Treatment Capacity: The Role of Treatment Providers in Implementing Alternatives to Incarceration

IABH/MO COALITION CONFERENCE
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Session Objectives

• To become familiar with Alternatives to Incarceration (ATI) and the roles of behavioral health, social service, and justice partners in developing these processes
• To learn about the treatment capacity model and strategies for expanding capacity
• To identify steps to expanding capacity in your community
Alternatives to Incarceration
CONTEXT:
Substance use and mental illness are driving factors in justice involvement.

ANY MENTAL HEALTH PROBLEM
- General Population: 19%
- State Prison: 56%
- Local Jail: 64%

SERIOUS MENTAL ILLNESS
- General Population: 4%
- State Prison: 16%
- Local Jail: 17%

SUBSTANCE USE DISORDER
- General Population: 9%
- State Prison: 53%
- Local Jail: 68%
Drugs & Crime: A Costly Connection

- Alcohol and other drugs involved in:
  - 78% of violent crimes
  - 83% of property crimes
  - 77% of public order, immigration, or weapon offenses; and probation/parole violations
Drugs & Crime: A Costly Connection

- Illegal drug use costs U.S. taxpayers $193 billion per year
  - Costs associated with health = $11.4 billion
  - Costs associated with crime = $113.3 billion
  - Costs associated with lost productivity = $68.4 billion
CONTEXT: The U.S. has the highest incarceration rate in the world.

Incarceration rate per 100,000 people

- India: 30
- Switzerland: 82
- Spain: 149
- South Africa: 289
- U.S.: 716
Addiction Treatment Sparse Within CJS:
Where substance Use Treatment was received among persons 12+ (2016)

- Self-Help Group: 2,453
- Outpatient Rehabilitation: 1,994
- Inpatient Rehabilitation: 1,208
- Outpatient MH Center: 1,075
- Hospital Inpatient: 858
- Private Doctor’s Office: 714
- Emergency Room: 487
- Prison or Jail: 374

Only 10% of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision.
Drugs & Crime: A Costly Connection
Referral Source to Treatment (2013)

- Individual (incl. Self-referral): 32.5%
- Court/Criminal Justice Referral/DUI/DWI: 37.88%
- Other Community Referral: 11.6%
- Alcohol/Drug Abuse Care Provider: 10.1%
- Other Health Care Provider: 6.4%
- School (Educational): 1.1%
- Employer/EAP: 0.5%

- DUI/DWI: 9.8%
- Probation/Parole/Prison: 40.9%
- State/Fed Court, Other Court Recognized Legal Entity: 32.8%
- Diversionary Program, Other: 16.5%
People who are nonviolent can be safely deflected in the community instead of entering the justice system.
REFORM
Pretrial Justice: An Idea That’s Way Past Due

Community-based services, housing, and recovery support

People who are nonviolent and awaiting trial can safely remain in the community instead of detention because they cannot pay a money bond.

Pre-Adjudication Diversion

Post-Adjudication

Initial detention
Initial court hearings
Prosecutors
Jail
Court

Jail Reentry
Prison reentry

Probation
Parole

Police
First responders

Community

Community

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REFORM
Courts, Jails, and Prosecutors

Community-based services, housing, and recovery support

*People who are low-risk and low-need and low-risk, high-need can safely be supervised in the community based on risk-needs-responsivity.*
THE BASICS
Reentry: Closing the Justice System Cycle

People who are returning from prison can safely return & remain in community instead of cycling in/out on technical violations.

Community-based services, housing, and recovery support

Pre-Adjudication Diversion

Police
First responders
Initial detention
Initial court hearings
Prosecutors
Jail
Court

Post-Adjudication

Jail Reentry
Prison reentry
Probation
Parole

Community
Taking a Closer Look at Deflection
INNOVATION
Deflection: The “Handle” on the Front Door

Community-based services, housing, and recovery support

*People who are nonviolent can be safely deflected in the community instead of entering the justice system*
Variety of Terms for Deflection

- Deflection
- Pre-arrest diversion (PAD)
- Pre-booking
- Co-responder
- Pre-entry
- Crisis Intervention Teams

- Police diversion
- Crisis/Triage centers
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion
- First Responder Diversion

Whatever It’s Called: **Third Way for Police**

1) Arrest or 2) Release 3) Deflect
How Deflection Differs from Other Types of Justice Diversion

Pre-Arrest Diversion (PAD)

- Moving away from justice system *without having entered it*
- *Behavioral health guided* with criminal justice partnerships
- *Public health* solution to better public safety – crime reduction!

Other Criminal Justice Diversion

- Moving *out* of justice system *after having entered it*
- *Criminal justice guided* with behavioral health partnerships
- A *wide variety* of approaches for a variety of reasons
A “Warm Handoff”
THE Critical Time and Place
Connection for Deflection

- Law Enforcement
  - 15 min
- 100% Identification
- Screening

- Assessment
  - 1 wk

- Referral to Treatment
  - 2 wks

- Placement into Treatment
  - 3 wks

- Treatment
  - 6+ Weeks

To Treatment!
The Pathways to Treatment

The TASC Model

Referral/Placement into Treatment

A Way of Connecting Different Systems

100% Identification & Screening

Assessment

Case Management, Collaboration, Systems Communication

Monitoring & Reporting

Recovery Support

Law Enforcement

Community

Treatment System
Expanding Treatment Capacity
Why is this important?

• Facilitated linkage to care and care coordination for high risk and vulnerable population =
  -lives saved
  -reduced future arrest/recidivism
  -improved public health and safety
• Opioid → elevated risk of OD at release
Treatment Capacity is about more than just quantity...

Robust, interconnected network of community-based treatment and support services that are:

- Quality and Effective
- Person-centered
- Accessible on demand
- Non-discriminatory
- Affordable
Considerations

- Addiction = disease
- Recovery = ongoing
- Relapse ≠ failure
- Recovery is not linear
- Access to each from each
- None of these domains alone is sufficient
Who are your deflected/reentry clients?

What services do they need?
Community capacity impacts…

• Community’s preparedness and ability to meet demand for opioid and other SUD treatment/services
• Individual’s ability to engage with services
Strategies for Treatment Capacity Expansion

1. **Maximize** use of existing capacity

2. **Build** new capacity
Maximize Use of Existing Capacity

• Align capacity to meet the demand of your community, build on what exists.

• Both approaches are important, but don’t miss an opportunity to explore misaligned, under used, or unused capacity:
  ➢ Greater access to services sooner
  ➢ Comprehensive overview of network
  ➢ Inform building capacity down the road
Maximize Use of Existing Capacity

• Community Capacity Mapping
• Who provides services? What do they provide?
• How does someone walk through system/services? What happens at the front door? What about the back door?

What capacity do you need?
• What services are your clients unable to access?
Who is at the table?

- What planning is already happening in your community?
- Who is engaged?
- Who needs to be?
  - Treatment
  - Lived experience, family, friends
  - Justice system
Ideal Treatment System
Stabilizing Services

- Critical when someone leaves a controlled environment (e.g. jail, detox) and between treatment modalities
  - Residential treatment,
  - Housing: emergency, temporary, recovery
Withdrawal Management

- Does not = treatment
- Ambulatory v. Inpatient
Medication

- MAT - all medications
- Medication…not “drug”
- Same as medications for other chronic illnesses
- Clinical, individualized decision
Behavior Change

- Foundation for ongoing recovery
- Different levels of care – based on individual need
Community Support Services

- Bolster treatment and recovery
- Not traditional “treatment”
  - Community groups: Twelve Step, faith-based org., etc.
  - Other services: Housing, transportation, etc.
  - What else?
Lifesaving Services

- Immediate access
- Post-OD or other SUD/MH crisis
- Especially critical following release
- Accessible to: individuals, first responders, family, friends, etc.
- Naloxone
Care Coordination

• Critical to initial connection - navigate system
• Critical to ongoing success
• Across/between domains
Thank you!

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