeds of health and strength, even in a woman’s symptoms. For example, she may portray a client’s relational difficulties as efforts to connect, rather than as failures to separate or disconnect.
Services for Women

Adapted from Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
Bridging the Gaps:

Agencies Working Together to Provide Re-Entry Planning for Women with Co-Occurring Disorders

- Questions & Answers
The National Resource Center (NRCJIW) was established by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in partnership with the National Institute of Corrections.

The NRCJIW advances evidence-based, gender-responsive practices for all women involved in the justice system.

Ultimately, with the aim of reducing recidivism and increasing successful outcomes for women involved in the justice system.

www.cjinvolvedwomen.org