

NASADAD Annual Conference Salt Lake City, Utah

June 8th-10th, 2016

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Utah Division of Substance Abuse and Mental Health

utah department of
human services
Division of Substance Abuse and Mental Health

Tough On Crime

Tough on Drugs

Tough on Safety



Smart On Crime

Smart on Drugs

Smart on Safety

8 of Top 10 Offenses at Admission Nonviolent with 4 of those 8 being related to Substance Use

Offense	NCC in 2004	NCC in 2013	% Change
Poss/Use Of Controlled Substance	151	120	-21%
Theft	62	71	15%
Poss W/ Intent To Dist Cont Substance	60	70	17%
Retail Theft (Shoplifting)	12	51	325%
Driving Under The Influence Of Alc/Drugs	52	47	-10%
Aggravated Sexual Abuse Of A Child	41	44	7%
Aggravated Assault	47	43	-9%
Burglary	38	43	13%
Distrib/Arrange Dist Cont Substance	36	41	14%
Theft By Receiving Stolen Property	27	39	44%

Reform led by Governor Herbert's State of the State in 2014

- Governor called for "...full review of our current system to develop a plan to reduce recidivism, maximize offenders' success in becoming law-abiding citizens, and provide judges with the tools they need to accomplish these goals."
- Later, Governor Herbert, Chief Justice Matthew Durrant, Senate President Wayne Niederhauser, House Speaker Becky Lockhart, and Attorney General Sean Reyes gave the assignment to the Utah Commission on Criminal and Juvenile Justice (CCJJ)
- CCJJ was tasked with "...develop[ing] a package of data-driven policy recommendations that will reduce recidivism and safely control the growth in the state prison population."

Outside Expertise and Partnership

PEW-Public Safety Performance Project



THE PEW CHARITABLE TRUSTS

Their partners at
Crime and Justice Institute at Community Resources for Justice



This assistance was provided as part of the Justice Reinvestment Initiative of the U.S. Department of Justice, a public-private partnership between PEW and the Justice Department

Inside Expertise and Partnership:

Commission on Criminal and Juvenile Justice (CCJJ)

Members:

- Executive Director, Utah Commission on Criminal and Juvenile Justice
- Members of Legislature; State Senate and House of Representatives
- Director, Division of Substance Abuse and Mental Health
- Chief Criminal Deputy, Utah Office of the Attorney General
- Director, State Court Administrator
- Director, Division of Juvenile Justice Services
- Chair, Utah Board of Juvenile Justice
- Public Education Representative
- Executive Director, Department of Corrections
- Statewide Association of Prosecutors
- Utah Chiefs of Police
- District Court Judge and Juvenile Court Judge
- Assistant U.S. Attorney
- Chair, Board of Pardons and Parole
- Commissioner, Department of Public Safety
- Chair, Utah Council on Victims of Crime
- President, Utah Sheriffs' Association
- Chair, Sentencing Commission
- Chair, Utah Substance Abuse Advisory Council
- Utah State Bar Representative
- Citizen Representative

AUDENTES
FORTUNA
IUVAT



18 Policy Recommendations

Summary:

- Focus Prison Beds on Serious and Violent Offenders
 - Strengthen Probation and Parole Supervision
 - Improve and Expand Reentry and Treatment Services
 - Support Local Corrections Systems
 - Ensure Oversight and Accountability
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- Underlying these recommendations is the need to incorporate validated risk and needs assessment tools
 - These screenings and assessment tools inform treatment and supervision practices
 - Criminogenic Risk/Needs Screening/Assessment
 - Substance Use Risk/Needs Screening/Assessment
 - Mental Health Risk/Needs Screening/Assessment

Division of Substance Abuse and Mental Health Strategic Plan

- **DSAMH Vision** -- Healthy Individuals, Families, and Communities
- **DSAMH Mission** -- Promote health, hope, and healing from mental health and substance use disorders
- **DSAMH Functions**-- Partnerships, Quality, Education, Accountability and Leadership
- **DSAMH Principles**-- Trauma-Informed, Evidence Based Practices, Sustainable, Culturally and Linguistically Competent

Division of Substance Abuse and Mental Health (DSAMH)

- Clarifies that duties for the Division of Substance Abuse and Mental Health **include** individuals with **mental illness** or **substance use disorders** involved in the **criminal justice system**.
- Directs the Division to establish **treatment standards** for those required to participate in treatment by the Criminal Justice System.
- Directs the Division to establish a **certification program** for both **outpatient providers** and **institutional care** (State Prison/County Jails).
- Directs providers to use **criminogenic and substance use/mental health risk and needs screenings and assessments** to guide treatment requirements.

*Effective May 12, 2015

DSAMH continued

- This **certification** will:
- Ensure that **criminogenic risk** is treated in conjunction with mental health and substance use disorders
- Provided a minimum standard of care
- Provide evidenced based training opportunities for a more skilled workforce
- Give the treatment network meaningful evaluation and feedback
- Support a cultural change of continuous system improvement.

Criminogenic Needs (Big 4)

1. **Antisocial Behavior:** Exploitive, aggressive or harmful behavior toward others
2. **Antisocial Personality Pattern:** Impulsive, sensation seeking, risk-taking, aggressive, manipulative and exploitive
3. **Antisocial Cognition:** Values, beliefs and cognitions that contribute to personal identity that favors criminal behavior
4. **Antisocial Peers**

Criminogenic Needs (Moderate 4)

5. Family: Chaotic and poor-quality family relationships that have minimal or no pro-social expectations
6. School/Work: Poor performance and limited engagement with school or work
7. Leisure & Recreation: Limited involvement in anti-criminal leisure activities
8. Substance Misuse: Use and misuse of alcohol, tobacco and illegal and legal drugs

What are Roles for Substance Use and Mental Health Disorder Providers?

- Screening, assessment, education, prevention, treatment, and community reentry are major roles including the following:
- Provide screening for criminogenic risk/need and separate based on high/moderate risk and low risk
- Provide education/prevention and treatment options that reduce risk/need in criminogenic risk/need and substance use/mental health disorders
- Assess, diagnose and treat substance use and mental health disorders
- Collaborate/Communicate with the courts, Adult Probation and Parole, the Board of Pardons and the Prison/Jails to ensure successful community reentry and treatment supports in the community
- Provide education/prevention and treatment outcomes data to DSAMH and CCJJ

Providers can be Local Mental Health and Substance Abuse Authorities (Counties) or other Private Providers in the Community

Adult Program Standards

- (1) Maintain the appropriate **license** from the Department of Human Services Office of Licensing
- (2) Evaluate all participants for **criminogenic risk** and need, and deliver services that target the specific risk and needs identified
- (3) Treat Individuals with **high risk** and **low risk** to re-offend **separately**
- (4) **Coordinate** and **communicate** with Adult Probation and Parole, county sheriff's offices, or other necessary criminal justice agencies
- (5) Treatment intensity, duration and modality shall be based on the current **ASAM** or comparable mental health criteria and medical necessity determined by the ongoing assessment process
- (6) **Engage** and **retain** adults in the appropriate intensity and modality of service
- (7) Ensure that public funds are the **payor of last resort**
- (8) Complete and submit the National Survey on Substance Abuse Treatment Services (**N-SATTS**)

Adult Treatment Standards

1. Have **qualified staff** licensed and capable of assessing individuals for both mental health and substance use disorders;
2. First, assess level of motivation for treatment and implement strategies **to increase engagement**;
3. Develop strategies to **screen** for, prevent, and refer to treatment adults with serious chronic conditions such as HIV/AIDS, Hepatitis B and C, and tuberculosis;
4. Diagnose, treat or ensure treatment for **co-occurring** conditions;
5. Develop an **individualized** treatment plan that identifies a comprehensive set of tools and strategies that address the client's identifiable strengths as well as her or his problems and deficits;
6. Screen all individuals with alcohol and/or opioid disorders for the potential use **of medication-assisted treatment**;

Adult Treatment Standards Continued

7. Provide **comprehensive** and developmentally appropriate treatment services;
8. Recognize **gender, cultural, linguistic, and other** individual differences in their treatment approach;
9. As appropriate and with consent, involve **families** and support persons in the treatment and recovery process;
10. Monitor drug use through **drug testing** and other means;
11. Provide or link to ongoing chronic disease management, **recovery support**, monitoring and aftercare services

What is happening at the local level? (1 example)

- Local JRI Steering Committee-5 phase program-findings from the LSI-SV/Risk-Needs-Responsivity screening-respond to highest rated need areas. Utilize both treatment staff and peer support mentor services.
- Phase I- Integrate peer support and JRI team members in helping individuals release successfully into the community. Include Moral Reconciliation Therapy and Skills Development groups to assist people preparing to release back to the community successfully
- Phase II- Community based treatment coordinating with AP&P and Courts to assist participants in overcoming specific need areas through CBT, 12-step facilitation, and other evidence based practices
- Phase III- Relapse Prevention services and Community Integration through a variety of client informed choices and options
- Phase IV- Monitor and successful termination of JRI participation
- Phase V- Follow up with individuals on their successes and/or identifying problems that may have impacted their ability to be successful

The Hope

- Keep Communities Safe
 - Reduce Recidivism
 - Hold People Accountable
 - Control Utah's Prison Growth
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- These recommendations are projected to reduce prison growth by 2,551 inmates over the next 20 years and could avert \$542 million in Corrections spending.
 - Recommended to reinvest a portion of these savings into programs and practices proven to reduce recidivism and cut crime.



97% of people
currently in Jail or
Prison will
eventually be
released to the
community...

A U D E N T E S
F O R T U N A
I U V A T

Let's be Bold and
Help them be
Bold in
Reintegrating
back into the
community



**For more information,
please visit:**

www.dsamh.utah.gov

or

http://dsamh.utah.gov/pdf/Justice_Reinvestment_Report_2014.pdf

utah department of
human services

Division of Substance Abuse and Mental Health