

Justice Re-investment Initiative

Brent Kelsey & Jeremy Christensen

Division of Substance Abuse and Mental Health

Who We Serve In Treatment

Substance Use Disorder

- 1,002 Youth; 15,222 Adults
- 86% below Federal Poverty Level
- Urban: 73%, Rural: 27%
- Male: 61%, Female: 39%
- **Largest Referral Source - Courts**
- Medicaid: 30%
- **Justice Involved Clients - 79%**
- **Opioid Use Disorder - 41%**

Mental Health

- 21, 142 Children/Youth; 35,296 Adults
- 89% Below Federal Poverty Level
- Urban 69%; Rural 31%
- Male: 48%, Female 52%
- Largest Referral Source - Self
- Medicaid: 56%
- Adult Supported Employment - 1,550
- Youth/School Based Services - 22%



2014 PEW Findings

In 2014 the CCJJ, in partnership with the Pew Charitable Trusts, reviewed sentencing and corrections data and found the following:

- ❑ 18% increase in Utah's prison population in past decade
- ❑ 62% of offenders sent directly to prison from court were admitted for nonviolent offences

2014 PEW Findings

(Continued)

- ❑ Offenders supervised by AP&P were failing at higher rates than they did 10 years previous
- ❑ 46% of Utah's prison population consisted of those where there for probation violations
- ❑ Prisoners where spending 18% more time in prison that they did 10 years previous
- ❑ Low risk offenders were supervised for longer periods than higher risk offenders
- ❑ Revocation practices for technical violations varied considerably between districts/regions

H.B. 348

As a result of the previous findings the 2015 legislature passed H.B. 348 to:

- 1) Focus prison beds on serious and violent offenders
- 2) Strengthen probation and parole supervision
- 3) Improve and expand reentry and treatment services
- 4) Support local corrections systems
- 5) Ensure oversight and accountability

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.
- Legislature appropriated in 2015 \$4.48 Million
- Legislature appropriated in 2016 an additional \$6 Million

Treatment Standards & Certification

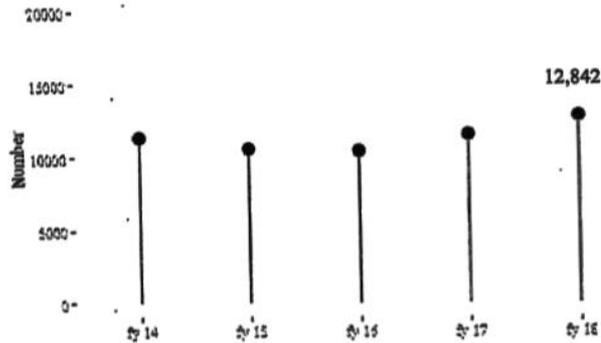
- No. 39864 (New Rule): **R523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.**
- http://www.rules.utah.gov/publicat/bull_pdf/2015/b20151115.pdf
- Developed in collaboration with clinical directors, USAAV Treatment Subcommittee, CCJJ, UDC and AOC.
- Currently being revised and updated.

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:** Started December 22, 2015, Now, 90 public and private agencies managing 206 treatment sites through out Utah, are certified to treat justice involved clients.

Policy Recommendations: Improve and Expand Reentry and Treatment Services

Figure 8. Number of justice involved clients served for substance use treatment



The number of clients served for substance use treatment in Utah's public behavioral health system is increasing.

Admissions to residential treatment alone increased 38 percent during this time-period.



Table 1. Admissions to substance use treatment by level

Level of service	Pre-annual ave.	Post-annual ave.	% change
Residential	964	1,328	38%
Intensive Outpatient	3,108	3,224	4%
Outpatient	8,155	8,222	1%
Detox	841	1,126	34%

JRI Scorecard

Process Measures																					
	Admissions (Initial and Transfer)			Number of Clients Served			Percent of Admissions in Outpatient/IOP/ Residential/Detox			Number of Completed Treatment Episodes, excluding Detox			Median Days in Treatment			Percent of clients retained in treatment 90 or more days			Percent Completing Treatment Episode Successfully		
	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018
Court Compelled/Justice Involved	8,568	10,654	13,832	9,340	10,561	12,041	49/27/12/12	46/24/13/17	43/22/15/20	4,365	5,301	6,085	114	119	105	61.8%	63.1%	60.6%	50.0%	46.4%	51.2%

Outcome Measures																					
	Increased Alcohol Abstinence - Percent increase in those reporting alcohol abstinence from admission to discharge			Increased Drug Abstinence - Percent increase in those reporting other drug abstinence from admission to discharge			Increase in Stable Housing - Percent increase in non-homeless clients admission to discharge			Increased Employment - Percent increase in those employed full/part time or student from admit to discharge			Decreased Criminal Justice Involvement - Percent decrease in number of clients arrested prior to admission vs. prior to discharge			Social Support Recovery - Percent increase in those using social recovery support			Tobacco Use Percent decrease in number of clients reporting tobacco use from admission to discharge		
	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018	FY2016	FY2017	FY2018
Court Compelled/Justice Involved	41.5%	34.5%	29.6%	143.4%	126.1%	131.4%	1.0%	2.6%	6.8%	23.5%	29.8%	27.4%	59.2%	59.1%	55.8%	28.1%	37.9%	43.8%	8.4%	7.2%	5.7%

Calculations for SA Outcomes:

All outcomes are percent increase or decrease.

Specific percentages are calculated as follows using FY final discharges, excluding detox-only clients. Percents at admission and discharge are calculated by dividing the number of clients reporting the outcome divided by the total number of discharged clients with valid, non-missing, data for that measure.

Abstinence (Percent Increase):

(Percent abstinent at discharge **minus** percent abstinent at admission) **divided by** percent abstinent at admission

Stable Housing (Percent Increase):

(Percent not homeless at discharge **minus** percent not homeless at admission) **divided by** percent not homeless at admission.

Employment/School (Percent Increase):

(Percent employed/student at discharge **minus** percent employed/student at admission) **divided by** percent employed/student at admission.

Criminal Justice (Percent Decrease):

(Percent arrested at 30-days prior to admission **minus** percent arrested 30-days prior to discharge) **divided by** percent arrested 30-days prior to admission.

Length of Stay:

Median length of stay calculated from admission date to date of last contact for those discharged in the fiscal year.

Court Compelled / Justice Involved Clients (Age 18 and above)

Justice Involved is defined as any client who was involved with DORA, Drug Court, arrests at admission, probation, parole or referred by the criminal justice system



Reductions in:

- Recidivism
- Salt Lake County Jail days served
- Criminal Risk (LS/CMI)

And Improvements in:

- National Outcome Measures (NOMS)
 - Primary Substance Frequency of Use, Housing, and Employment



Intensive Supervision Probation (ISP)

Partnership between Sheriff's Office, Criminal Justice Services, and Behavioral Health Services providing high-risk individuals with community-based treatment and supervision



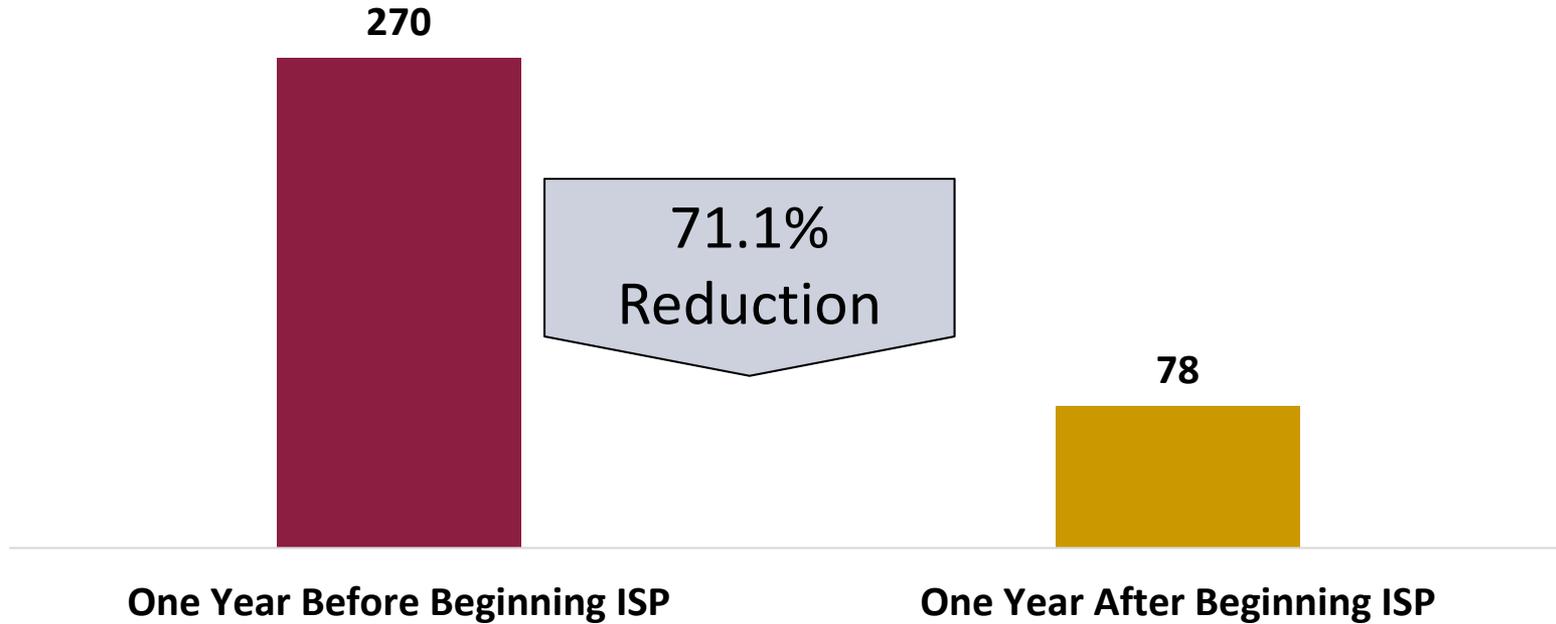


Program Overview

- Implemented July 1, 2015
- Referrals into Program: 757
- Drug-Related Offenses: 61.3%
- 34.2% Opioid (30% Male, 41.9% Female)
- 179 Total Graduates (40.1% Risk Reduction using LS/CMI)
- 86.7% Receiving Clinical Assessment
- 73.1% of Caseload Actively Engaged in Treatment
- Average 3 Year High-Risk Recidivism: 67.5%

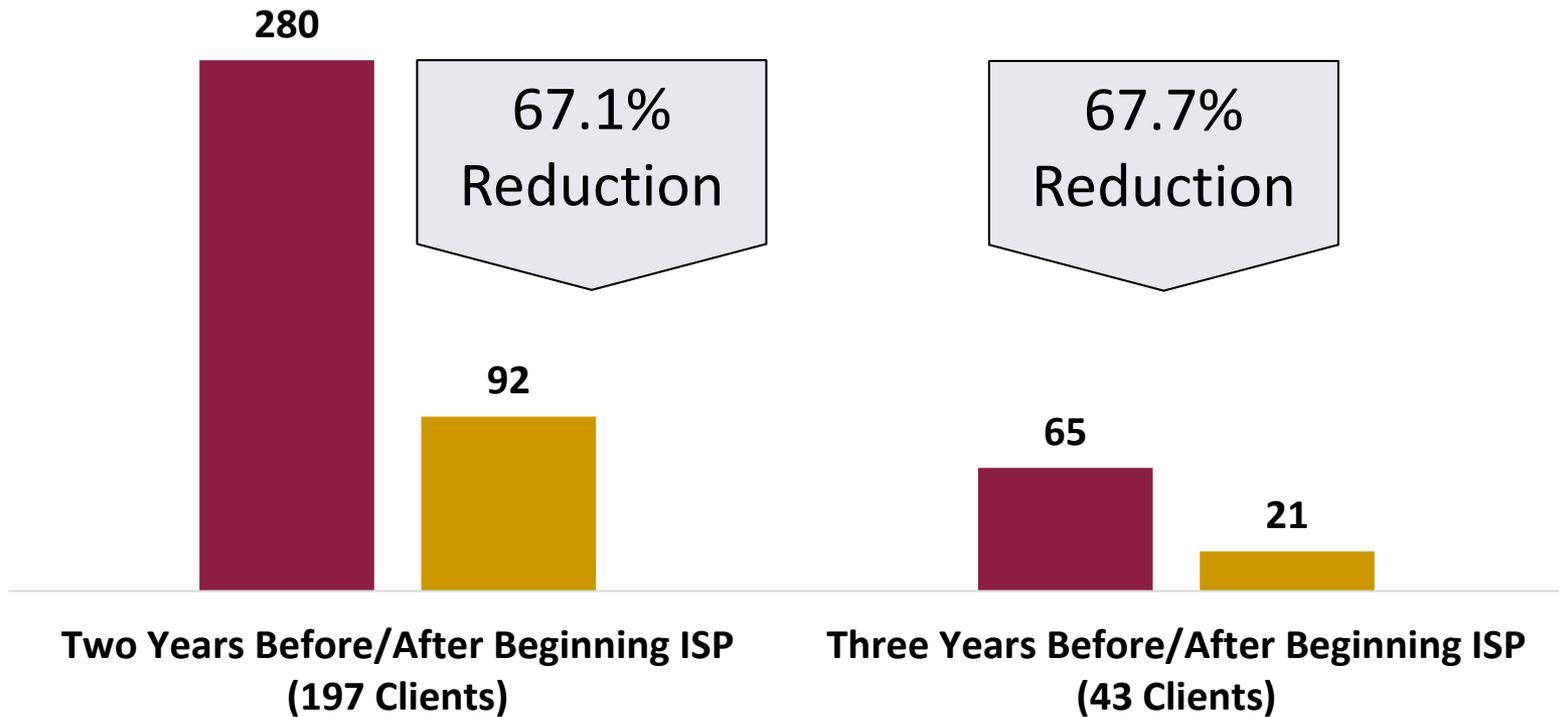


One Year Change in New Charge Bookings 319 Total Clients





Two and Three Year Change in New Charge Bookings: All Clients





Criminal Risk Reduction

179 Graduates from ISP

- Average risk score at admission 27
- Average risk score at discharge 16

11 point reduction, representing 40.1%
reduction in risk (LS/CMI)

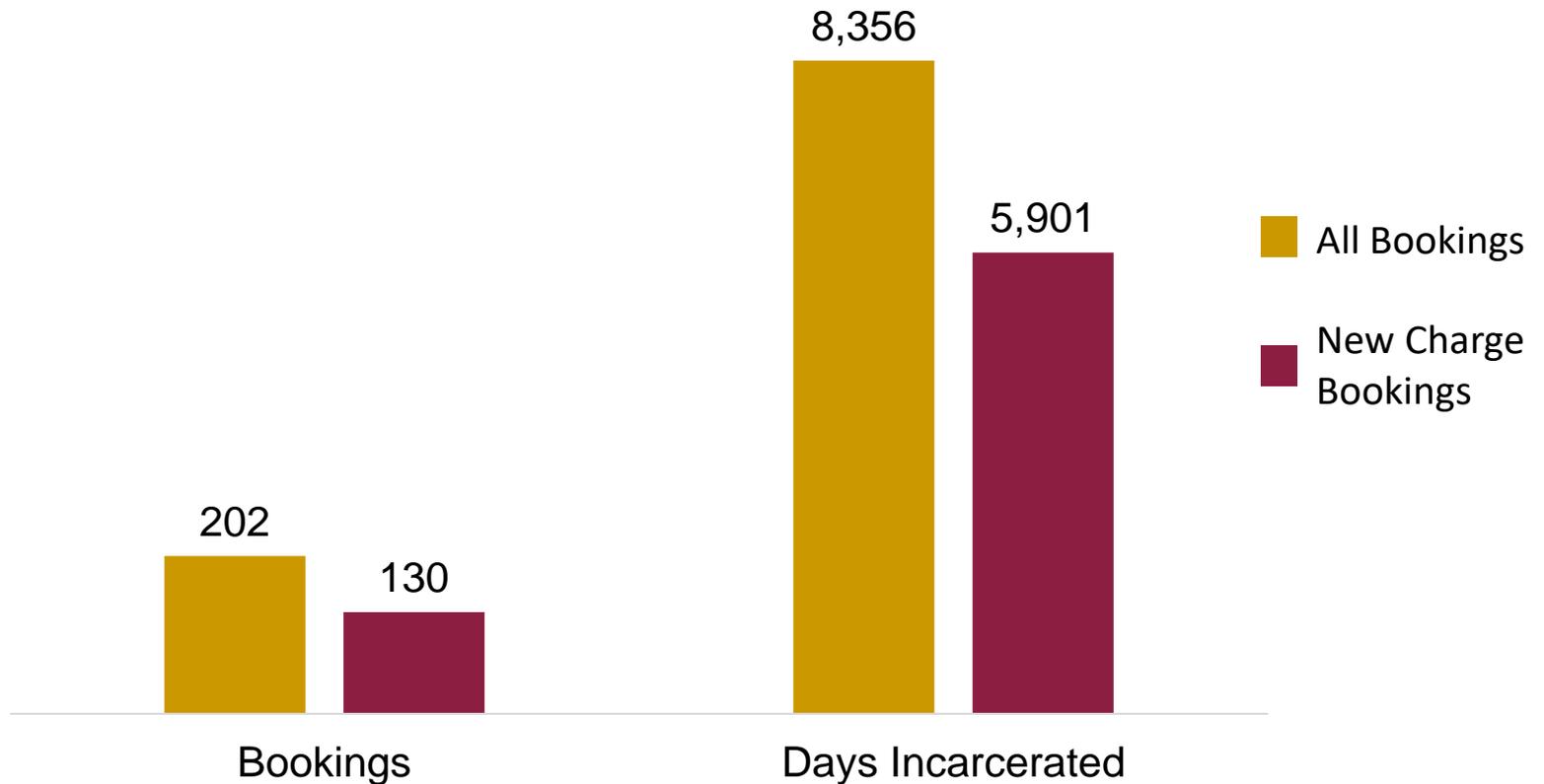


Drug Court Treatment Expansion

Nearly doubling the residential treatment
funding for Drug Court



6 Month Sample of FDC Bookings and Days Incarcerated One Year Prior to Treatment



SB 96 Medicaid Expansion

Expansion Plan Provisions	Bridge	Per Capita Cap	Fallback	Full Expansion
Timeline	Effective April 1, 2019	Upon CMS Approval (Submit Waiver to CMS Spring 2019)	Upon CMS Approval (Submit Waiver to CMS by March 15, 2020)	July 1, 2020 (if needed)
Federal Poverty Level	100%	100%	138%	138%
Authority	Waiver	Waiver	Waiver	State Plan
Presumptive Eligibility (PE)	Yes	No Hospital PE	No Hospital PE	Yes
Self-Sufficiency Requirement (Work Requirement)	Yes (effective January 1, 2020)	Yes	Yes	No
Authority to Cap Expansion Enrollment	Yes	Yes	Yes	No
Lock-out for Program Requirements/Violations	No	Yes	Yes	No
Require Enrollment in Employer's Plan with Premium Reimbursement	Yes (effective January 1, 2020)	Yes	Yes	No
12-month Continuous Eligibility	No	Yes	No	No
Use Federal Funds for Housing Supports	No	Yes	No	No
Use of Federal Funds Limited by Per Capita Cap	No	Yes	No	No
Benefit Plan for Adults Without Dependent Children	Traditional Medicaid	Traditional Medicaid	Traditional Medicaid	ABP Traditional
Benefit Plan for Parents	Non-Traditional Medicaid	Non-Traditional Medicaid	Non-Traditional Medicaid	ABP Traditional
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	No	No	No	Yes
Dental Benefits	Emergency Only	Emergency Only	Emergency Only	Emergency Only
Funding (% federal/% state)	70/30	90/10	90/10	90/10
Counties Provide Match for Behavioral Health	No	No	No	No
Delivery System	Before January 1, 2020 – Generally Fee for Service After January 1, 2020 – Managed Care Except Rural Counties	Before January 1, 2020 – Generally Fee for Service After January 1, 2020 – Managed Care Except Rural Counties	Managed Care (except Rural Counties)	Managed Care (except Rural Counties)

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?**