

# SAMHSA's Eight Guiding Principles for Behavioral Health and Criminal Justice

Presenters:

Jennie M. Simpson, Ph.D.

George M. Owens

Kara Ahearn, LCSW

Melissa Zhiss, MA, LPA

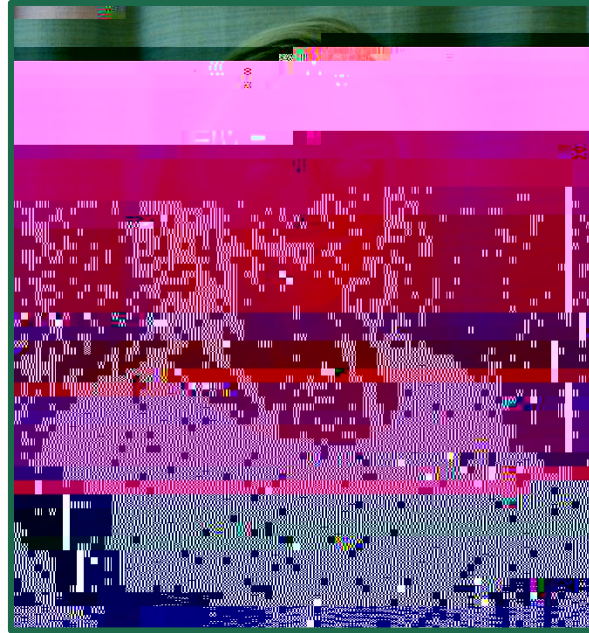
March 28, 2019  
3:00-4:30pm ET

Hosted by SAMHSA's GAINS Center



**SAMHSA**

# Welcome and Housekeeping



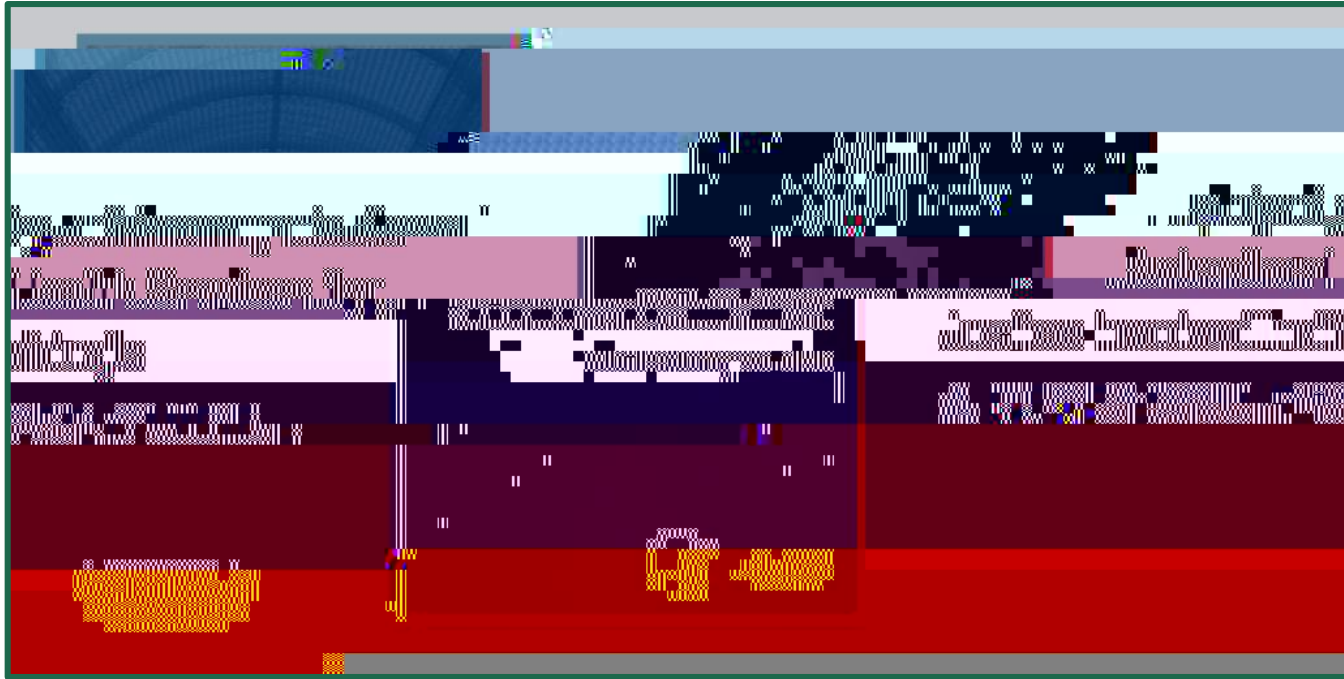
Melissa Neal, DrPH

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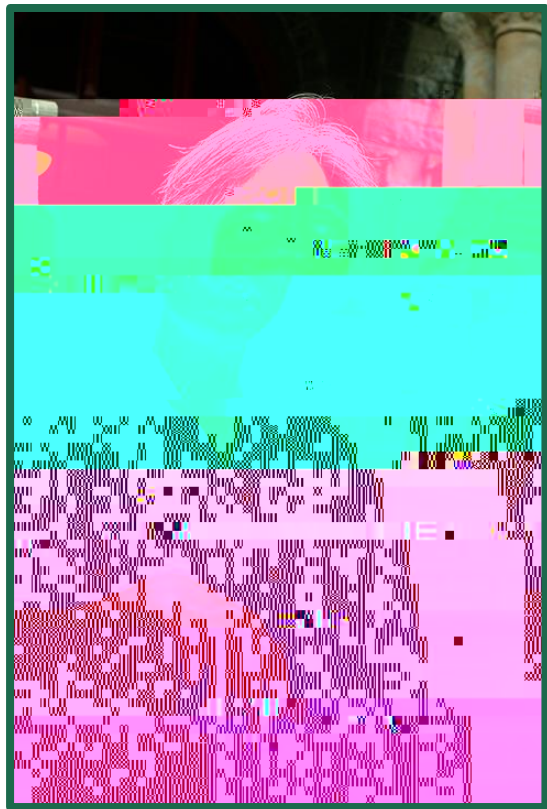
# Agenda

Welcome	<b>Melissa Neal, DrPH</b> <i>Senior Research Associate, Policy Research Associates, Inc.</i>
Opening Remarks	<b>Larke Huang, Ph.D.</b> <i>Director, Office of Behavioral Health Equity Substance Abuse and Mental Health Services Administration</i>
Presentations	<b>Principles of Community-based Behavioral Health Services for Justice-involved Individuals</b> <b>Jennie M. Simpson, Ph.D.</b> <i>Senior Drug Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice</i>
	<b>Principle 5: Integrated Physical and Behavioral Health Care as Part of a Comprehensive Treatment Plan</b> <b>George M. Owens</b> <i>Program Manager, Arizona Complete Health</i> <b>Kara Ahearn, LCSW</b> <i>Chief Clinical Director, Community Health Associates</i>
	<b>Principle 7: Case Management For Justice-involved Individuals</b> <b>Melissa Zhiss, MA, LPA</b> <i>Jail Liaison-Forensic Evaluations Unit, Mecklenburg County Criminal Justice Services</i>
Questions & Closing Remarks	<b>Melissa Neal, DrPH</b> <i>Senior Research Associate, Policy Research Associates, Inc.</i>

# Download the Publication

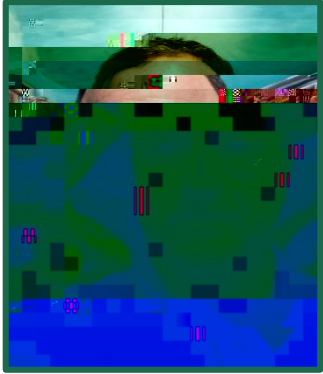


# Opening Remarks





# Introducing Today's Presenters: George M. Owens



Program Manager II with Arizona Complete Health, working with Targeted Investment since its inception.

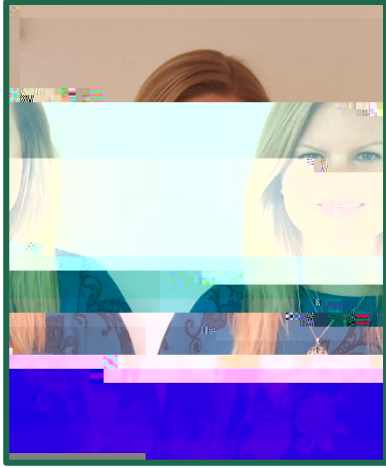
Currently working on three unique justice clinics utilizing integrated care in Casa Grande, Tucson, and Yuma, Arizona.

Diverse knowledge of probation and treatment, and committed to justice and treatment working hand in hand.

Experience working on Justice/Treatment Leadership initiatives throughout the State of Arizona, both in Probation and with Arizona Complete Health. Programs include: Defensive Tactics as a Lead, Evidence Based Practices, Kids at Ho



# Introducing Today's Presenters: Kara Ahearn, LCSW



Chief Clinical Administrator at Community Health Associates in Yuma, Arizona.

Former Clinical Director for Children's Services at Community Health Associates.

Mental Health Jail (Diversion) Liaison, Mecklenburg County, North Carolina.

Held a variety of positions with Mecklenburg County Area Mental Health and MeckLINK, including State Hospital Liaison; Housing (Grant) Coordinator; and Utilization Review.

Trained and certified as a Law Enforcement Instructor in the state of North Carolina. Taught Mecklenburg County Sheriff and Charlotte-Mecklenburg Police Officers courses on mental health issues, such as suicide precautions, general mental health diagnoses and symptoms, verbal de-escalation skills, and involuntary commitment orders.

# Principles of Community-based Behavioral Health Services for Justice-Involved Individuals

Jennie M. Simpson, Ph.D.  
Senior Drug Policy Advisor (IPA)  
Bureau of Justice Assistance  
U.S. Department of Department of Justice



# Principles of Community-based Behavioral Health Services for Justice-involved Individuals: Building

# Key Challenges for Providers

## Partnerships

With law enforcement, pre-trial services, courts, and community corrections

Necessary for shared and new clients

Knowledge of criminal justice system and concepts

Who, what, when, where, why, and how?

Effective and responsive treatment, recovery and support services for justice-involved individuals

Evidence-based treatment for justice-involved individuals with mental and substance use disorders

Addressing criminogenic risk and need factors: necessary part of effective treatment

Case management and support services specific to justice-involvement

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# Working with Justice- involved Individuals

Added complexity in working with  
the criminal justice system

Additional skills for addressing  
criminal justice involvement

Stigma

# Development of Principles

Technical Experts panel

August 17, 2017

National experts, community behavioral health providers, criminal justice professionals, professional associations, federal representatives

Peer-review by experts in relevant fields

Across fields of psychiatry, psychology, social work, criminal justice, criminology and medicine

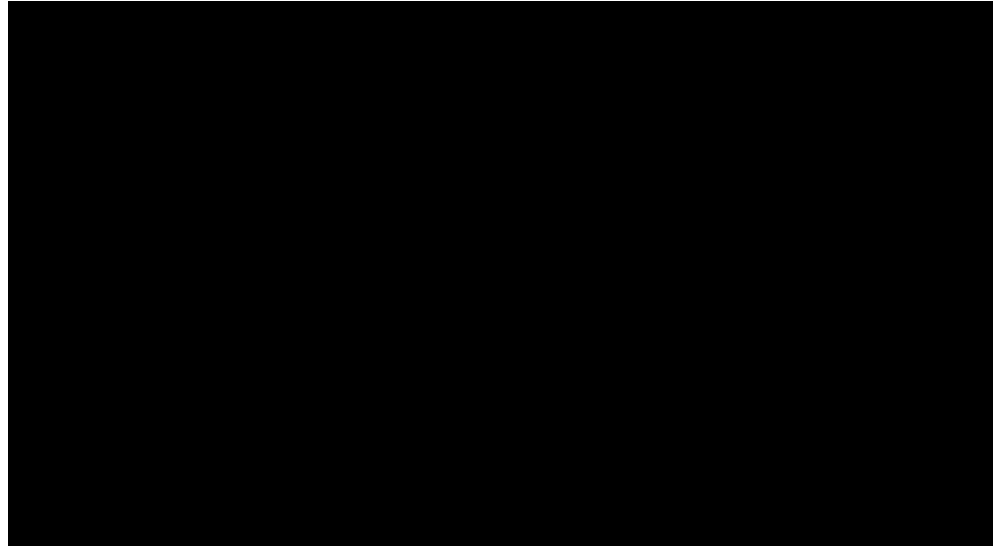
Public comment on the document

May 2018

# PRINCIPLE 1

Community providers are knowledgeable about the criminal justice system.

This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of criminal justice professionals.





# PRINCIPLE 2

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Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.



# PRINCIPLE 3

Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.



PRINCIPLE 4

## PRINCIPLE 4

Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.



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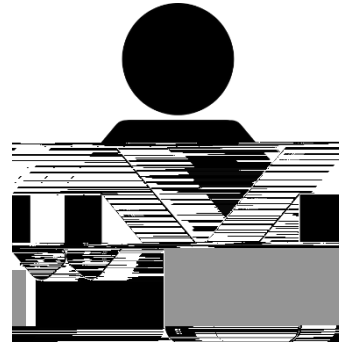
# PRINCIPLE 6



Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.

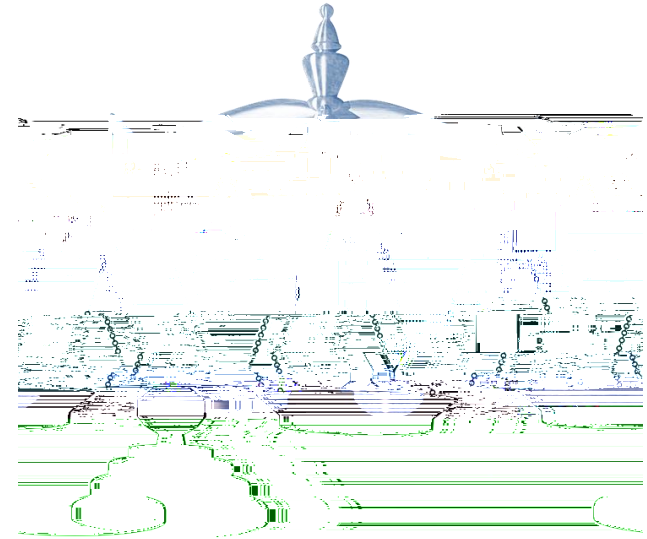
# PRINCIPLE 7

Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.



# PRINCIPLE 8

Community providers recognize and address issues that may contribute to disparities in both behavioral health care and the criminal justice system.



# Principle 5: Integrated Physical and Behavioral Health Care as Part of a Comprehensive Treatment Plan

George M. Owens,

Arizona Complete Health

Kara Ahearn,

Community Health Associates

March 28, 2019



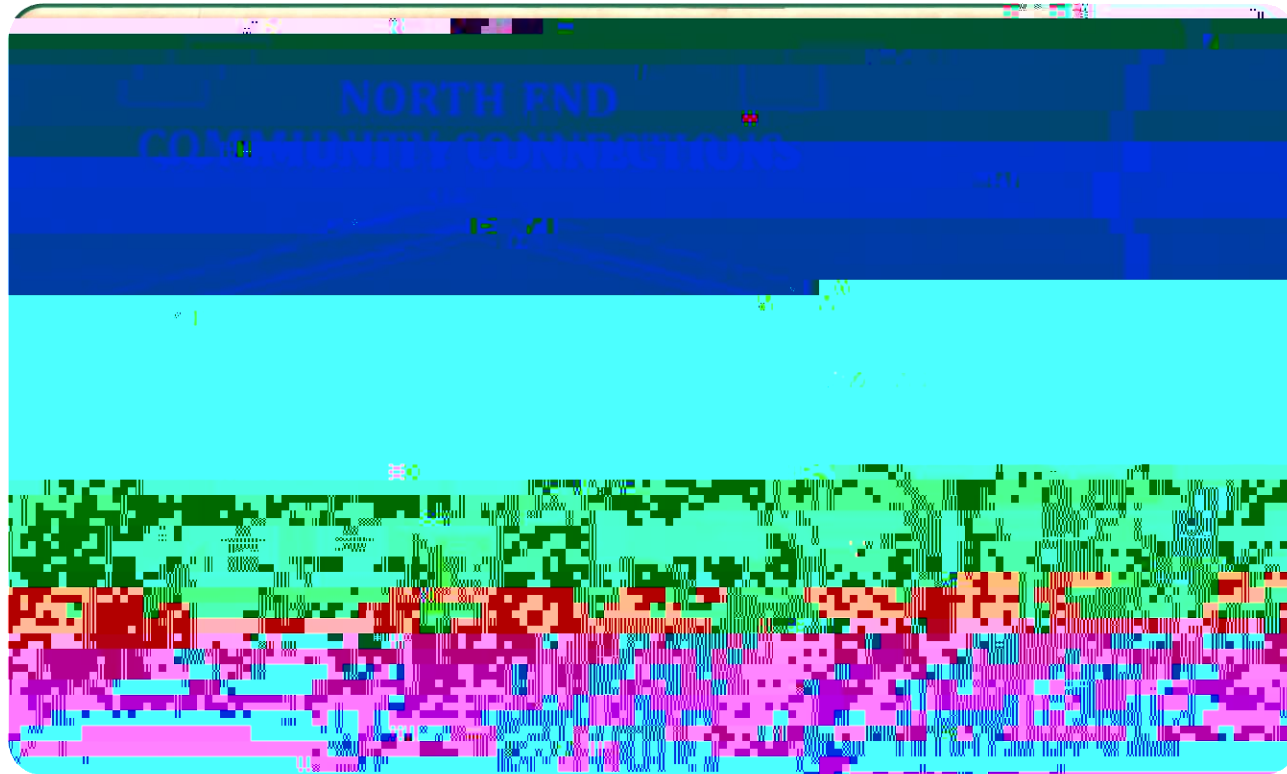


# Principle 5: Overview

Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.



# Yuma, Arizona





6,500 square feet

West Entrance is the Probation Department

East Entrance is the Clinic



Individuals released from jail

Individuals released from prison

Moderate-high to high risk to re-offend

Utilize validated actuarial assessment

## Cross-training

Understanding role of others in the team concept.

Training on assessment tools, treatment/case plans, and shared goals.

Breaking down silos.

Developing relationships between treatment and supervision.

# Justice Teams

Case manager(s) are assigned to officer or specific units.

Adult Recovery Team meets with client, provides coordination of caseloads.

Communication is improved and increased between team.





# Connection

Connection is made with individual before they reconnect with people, places, and things.

Individual needs to see hope.

Peer support is critical to process.

Peer support involves someone who has successfully navigated to a better life.

Immediate/24 hours intake assessment

Connect to peer support at intake, if not before

Peer support assists with navigation.

Viable services begin within 7 days.

Adult Recovery Team meeting within 10 days

Refine integrated care plan.

30 day ongoing team meetings

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# Integrated Care Plan

Developed with member with promotion of natural supports.

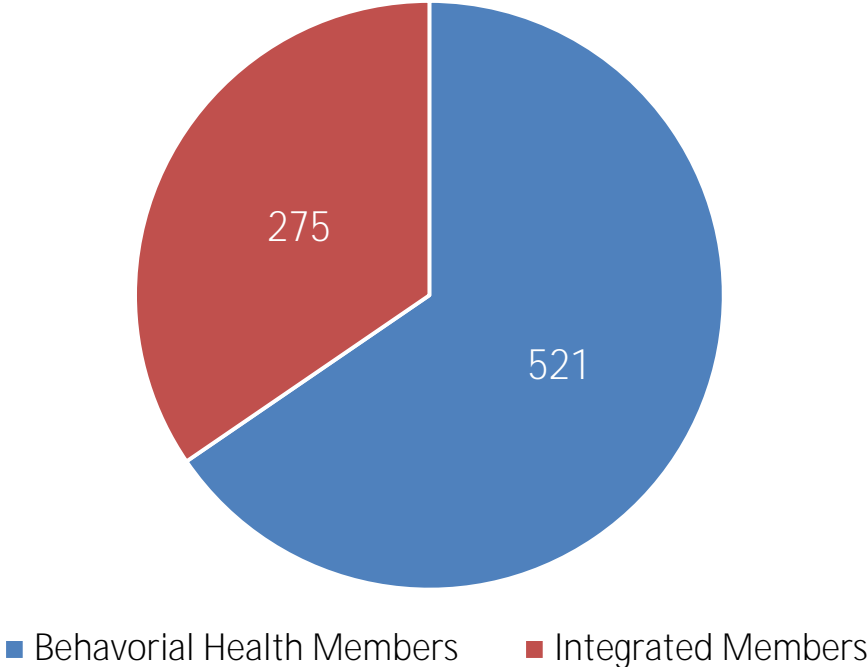
Utilizes the risk assessment and addresses 3 (or fewer) criminogenic needs.

Provides dosage-based service delivery (high risk 200+ hours – moderate 100+ hours).

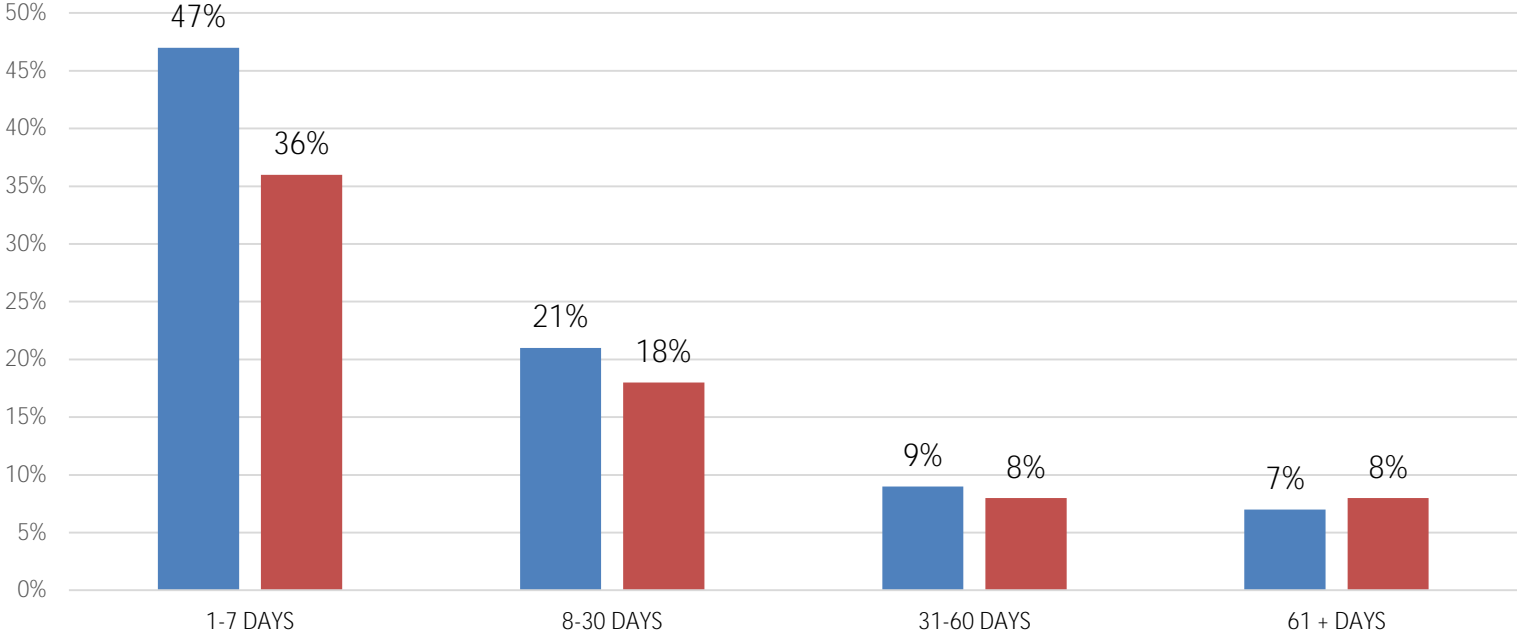
Completed within 30 days with ongoing team collaboration.

# Preliminary Data - 1

Total Number Members Count

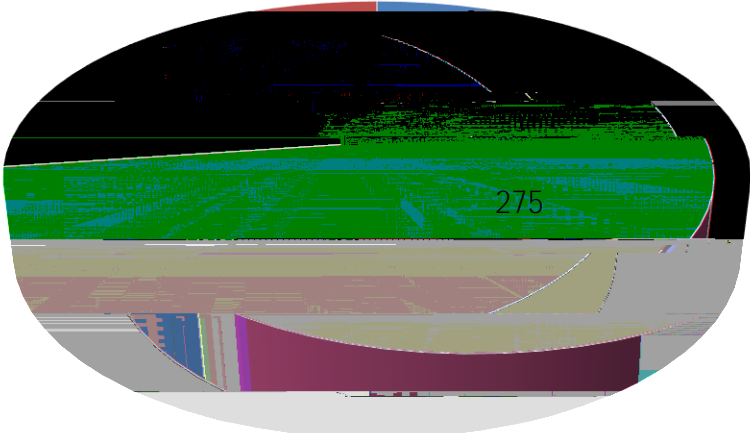


# Preliminary Data - 2



# Percent Wellness Visit Of Total Integrated Members

Integrated Member's Wellness Visit



- Total number Integrate members
- Total number members receive wellness visit





# High-risk Registry

The High-risk Registry has been created to identify, monitor, and intervene in the subset of members who are at the highest risk of hospitalizations or deteriorating health.

The High-risk Registry tracks the highest risk member whose long-term health outcomes can be completely affected with proper interventions.

Identifying high-risk members for High-risk Registry:

High-risk members: DLA-20 Level of Care 4 and/or 5, OST-high risk need and medical diagnosis of 1 of the 3: Diabetes, STDs, or hypertension.

Medium-high-risk members: DLA-20 Level of Care 3, OST-medium high and medical diagnosis of 1 of the 3: diabetes, STDs, or hypertension.

Community Health Associates has a family nurse practitioner who is tracking the identified high-risk members.

DLA-20:  
Daily Living Activities-20

OST:  
Offender Screening Tool

# Summary

Team concept: Case manager and parole officer have the same caseload

We and Us culture: Team can solve their own problems

Expedited service delivery

Simplified communication channels

Person-centered

Whole health



# Principle 7: Case Management For Justice-involved Individuals

Melissa Zhiss, MA, LPA

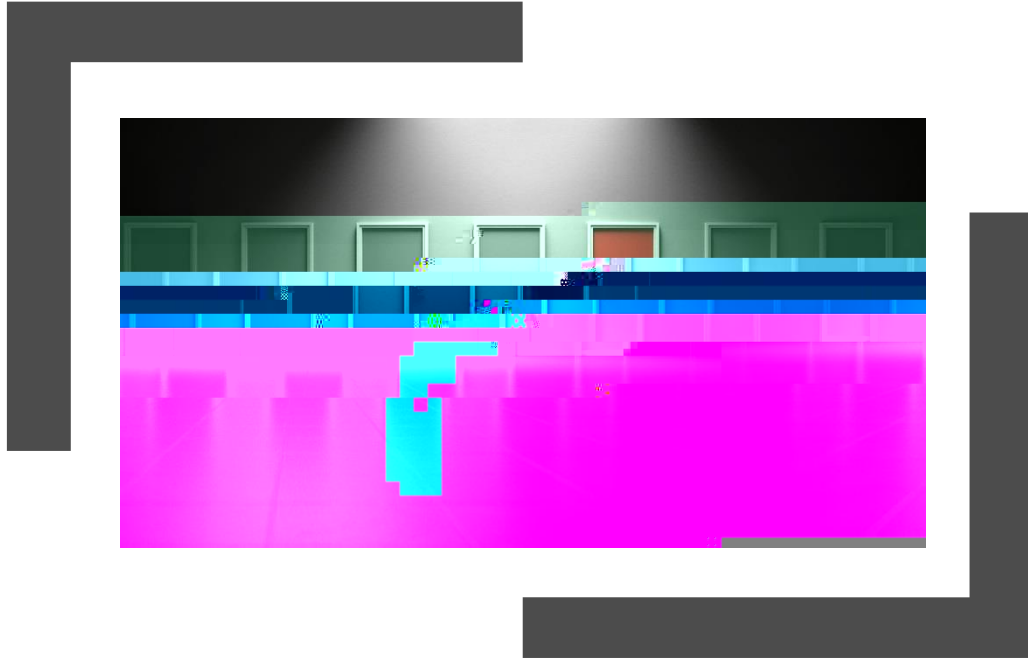
Mecklenburg County Criminal Justice Services

March 28, 2019





# The Differences



Individuals who are currently involved with the criminal justice system or reentering communities from jails and prisons often face unique obstacles in finding housing, employment, and coordinating health and behavioral health care.

# What Makes Them Unique?

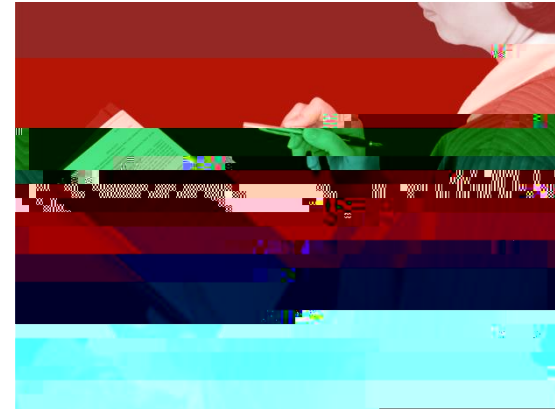
## Income:

### Employment (Full Time/Part Time)

- Criminal Record
- Lack of Training/Education/Support
- Addiction, Mental Health, Physical Health

### Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI)

- SSI suspended up to 1 year while in custody;  
Difficulty reinstating
- SSDI suspended until reported by individual they  
are out of custody
- Applying for SSI/SSDI when released from custody



# SOAR—Criminal Justice

SOAR: SSI/SSDI Outreach, Access, and Recovery

For people who are experiencing or at risk of homelessness

A model for assisting individuals to apply for Social Security disability benefits

Sponsored by SAMHSA in collaboration with the Social Security Administration (SSA) since 2005

All 50 states currently participate



# Benefits & Supportive Services

Medicaid/Medicare

Food Stamps

Women, Infants and  
Children (WIC)

Veterans Benefits

Expungement Clinics

Providers





# Housing

Shelters

Transitional housing

Coordinated entry

Family/natural supports

Specialized behavioral  
health (BH) housing  
(group homes)

Landlords (affordable  
housing)

Boarding homes/rooms to  
rent

Assisted living facilities/  
family care homes (if  
appropriate)

# Supports



Clergy  
Family  
Friends/Neighbors  
Significant other  
Previous employer  
Professionals - YOU!





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