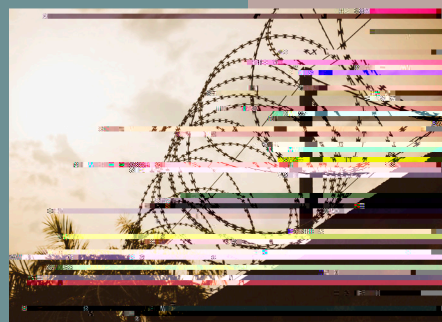
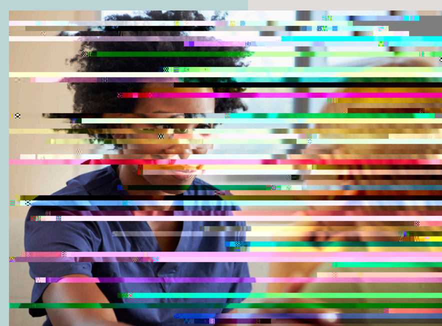
Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison:



Implementation Guide



assess, plan, identify, coordinate

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide

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Of][ ]bUh]b[OZZ]WYg

OZZ]WY cZ Pc`]Wm, P`Ubb]b[, UbX Ibbcj Uh]cb, Si VghUbWY AVi gY UbX MYbhU` HYU`h\ SYfj]WYg AXa]b]ghfUh]cb, 5600 Fishers Lane, RcW_j]``Y, MD 20857. HHS Pi V`]WUh]cb Nc. (SMA)-16-4998

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Coordinate the transition plan to ensure implementation and

Introduction

The purpose of *Guidelines for Successful Transition of People with Mental and Substance Use Disorders from Jail and Prison: Implementation Guide* is to provide behavioral health, WcffYWh]cbU`, UbX Wca a i b]hmghU_Y\c`XYfg k]h\ YlUa d`Yg cZh\Y ]a d`Ya YbhUh]cb cZgi WWYggZi ` strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community. This guide serves as a direct successor to the 2013 publication *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison* (Blandford & Osher, 2013), a collaborative product of the SAMHSA's GAINS Center with the Council of State Governments Justice Center, and the 2002 report *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model* (Osher, Steadman, & Barr, 2002). The guide is intended to promote ^f]gX]Wh]cbU` ]a d`Ya YbhUh]cb cZh\Y APIC Gi]XY`]bYg h\fci [\ h\Y ]XYbh]Z]WUh]cb UbX XYgWf]dh]cb of various jurisdictional strategies that have been adopted in efforts to facilitate successful Wca a i b]hmfYYbhfmZcf ^gh]WY-]bj c`j YX dYcd`Y k ]h\ a YbhU` UbX Wc-cWWi ff]b[gi VghUbWY i gY disorders.

JU]`g UbX df]gcbg \ci gY g][ b]Z]WUbh`m[fYUhYf dfcdcfh]cbg cZ]bX]j]Xi U`g k ]h\ a YbhU`, gi VghUbWY i gY, UbX Wc-cWWi ff]b[X]gcfXYfg h\Ub UfY Zci bX]b h\Y [YbYfU` di V`]W. W\]`Y ]h]g Ygh]a UhYX h\Uh UddfcI ]a UhY`m5 dYfWYbhcZdYcd`Y `]j]b[ ]b h\Y Wca a i b]hm\Uj Y U gYf]ci g a YbhU`]``bYgg, Wca dUfUV`Y Z][ i fYg ]b ghUhY df]gcbg UbX ^U]`g UfY 16 dYfWYbhUbX 17 dYfWYbh, fYgdYWh]j Y`m (Kessler et al., 1996; Ditton, 1999; Metzner, 1997; Steadman, Osher, Robbins, Case, & Samuels, 2009). The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Mi a c`U & KUfVYf[ , 2004; KUfVYf[ & JUa Yg, 2005). S]a ]`Uf`m, h\Y Wc-cWWi ffYbWY cZa YbhU` UbX substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 dYfWYbh) (W]`gcb, DfU]bY, HUX`Ym, MYhfUi I , & Ej Ubg, 2011; BU]``Uf[Ycb, Yh U`., 2010; SAMHSA, 2012; SAMHSA, 2009).

The high prevalence of mental and substance use disorders in correctional settings produces poorer outcomes for both affected individuals and correctional agencies. Compared to people

without mental or substance use disorders, individuals with mental and substance use disorders are less likely to make bail (Council of State Governments Justice Center, 2012), and more likely to—

have longer jail stays (Council of State Governments Justice Center, 2012),

Upon release from jail or prison, many people with mental or substance use disorders continue to lack access to necessary services and, too often, become enmeshed in a cycle of costly justice system involvement
—Pew Center on the States (2011)

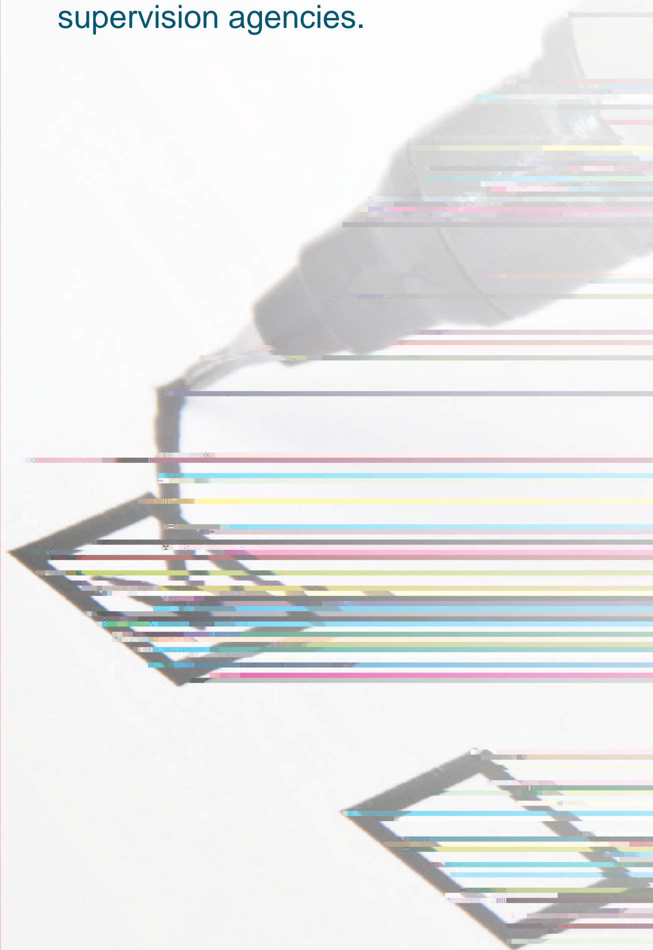
X]a]b]g\YX ÙbUbWJU` YI dYbX]h fYg h\fci [\ fYXi WYX fUhYg cZ fYWJX]j]ga , fYei]fY U WcbWca]hUbh focus on criminogenic risk factors. Realization of enhanced system and individual outcomes depends upon effective coordination of the efforts of behavioral health, correctional, and community stakeholders. *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012), funded by the National Institute of Corrections (NIC), the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and supported by the Association of State Correctional Administrators (ASCA), the American Probation and Parole Association (APPA), the National Association of State Mental Health Program Directors (NASMHPD), and the National Association of State Alcohol and Drug Abuse Directors (NASADAD), was developed to provide procedural guidelines for recidivism reduction, successful reentry and individual recovery.

This framework (Osher et al., 2012) directs behavioral health, justice system, and community ghU_Y\c`XYfg hc k cf_ Wc``UVcfUh]j Y`mUWfcgg gmghYa g hc XYg][ b UbX ]a d`Ya YbhYj]XYbWY-VUgYX programming to forward the dual goals of individual recovery and risk reduction. The APIC model (Osher, Steadman, & Barr, 2002) provides guidance to assist jurisdictions in this task. The acronym APIC stands for Assess, Plan, Identify, and Coordinate. The 10 associated guidelines are listed on the following pages.

access plan identify coordinate

Guideline 5: Anticipate that the periods fc``ck]b[fY`YUgY (h\Y `fgh hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices Zcf]bX]j]Xi U`g k ]h\ Wc-cWW ff]b[ a YbhU` and substance use disorders leaving correctional settings.

Guideline 6: Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm \UbX-cZZg) Zcf dcgh-fY`YUgY hfYUha Ybh UbX supervision agencies.



Guideline 7: Support adherence to treatment plans and supervision conditions through coordinated strategies.

Provide a system of incentives and graduated sanctions to promote participation in treatment; maintain a “firm but fair” relationship style; UbX Ya d`cmdfcV`Ya -gc`j]b[strategies to encourage compliance, promote public safety, and improve treatment outcomes.

Establish clear protocols and understanding across systems on handling behaviors that constitute technical violations of community supervision conditions.

Guideline 8: Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to UXj UbWY Wfcgg-gmghYa [cU`g.

Guideline 9: Encourage and support cross training to facilitate collaboration between workforces and agencies k cf_]b[k]h\ dYcd`Y k]h\ Wc-cWW ff]b[mental and substance use disorders who are involved in the criminal justice system.

Guideline 10: Collect and analyze data to evaluate program performance, identify [Udg]b dYfZcfa UbWY UbX d`Ub Zcf `cb[-term sustainability.

Strategic Implementation of APIC Guidelines

Guideline 1: Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and mental disorders, and criminogenic risk. Valid and reliable screening instruments for the target population should be used.

A gWfYYb]g U gHUbXUfX]nYX]bgHfi a Ybh h\Uh]g XYg][bYX hc ÚU[ ]bX]j]Xi U`g k \c UfY Uh f]g_ Zcf a targeted problem, such as mental or substance use disorder. These tools do not provide diagnostic information nor do they provide guidance on the severity of any mental or substance use disorder. Jurisdictions across the United States have applied the universal screening [i]XY`]bYg ]b k Umg h\Uh fYÚYWh h\Y \i a Ub UbX ÙgWU` fYgci fWYg cZ h\Y]f]bgh]hi h]cbg, h\Y ghfYb[h\ of community collaboration, and the availability of treatment options. The 2016 SAMHSA di V`]WUh]cb, "SWfYYb]b[ UbX AggYgga Ybh cZ Cc-cWWi ff]b[ D]gcfXYfg ]b h\Y Ji gh]WY SmghYa " (SMA15-4930), fYj ]Yk g gWfYYb]b[ UbX UggYgga Ybh ]bghfi a Ybhg Zcf i gY k ]h\ Wf]a ]bU` ^i gh]WY dcdi `Uh]cbg. T\Y di V`]WUh]cb YI Ua]bYg]bghfi a Ybh h\Uh gWfYYb cf UggYgg Zcf a YbhU` X]gcfXYfg, gi VghUbWY i gY X]gcfXYf, Wc-cWWi ff]b[ a YbhU` UbX gi VghUbWY i gY X]gcfXYfg, a ch]j Uh]cb UbX readiness for treatment, trauma history and posttraumatic stress disorder (PTSD), and suicide risk. Refer to the SAMHSA Store (http://store.samhsa.gov) to obtain the publication.

The **Gwinnett County (GA)** Jail documents over 36,000 bookings annually. For each individual booked, there is universal screening for veteran status and the presence of a mental]``bYgg. Ah h\]g Ùfgh WcbhUWh, h\Y ^U]` ]XYbh]ÙYg \ci g]b[ bYYXg, hfYUha Ybh bYYXg, Ya d`cma Ybh UbX education needs, and safety precautions, and diversion opportunities are charted. The results of the screen are used to initiate discharge planning as early as possible, acknowledging the short length of stay of many individuals.

A comprehensive strategy has been adopted by the **Hancock County (OH)** Justice Center. LcWUhYX]b U Wci bhm k]h\ U dcdi `Uh]cb cZ UddfcI ]a UhY`m 75,000 dYcd`Y, h\Y ^U]` \Ug U WUdUW]hm of 98 beds, an average daily population of 106, and an average length of stay of 15 days. Through a grant from the Ohio Department of Mental Health and Addiction Services, jail dYfgcbbY` UXa ]b]ghYf h\Y 23-]hYa G`cVU` AddfU]gU` cZ IbX]j]Xi U` NYYXg S\cfh SWfYYbYf (GAIN-

In comparison to a screen, an assessment instrument provides a more in-depth examination of the nature and severity of a targeted problem. The results of assessment instruments, typically administered by qualified personnel (e.g., clinicians), can assist in the development of treatment plans. The Level of Service Inventory-Revised (LSI-R) is a validated 54-item risk/need assessment that identifies psychosocial problem areas in an individual's life, predicts criminogenic risk, assists in the allocation of resources, facilitates decision-making relative to probation and placement, and assesses treatment progress[2]. Designed for professional administration to adults (age 16 and older), this tool has been adopted by several sites in their efforts to implement APIC Guideline.[2]

WY`` cjYf hk c XYWUXYg U[c, ShYUXa Ub, MWCUfhm, UbX Mcff]ggYm (1989) ]XYbh]ÙYX hfUbg]h]cb planning as the weakest link in the effective reentry of individuals with mental or substance i gY X]gcfXYfg ]bhc h\Y Wca a i b]hm A Zc``ck i d YI Ua]bUh]cb VmShYUXa Ub UbX VYmgYm (1997) fYWcbÙfa YX h\Uh h\]g fYa U]bYX h\Y `YUgh XYjY`cdYX Y`Ya Ybh cZ ^U]`-VUgYX gYfj]WYg k]h\ ^f gh cjYf cbY-Zci fh\ cZ ^U]`g bUh]cbk ]XY fYdcfh]b[ h\Uh h\Ymdfcj ]XYX UbmX]gW\Uf[Y d`Ubb]b[mechanism. However, initiatives launched in the 2000s have focused more attention on jail reentry, especially following the 2003 agreement in the *Brad H. v. City of New York*[5] WUgg-UWh]cb lawsuit regarding the release practices for jail inmates with mental illness. Since that time, the Transitions from Jail to Community Initiative of the National Institute of Corrections and the

h\Y fYXi Wh]cb cZ Wf]a]bc[Yb]Wf]g_. T\Y hUf[YhYX XY`]j YfmcZ h\Y U[fYYX-i dcb gYfj]WYg UbX interventions may be the responsibility of internal or contract staff; may occur in general population or in specialized housing units; may be voluntary or court ordered; and may emphasize medication management, counseling, education, employment, transitional planning, or other factors.

A comprehensive approach to individualized treatment and service planning has been adopted by the **Hampden County (MA)** ^U]`. T\Y S\Yf]ZZg DYdUfha Ybh \Ug YghUV`]g\YX U Zci f-d\UgY Wcbh]bi i a cZ [fUXi UhYX `Yj Y`g cZ gYWf]hmZcf gYbhYbWX]ba UhYg. T\Y `Ufgh h\fYY cZ h\Y Zci f Phase protocols are illustrative of APIC Guideline 3. This continuum of supervision and care ]XYbh]`Yg dYcd`Y k \c UfY \][ \ f]g_ cf k \c dfYgYbh k ]h\ a YbhU`, gi VghUbWY i gY, cf Wc-cWWi ff]b[disorders, and delivers appropriate treatment interventions. Noting that there is an optimal time frame for effecting meaningful behavioral change prior to reentry, discharge planning begins as early as possible during an individual's period of incarceration. Upon admission, all individuals enter Phase 1: Fundamental Planning. This is essentially an institutional orientation after which individuals are relocated to another unit within the Hampden Medium Security Facility. Here they enter Phase 2: Transitional Program. During this period, they participate]b U a UbXUhcfm4-k YY_ BUg]W Iba UhYgÐ IbhYbg]j Y RY[ ]a Yb. Pfc[fUa a]b[ ]bW`i XYg i b]hg cb gi VghUbWY i gY YXi WUh]cb, dfY-Ya d`cma YbhhfU]b]b[(ÎLYUfb 2 EUfbÎ), Ub[Yf a UbU[Ya Ybh, cognitive thinking skills, victim impact, family relationships, religion, health education, and educational orientation. Upon successful completion of this general inmate program, individuals proceed to Phase 3: Program Mapping. Results from the administration of the Level of Service Ibj YbhcfmRYj]gYX: SWfYYb]b[VYfg]cb UfY i gYX hc XYg][b Ub IbX]j]Xi U`]nYX SYfj ]WY P`Ub h\Uh addresses behavioral health and criminogenic risk factors. The individualized treatment plans UfY cdYb YbXYX]b Xi fUh]cb. PUfh]W]dUbhg a i gh a YYh YI dYWhUh]cbg cZ YUW\ dfc[fUa Y`Ya Ybh hc receive additional privileges and to gain eligibility for lower security consideration[6].

Guideline 4: Develop collaborative responses between behavioral health and criminal justice that match individuals' levels of risk and behavioral health need with the appropriate levels of supervision and treatment.

The days and weeks following community reentry are a time of heightened vulnerability for individuals. Justice system personnel, behavioral health treatment and service practitioners, fYgYUfW\Yfg, UbX dc`]Wma U_Yfg U[ fYY h\Uh h\Y a U]bhYbUbWY cZ VYhhYf ]bX]j ]Xi U`-`Yj Y` ci hWca Yg and a reduction in recidivism necessitate a formalized continuity of services from institution to community settings.

T\Y XYj Y`cda Ybh cZ Wca dfY\Ybg]j Y hfYUha Ybh UbX ]bhY[ fUhYX gYfj ]WYg Zcf ^i gh]WY-]bj c`j YX individuals with mental and substance use disorders produces better outcomes in terms of

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[6] A description of the Hampden County Sheriff Department's Phase III vocational and treatment programming options is available at \hhd://\WgXa U.cf[/k d-WcbhYbh/i d`cUXg/2015/08/Pfc[fUa g-Oj Yfj]Yk -WYVg]hY.dXZ.

fYWcj Yfm. Ji f]gX]Wh]cbg a i gh Yl d`cfY ghfUhY[]Yg hc `]b_ h\Y XcgU[Y UbX a cXU`]hmcZ f]g_-ZcWi gYX interventions with the assessments for criminal risk and need and behavioral health.

Hancock County (OH) has implemented a comprehensive strategy for placement and treatment planning that matches an individual’s risk level and behavioral health needs with

Guideline 5: Anticipate that the periods following release (the f rst hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with mental health and co-occurring substance use disorders leaving correctional settings.[7]

In one Midwestern state, justice system personnel estimate that nearly one in four individuals incarcerated in the state prison system takes prescribed medications in response to behavioral \YU`h\ ]ggi Yg. Udcb fY`YUgY Zfca gHUhY WcbZ]bYaYbh, h\Y hmd]WU` ]bX]j ]Xi U`]g gi dd`]YX k ]h\ 2 k YY_g cZ a YX]WUh]cb UbX U dfYgW]dh]cb Zcf gi VgYei Ybh a cbh\g (HYfhY`, 2013).

Lack of access to medication, employment, housing, food, social supports, and health care WUb dfcXi WY dccf ci hWca Yg Zcf a UbmdYcd`Y k \c `UbX h\Ya gY`j Yg WUi [\h ]b U fYj c`j]b[cycle of jail admissions and releases. Comprehensive and collaborative transition planning for individuals with mental and substance use disorders can disrupt this cycle and improve]bX]j]Xi U`- UbX gmgHYa -`Yj Y` ci hWca Yg.

The **Gwinnett County Jail (GA)** dfcj]XYg U bcHUV`Y ]`i gHfUh]cb cZ Wca dfY\Ybg]j Y Wfcgg-system planning and practice for individuals with mental or substance use disorders. A local study had revealed that the jail housed a large population of homeless people for whom]M

provisions for additional supplies to bridge any gap before scheduled appointments. In addition, the Community Bridge caseworker coordinates with the community mental health treatment and service provider to recommend diversion, as appropriate, to Pretrial Diversion (for misdemeanor cases), Mental Health Court (nonviolent felony cases), or Veterans Court (nonviolent felony cases). The Community Bridge Liaison and the Director of Mental Health serve on the advisory committees of the mental health court and the veteran's court.

Within the **Hampden County (MA)** Jail, individualized treatment plans are designed and XY`]jYfYX VmhYk c [fci dg cZ ZUWi`h]Ym WcbgUbg. Udcb]bhU_Y gWfYYb]b[, dYcd`Y k \c UfY]XYbh]ZYX as being in crisis or who present with serious behavioral health issues are immediately assigned to the Evaluation and Stabilization Unit, one of only two intensive psychiatric units in the state jail system. While here, they receive appropriate crisis intervention until their conditions ghUV]`]nY, Uh k \]W\ h]a Y h\Ym UfY hfUbgZYffYX hc h\Y bcb-Wf]g]g VY\Uj ]cfU` \YU`h\ dcX. Ib h\]g gYhd-Xck b i b]h, gHUZZ Wcbi bgY`cfg i h]`]nY LSI-R UggYgga Ybh fYgi `hg UbX]bZcfa Uh]cb XYf]jYX Zfca clinical interviews to identify needs and to design individualized service plans. As release XUhYg XfUk bYUf, gYbhYbWYX]bX]j]Xi U`g a YYh k ]h\ gHUhY-Ya d`cmYX dYYf a Ybhcfg Zfca h\Y After Incarceration Support System (AISS). The mentors introduce prospective releases to the services and treatment options available through the regional Behavioral Health Network (BHN), U WcU`]h]cb cZ UddfcI ]a UhY`m 3OO Wca a i b]hmU[YbW]Yg Wca a]hhYX hc dfcj]X]b[VY\Uj]cfU` health services to adults and children in western Massachusetts. BHN reviews the treatment plans developed by institutional clinicians and assumes the delivery of this care upon reentry, promoting personal recovery and improving overall individual outcomes. Peer mentors follow discharged individuals into the community, transporting them to appointments and encouraging compliance with treatment plans (see Guideline 7 description). Institutional personnel are working to streamline the treatment delivery continuum by facilitating the reactivation of private or public insurance coverage.

Guideline 6: Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision agencies.

T\Y `cb[ -hYfa YZZYWhjYbYgg cZ ]bghjhi h]cbU` dfc[fUa a]b[Zcf fYWcj YfmUbX f]g_ fYXi Wh]cb]g [fYUh`m diminished if intervention services are terminated or disrupted when the individual transitions from one institution to another or from an institutional setting back into the community. Program termination may be the result of restricted budgets or narrow philosophical approaches that view institutional and community interventions as limited in time and place. Nevertheless,

Ib gi ddcfh cZ APIC Gi]XY`]bY 6, Ub ]bVfYUg]b[ bi a VYf cZ ^i f]gX]Wh]cbg UfY Yb[ U[ ]b[ ]b g][ b]ÙVUbh ]b-fYUW\ hc WcbbYWhcf fYWcbbYWh]ba UhYg k ]h\ MYX]WU]X cf ch\Yf Zcfa g cZ \YU`h\ ]bgi fUbWY Wcj YfU[Y]b UXj UbWY cZ h\Y]f gWYXi `YX fY`YUgY XUhYg. Sca Yh]a Yg fYZYffYX hc Ug BYbYÙhg Cci bgY`cfg, PfYfY`YUgY CccfX]bUhcfg, cf SdYW]U`]nYX RYYbhfmPfcVUh]cb/PUfc`Y OZÙWYfg, h\YgY specialists work with individuals to identify and plan for necessary physical health care, behavioral health care, justice system, and community supports. On a continuum of care, and as appropriate, these staff may simply provide all transitional support information to the individual, or may personally transport and introduce the released individual to a mental health or substance use counselor, a coordinator of a local FACT team, or a community resource WUgYk cf_Yf. T\YgY Ík Ufa \UbX-cZZgÎ Ybgi fY h\Uh i dcb fYYbhfm,]bX]j]Xi U`g k]`` \Uj Y h]a Y`m access to people and supports that will promote recovery and reduce risk of recidivism.

An illustration of a statewide promotion of the APIC principle of continuity of care within a jail setting can be seen in **New York State**. In 2012, the New York State Division of Criminal Ji gh]WY SYfj]WYg,]b Wc``UVcfUh]cb k ]h\ h\Y NYk Ycf_ ShUhY OZÙWY cZ MYbhU` HYU`h\, fYWY]j YX funding from the Bureau of Justice Assistance to establish a Justice and Mental Health Cc``UVcfUh]cb Pfc[fUa (JMHCP) hc YI Ua]bY g]hYg UbX WcbgYei YbWYg cZ Wf]a]bU` ^i gh]WY UbX a YbhU` \YU`h\ ]bhYfUWh]cbg. Cci bhm-`Yj Y` d]`ch dfc^YWhg \Uj Y WfYUhYX cf YI dUbXYX gYfj]WYg h\Uh]a dfcj Y]bX]j]Xi U`- UbX gmghYa -`Yj Y` ci hWca Yg Vmg hfYb[ h\Yb]b[ Wfcgg-gmghYa `]b_U[Yg in the design, management, and delivery of care plans. One such initiative, in conjunction k]h\ [YbYfU` MYX]WU]X RYXYg][ b Uh h\Y ghUhY `Yj Y`, \Ug VYYb JMHCPÐg ]XYbh]ÙVUh]cb cZ g]I cZ the Medicaid Health Homes as pilot sites, addressing the disparities in physical and behavioral \YU`h\ WUfY Zcf ^i gh]WY-]bj c`j YX ]bX]j ]Xi U`g k]h\ W\fcb]W\YU`h\ WcbX]h]cbg. HYU`h\ Hca Y CUfY Managers work with jail staff to identify detained individuals within 3 months of release who are Medicaid eligible and who meet the federally established eligibility threshold for enrollment in a HYU`h\ Hca Y (hk c cf a cfY ei U`]Zm]b[W\fcb]W WcbX]h]cbg cf U X]U[bcg]g cZ gYf]ci g a YbhU`]``bYgg UbX/cf HIV). W]h\ h\Y WcbgYbh cZ h\Y]XYbh]ÙYX]bX]j]Xi U`g, h\Y WUfY a UbU[Yfg k cf_ hc cdYb cf reactivate Medicaid coverage; discuss housing; identify social, physical health, and behavioral health issues; and devise a community treatment plan. Upon discharge, the care manager meets the individual at the jail and transports him or her to the Health Home to activate Medicaid coverage and to enroll in Health Home services. The care manager also transports the individual to treatment and services providers to minimize disruption in services. Health Home care managers are also assigned to specialized courts to meet with and provide services to those individuals who are diverted out of the justice system at an early stage. [8]

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[8] Additional information about the New York State Division of Criminal Justice Services' JMHCP grant is available from \hhd://k k k .Wf]a]bU`^i gh]WY.bm[ cj /cdWU/^i gh]WY-a YbhU`-\YU`h\.\ha .

Guideline 7: Support adherence to treatment plans and supervision conditions through coordinated strategies.

Policies and practices that support Guideline 7 address both public safety and behavioral health WcbWfbg h\fci [\ WcfX]bUhYX ghfUhY[]Yg. T\Y Ugg][ba Ybh cZ fY`YUgYX ]bX]j ]Xi U`g hc Wca a i b]hm-VUgYX dfY-fY`YUgY WYbhYfg cf hc ]bhYbg]j Y dfcVUh]cb WUgY`cUXg k]h\ gdYW]U`]nYX mental health dfcVUh]cb cZ`]WYfg UfY hk c UddfcUW\Yg Zcf UW\]Yj]b[h\]g [cU`. A h\]fX UddfcUW\, i h]`]nYX]b U growing bi a VYf cZ^i f]gX]Wh]cbg,]g Ugg][ba Ybh hc dfcV`Ya -gc`j]b[Wci fhg. A`` cZ h\YgY ghfUhY[]Yg can provide a system of incentives and sanctions that encourage compliance with treatment plans while promoting public safety through close supervision.

In **Hampden County (MA)**, when eligible individuals are within 90 days of release (see earlier X]gWi gg]cb]b Gi]XY`]bY 3), h\YmYbhYf h\Y Zci fh\ UbX `UbU` d\UgY]b h\Y Wcbh]bi i a cZ [fUXi UhYX levels of security for sentenced inmates. Phase IV: Release Planning entails mandatory Ybfc``a Ybh]b h\Y A ZhYf IbWUfWYfUh]cb Si ddcfh SmghYa (AISS). Ib YI]ghYbWY g]bWY 1996, AISS k Ug YghUV`]g\YX k ]h\ U h\fYY-dfcb[ [cU` cZ dYfgcbU` fYWcj Yfm, di V`]W gUZYhm, UbX fYW]X]j]ga fYXi Wh]cb. Pf]cf hc fY`YUgY, AISS ghUZZ (Wca a i b]hm UZhYfWUfY WcfX]bUhcfg, U ZU]h\-VUgYX Wca a i b]hm`]U]gcb, peer mentors) work closely with individuals in the facility to optimize treatment plans and to prepare for successful reentry. Upon release, if still under correctional jurisdiction, male participants are again relocated, this time to one of two minimum security options, a nearby residential PreRelease Minimum Center (PMC) or the W¬TG*ì¬xb0rAdiction,sCenter (PWMCA) UAththe WMC to pmeetwithh AISiSstifõDîîê-ªüìí(^ì¬xaP H@S S R \ Q XpP H Q W Z W\ O H C R I V H U H G@XpP H Q W pere dindividuals iwhoar fno longr der correle]TJ EMC /Span <</MCID 7617>>BDC /C2_0 1 Tf T* [<0048005 twl ubereeturnng ec.o]TJ EMC /ETrumpleutt0:9 >0.3 >0.19 K .875 w q 1 0 0 1 72>10.81 cm 0 0 m 144 0 l S Q .83 0.9

Ib UXX]h]cb hc ghUbXUfX Ybfc``a Ybh]b AISS, \][\ f]g_]bX]j]Xi U`g ]b h\Y PMC (XYÙbYX Ug h\cgY k ]h\ U ÙfYUfa g W\Uf[ Y, U j Ymfj ]c`YbhVf]a]bU` fYVcfX, cf gYf]ci g a UbU[ Ya YbhdfcV`Ya g]b h\Y jail) are linked with, and closely monitored by, one of two specially trained program managers. These AISS program managers encourage compliance with established service plans and Wci fh-cfXYfYX fYghf]Wh]cbg Vmfci h]bY`mhfUbgdcfh]b[ ]XYbh]ÙYX \][\ f]g_ ]bX]j ]Xi U`g hc hfYUha Ybh appointments and mandatory meetings with justice system personnel.

IZ h\Y CYbhfU` C`Ugg]ÙWUh]cb Cca a]hhYY \Ug XYhYfa]bYX h\Uh gi VghUbWY i gY X]gcfXYf]g U g][b]ÙWUbh]ggi Y, h\Y]bX]j]Xi U` a UmVY Ugg][ bYX hc h\Y WMCAC, U fY[ ]cbU`, Wca a i b]hm-VUgYX residential center that promotes education, treatment, and recovery through an emphasis on abstinence.[10] This facility has 182 beds, 18 of which are reserved for females. All participants UfY Wci fh-cfXYfYX hc Wca d`YhY U 12-k YY_ hfYUha Ybh dfc[ fUa . Udcb Wca d`Yh]cb, a U`Yg who remain under the jurisdiction of the justice system may be relocated to the PMC. For males who are no longer justice involved, and for whom there is a real risk of homelessness, d`UWYa Ybh]b cbY cZ 2O hc 3O VYXg]b h\Y WMCAC-UZÙ`]UhYX Fci bXUh]cb Hci gY a UmVY fYei YghYX. IZ h\Y fYei Ygh ]g [ fUbhYX, di V`]W\ YU`h\ ]bgi fUbWY k]`` VY fYUWh]j UhYX UbX h\Y individual may access AISS staff and resources.

Beginning in 2010, the federally funded Behavioral Health Treatment Court Collaborative (BHTCC) k Ug]bgh]hi hYX Ug U a YW\Ub]ga Zcf WccfX]bUh]b[U` dfcV`Ya -gc`j ]b[ Wci fhg k ]h\]b h\Y **Pima County (AZ)** jurisdiction. The primary focus of the initiative was the Drug Treatment Alternative to Prison (DTAP) Program, with goals of individual recovery, crime reduction, and ÙgWU` gUj]b[g. DTAP k Ug XYg][bYX hc dfcj]XY Ub U`hYfbUh]j Y hc ]bWUfWYfUh]cb Zcf ]bX]j ]Xi U`g

k]h\ U gi VghUbWY i gY cf Wc-cWWi ff]b[X]gcfXYf,

k \cgY Wi ffYbhWcbj]Wh]cb fYZYWhg U h\]fX (cf gi VgYei Ybh) ZY`cbmXfi [ Vf]a Y cf ei U`]Zm]b[felony property crime,

k]h\ bc \]ghcfmcZj]c`Ybhcf gYl cZZYbgYg,

k \c \Uj Y YI \Ui ghYX U` ch\Yf bcb-]bWUfWYfUh]j Y cdh]cbg, UbX

for whom a prison term would otherwise be legislatively mandated.

need, highly motivated, and presenting with severe addiction[12] a UmVY cZZYfYX U 3-mYUf dcgh-

(MHPAEA)[18] have bolstered efforts to broaden the nature and scope of healthcare coverage Ua cb[dYcd`Y i bXYf ^i gh]WY gmghYa ^i f]gX]Wh]cb (Y.[., VmYI hYbX]b[ Y`][]V]`]hmZcf Wcj YfU[ Y UbX enhancing parity in the treatment of behavioral health issues) and to establish protocols for the gYWfY UbX fY`]UV`Y YI W\Ub[Y cZ h\]g]bZcfa Uh]cb (Y.[., VmYbWci fU[ ]b[ ]bhYfU[YbWmU[fYYa Ybhg for information sharing, working towards compatibility of management information systems, and systematically employing multiple medical releases to satisfy legal thresholds).

The justice system and behavioral health representatives to the Justice and Mental Health Collaboration Program (JMHCP) grant in **New York State** (see discussion of Guideline 6) proposed a cluster of solutions to address barriers to effective data sharing and connectivity]b h\Uh gh\UhY. ObY dfcdcgU` WU`YX Zcf h\Y WfYUh]cb cZ YI dUbg]j Y WcbÙXYbh]U`]hmU[fYYa Ybhg between justice agencies and treatment and service providers that would allow justice gmghYa]XYbh]ÙWUh]cb bi a VYfg (NYSID) UbX MYX]WU]X Ybfc``a Ybh XUhU hc VY `]b_YX. Ib j ]Yk cZ h\Y a cV]`]hmcZ]bX]j]Xi U`g k ]h\ a YbhU` cf gi VghUbWY i gY X]gcfXYfg UbX h\Y ZfYei YbWmk]h\ which these individuals risk suspension of Medicaid coverage due to repeated justice system UXa]gg]cbg, gi W\ U XUhU-g\Uf]b[gmghYa Wci `X [ fYUh`mZUW]`]hUhY]bgi fUbWY fYYbfc``a Ybh UbX a]b]a]nY X]gfi dh]cbg]b h\Y Wcbh]bi]hmcZ WUfY. A a cfY Ua V]h]ci g XUhU-g\Uf]b[dfcdcgU` k ci `X have correctional authorities provide NYSID information on previously incarcerated individuals to allow insurers to more easily identify people who might be Medicaid eligible. In terms of WcbbYWh]j]hm, JMHCP Wc``UVcfUhcfg \Uj Y dfcdcgYX h\Y WfYUh]cb UbX a U]bhYbUbWY cZ U WYV-VUgYX dcfhU` Zcf YI W\Ub[ Yg VYhk YYb h\Y ^i gh]WY gmghYa , hfYUha Ybh UbX gYfj ]WY dfUWh]h]cbYfg, UbX other collateral professionals. The implementation of such a system could provide community hfYUha Ybh UbX gYfj ]WY dfUWh]h]cbYfg k ]h\ h]a Y`mY`YWhfcb]W bch]ÙWUh]cb h\Uh Ub ]bX]j ]Xi U` fYWY]j]b[care had come into contact with the justice system. Similarly, upon booking, justice system employees could have immediate information on the nature and intensity of an individual's previous behavioral health utilization.

Guideline 9: Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental and co-occurring substance use disorders who are involved in the criminal justice system.

Individual and system outcomes are more easily achieved when correctional and behavioral health personnel work as a team, within facilities, in the community, and during reentry (Osher Yh U`., 2012). T\Y VYgh ci hWca Yg UfY UW\]Yj YX k \Yb h\YfY ]g Wfcgg-U[ YbWmh_bck `YX[Y UbX appreciation of the language, goals, and processes of all stakeholders. Correctional personnel UfY gi ddcfh]j Y k \Yb h\Ymi bXYfghUbX h\Y dfYgYbhUh]cb cZ a YbhU`]``bYgg, gi VghUbWY i gY, UbX Wc-cWWi ff]b[X]gcfXYfg. L]_Yk]gY, VY\Uj]cfU` \YU`h\ YI dYfhg VYbYÙh Zfca Ub i bXYfghUbX]b[cZ h\Y

[18] T\Y MYbhU` HYU`h\ PUf]hmUbX AXX]Wh]cb Eei]hmAWh (MHPAEA)]g gi a a Uf]nYX Uh https://www.cms.gov/CCIIO/Pfc[fUa g-UbX-Ib]h]Uh]j Yg/Oh\Yf-Ibgi fUbWY-PfchYWh]cbg/a \dUYU_ZUWhg\YYh\ha `

criminogenic factors and correctional management issues contributing to public safety concerns. Fcf Vch\ Wcbgh]hi YbW]Yg, Wfcgg-U[YbWmYI WXUb[Yg WUb fYXi WY a]gh fi gh UbX hYbg]cb.

In the design and implementation of strategies grounded in APIC principles, there are numerous cddcfhi b]h]Yg Zcf j U`i UV`Y]bhYfX]gW]d`]bUfm`]b_U[Yg h\Uh U``ck dYfgcbbY` hc gdUb XYYd-fcchYX X]gW]d`]bUfm Vci bXUf]Yg. T\Y i h]`]nUh]cb cZ ]b-fYUW\ VY\Uj ]cfU` \YU`h\ Wci bgY`cfg UbX WUgY managers who operate alongside correctional staff is a common approach. In other sites, personnel from behavioral health and correctional agencies meet regularly to discuss barriers to recovery and public safety and to devise procedural protocols that serve the interests of individuals and agencies. A bolder approach at implementing APIC principles entails active Wfcgg-X]gW]d`]bUfm hfU]b]b[ cZ U[ YbWm dYfgcbbY`.

Cfcgg-hfU]b]b[cZ ghUZZ \Ug VYYb Ya VfUWYX h\fci [\ci h **New York State**, in large part due to the efforts of the Justice and Mental Health Collaboration Project (JMHCP). In an increasing number of counties, the week long Emotionally Disturbed Persons Response Team (EDPRT) hfU]b]b[ ]g a UXY Uj U]`UV`Y hc `Uk YbZcfWYa Ybh cZÙWYfg, UbX Wca a i b]h]Yg h\fci [ \ci h h\Y ghUhY UfY XYj Y`cd]b[Cf]g]g IbhYfj Ybh]cb TYUa g (CIT). Cci bhmdfcVUh]cb cZÙWYfg k \c Wca d`YhY training in Motivational Interviewing, the impact of trauma, assessment, and dynamics of mental illness are credentialed as supervision specialists. In Monroe County, home to the city of RcW\YghYf, hfUi a U-]bZcfa YX WUfY hfU]b]b[\Ug VYYb dfcdcgYX Zcf U`` 500 ^U]` Ya d`cmYYg.

Research over the past two decades has found that early life trauma can impair decision a U_]b[, bY[Uh]j Y`m UZZYWh bYi fU` XYj Y`cda Ybh, UbX ]bÚi YbWY h\Y XYj Y`cda Ybh cZ VY\Uj]cfU` disorders, all of which can contribute to engagement in risky behavior, and in some cases, criminal offending.[19] Ccbg]ghYbh k ]h\ Yj ]XYbWY-VUgYX dfUWh]WY, WcffYWh]cbU` dYfgcbbY` ]b gca Y ^i f]gX]Wh]cbg \Uj Y ]bgh]hi hYX i b]j YfgU` gWfYYb]b[Zcf hfUi a U \]ghcf]Yg; UXcdhYX hfUi a U-informed strategies for treatment planning with the goal of bolstering resiliency, promoting dYfgcbU` fYWcj Yfm, UbX fYXi W]b[ h\Y f]g_ cZ gi VgYei Ybh Wf]a ]bU` cZZYbX]b[; UbX]bWcfdcfUhYX Wca dfY\Ybg]j Y Wfcgg-hfU]b]b[hc ZUa]`]Uf]nY WcffYWh]cbU` ghUZZ, W`]b]W]Ubg, UbX Wc``UhYfU` professionals with the sources and effects trauma histories.

One strategy adopted in **Hancock County (OH)** provides jail personnel with an understanding cZ VY\Uj]cfU` \YU`h\ ]ggi Yg, f]g_ UggYggа Ybh/a UbU[Ya Ybh, UbX hfUi a U-]bZcfa YX fYgdcbgYg. A`` WcffYWh]cbU` ghUZZ bck Wca d`YhY h\Y 40-\ci f MYa d\]g a cXY` CIT hfU]b]b[ . FUW]`]hm WcbhUWhg UbYWXchU`m fYdcfh h\Uh h\Y dcg]h]j Y YZZYWhg cZ h\]g Wfcgg-hfU]b]b[ k YfY Yj ]XYbh k \Yb U WcffYWh]cbU` cZÙWYf gi WWYggZi ``m, UbX k]h\ci h h\Y i gY cZ ZcfWY, XY-YgWU`UhYX U Wf]g]g ]bj c`j]b[Ub inmate with a trauma history.

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[19] T\Y YZZYWh cZ hfUi a U cb d\mg]WU`, gcW]U`, UbX VY\Uj]cfU` \YU`h\ UbX k Y``-VY]b[\Ug VYYb h\Y ZcWi g cZ U [fck]b[VcXm cZ `]hYfUhi fY. Fcf YI Ua d`Y, gYY h\Y k YVg]hY cZ SAMHSA's NUh]cbU` CYbhYf Zcf TfUi a U-IbZcfa YX CUfY Uh http://www.samhsa.gov/nctic. Ib UXX]h]cb, h\Y a U^cf ÙbX]b[ g Zfca h\Y AXj YfgY C\]`X\ccX EI dYf]YbWYg (ACE) ghi Xm, conducted jointly by the Centers for Disease Control and Kaiser Permanente, can be viewed at http://www.cdc.[cj /j]c`YbWYdfYj Ybh]cb/UWYghi Xm/UVci h_UWY.\ha `

In **Hawaii,** the Women's Community Correctional Center (WCCC) has instituted a statewide hfUi a U-]bZcfa YX UddfcUW\ h\Uh]a d`Ya Ybhg Yj]XYbW!VUgYX dfUWh]WY. Ib 2009,]b fYgdcbgY hc inconsistencies in the administration of trauma screening, WCCC administrators, in collaboration with a diverse group of institutional, civic, academic, clinical, and religious stakeholders, piloted the Trauma Informed Care Initiative (TICI) (Patterson, Uchigakiuchi, & Bissen, 2013). In contrast to the traditional correctional setting, but consistent with native Hawaiian cultural dfUWh]WYg UbX YI]gh]b[dc`]WmhcWcbYfb]b[ ^i gh]WY-]bj c`j YX []f`g, h\Y d\]`cgcd\]WU` g\]Zhk Ug [i ]XYX by the belief in the transformative nature of a *pu'uhonua*, a protected site for healing. The a i `h]-mYUf TICI d]`ch]bWi XYX U 10-k YY_ dcgh-gYbhYbWY cf]YbhUh]cb dfc[fUa Xi f]b[k \]W\ behavioral health staff administered universal screening for trauma histories as well as for mental and substance use disorders. While funding and personnel reallocations have delayed utilization of screening results in individualized treatment planning, WCCC remains committed to the provision of intensive training for staff, institutional contractors, treatment and service dfUWh]h]cbYfg, UbX ^i gh]WY-]bj c`j YX ]bX]j ]Xi U`g. RY`m]b[ \YUj ]`mcb hfU]b]b[a UhYf]U`g XYj Y`cdYX by SAMHSA's National Center on Trauma Informed Care, WCCC provides several days of]bghfi Wh]cb cb h\Y [i]X]b[df]bW]d`Yg cZ hfUi a U-]bZcfa YX WUfY, ]bW`i X]b[h\Yì

- Identification of systemic sources of trauma;
- Recognition of the psychological, physiological, neurobiological, and social effects of trauma;
- Minimization of further trauma caused by incarcerative practices such as seclusion and restraint.

For correctional staff, the trainings provide knowledge and develop skills that mitigate the YZZYWhg cZ hfUi a Uh]WWI dYf]YbWYg cb VY\Uj]cfU` \YU`h\ WcbWYfbg UbX Wf]a]bc[Yb]Wf]g_. Fcf ^i gh]WY-]bj c`j YX ]bX]j ]Xi U`g, h\Y WfYUh]cb cZ h\Y *pu'uhonua* fY]bZcfWYg hfUi a U-]bZcfa YX df]bW]d`Yg

Cca dfY\Ybgj Y dfc[fUa d`Ubb]b[ VUb VY YI dYWhYX hc VY h]a Y UbX `UVcf]bhYbgj Y. BYWUi gY

Conclusion

People with mental and substance use disorders are disproportionately represented in jails and prisons. Research has shown that the high prevalence of these disorders in jails and prisons consistently produces poor outcomes for both affected people and correctional agencies. In 2002, gHU_Y\c`XYfg [YbYfUHYX Yj]XYbW-VUgYX APIC [i]XY`]bYg hc Ugg]gh hfYUha YbhUbX gYfj]W practitioners, case managers, and justice system personnel in the development of effective strategies to improve behavioral health outcomes by promoting personal recovery and reducing criminogenic risk for individuals transitioning to the community (Osher, Steadman, & Barr, 2002). While an increasing number of jurisdictions have embraced the guidelines, practitioners \Uj Y fYei YghYX Zi fh\Yf Ugg]ghUbW]b h\Y XYg][b cZ YZZYWhj Y ghfUhY[]Yg, dUfh]W`Uf`m]b h\Y UfYU

HYfhY`, N. (2013, Ncj Ya VYf 10). MYbhU`m]`` Yl -]ba UhYg `UW_ hfYUha Ybh, a YXg.

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W]`gcb, A. B., DfU]bY, J., HUX`Ym, T., MYhfUi I , S., & Ej Ubg, A. (2011). EI Ua]b]b[h\Y]a dUWh cZ a YbhU` illness and substance use on recidivism in a county jail. *International Journal of Law and Psychiatry, 34,* 264-268.

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