



**Benton County Criminal Justice  
Assessment – Community Workshop  
Evidence Based Practices  
7/24/18**

# Collaborative Assessment Process:

## CGL

Planning

Analytics

Solutions

Designs

## Benton Community

Victims

People With Lived  
Experiences

Broad-based  
Community Input

Corrections

Treatment Providers

## GOBHI / OBJC

Project  
Management

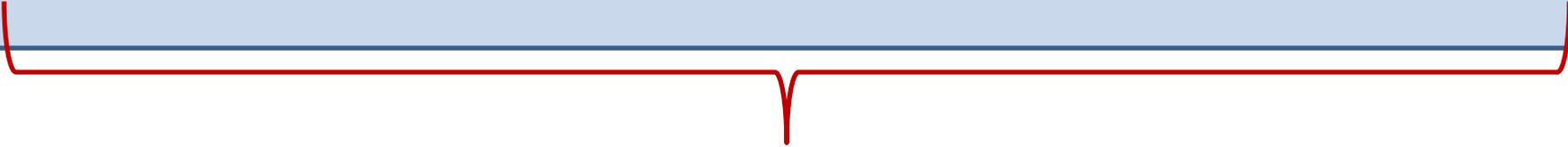
Community  
Engagement

Behavioral Health &  
Public Safety

Research-based  
Planning

## INPUT – For Analysis

- Offender related data
  - Demographics
  - Arrest by type
  - Offender needs
  - Prevention / Diversion Services
  - Jail data
  - Court processing information
  - Probation and Parole
  - Policies
  - System Mapping
- 
- Community engagement feedback
  - Victim Needs
  - Literature review of research – what works – diversions for all offenders and for offenders with behavioral health issues
  - Literature review of the relationship between social determinants of health and crime and Trauma and crime



## OUTPUTS – For Consideration

- 3 Options for Benton County Criminal Justice system With Cost / Benefit Analysis

# What We Know.... About Risk / Needs

- Not from a single study
- Review of Hundreds of research studies
- Identified what consistently increased crime
- What consistently decreased crime



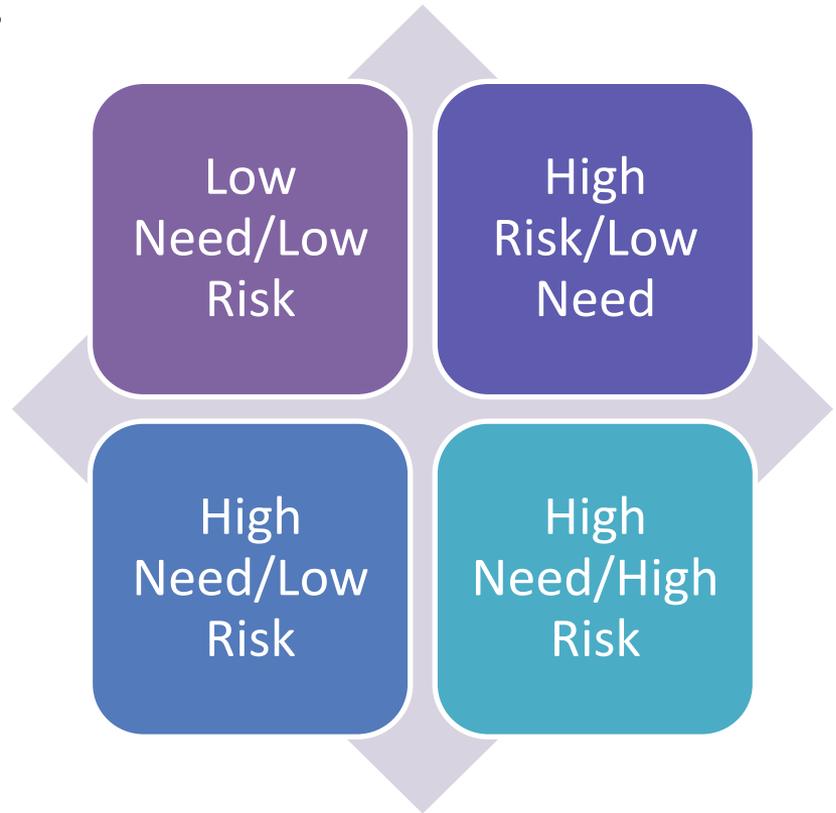


# Hidden Costs of Pre-trial Detention

## Kentucky Study, N=155,000

- Detaining low and moderate risk defendants increases rates of new criminal activity both during pre-trial phase and post disposition.
- When held 2-3 days low risk defendants are almost 40% more likely to commit new crimes before trial.
- When held 8-14 days, low risk defendants are 51% more likely to commit another crime 2 years after completion of their cases.

- The **Risk**: Risk to re-offend (multiple areas of “big 8”)
- The **Need**: Target *changeable* risk factors for crime
- The **Response**
  - General: Learning style of offenders
  - Specific: Specific characteristics of individual



# Major Risk Factors for Recidivism: Central Eight

- History of antisocial behavior
- Antisocial personality pattern
- Antisocial cognition
- Antisocial associates
- Family circumstances
- School/Work
- Leisure/Recreation
- Substance Abuse

## Need (What)

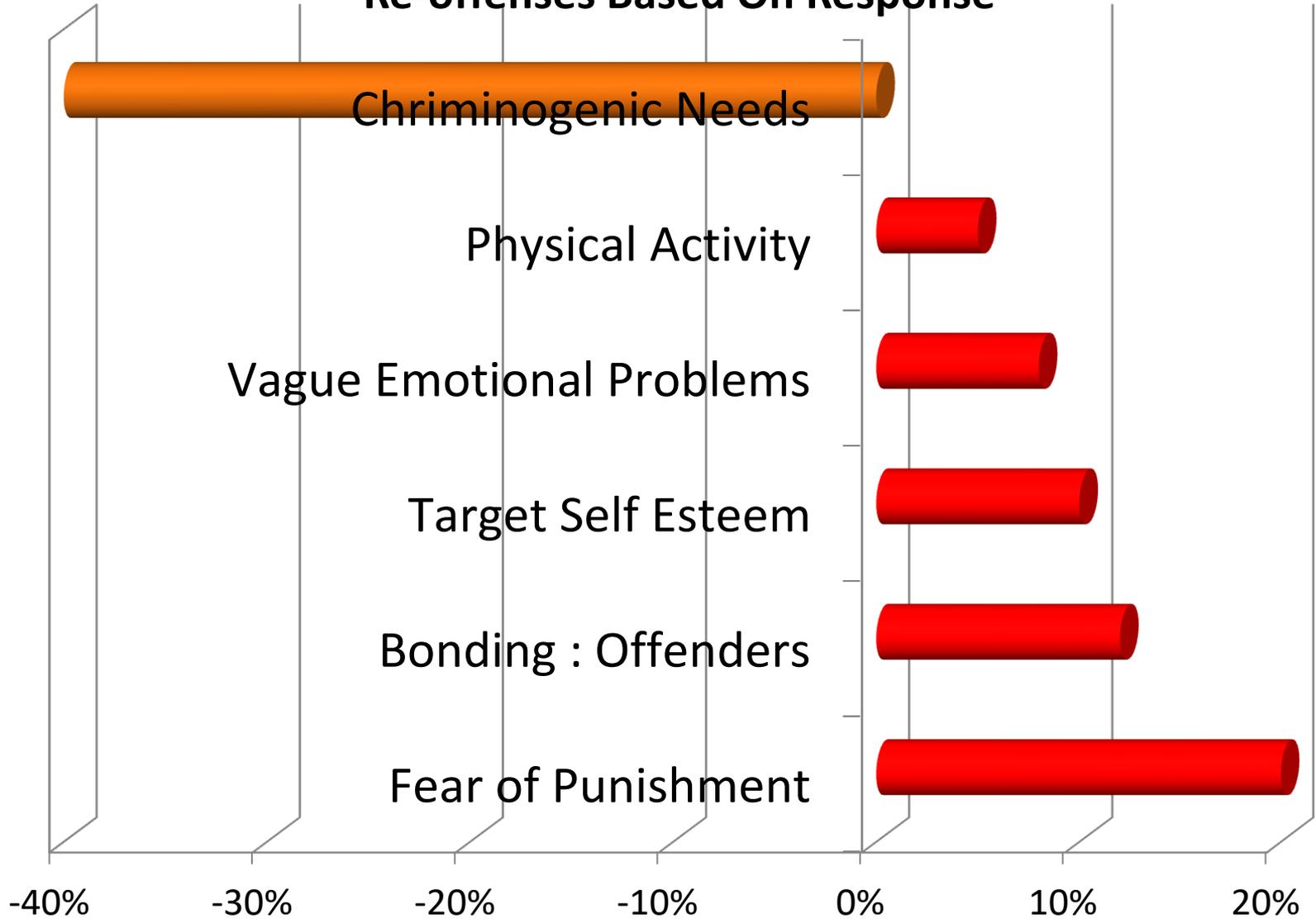
- **Within, or in tandem with, corrections** responses, services should be geared toward factors most closely linked to criminal offending (criminogenic factors)- the “big eight”:

- History of antisocial behavior
- Antisocial personality pattern
- Antisocial cognition
- Antisocial associates
- Family circumstances
- Education / Work
- Leisure / recreation
- Substance abuse

Examples of those approaches....

Criminogenic Risks	Needs	Potential Approaches/Enhance Responsivity
Antisocial Behaviors	Reduce antisocial acts	Education, frequent contact with case manager/peer, strong communication between provider and probation/parole
Antisocial Personality Patterns	Decrease impulsivity, irritability, irresponsibility, help coping, problem-solving	Stress management exercises, problem-solving exercises, trauma informed care (TIC)
Antisocial Cognitions	Decrease antisocial cognitions, risk thinking	Referral to EBPs such as Thinking for a Change, etc.
Antisocial Peers	Decrease association with other criminals, enhance prosocial contacts	Peer supports, activities that allow for prosocial associations (e.g. volunteering, community service), fostering hope and positive connections
Family/marital relationships	Improve relationships with family and significant others when possible	Treat symptoms of mental illness, Help examine broken ties and how to rebuild, TIC, factor in criminal issues (e.g., DV)
Employment/Education	Assist in enhancing employment/academic skills and achieving goals	Identify housing, treat mental illness, Vocational skills linkages, employment supports, rewards for positive achievement
Leisure and recreation	Increase time in prosocial activities	Identify schedules, activities, community service
Substance abuse	Decrease substance use, enhance motivation for change	Active treatment (not just detox), monitoring as needed, plan for relapses, treat co-occurring mental illness

# Re-offenses Based On Response



## Risk / Needs Assessment Instruments: (Six Examples)

- Correctional Assessment and Intervention System (CAIS) :  
Based on the earlier Wisconsin Risk and Needs 9WRN) instruments and the Client Management Classification (CMC) planning guide
- Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
- Level of Service Inventory-Revised (LSI-R) and Level of Service/Case Management Inventory 9LS/CMI)
- Offender Screening Tool (OST)
- Ohio Risk Assessment System (ORAS)
- Static Risk and Offender Needs Guide (STRONG)

## Important Issues:

- Use a validated / normed tool
- Training
- Inter-assessor reliability
- A piece of information for decision making – part of all the information collected

# What We Know....

## About Diversion Services

- Not from a single study
- Review of over 50 research studies



# Diversion Programs:

Diversion allows low-level (risk) individuals to avoid criminal charges, and thus divert them from the criminal justice system, if they follow a prescribed program.

Conditions can include some combination of classes, skill building, community service, specialty courts, addiction treatment, mental health counseling, and restitution.

## **Work Release Program –**

A work release program is an alternative sentencing option offered by some correctional facilities. The program enables inmates who have demonstrated positive work ethics to work for a private employer in the community – or maintain current employment.

In some programs, they return to the jail in the evening to sleep. They may also return to their private residence – those offenders are typically on electronic monitoring.

The program is highly structured, with supervision requirements that help the offender to be successful as he/she attempts to bridge the gap between incarceration and return to society.

## Sobering Centers –

Currently, law enforcement and other first responders have only two options for delivering individuals who are under the influence – jail or the emergency room.

Most frequently the choice is to deliver to the emergency room at a hospital which is not designed to be a sobering center.

A sobering center provides a safe respite environment for chemically dependent individuals who are waiting to be referred or placed in the identified placement / confinement.

It specifically designed and staffed to receive intoxicated individuals.

**Drug Courts** are specialized court docket programs that target offenders who have alcohol and other drug dependency problem. It provides a “wraparound” approach where court representations, treatment provides and social service agencies work as a “team” to help address criminogenic factors.

**Mental Health Court** is a specialized treatment court, designed to reduce criminal activity committed by persons suffering from a qualifying mental health diagnosis. The court is a cooperative effort among multiple agencies, including the Judge, District Attorney’s Office, Defense Attorney, treatment providers, and social service providers.

## Summary of articles (for population identified as appropriate for diversion):

- Rates of success were dependent on the level of community based support services
- Diversion programs have proven to be highly effective in rehabilitating offenders away from future crime.
- Individuals appropriate for diversion and who go through a diversion program are less likely to spend time in prison, have received more treatment, and have used fewer drugs, 12 months after their crime.
- Diversion reduces jail time for offenders, in the year after their offense from an average of 173 days to an average of 40 days, and in the three months after their offense from an average of 28 days to 10 days

## Restorative Justice Meta-Analysis:

The researchers defined restorative justice as any program that brought the offender, the victim, and the community together in an effort to discuss and address the outcomes of a crime.



### Summary of Findings:

- Victims were more satisfied with the justice system
- Offenders were more satisfied
- Higher rates of restitution completion
- Reduced recidivism

# What We Know....

## About Trauma and Crime

- Not from a single study
- Review of multiple research studies and national data



# Adverse Childhood Experiences Study (ACES) looked at:

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject

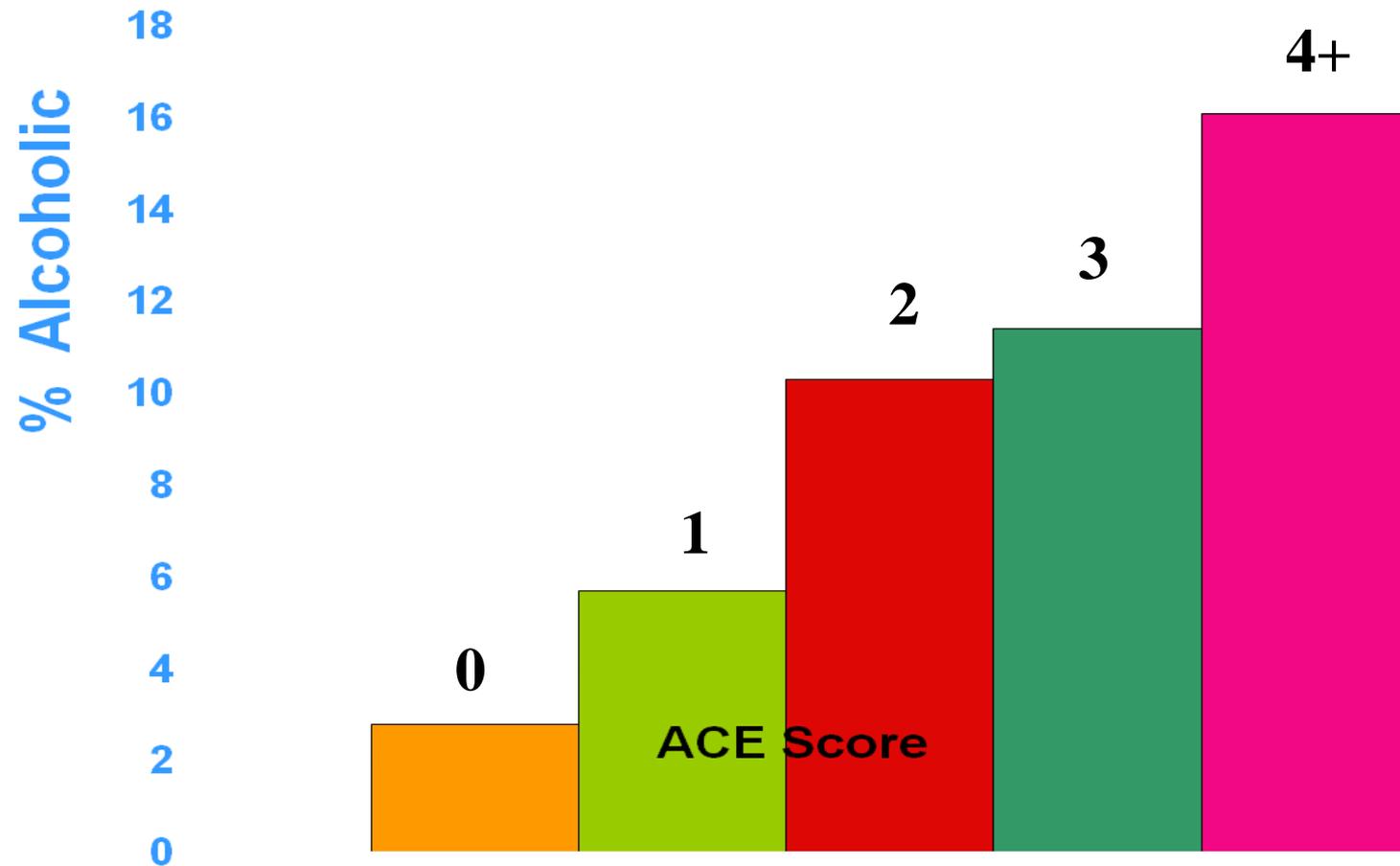
# ACES Included:

- 17,000 participants
- Insured people
- Average age 57
- Middle Class
- Predominantly white (80%)
- Most had attended college (74%)

**People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences....**

- Family Violence
- Parental Separation or Divorce
- Household member Incarceration
- Emotional Abuse
- Physical Abuse
- Household Substance Abuse
- Emotional Neglect
- Sexual Abuse
- Physical Neglect
- Household Mental Illness

# Childhood Experiences and Adult Alcoholism



# Aces Score Increases Likelihood of Suicide Attempts



ACE Score = 0 : 1 out of 100 people attempt suicide

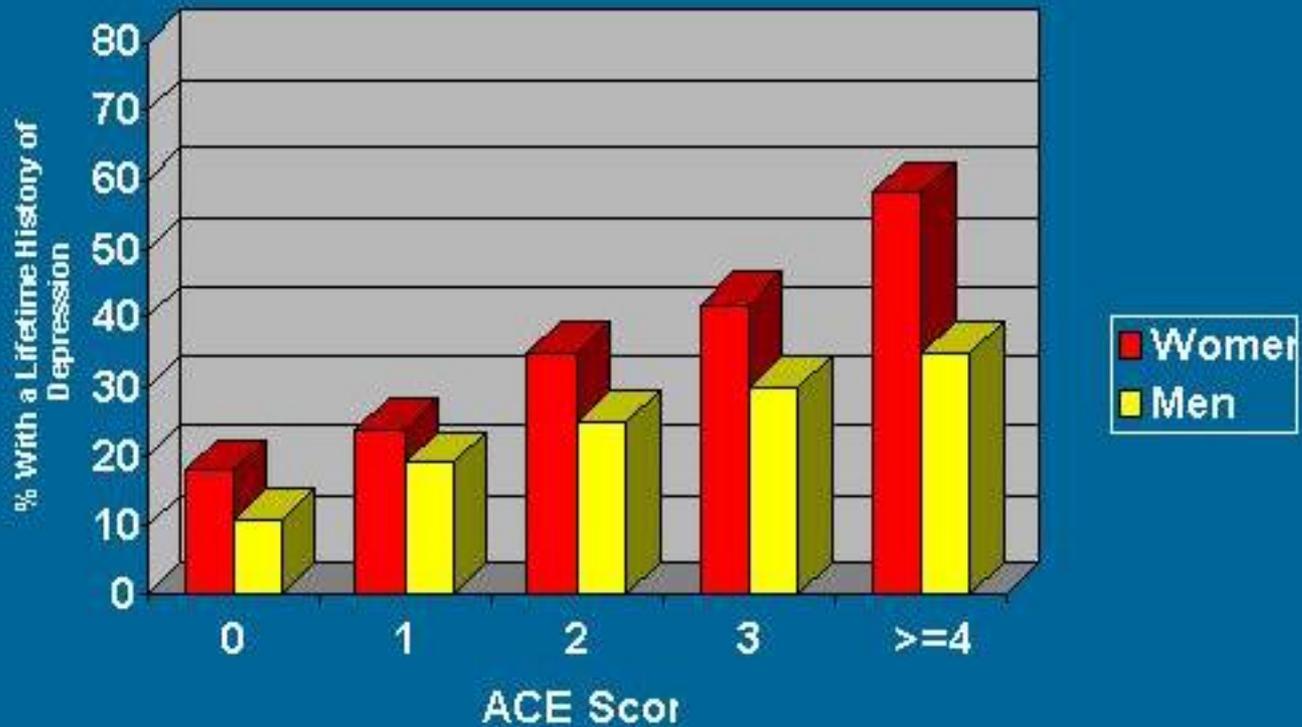


ACE Score = 3 : 10 out of 100 people attempt suicide



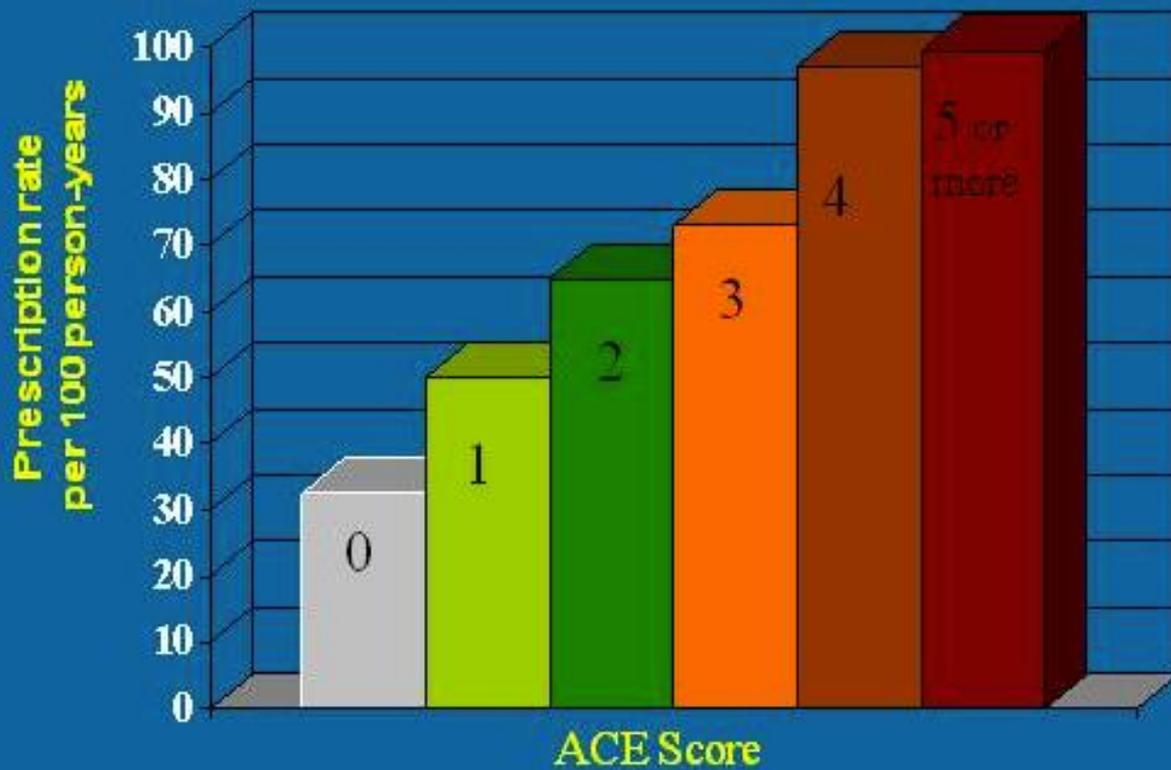
ACE Score = 7 : 20 out of 100 people

# Childhood Experiences Underlie Chronic Depression



## ACE Score and Rates of Antidepressant Prescriptions

approximately 50 years later



# Impact of Trauma and Health Risk Behaviors to Ease the Pain

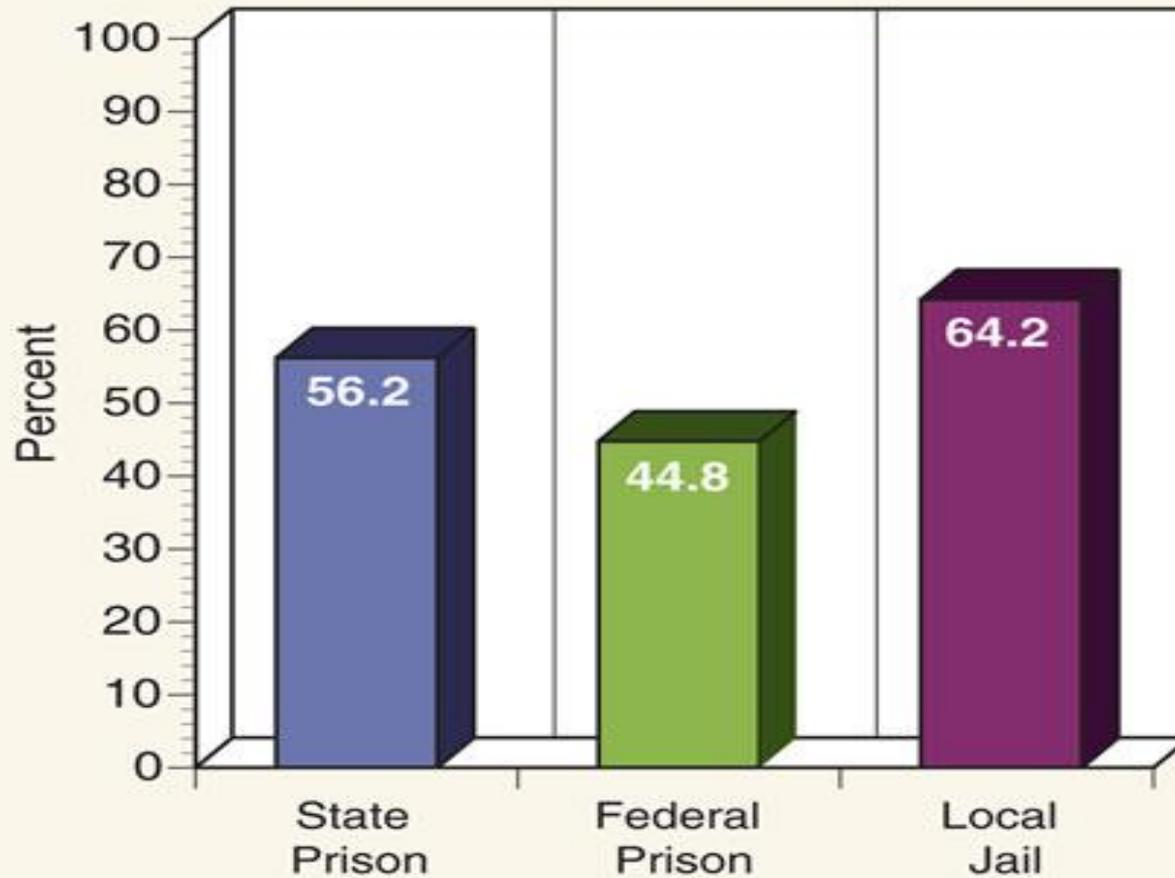
## *Health Risk Behaviors*

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- **Alcoholism**
- **Drug abuse**
- 50+ sex partners
- Repetition of original trauma
- Self Injury
- **Violence**
- Eating disorders
- Perpetrate interpersonal violence

**Adults - Any Physical or Sexual Abuse  
(N=2,122 in jail)**

	Lifetime	Current
Female	95.5%	73.9%
Male	88.6%	86.1%
Total	92.2%	79.0%

## Inmates with 12-month Mental Health Problem

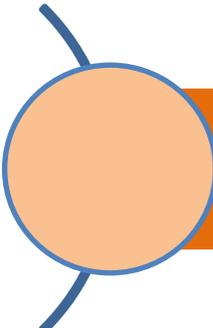


*Data courtesy of DOJ*

Why this? Why now? Why me?

Because there's hope  
Can Turn The Tides ...





# There is HOPE

- Risk / Need Approach
- Dialectical Behavior Therapy
- Motivational Interviewing
- Wraparound Services
- Cognitive Behavioral Therapy
- Supported Employment
- Trauma Informed Care
- Early Assessment & Support Alliance (EASA)
- Medication Management
- Medication Assisted Treatment (MAT)
- Crisis Intervention Team
- Mobile Crisis Teams
- Behavioral Health Specialist
- Veterans Court
- Mental Health Screening Tools & Referrals
- Drug Court
- Mental Health Court
- Family Court
- Mental Health First Aid

Some examples of outcomes.....

**Mental Health First Aid** - Mental Illness prevention is primarily addressed through the MH First Aid public education program. Its goal is to **assists the general public to identify and understand how to respond to the signs of mental illnesses and substance use disorders.**

**Medication Assisted Treatment (MAT)** - Treatment for addictions. 12 – 18 months is the common range of treatment.

After 12 months:

- 91% relapse without MAT;
- 25% relapse with MAT.

**Antabuse** – first widely used MAT for alcohol and drug addiction.  
Used as a deterrent against alcohol consumption making patient ill upon drinking.

**Agonist** – drug that binds to the opioid receptors in the brain.  
Used for Methadone, Heroin, and Opium addictions.

**Partial Agonist** – Sub Oxone binds to the opioid receptors in the brain, but not all-therapeutic intervention mitigates craving.  
Helps with withdrawal symptoms.  
Physician must have a waiver on his or her license to prescribe.  
Provider training required prescribing this category of medication.

**Antagonist** – Naltrexone primarily used for alcohol abuse.  
Blocks the effect completely.

**Supported Employment** - Supported employment services are closely integrated with mental health treatment services. Employment specialists are assigned to one or two mental health teams from which they receive referrals. The employment specialists meet weekly with team members to think of strategies to help people with their employment and education goals. SE achieves significantly better employment outcomes than other employment models

- 60% competitive employment vs. 22% without SE
- Other benefits include better control of psychiatric symptoms
- Increased engagement in treatment
- Higher self-esteem and more satisfaction with finances and with leisure time

**Early Assessment & Support Alliance (EASA)** – EASA is an early intervention with individuals and their families who have experienced a first psychotic break. An interdisciplinary team of providers offer wraparound services with a strong emphasis on education and skill building.

- EASA participants experienced more stabilized housing
- Higher rates of involvement in treatment than comparison group
- Went from 23% to 13% of any arrests
- Went from 13% to 1.9% of incarceration

## Summary on other Social Determinants of Health

- Stabilized house in tandem with other support services reduces the number of jail / prison days
- Competitive employment with support services reduces the number of jail / prison days
- Another important social determinant of health and criminal behavior is poverty

## Crisis Intervention Team

The University of Memphis Crisis Intervention Team (CIT) is an innovative training model which provides training to law enforcement officers. CIT trains officers to effectively assist individuals in their communities who are in crisis due to behavioral health or developmental disorders. CIT relies on a strong community partnership and a crisis system that understands the role and needs of law enforcement. It encourages officers to appropriately redirect individuals in crisis away from the criminal justice system and into the behavioral health system. Benefits Include:

- Immediacy of response
- Increased officer safety
- Reduced officer/citizen injuries
- Increased jail diversion
- Increased chance for consumer to connect to mental health system
- Increased officer confidence in skills
- Reduced liability
- Reduced unnecessary arrests or use of force
- Avoidance of costs to criminal justice system This is hard to prove
- Positive perception of program
- Linkages to long-term services promoting recovery for the consumer and services in the behavioral health system
- Decreased injury by 40%
- Reduced need for “SWAT” like responses by 50%
- Reduction in wrongful death suits
- More appropriate use of force

# What We Know....

## About Service Delivery

- It is not a list of programs that help individuals and improve community safety; the manner in which they are delivered makes a difference...



**Improve integrated  
service  
delivery by promoting  
*collaboration***

# Professionals

Community  
Advisory Groups

People with Lived  
Experiences

Family  
Members/Advocates

Peers

# From

Criminal Justice

Mental Health

Substance Use

Hospitals

# Supports

Social Services

Health

Housing

Veterans Services

Education

# Enhancing Collaboration

- Cross-training
- Interagency agreements
  - Coordinate services
  - Communication
  - Information sharing (data)
  - Partnerships
- Success involves
  - Task forces
  - People with lived experiences



# Benefits of Effective Collaboration

Community Collaboration + Services Integration

=

↑Service retention

↑Stability in the community

↑Public safety

# Take Aways:

- Ways to identify low, medium and high risk to reoffend individuals
- Effective diversion services
- Effective responses for offenders – balance of corrections & Treatment (community based and while in confinement)
- Targeting criminogenic factors reduces crime
- Need a partnership among corrections, treatment, health providers, social service providers, community, etc. (not isolated approaches)
- Support services within the community and within the corrections system impact efficacy
- Effective responses for all offenders and for those with behavioral health issues
- Social determinants of health impact success in working with individuals (employment, housing, education, trauma specific, etc).

# Questions:

- Thoughts on information?
- With finite resources – where would you focus?
- Are there opportunities to improve local partnerships? (prevention, jail, treatment, hospital, social services, others)?
- What other comments about treatment are important to consider when looking at improvements in the local criminal justice system?