SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison

Transition planning can only work if justice, mental health and substance abuse systems have a capacity and a commitment to work together.[1]

The overrepresentation of people with behavioral health disorders in criminal justice settings is well documented. Arrest and incarceration have a significant impact on the recovery path of these individuals, create stress for their families, and adversely affect public safety and government spending.

To achieve better outcomes, policymakers and researchers agree that a shift away from a reliance on incarceration to an emphasis on expanding capacity to supervise and treat individuals in the community is necessary. This shift has focused attention on the importance of cross-systems approaches to providing effective criminal justice and behavioral health treatment interventions with the dual goals of reducing recidivism and promoting recovery. A critical component of cross-systems work occurs at the point of transition from jail or prison to the community.

- Nearly 70 percent of adults entering jails and more than 50 percent in state prisons have a substance abuse disorder.[2]
- Approximately 17 percent of adults entering jails and state prisons have a serious mental disorder.[3]
- Large numbers of adults on probation and parole have a need for behavioral health treatment.[4]
- Community-based treatment providers see these individuals in large numbers. The criminal justice system is the single largest source of referral to the public substance abuse treatment system.[5]

To help professionals in the corrections and behavioral health systems take a coordinated approach toward reducing recidivism and advancing recovery, the Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework to Reduce Recidivism and Promote Recovery (Behavioral Health Framework) was developed.[6] The Behavioral Health Framework provides a structure to identify subgroups within the larger population of individuals involved with the criminal justice system based on their identified behavioral health and criminogenic needs (factors associated with committing future crimes).

In order to effect successful transition and reentry, behavioral health, corrections, and community corrections agencies should partner on state and local levels to develop cross-system approaches based on the principles of the Behavioral Health Framework. An important tool for facilitating the application of the Behavioral Health Framework is the APIC model[7] to guide evidence-based transition planning:

- **A**ssess the individual's clinical and social needs, and public safety risks
- **P**lan for the treatment and services required to address the individual's needs
- **I**dentify required community and correctional programs responsible for post-release services
- **C**oordinate the transition plan to ensure implementation and avoid gaps in care with community-based services

Guidelines at-a-Glance

✓ *Assess* the individual's clinical and social needs and public safety risks

Guideline 1:

Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and mental disorders, and criminogenic risk.[8]

- Valid and reliable screening instruments for the target population should be used.

Guideline 2:

For individuals with positive screens, follow up with comprehensive assessments[9] **to guide appropriate program placement and service delivery. The assessment process should involve obtaining information on**

- basic demographics and pathways to criminal involvement;
- clinical needs (e.g., identification of probable or identified diagnoses, severity of associated impairments, and motivation for change);
- strengths and protective factors (e.g., family and community support);
- social and community support needs (e.g., housing, education, employment, and transportation); and
- public safety risks and needs, including changeable (dynamic) and unchangeable (static) risk factors, or behaviors and attitudes that research indicates are relating to criminal behavior.

✓ *Plan* for the treatment and services required to address the individual's needs (while in custody and upon reentry)

Guideline 3:

Develop Individualized treatment and service plans using information obtained from the risk and needs screening and assessment process.

- Determine the appropriate level of treatment and intensity of supervision, when applicable, for individuals with behavioral health needs.
- Identify and target individuals' multiple criminogenic needs in order to have the most impact on recidivism.
- Address the aspects of individuals' disorders that affect function to promote effectiveness of interventions.
- Develop strategies for integrating appropriate recovery support services into service delivery models.
- Acknowledge dosage of treatment as an important factor in recidivism reduction, requiring the proper planning and identification of what, where, and how intensive services provided to individuals will be.[10]

Guideline 4:

Develop collaborative responses between behavioral health and criminal justice that match individuals' levels of risk and behavioral health need with the appropriate levels of supervision and treatment.

✓ *Identify* required community and correctional programs responsible for post-release services

Guideline 5:

Anticipate that the periods following release (the first hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with mental and co-occurring substance use disorders leaving correctional settings.

Guideline 6:

Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision agencies.

✓ *Coordinate* the transition plan to ensure implementation and avoid gaps in care with community-based services

Guideline 7:

Support adherence to treatment plans and supervision conditions through coordinated strategies.

- Provide a system of incentives and graduated sanctions to promote participation in treatment; maintain a "firm but fair" relationship style; and employ problem-solving strategies to encourage compliance, promote public safety, and improve treatment outcomes.
- Establish clear protocols and understanding across systems on handling behaviors that constitute technical violations of community supervision conditions.

Guideline 8:

Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to advance cross-system goals.

Guideline 9:

Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental and co-occurring substance use disorders who are involved in the criminal justice system.

Guideline 10:

Collect and analyze data to

- evaluate program performance;
- identify gaps in performance; and
- plan for long-term sustainability.

To actualize the principles in the Behavioral Health Framework, the APIC model, and evidence-based practices (EBPs), the following guidelines have been developed. They are intended to promote the behavioral health and criminal justice partnerships that are necessary to develop successful approaches to identify which people need services, what services they need, and how to match these needs upon transition to community-based treatment and supervision.

By applying these principles, state and local policymakers and behavioral health and criminal justice practitioners can promote the development of effective transition and reentry practices for individuals with behavioral health disorders who are involved in the criminal justice system.

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2. James, D. J., and Karberg, J. C. (2005). *Substance dependence, abuse, and treatment of jail inmates, 2002.* Washington, DC: U.S. Department of Justice, Office of Justice Programs. http://www.csdp.org/research/sdatji02.pdf; and Mumola, C. J., and Karberg, J. C. (2004). *Drug use and dependence, state and federal prisoners.* Washington, DC: U.S. Department of Justice, Office of Justice Programs. http://www.bjs.gov/content/pub/pdf/dudsfp04.pdf

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4. Seven to nine percent of adults on probation or parole have a serious mental illness, and 35 percent of parolees and 40 percent of probationers had drug or alcohol dependence or abuse "in the past year." Feucht, Feucht, T. E., and Gfroerer, J. (2011). *Mental and substance use disorders among adult men on probation or parole: Some success against a persistent challenge.* Rockville, MD: Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality, March 3, 2011. http://www.samhsa.gov/data/2k11/MentalDisorders/MentalDisorders.pdf

5. Substance Abuse and Mental Health Services Administration. (2011). *The TEDS Report: Characteristics of Probation and Parole Admissions Aged 18 or Older.* Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

6. Osher, F. C., D'Amora, D. A., Plotkin, M., Jarrett, N., and Eggleston, A. (2012). *Adults with behavioral health needs under correctional supervision: A shared framework for reducing recidivism and promoting recovery.* New York: Council of State Governments Justice Center. http://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf

7. Ibid. 1.

8. For examples of screening tools for mental disorders and substance use disorders, please see: Peters, R. H., Bartoi, M. G., and Sherman, P. B. (2008). *Screening and assessment of co-occurring disorders in the justice System.* Delmar, NY: CMHS National GAINS Center, http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf

9. Ibid.

10. Bourgon, G., and Armstrong B. (2006). Transferring the principles of effective treatment into a "real world" setting. *Criminal justice and Behavior, 32*(1): 3-25. http://cjb.sagepub.com/content/32/1/3.abstract

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