ACCESS TO RECOVERY

Collaborating with the Criminal Justice System
WELCOME

ATR3
Technical Instructions

• You may ask a question at any time during the Webinar by typing it into the “Questions” field below the slide presentation, and then pressing “Enter.” Most questions will be addressed at the end of the presentation.

• Today’s slides as well as additional resource materials are available in the “Downloads” area to the left of the slide presentation.
Speakers

- Kenneth Robertson
  Public Health Advisor, SAMHSA/CSAT
- Jennifer Fillmore
  Program Director, Indiana Family and Social Services
- Carolyn Hardin
  Senior Director of National Drug Court Institute
- DeAnna Hoskins
  Reentry Program Director, Administrator’s Office, Hamilton County, Ohio
- Kevin Gabbert
  ATR Project Director, Iowa Dep. of Public Health, Division of Behavioral Health
- April Schmid
  Indiana ATR Project Director
- Sarah Collins
  Indiana State Training Manager and Project Manager, Region 2
Module 1: SAMHSA’s Trauma and Justice Strategic Initiative

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Center for Substance Abuse Treatment
Substance Abuse Mental Health Services Administration
U.S. Department of Health & Human Services

Access to Recovery Webinar:
Collaborating with the Criminal Justice System
October 11, 2011
Behavioral health is essential to health.
Prevention works.
Treatment is effective.
People recover from mental and substance use disorders.

Pamela S. Hyde, J.D.
Administrator, SAMHSA
SAMHSA’s Strategic Initiatives

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support
The mission of SAMHSA’s Trauma & Justice Strategic Initiative has two parts:

• To create trauma-informed systems to implement prevention and treatment interventions to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities

• To better address the needs of persons with mental and substance use disorders in the criminal justice system
Trauma & Justice Strategic Initiative: Goals

→ Develop a comprehensive public health approach to trauma.
→ Make screening for trauma and early intervention and treatment common practice.
→ Reduce the impact of trauma and violence on children, youth, and families.
→ Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems.
→ Reduce the impact of disasters on the behavioral health of individuals, families, and communities.
SAMSHA and Criminal Justice

- SAMHSA’s primary criminal justice activities center around drug courts, offender re-entry, diversion for those with mental illness, and trauma and justice initiatives.

- CSAT’s criminal justice budget has expanded in the past three fiscal years from approximately $23M to $69M.

- CSAT has committed over $100M toward grants supporting the expansion and enhancement of treatment services for drug court clients.
There are 184 active grants in CSAT’s criminal and juvenile justice portfolio:

- 109 Adult Drug Court grants including joint grants with BJA
- 42 Offender Reentry Program grants
- 10 Adult Criminal Justice Treatment grants (ending 9/2011)
- 23 Juvenile/Family Drug Court Grants
- 12 Children Affected by Meth-Family Drug Court grants
  – 8 SAMHSA Juvenile Treatment Drug Court grants
  – 3 SAMHSA/Department of Justice, OJJDP/Robert Wood Johnson
  – “Reclaiming Futures” Juvenile Drug Court grants

In FY 2011 CSAT anticipates making the following awards:

- Up to 10 Joint SAMHSA-BJA Adult Drug Court grants
- Up to 11 Behavioral Health Treatment Court Collaboratives grants
SAMHSA Resources

- SAMHSA Website
  - [www.samhsa.gov](http://www.samhsa.gov)

- SAMHSA Substance Abuse Treatment Facility Locator
  - [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

- SAMHSA Health Information Network Clearinghouse
  - 1-877-SAMHSA-7 (Monday–Friday 9:00 a.m.–4:30 p.m.)


- Publication ordering or information on funding opportunities
  - 1-800-729-6686
  - 1-800-487-4889 (TDD)

- 1-800-662-HELP – SAMHSA’s National Helpline
  - Average number of treatment calls per month is approximately 24,000
Criminal Justice Team
Contact Information

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UNDERSTANDING CRIMINAL JUSTICE SYSTEMS

Jennifer Fillmore, Program Director, Indiana Family and Social Services
Pre-trial

Pre-trial is a proceeding held before an official trial, especially to clarify points of law and facts.
Probation

• Probation is an alternative to incarceration which allows offenders to stay in the community under close supervision.

• Three basic objectives:
  – Helping court in matters pertaining to sentencing
  – Public safety
  – Assisting offenders with accessing services to promote rehabilitation

• Two types of probation orders:
  – Standard
  – Special conditions
Termination of Probation

- Two categories of revocation:
  - Commission of new offense
  - Technical violation
Community Corrections

• Community corrections is a subfield of corrections in which offenders are supervised and provided services outside jail or prison. The goal is rehabilitation and public safety.

• Community corrections programming:
  – Work release
  – Home detention
  – Day reporting
  – Community transition programming
Parole

Offenders are released from prison prior to completing their entire sentence with the approval of the parole board and are supervised by parole for the remainder of their sentence.
Parole (cont.)

• Parole is divided into two areas:
  – Parole board
  – Parole officers
Reentry

- Reentry is the process of an incarcerated offender preparing to return to the community.
- Reentry planning
- The supervision of reentering offenders varies but can include:
  - No supervision
  - Probation
  - Parole
  - Community corrections
  - Reentry court
  - Split sentence
Criminal Justice Opportunities for Intervention or Treatment

• Attorney recommendation
• Diversion
• Condition of supervision
• Court ordered:
  – To receive a comprehensive alcohol and drug assessment
  – To receive a specific level of care
For More Information

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317-232-7891
DRUG COURTS

Carolyn Hardin, Senior Director of National Drug Court Institute
Drugs Drive 80% of Crime in America
The Promise of Drug Court

• We can capitalize on the trauma and consequences of an arrest or violation to intervene earlier in an addict’s “career” of abuse.
• More substance abusers will enter treatment sooner and stay longer.
• Drug court offers the highest level of accountability for the offender while in the community.
Adult Drug Courts

• The best drug courts reduce crime by as much as 45% over other sentences.
• Recidivism following drug court averages 8% to 26% lower than for any other criminal justice program.
• Drug courts significantly reduce illicit drug and alcohol use, improve family relationships, lower family conflicts, and increase participants’ access to financial and social services.
• Overall, $27 was saved for every $1 invested.
10 Key Components

- Treatment integrated into justice processing
- Non-adversarial approach
- Early client identification
- Continuum of services
- Frequent testing to ensure sobriety
- Coordinated strategy of responses to client behaviors
- Judicial interaction
- Program evaluation
- Continuing education
- Partnerships and collaboration
Cost Savings

- Drug courts produce on average $4.21 in direct benefits to the criminal justice system for every $1 invested.
  - This is a 421% return on investment.
- Studies that account for long-range costs found economic benefits ranging from approximately $2 to $27 for every $1 invested.
  - Long range costs include savings from reduced foster care placements and healthcare service utilization.
For More Information

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571-384-1864
BUILDING A SYSTEM OF CARE

DeAnna Hoskins, Reentry Program Director, Administrator’s Office, Hamilton County, Ohio
Building the System

- Convening
- Collaborating
- Leveraging
Building the System and Sustaining It

- Integrate ATR with Department of Corrections in your state
  - Grants
  - Community resources
  - Faith-based and grassroots organization
For More Information

Deanna Hoskins

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513-237-8671
CRIMINAL JUSTICE
PROTOCOLS & REQUIREMENTS

Jennifer Fillmore, Program Director, Indiana Family and Social Services
Requirements that Affect Clients’ Ability to Receive Services

- Confidentiality
  - Participation in treatment is mandatory
Requirements that Affect Clients’ Ability to Receive Services (cont.)

- Lack of understanding
  - Of treatment and recovery support services
  - Of the role of faith-based providers
  - Client choice
  - Peer support services
Requirements that Affect Clients’ Ability to Receive Services (cont.)

- Memorandum of understanding
  - Required with the court prior to providing services to criminal justice-involved clients
Requirements that Affect Clients’ Ability to Receive Services (cont.)

- Risk and needs assessment
- Curfew and travel restrictions
- Progress reporting requirements
For More Information

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ENGAGING CLIENTS AND STAKEHOLDERS

DeAnna Hoskins, Reentry Program Director, Administrator’s Office, Hamilton County, Ohio
Changing the Way We Do Business

- Communication
- Connecting
- Creativity
Motivation

- Clients
- Stakeholders
For More Information

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GRANTEE SNAPSHOT: IOWA

Working with the Criminal Justice System

GRANTEE SNAPSHOT: IOWA

Kevin Gabbert, ATR Project Director, Iowa Department of Public Health, Division of Behavioral Health
Client Comparison in Iowa

Of the 8,438 individuals currently in a correctional setting:
- 71.7% report having an alcohol problem sometime in their life
- 80.6% report having a drug problem sometime in their life

Of the 25,739 individuals receiving treatment for a substance use disorder:
- 51.7% were involved in the criminal justice system

Of the 7,678 individuals seen in ATR II:
- 59.1% were involved in the criminal justice system

= 2,500 Individuals
Iowa ATR II Experience: Planning

• First received an ATR grant in 2007 as part of cohort 2
• Identified populations of focus
• Met with the Department of Corrections and Women Offenders Sub-committee
Iowa ATR II Experience: Implementation

Built ATR implementation plan around the five primary cities in the state where women offenders relocated following release from prison:

- Cedar Rapids
- Des Moines
- Sioux City
- Waterloo
- Davenport
Iowa ATR Experience: Challenges

• The biggest challenge experienced was communication.
• Top-level discussions didn’t always result in information dissemination.
• This led to increased marketing.
Iowa ATR II Experience: The Results

• Almost 60% of ATR clients are involved in the criminal justice system.
• According to SAIS data from ATR II, at the six-month follow-up, 96.1% of participants had no arrests in the past 30 days.
• This process provided insight into the best means for communicating information with the criminal justice system.
• We’ve developed a stronger collaboration with DOC.
• We’ve created new opportunities and focus for ATR III (drug court).
For More Information

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www.idph.state.ia.us/atr
Lessons Learned and Tips for Grantees

GRANTEE SNAPSHOT: INDIANA

April Schmid, Indiana ATR Project Director
Sarah Collins, State Training Manager & Project Manager, Region 2
What’s Your CJ Experience?

• With which criminal justice (CJ) agencies do you currently work?
  – Probation
  – Parole
  – Problem solving courts
  – Community corrections
  – Pre-trial diversion
  – Substance abuse treatment
What’s Your CJ Experience? (cont.)

• What have been your biggest challenges to working with the CJ system?
  – Getting and maintaining state- and community- level support
  – Discrepancies between CJ and ATR approaches
  – Lack of understanding about recovery
  – Lack of communication
Identify Stakeholders

• Director of Parole
• Director of Community Corrections
• Director of Probation
• Department of Corrections
• Judicial center
• Behind the Walls program staff
  – Re-entry Coordinators
  – Therapeutic communities
  – Clean Living is Freedom Forever (CLIFF)
  – Other substance abuse programs
  – General Case Managers
Get State-level Support

- Network with people who can connect you to key stakeholders.
- Establish the benefits for DOC.
  - Potential impact on recidivism (and budget)
  - Reduction in staff resources necessary for ATR clients
- Establish a memorandum of understanding (MOU) with Department of Corrections, if possible.
  - Be diplomatic
  - Include recidivism DATA arrangements in your agreement
  - Trainings
Plan B

• Redirect efforts to community level
  – Tap into existing networks
    • Local coordinating councils
    • Local parole districts
    • County probation
    • County and city problem-solving courts
  – Use local ATR providers when possible—they typically already have relationships with CJ entities

• Good outcomes filter up
Set Up Referral Source Trainings

- Information should be readily available.
- Hold short trainings to cover the referral process.
  - Host webinars.
  - Review program elements and give step-by-step referral instructions.
  - Provide takeaways.
    - Brochures
    - Info sheet
    - Contact information
    - Posters, if available
Maintain Constant Communication

- County-based provider forums
  - Invite all stakeholders (including referral sources)
  - Share success stories and updates
- Monthly newsletters
- Brochures and posters
- Audience-specific info sheets
- Regularly updated website
How are INATR Services Funded?

INATR is funded through a grant awarded to the Indiana Division of Mental Health and Addiction (DMHA) by the Substance Abuse Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT). Clients access INATR funds through their Recovery Consultant, who authorizes vouchers for services chosen by the client using an electronic voucher management system.

Where Can I Learn More?

Learn more online at ATR.fssa.IN.gov.

If you live in Allen, Clark, Floyd, Johnson, Monroe, Vanderburgh or Vigo County, please contact Sarah Collins, INATR State Training Manager and Project Manager Region 2, at 317-234-0902 or Sarah.Collins@fssa.in.gov.

If you live in Elkhart, Lake, Marion or St. Joseph County, please contact Rocke Ford, INATR Project Manager Region 1, at 317-232-7857 or Veronica.For@fssa.in.gov.

To find a recovery consultation agency, call the SAMHSA treatment referral helpline at 1-800-662-HELP (4357).

Where Do I Apply to Become a Provider?

Indiana Access to Recovery
Division of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

dmha.atr3application@fssa.in.gov

A Client Driven Approach to Recovery and Wellness

INATR supports a recovery-oriented approach to care. The goal of INATR is to provide a continuum of recovery services, regardless of where the person is in their recovery. This includes a Recovery Consultant (RC) chosen by the client, who will coordinate services in cooperation with the client, whether the services are funded by INATR or free in the community. The RC assists the client in developing a personal recovery plan and schedules meetings to discuss plan progress and needed modifications. INATR can fund clinical treatment on a limited basis, as well as numerous Recovery Support Services, including:

- Transportation
- Transitional housing
- Peer coaching
- Family and marital counseling
- Faith and/or community support
- Parenting education
- Parenting support/contain case
- Substance abuse interventions/prevention and education
- Community-based continuing care
- Supportive education
- AOD screening

Who is Eligible?

INATR eligible clients must meet ALL of the following:

- Must live in one of the eleven counties: Allen, Clark, Elkhart, Floyd, Johnson, Lake, Marion, Monroe, St. Joseph, Vanderburgh, and Vigo.
- Must have a substance use problem or disorder and be motivated to work toward recovery.
- Must be a legal adult
- Household must be at or below 200% of federal poverty line (If military, must be at or below 150% of federal poverty line)

Additionally, INATR focuses grant resources on the following populations:

- Military service persons (past or present)
- Women who are pregnant or have dependent children
- Individuals who have recently used methamphetamine
- Individuals who are currently involved in the criminal justice system (past conviction and sentencing)
- Individuals who have recently signed an agreement with a diversion court
Be Available

- The MOU is just the beginning.
- Make sure that people have someone to call or email if problems or questions arise.
- Set up regular meetings to touch base.
For More Information

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Question and Answer Session

• **To ask a question on the Web:**
  – Enter your question in the field at the bottom of the “Q&A” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.

• **To ask a question via phone:**
  – Press *1 to indicate that you have a question. You will be placed into the comment queue.
CONCLUSION
Thank You

If you have any questions, you may contact us at webmeeting@altarum.org

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