

Justice Re-investment Initiative

Brent Kelsey

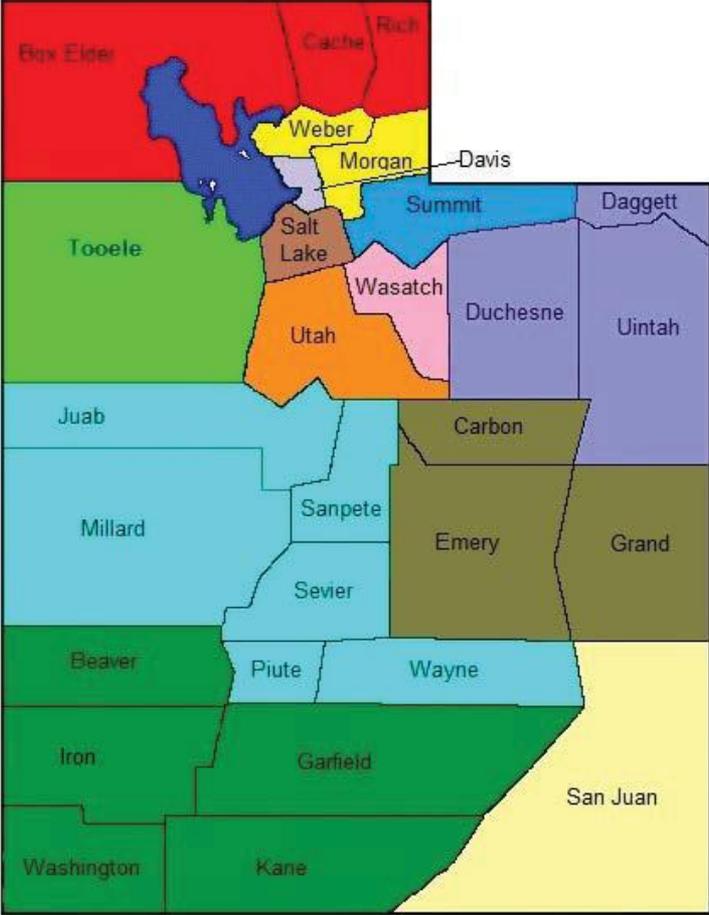
Assistant Director

Division of Substance Abuse and Mental Health

Division of Substance Abuse and Mental Health Strategic Plan

- **DSAMH Vision** -- Healthy Individuals, Families, and Communities
- **DSAMH Mission** -- Promote health, hope, and healing from mental health and substance use disorders
- **DSAMH Functions**-- Partnerships, Quality, Education, Accountability and Leadership
- **DSAMH Principles**-- Trauma-Informed, Evidence Based Practices, Sustainable, Culturally and Linguistically Competent

County Local Authorities



Key Components of Current Safety Net

- State - County Partnership
 - 62A-15-103. Division -- Creation –Responsibilities.
 - 17-43-201. Local substance abuse authorities -- Responsibilities.
- Area Plan
- Funding Formulas (Population, Rural Differential, SA-I &P)
- County Match of State General Fund
- State Oversight and Monitoring

HB 348: Treatment Summary

- (DSAMH, UDC, USAAV) Establish treatment standards for the provision of substance abuse and mental health treatment for individuals required to participate in treatment by the court or the Board of Pardons and Parole.
- Establish a certification program for providers of treatment.
- Treatment to address criminal risk factors.
- Establish goals and outcome measurements and make the information public.

Area Plans

1. Develop a Local JRI Implementation Committee
2. Identify the evidence-based services you intend to provide
3. Identify your outcome measures

Example of a JRI Team

First Judicial District - Justice Reinvestment Initiative Coalition	
Craig Buttars	Cache County Executive
Jeff Scott	Box Elder County Commissioner
Reed Ernstrom	CEO, Bear River Mental Health
Brock Alder	Director, Bear River Drug and Alcohol
James Swink	Cache County Attorney
Stephen Hadfield	Box Elder County Attorney
Lloyd Baronson	Health Department
Sandy Huthman	Box Elder County Jail
Chad Jensen	Cache County Sheriff
Dale Ward	Box Elder County Sheriff Department
Dennis Kirkman	Bear River Mental Health
Rob Johnson	Bear River Mental Health

Treatment Standards & Certification

- No. 39864 (New Rule): **R523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.**
- http://www.rules.utah.gov/publicat/bull_pdf/2015/b20151115.pdf
- Developed in collaboration with clinical directors, USAAV Treatment Subcommittee, CCJJ, UDC and AOC.
- Standards based on meta-analysis of effective treatment practices.
- Open for public comment until 12/15/15.

Standards and Certification

- **Comprehensive Continuum:** Screening, Assessment, Prevention, Treatment, Recovery Supports.
- **Standards will Address:** Health and Safety, Accountability/Transparency, Evidence-based, Process Improvement, Evaluation, Outcomes
- **Certification Process:** Rule finalized in Provider certification begins December 22, 2015, All providers certified July 1, 2016.

Program Standards

- (1) Maintain the appropriate license from the Department of Human Services Office of Licensing.
- (2) Submit Treatment Episode Data (TEDs) admission and discharge data
- (3) Evaluate all participants for criminogenic risk and need, and deliver services that target the specific risk and needs identified.
- (4) Treat Individuals with high risk and low risk to re-offend separately.
- (5) Coordinate and communicate with Adult Probation and Parole, county sheriff's offices, or other necessary criminal justice agencies.
- (6) Treatment intensity, duration and modality shall be based on the current ASAM or comparable mental health criteria and medical necessity determined by the ongoing assessment process.
- (7) Engage and retain adults in the appropriate intensity and modality of service.
- (8) Ensure that public funds are the payor of last resort.
- (9) Complete and submit the National Survey on Substance Abuse Treatment Services (N-SATTS).

Treatment Standards

1. Have qualified staff licensed and capable of assessing individuals for both mental health and substance use disorders;
2. First, assess level of motivation for treatment and implement strategies to increase engagement;
3. Assess individuals for mental health, substance use disorder and other criminogenic risks using validated instruments and protocols;
4. Diagnose, treat or ensure treatment for co-occurring conditions
5. Develop an individualized treatment plan that identifies a comprehensive set of tools and strategies that address the client's identifiable strengths as well as her or his problems and deficits;
6. Provide comprehensive and developmentally appropriate treatment services.
7. Recognize gender, cultural, linguistic, and other individual differences in their treatment approach;
8. As appropriate and with consent, involve families and support persons in the treatment and recovery process.
9. Monitor drug use through drug testing and other means;
10. Provide or link to ongoing chronic disease management, recovery support, monitoring and aftercare services;
11. Screen all individuals with alcohol and/or opioid disorders for the potential use of medication-assisted treatment.
12. Develop strategies to screen for, prevent, and refer to treatment adults with serious chronic conditions such as HIV/AIDS, Hepatitis B and C, and tuberculosis.
13. Work with individuals to identify needed and desired recovery supports.

Area Plans

4. Plans included Prevention, Mental Health and Substance Use Treatment plans.
5. 39 Plans Submitted by May 1, 2015
5. All Plans are available for review online at:
dsamh.utah.gov/provider-information

Utah Department of Human Services
Division of Substance Abuse and Mental Health

Center	2013 Population	% of Population	% of Probation & Parole*	40% Funds Allocated on Population	60% Funds Allocated on Probation & Parole	Total Allocated On Formula	Rural Differential	FY 2016 Total Allocation	FY 2016 Local Match	Total JRI Amount
				40%	60%					
Cache County	169,991	5.86%	4.70%	\$ 100,206	\$ 120,649	\$ 220,855	\$ 24,375	\$ 245,230	\$ 49,046	\$ 294,276
								\$ -		
Carbon County	41,097	1.42%	2.52%	\$ 24,226	\$ 64,698	\$ 88,924	\$ 30,000	\$ 118,924	\$ 23,785	\$ 142,709
								\$ -		
Central Utah	76,356	2.63%	3.46%	\$ 45,010	\$ 88,828	\$ 133,838	\$ 63,750	\$ 197,588	\$ 39,518	\$ 237,106
								\$ -		
Davis County	322,094	11.10%	11.34%	\$ 189,867	\$ 290,764	\$ 480,632	\$ -	\$ 480,632	\$ 96,126	\$ 576,758
								\$ -		
Salt Lake County	1,079,721	37.22%	30.86%	\$ 636,472	\$ 791,458	\$ 1,427,930	\$ -	\$ 1,427,930	\$ 285,586	\$ 1,713,516
								\$ -		
San Juan County	14,973	0.52%	0.37%	\$ 8,826	\$ 9,501	\$ 18,327	\$ 7,500	\$ 25,827	\$ 5,165	\$ 30,993
								\$ -		
Southwest	213,382	7.36%	9.07%	\$ 125,784	\$ 232,702	\$ 358,486	\$ 43,125	\$ 401,611	\$ 80,322	\$ 481,933
								\$ -		
Summit County	38,486	1.33%	1.02%	\$ 22,687	\$ 26,241	\$ 48,928	\$ 5,625	\$ 54,553	\$ 10,911	\$ 65,463
								\$ -		
Tooele County	60,762	2.09%	1.79%	\$ 35,818	\$ 45,997	\$ 81,815	\$ 5,625	\$ 87,440	\$ 17,488	\$ 104,928
								\$ -		
Uintah Basin Tri Cnty	56,990	1.96%	3.92%	\$ 33,594	\$ 100,440	\$ 134,035	\$ 26,250	\$ 160,285	\$ 32,057	\$ 192,342
								\$ -		
Utah County	551,891	19.03%	16.46%	\$ 325,328	\$ 422,121	\$ 747,449	\$ -	\$ 747,449	\$ 149,490	\$ 896,938
								\$ -		
Wasatch County	26,437	0.91%	0.72%	\$ 15,584	\$ 18,550	\$ 34,134	\$ 7,500	\$ 41,634	\$ 8,327	\$ 49,961
								\$ -		
Weber Human Svcs	248,692	8.57%	13.76%	\$ 146,598	\$ 353,049	\$ 499,648	\$ 11,250	\$ 510,898	\$ 102,180	\$ 613,077
Total	2,900,872	100.00%	100.00%	\$ 1,710,000	\$ 2,565,000	\$ 4,275,000	\$ 225,000	\$ 4,500,000	\$ 900,000	\$ 5,400,000

JRI Services

- **Bear River Mental Health**

- Screening & Assessment – Assessment Tool (LSI-R), Criminogenic Risk Evaluation (RNR)
- Moral Reconciliation Therapy (MRT)
- Individualized Treatment Plans
- Recovery Support as necessary

- **Salt Lake County**

- Screening & Assessment – LSI-R (SV) Assessment Tool
- Prosecutorial Pre-Diversion Program - Target Low Risk/Low Need Population
- Intensive Supervision Pilot Program – Target High Risk/Low Need
- 16 beds for female offenders with co-occurring disorders
- <http://fox13now.com/2015/09/21/recidivism-rates-expected-to-decrease-with-new-housing-program-for-women-in-salt-lake-county/>

- **Weber Human Services**

- Screening & Assessment – LSI (SV) Assessment Tool, Historical Clinical Risk Management 20 Tool, Drug Use Screening Tool (DUSI)
- Cognitive Behavioral Therapy (CBT)
- Matrix, Seeking Safety, & Family Behavior Therapy

JRI Services

- **Four Corners Behavioral Health**

- Full Substance Use, Mental Health, Trauma screening using Motivational Interviewing
- Risk and Needs Triage (RANT) tool used
- Personal recovery plans tailored for each client
- Moral Reconciliation Therapy (MRT) for decreased criminal thinking

- **Davis Behavioral Health**

- Assessment at jail for mental illness, substance use and criminal risk
- Treatment using Dialectical Behavior Therapy (DBT) when appropriate, Seeking Safety, Cognitive Behavior Therapy (CBT)

- **Southwest Behavioral Health**

- Screening using Level of Service Inventory (LSI-R)
- Forensic Intensive Case Management (FICM)
- Supported housing, supported employment and Peer Specialist support

Proposed Outcomes

- **Bear River Mental Health**
 - Reduction in criminal recidivism
 - Reduced Cost
- **Salt Lake County**
 - Reduce Recidivism
 - Reduce Incarcerations
- **Weber Human Services**
 - Reduced Recidivism
 - Criminal Risk Reduction



Proposed Outcomes, contd.



- **Four Corners Behavioral Health**
 - Treatment retention/completion
 - Reduced recidivism
 - Decreased court involvement
 - Reduction in incarceration rates
- **Davis Behavioral Health**
 - Reduced recidivism
 - Increased housing, and employment
- **Southwest Behavioral Health**
 - Reduced recidivism measured at 6 mos., 1 yr. and 2 yrs.
 - Reduced incarceration

State of Practice

- **Drug Abusing Offenders are *Unlikely* to Receive Adequate Treatment Services**
- **Many can not access treatment**
- **Length of time in treatment not sufficient**
- **Evidence–based practice adoption slow**
- **Risk-Need-Responsivity model is “under construction”**
- **Mental health services unavailable for many**

State MH/SUD Costs for JRI Population

Uninsured Adults in Utah 2015	% and (#) Uninsured in the CJS	% and (#) in CJS with SUD/MI	Already in Services, CJS Involved	Case Rate and Total with initial \$4,500,000 backed-out
94,000	33% (31,020)	70% (21,714)	14,985	\$3,100 X6,729 \$20,859,900 - 4,500,000 \$16,359,900

94,000 # from DOH Nate Checketts

%Uninsured and in CJS; Council State Governments

<http://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf>

% in CJS with SUD or MI; Bureau Justice Services <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>

Already in Services- 14,845 Adults enrolled SUD x 70% CJS; 30,623 Adults Enrolled MH x 15% CJS;

Case Rate-\$3,100 DSAMH 2014 Annual Report

http://dsamh.utah.gov/pdf/Annual%20Reports/2014%20Annual%20Report%20Final%20Web%201_27_15.pdf

Existing Criminal Justice Programs for Substance Use Disorders

72% (11,677 in SFY 2014) of all people served through Utah's publicly funded substance abuse treatment services are involved in the criminal justice system. Some of our current programs include:

- DUI Education (Prime For Life)
 - More than 200 instructors
 - 7549 individuals served
- Drug Courts
 - 25 Adult Felony
 - 15 Family/Dependency
 - 5 Juvenile
 - 2,196 individuals served in 2014.
- Drug Offender Reform Act
 - 8 LSAA's participate
 - 769 individuals served in 2014.

Existing Criminal Justice Programs for Mental Health

- Crisis Intervention Teams (CIT)
 - 126 law Enforcement Agencies
 - 3,888 CIT certified officers
- Mental Health Courts
 - (Nine operating in Utah (SLCO, Utah Co. Bear River)



THIRTEEN CRITICAL QUESTIONS TO ASK SUBSTANCE USE DISORDER TREATMENT PROVIDERS

- 1. What type of accreditation or licensing does the program have?**
- 2. How do most individuals pay for the services you provide?**
- 3. What credentials and licenses does the program's clinical staff hold?**
- 4. Who monitors the effectiveness of the program and what are the methods used?**
- 5. Does the program have the ability to also treat mental health disorders?**
- 6. Is treatment gender-specific, trauma informed and culturally relevant?**
- 7. What type of assessment process does the program use?**
- 8. Does the program provide a continuum of services?**
- 9. How does the program address relapse?**
- 10. Are clients screened and segregated based on criminogenic risk?**
- 11. How does the program view medication used to treat substance use disorders and or mental illness?**
- 12. What does weekly treatment activity look like?**
- 13. Does the program provide ongoing support after leaving treatment?**