

Criminal Justice Commission Behavioral Health Workgroup May 11, 2016

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SEQUENTIAL INTERCEPT MAPPING CRIMINAL JUSTICE/BEHAVIORAL HEALTH

Alaska Criminal Justice Commission

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- 1) Statutory Commission
- 2) Bi-partisan, inter-branch Alaska Criminal Justice Commission
- 3) 13 members including legislators, judges, law enforcement officials, the Attorney General, Public Defender, the Corrections Commissioner, and members representing victims, Alaska Natives, and the Mental Health Trust Authority
- 4) Charged with conducting a comprehensive review of Alaska's criminal justice system and providing recommendations for legislative and administrative action.
- 5) Limited term (ends July 1, 2017, pending legislation to extend)

Behavioral Health Workgroup

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- 1) Legislature identified to the Commission an examination of the adequacy and availability of treatment programs and alternatives to incarceration
- 2) The Criminal Justice Workgroup referred the UNLV review of Alaska Mental Health Statutes to the Criminal Justice Commission
- 3) The Commission established a Behavioral Health Workgroup to consider the above at its meeting January 25, 2016
- 4) The workgroup waited until now to convene to await the outcome of SB 91

Structure, Process and Goal

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1) Structure

a) Interdisciplinary team

- 7 Commissioners, key informants, the public

b) Five scheduled meetings

- May 11th, 25th, and June 8th, 22nd, 29th

2) Process – Sequential Intercept model

a) Assess the interface between Alaska's criminal justice and community behavioral health systems

b) Identify criminal justice/community behavioral health programs and practices to prevent the incarceration of persons with mental health disorders

Structure, Process and Goal

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Goal

- 1) Reach consensus statutory, policy, practice or funding recommendations to forward to the full Commission and administration for action
- 2) Prioritize the above

Sequential Intercept Model (SIM)

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- 1) A nationally recognized planning tool
- 2) Examines the predictable flow of people through the criminal justice system
 - a) Identifies intercept points to:
 - Prevent entry into the criminal justice system
 - Divert to least restrictive treatment environment
 - Promote timely movement through the criminal justice system
 - Promote successful reentry
 - b) Establishes/promotes cross-system collaboration to enhance public safety and positive individual outcomes

Key SIM Participants

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- 1) Representatives from various systems including but not limited to:
 - a) Mental Health
 - b) Substance Abuse
 - c) Criminal Justice
 - d) Housing
 - e) Other Supports

How to Use the SIM Model?

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- 1) Participants walk through a map of 5 key interception points:
 - a) Cross train one another on how these systems currently interact with people with mental health disorders
 - Identify barriers
 - Identify existing policies, programs & practices
 - Identify system level policy, practice and program change to best practices at each interception point

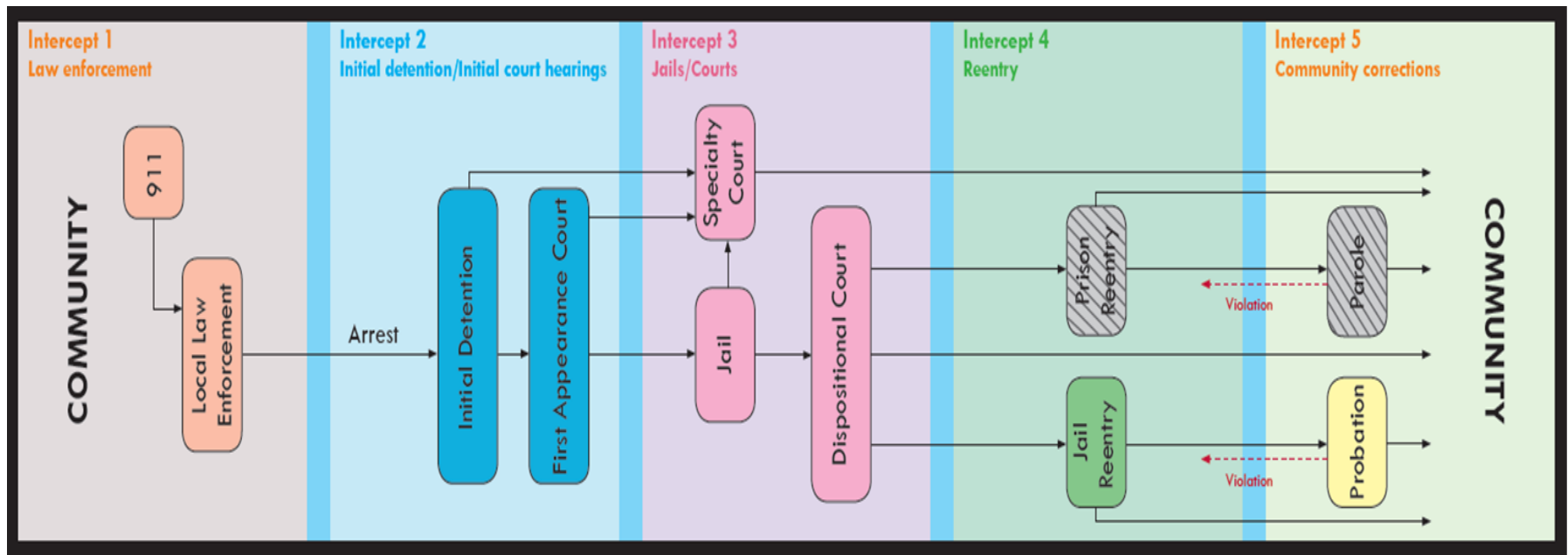
Core Principles Underlying SIM

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- 1) Keep people with behavioral health disorders out of jail who don't need to be there and instead get them into treatment
- 2) Provide constitutionally adequate treatment in jail for those who need to be in jail
- 3) Link them to comprehensive and appropriate integrated community based services

Sequential Intercept Model

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Context

Definitions and Data

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Definition of Target Population

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- 1) Alaskans who experience a:
 - a) Mental illness, developmental disability, chronic alcoholism or other substance-related disorders, Alzheimer's disease and related dementia, and/or a traumatic brain injury
 - b) Require or are at risk of institutional levels of care
 - c) As a result of their disorder experience a major impairment of self-care, self-direction or social and economic functioning such that they require continuing or intensive services and supports

Data (SFY2009 - 2012)

Alaska's Department of Corrections

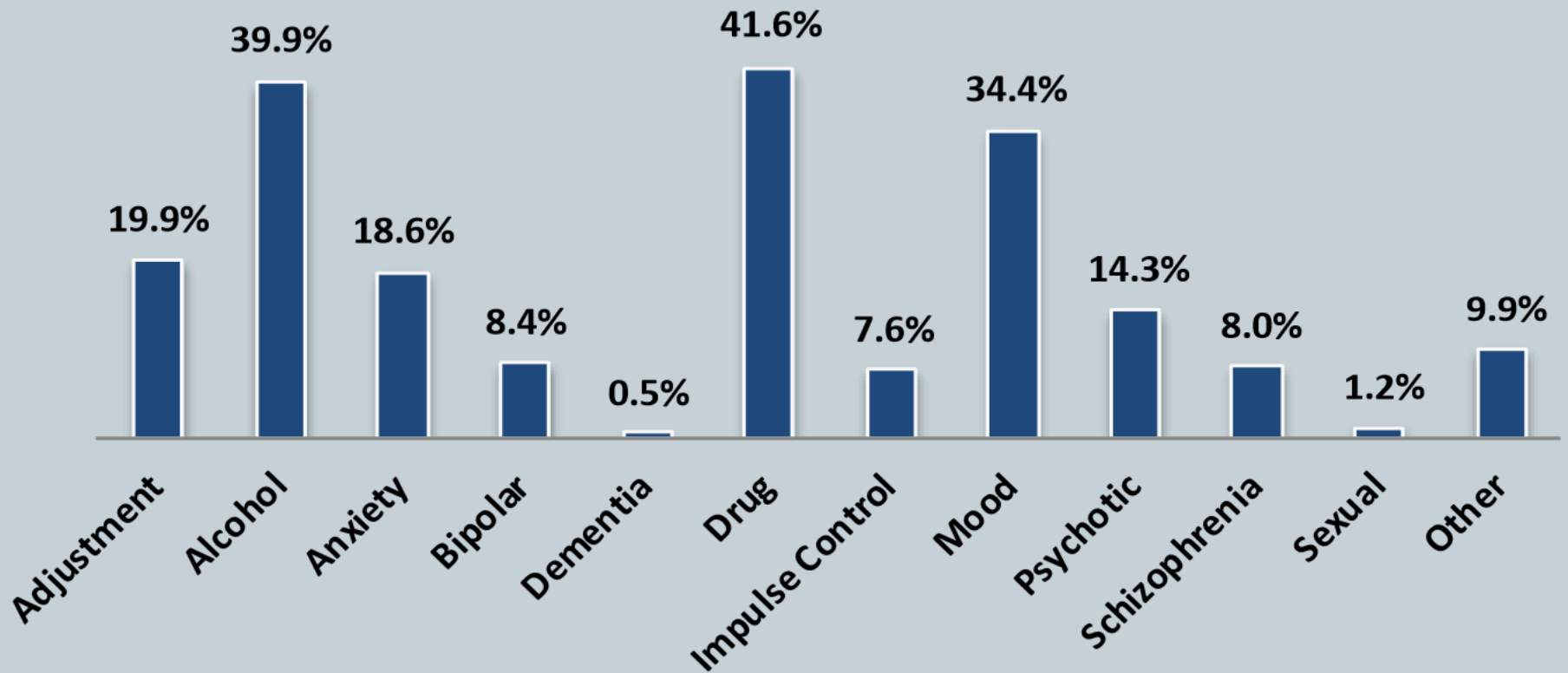
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- 1) 2014 – study by Horny Zeller Associates, Inc.
 - a) Due to DOC data limitations HZA used the Trust's definition of recidivism and included the following two criteria:
 - admission to Alaska Psychiatric Institute (API), or
 - receipt of community services of significant duration and intensity for a mental and/or substance use diagnosis or the service was clearly related to that
- 2) 60,247 unique individuals entered, exited, or resided in a DOC facility during the study period
 - a) 18,323 (30.4 %) Trust beneficiaries
 - b) Trust beneficiaries accounted for 40% of the incarcerations each year

Data (SFY2009 - 2012)

Alaska's Department of Corrections

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Impacts to the Department of Corrections

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- 1) Within one year, Trust beneficiaries are 26.6% more likely to be arrested and booked multiple times than other offenders
- 2) They are more likely to be convicted of felony crimes (34.6%) than the rest of the DOC inmate population (21.4%)
- 3) Median length (or mid-point) of stay for was significantly longer than for other offenders
 - a) Felons - double that of a non-Trust offender
 - b) Misdemeanors - 150 percent longer
- 4) Recidivate at nearly twice the rate of other offenders (40.9% vs. 22.0%) within the first year of release
- 5) Trust Beneficiaries who recidivated cost Alaska over \$92.8 million more on average over the four years than other offenders due to their higher numbers and longer lengths of stay

Predictive Variables for Recidivism within 1 Year

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Variables	Odds	
Age (per year)	-2%	
Alaska Native	29%	
Male	8%	
Prior Felony Conviction	113%	
Number of prior Convictions	12%	
Juvenile Justice Involved	11%	
Involvement in Child Welfare System	10%	
Identified as a Trust Beneficiary	44%	

Data

Alaska Psychiatric Institute (API)

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Beds:

T47 Civil = 70

T12 Forensic = 10

	T47	T47 ALOS	T12	T12 ALOS
Admits	1596		59	
Discharges	1601		51	
LOS 0-90 days	1584	9.06	36	52.14
LOS <90> 365 days	15	162	14	128.07
LOS>365 days	2	567.5	1	1533

Data

Alaska Psychiatric Institute (API)

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Number of competency evaluations conducted FY 15

	Misdemeanor	Felony
Competency	111	106
Culpability		5

Data

Statewide Substance Abuse Treatment Capacity

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1) Adult Outpatient/Intensive Outpatient state funded treatment

	Anchorage Region	Southeast Region	Soutcentral Region	Northern Region
OP/IOP	165	297	732	589
Methodone	300	-	-	40

Data

Statewide Substance Abuse Treatment Capacity

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1) Adult Residential state funded treatment

	Men	Women	Women w./Children	Co-ed	Dual Diagnosis
Anchorage	12	12	28	28	18
Bethel	-	-	-	16	-
Dillingham	-	-	-	14	-
Fairbanks	-	-	12	10	-
Juneau	-	-	-	16	-
Kenai	-	-	-	10	-
Ketchikan	-	-	-	15	-
Old Minto	-	-	-	10	-
Wasilla	-	-	-	22	-

Why the Overrepresentation?

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“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior.”

-Andrews & Bonta (2006)

Criminogenic risk

- How likely a person is to engage in **any** criminal behaviors
- NOT a risk of violence

Criminogenic needs

- Areas in a person’s life to target for intervention/supervision to decrease future criminal behavior

Why the Overrepresentation?

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The central 8 criminogenic risks/needs predictive of criminal behavior:

- 1) Criminal history
- 2) Criminal associates
- 3) Antisocial attitudes
- 4) Antisocial pattern
- 5) Work/school trouble
- 6) Lack of leisure activity
- 7) Family conflict
- 8) Substance use disorders

Except for criminal history, every other risk and need is amenable to change

Why the Overrepresentation?

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- 1) Substance use disorders are a direct criminogenic risk/need
- 2) Mental health disorders are *not* – but people with mental health disorders are at higher risk of experiencing all of the central 8 criminogenic risks/needs –
 - a) most of them have co-occurring mental and substance use disorders

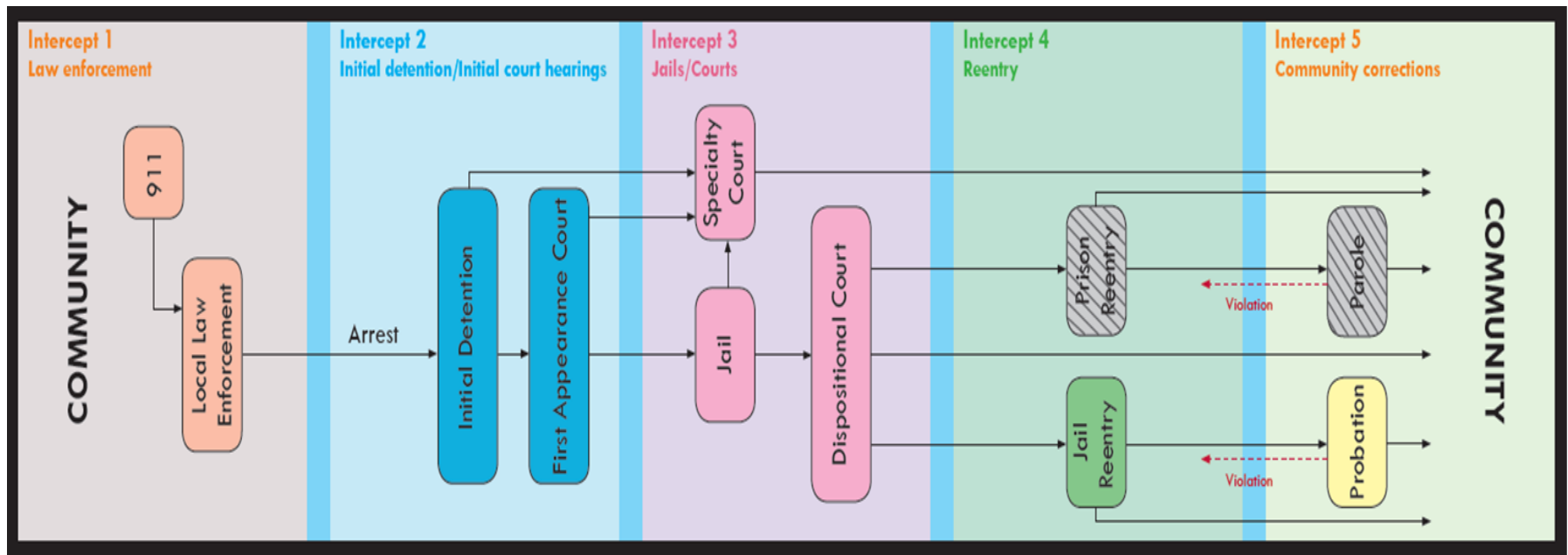
Why adequate community treatment alternatives to incarceration are critical

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- 1) People with behavioral health disorders are at higher risk of experiencing criminogenic risk factors
- 2) If treatment as usual in community behavioral programs targeted reducing criminogenic risks/needs, the risk of criminal behavior in people with behavioral health disorders would be reduced
- 3) When their criminal behaviors are reduced, Trust beneficiaries will not enter the justice system at any greater frequency than non-Trust beneficiaries

Sequential Intercept Model

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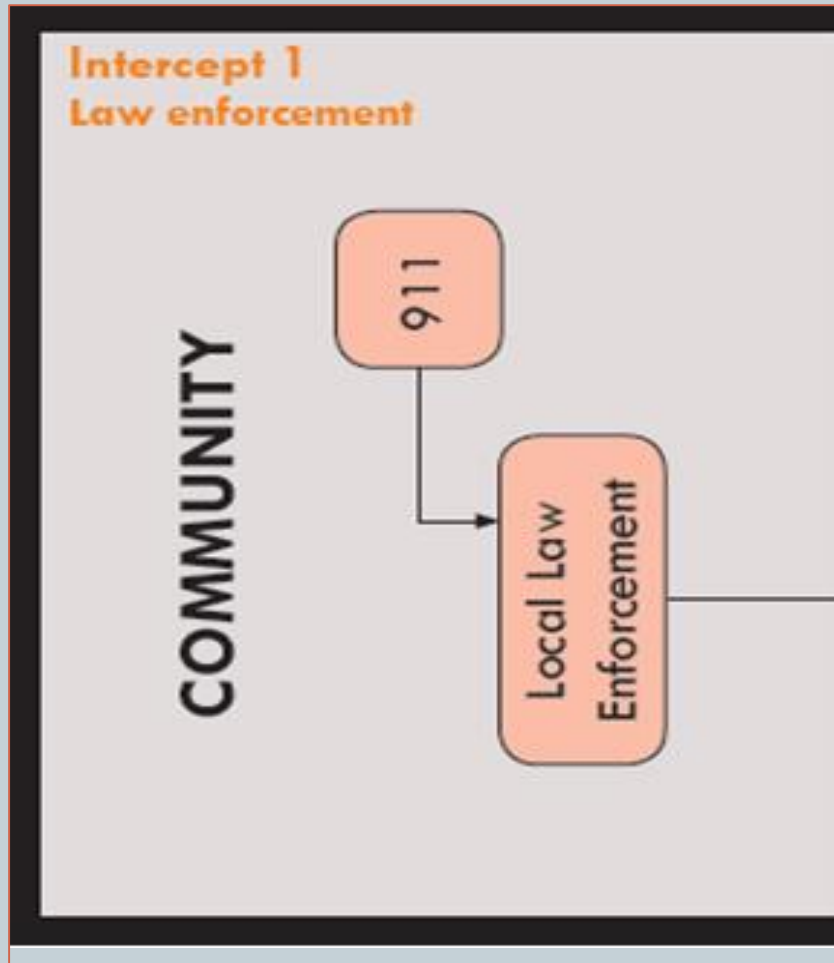
Community Services & Supports are Key at the front and back end

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- 1) The ultimate intercept is a robust community behavioral health system such that:
 - a) Trust beneficiaries do not enter the justice system at any greater frequency than non-Trust beneficiaries
 - b) Individuals are healthier, contributing members to the community
 - c) Communities are safer and healthier

Intercept 1

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Intercept 1 - Barriers

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What are the barriers to keeping persons with behavioral health disorders out of the criminal justice system for:

- 911 Dispatchers
- Police responders

Intercept 1 - Service Level Responses

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National Best Practice:

- 1) **Diversion Programs** - keep people with behavioral health disorders who do not need to be in the criminal justice system in the community
- 2) What are Alaska's assets at this interception point?
- 3) What are its gaps?

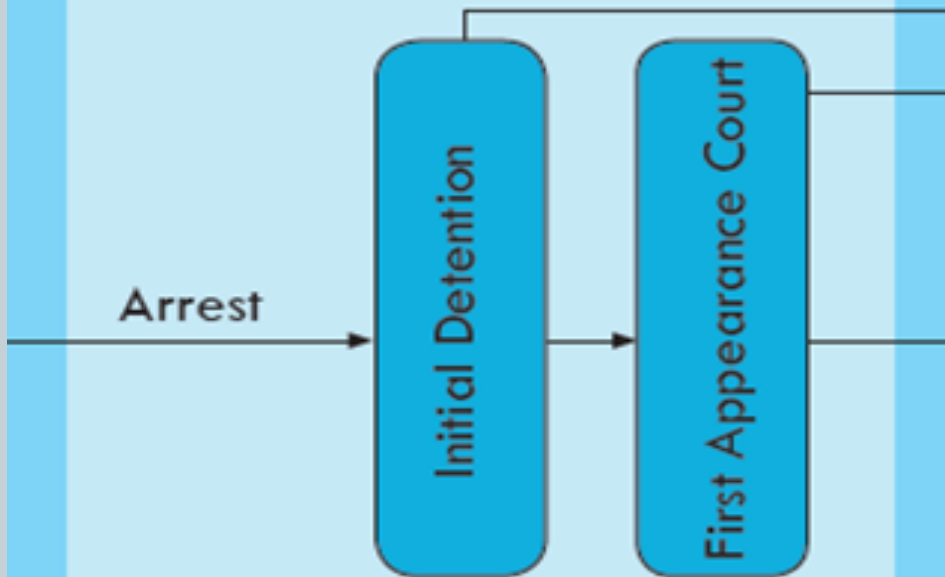
Recommendations

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Intercept 2

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Intercept 2 Initial detention/Initial court hearings



Intercept 2 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system at:

- Initial detention
 - Initial Bail Setting – judge/on duty magistrate
 - Bail Schedule

Intercept 2 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system at:

- Initial detention
 - Jail Booking
 - Pre-Trial Detention

Intercept 2 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system for:

- First appearance courts
 - Arraignments
 - Bail Review Hearing

Intercept 2 – Best Practice Responses

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National Best Practices:

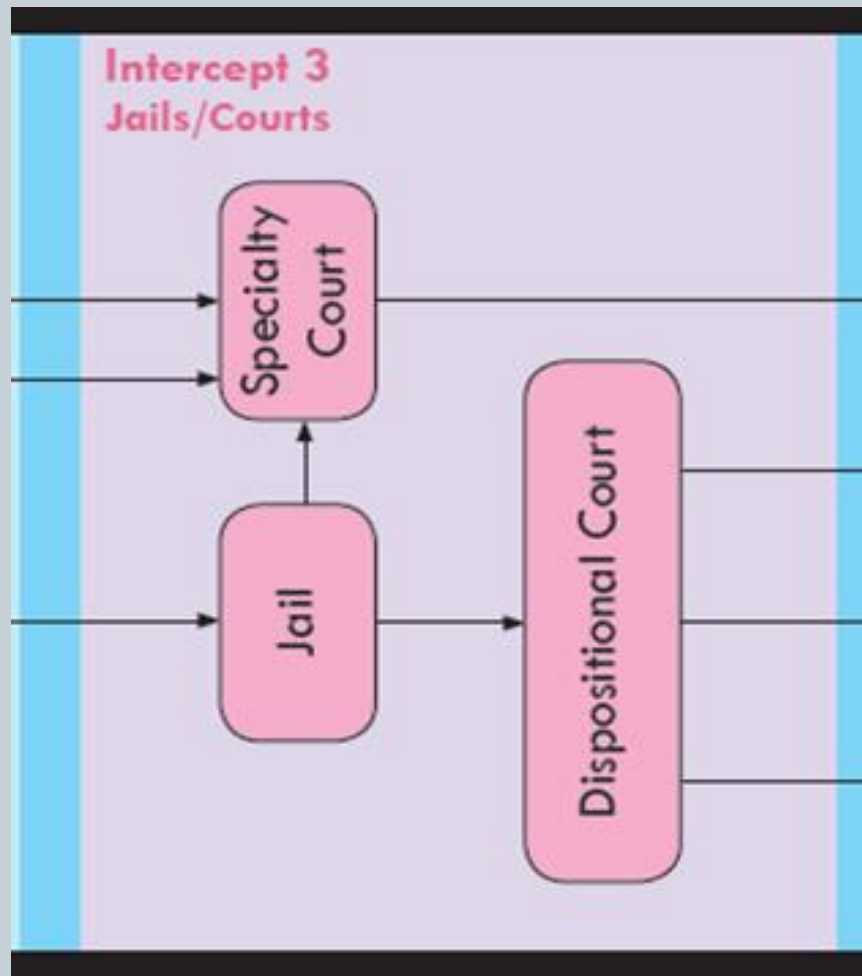
- 1) **Diversion Programs** - keep people with behavioral health disorders who do not need to be in the criminal justice system in the community
- 2) **Institutional Services** - provide constitutionally adequate services in correctional facilities for people with behavioral health disorders who need to be in the criminal justice system because of the severity of the crime
- 3) What are Alaska's assets at this interception point?
- 4) What are its gaps?

Intercept 2 - Recommendations

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Intercept 3

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Intercept 3 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system for:

- Jail
- Competency (forensic) process
- Courts (Specialty Courts)
- Dispositional Courts

Intercept 3 – Best Practice Responses

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National Best Practices:

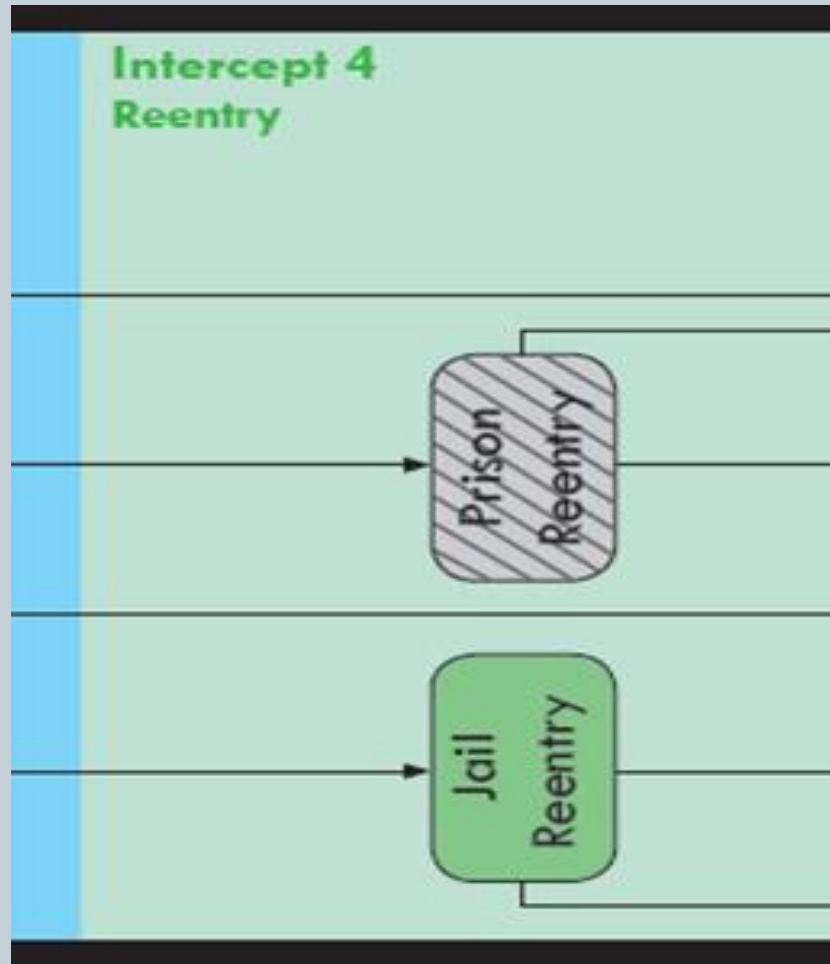
- 1) **Diversion Programs** - keep people with behavioral health disorders who do not need to be in the criminal justice system in the community
- 2) **Institutional services** - provide constitutionally adequate services in correctional facilities for people with behavioral health disorders who need to be in the criminal justice system because of the severity of the crime
- 3) **Release transition** - link people with behavioral health disorders to community-based services when they are discharged.
- 4) What are Alaska's assets at this interception point?
- 5) What are its gaps?

Recommendations

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Intercept 4

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Intercept 4 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system for:

- Jail Reentry
- Prison Reentry

Intercept 4 – Service Level Responses

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National Best Practices:

- 1) **Institutional services** - provide constitutionally adequate services in correctional facilities for people with behavioral health disorders who need to be in the criminal justice system because of the severity of the crime
- 2) **Reentry transition** - link people with behavioral health disorders to community-based services when they are discharged.
- 3) What are Alaska's assets at this interception point?
- 4) What are its gaps?

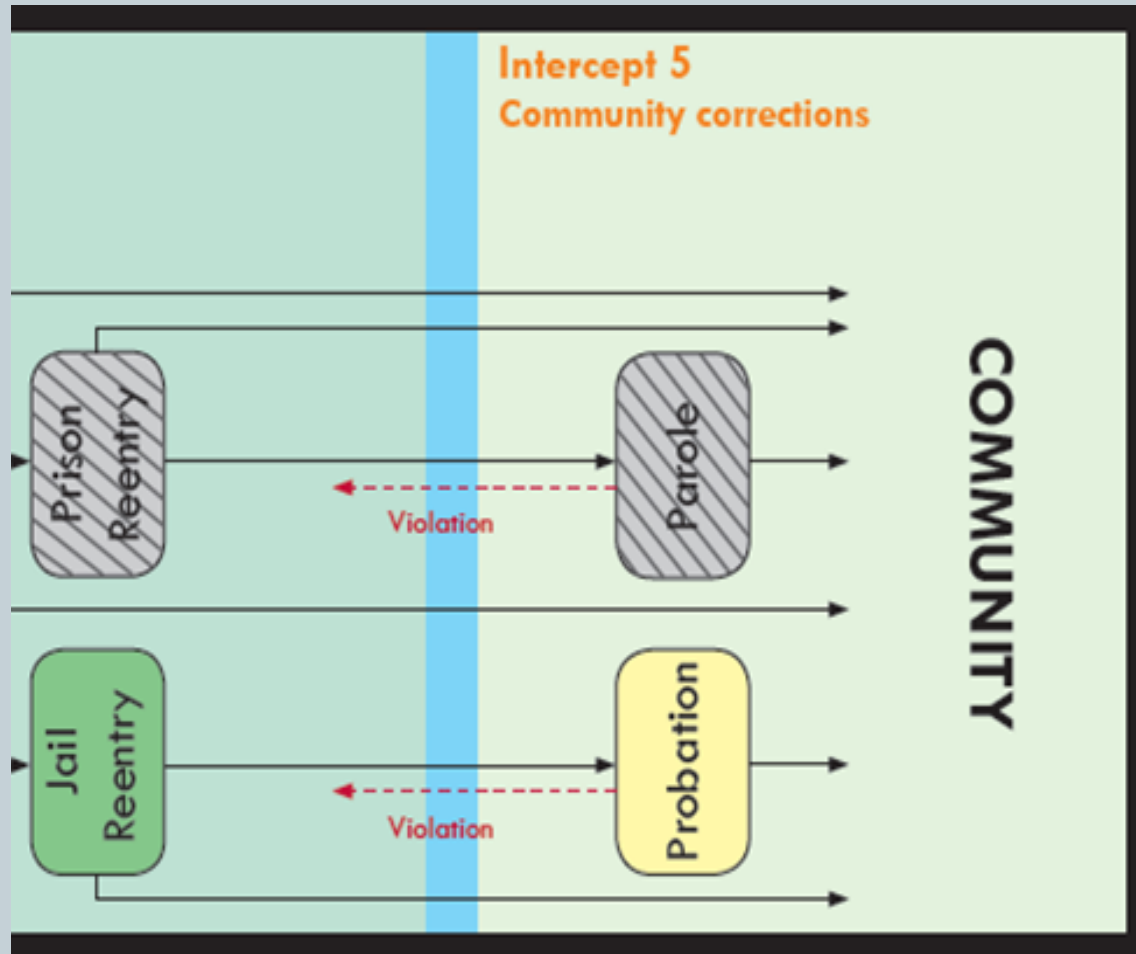
Recommendations

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- 1) Policy Level
- 2) Service Level

Intercept 5

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Intercept 5 - Barriers

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system for:

- Probation
- Parole

Best Practice Responses

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National Best Practices:

- 1) **Institutional services** - provide constitutionally adequate services in correctional facilities for people with behavioral health disorders who need to be in the criminal justice system because of the severity of the crime
- 2) **Reentry transition** - link people with behavioral health disorders to community-based services when they are discharged.
- 3) What are Alaska's assets at this interception point?
- 4) What are its gaps?

Recommendations

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- 1) Policy Level
- 2) Service Level

The Ultimate Intercept

An Accessible and Robust Systems Response

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- 1) Because the community behavioral health and support system is the same system on the front end as it is on the back end
- 2) It is the same support that keeps people out of jail
- 3) It is the same support that diverts people from jail
- 4) It is the same support that keeps people from returning to jail
- 5) It must be easily accessible and comprehensive to reduce jail stays of people with behavioral health disorders

What Should it Look Like?

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- 1) An easily accessible, comprehensive, system with an effective base of services focused on the needs of individuals with serious behavioral health disorders is the most effective means of preventing their entry into the criminal justice
- 2) A system with competent, supportive clinicians

What Should it Look Like?

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3) The system should include:

- a) crisis services
- b) safe and affordable housing
- c) medication for mental and substance use disorder treatment
- d) case management
- e) vocational education and support
- f) programming targeted to 'criminogenic risks/needs' *for all*
 - mental health disorders not criminogenic risk factor but people with mental health disorders are at higher risk of experiencing criminogenic risk factors than others
 - substance disorders are a criminogenic risk

What Should it Look Like?

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- 4) Clinicians and treatment systems that consistently use evidence based treatment interventions, such as:
 - a) Access to newer antipsychotic medications, including clozapine
 - b) Family psychoeducation programs
 - c) Assertive community treatment teams
 - d) Integrated substance abuse and mental health treatment (critical for justice involved persons)

What Should it Look Like?

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- 5) A system that can mandate outpatient treatment for non-adherent people who are public safety risks when untreated?
 - a) Example: jail cycling offenders who are not competent to stand trial and not capable of restoration
 - b) Trust beneficiaries should not enter the justice system at any greater frequency than non-Trust beneficiaries
 - c) Individuals are healthier, contributing members to the community
 - d) Communities are safer and healthier

So.....

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Community Treatment and Supports

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What are the barriers to keeping people with behavioral health disorders out of the criminal justice system for:

- The mental health System
- Mental health providers
- The substance abuse system
- Substance abuse providers
- The housing system
- Housing providers
- Education
- Employment

Community Treatment and Supports

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- 1) What are Alaska's assets in these areas?
- 2) What are the gaps?
- 3) Recommendations?
 - a) Policy
 - b) Practice