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Presentation Overview

- 1** Project overview
- 2** Update of assessment activities
- 3** Mental illness and substance use disorder policy options
- 4** Housing policy options
- 5** Review of support for policy options

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Justice Center

THE COUNCIL OF STATE GOVERNMENTS

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

- Break the cycle of incarceration
- Advance health, opportunity, and equity
- Use data to improve safety and justice

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What is Justice Reinvestment?



A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism.

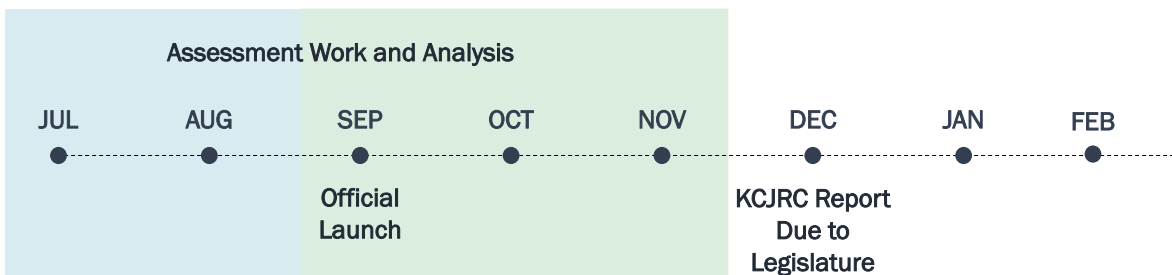
The Justice Reinvestment Initiative is funded principally by the U.S. Department of Justice's **Bureau of Justice Assistance (BJA)** with additional funding from **The Pew Charitable Trusts**.

Technical assistance for states participating in the Justice Reinvestment Initiative is provided by the **CSG Justice Center** and **Community Resources for Justice's Crime and Justice Institute**.

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The Justice Reinvestment assessment of behavioral health services for people in the justice system seeks to examine systems, policies, and practices driving challenges in Kansas.



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The CSG Justice Center’s assessment team in Kansas



David D'Amora, Senior Policy Advisor
 Former vice president of programs for agency providing correctional and behavioral health treatment
 BA, Franklin College
 MS, Butler University

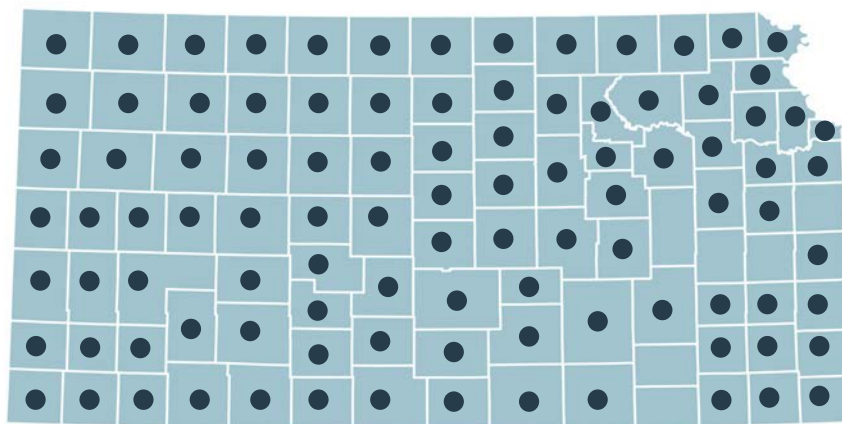


Sarah Wurzburg, Program Director
 Former Research Analyst at the National Association of State Alcohol and Drug Abuse Directors Inc.
 BA, DePauw University
 MA, University of Chicago

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Team members have connected with stakeholders from 99 of Kansas's 105 counties and spoken with more than 180 people.



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Since July 2020, CSG Justice Center staff have connected with 39 Kansas stakeholders across 21 organizations to discuss behavioral health needs and challenges.

- Mental Health and Substance Abuse Subcommittee of the Kansas Criminal Justice Reform Commission
- Kansas Department of Aging & Disability Services (KDADS)
- Kansas Department of Corrections (KDOC) behavioral health departments
- Kansas Department for Health and Environment (KDHE)
- Kansas Attorney General's Office
- Kansas Courts
- Heartland Regional Alcohol and Drug Control Center (RADAC)
- Substance Abuse Center of Kansas (SACK)
- Law enforcement stakeholders
- Stakeholders in Douglas County
- Friends of Recovery
- Catholic Charities of Northern Kansas
- Valeo Behavioral Health
- Mirror Inc.

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During the September presentation, the following key points were discussed:

- Effective treatment for people in the criminal justice system addresses both criminogenic and behavioral health needs.
- Nationally, the rates of mental illnesses and substance use disorders in the justice system are higher than in the adult general population.
- Most admissions to prison for drug offenses are people with high-medium Level of Service Inventory-Revised (LSI-R) scores.
- 58 percent of admissions for new nonviolent offenses and 53 percent of admissions for new violent offenses scored “moderate” to “very high” in the LSI-R domain for alcohol/drugs.
- Over a quarter of the people released from prison each year have mental health needs requiring some level of treatment or services.

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Responding collaboratively is key to working with vulnerable people.

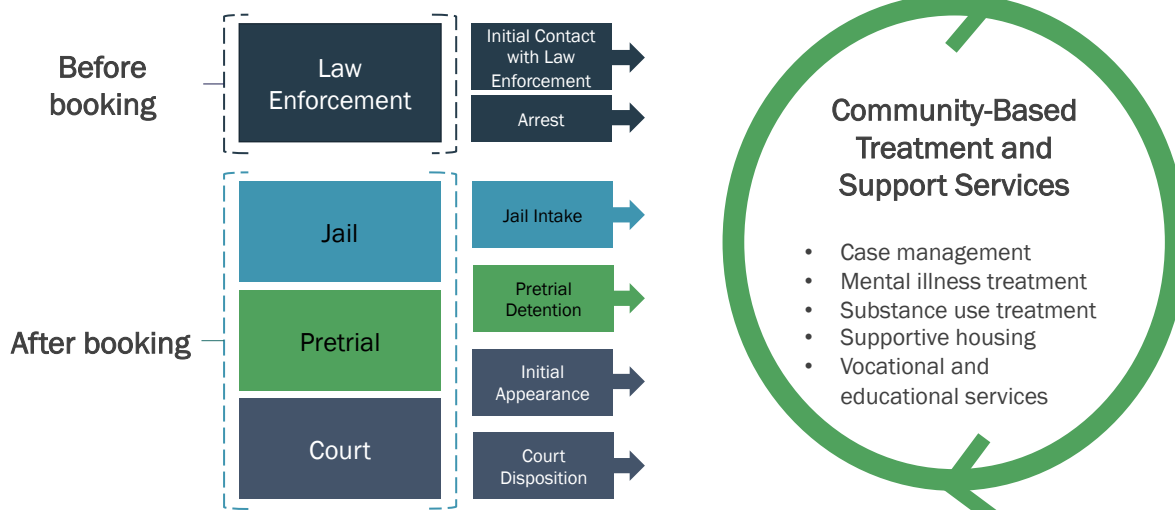
Collaborative responses are comprehensive approaches that help agencies improve their responses to people with complex needs while connecting them to services, minimizing criminal justice involvement, and maintaining safety.



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Diversion is an off-ramp from criminal justice involvement to community engagement.






The Council of State Governments Justice Center, Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy (New York: The Council of State Governments Justice Center, 2019).

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Prosecutor-led diversion programs can save money and reduce justice involvement.

In a 2018 multi-site study of diverse prosecutor-led diversion programs (no behavioral health focus), researchers found that these programs:

-  Produced **cost savings for criminal justice agencies**—especially pre-filing programs.
-  **Decreased the percentage of cases ending in a conviction.**
Reduced the likelihood of a jail sentence.
-  **Reduced recidivism**, although effects appear more modest and less consistently achieved than effects on conviction, jail, and cost.

Michael Rempel et al., *NIJ's Multisite Evaluation of Prosecutor-Led Diversion Programs: Strategies, Impacts, and Cost-Effectiveness* (New York: Center for Court Innovation, 2018), <https://www.ncjrs.gov/pdffiles1/nij/grants/251665.pdf>.

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This presentation includes policy options to reduce barriers for people in the criminal justice system with behavioral health needs. These policies are broken down into four priorities.

<p>1</p> <p>Leverage current efforts to support people with mental illnesses and substance use disorders in the justice system.</p>	<p>2</p> <p>Provide opportunities and develop policy on cross-system coordination.</p>	<p>3</p> <p>Prioritize collecting data to guide policy improvements.</p>	<p>4</p> <p>Focus on training and education for providers to support people with mental illnesses and substance use disorders in the justice system.</p>
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While there is a well-developed structure to ensure effective transitions from prison to the community, insufficient staffing levels result in poor implementation of the processes in place.

Short-Term Opportunities

- *Administrative*: Modify policies and procedures to require a formal transition package for all people leaving prison that includes:
 - Requirements for coordination with probation and parole agencies and KDOC contractors for people with mental illnesses and substance use disorders (SUDs)
 - Written policies and procedures about coordination between KDOC transition planners, Community Mental Health Centers (CMHCs), and community-based SUD treatment providers

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While there is a well-developed structure to ensure effective transitions from prison to the community, insufficient staffing levels result in poor implementation of the processes in place (cont.).

Long-Term Opportunities

- *Administrative:* Modify policies and procedures to require case plans developed by parole officers to follow the transition plan.
 - Additional guidance should be given to parole officers for people who have mental illness and substance use disorder (SUD) treatment as part of their conditions of release.
- *Administrative:* Modify policies and procedures to ensure that parole officers receive a copy of the transition plan developed for people while in KDOC custody as part of reentering the community. Develop a process to monitor follow-up on the transition plans.

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Support integrated co-occurring mental illness and substance use disorder treatment in the prison system.

Immediate Action

- *Administrative:* Modify contracts to ensure that mental health and substance use providers create a coordinated care team to support people with co-occurring mental illnesses and substance use disorders.

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Support integrated co-occurring mental illness and substance use disorder treatment in the prison system (cont.).

Long-Term Opportunities

- *Administrative:* Modify policies and procedures to support matching people with co-occurring mental illnesses and substance use disorders to services.
- *Administrative:* Modify policies and procedures for transition planning for people with co-occurring mental illnesses and substance use disorders to support integrated treatment when possible.
- *Administrative:* Modify policies and procedures to ensure connection to and coordination with CMHCs and SUD treatment providers for people with co-occurring mental illnesses and substance use disorders as they reenter the community.

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Utilize the opportunity for the planned launch of a Stepping Up Technical Assistance Center to support cross-system coordination.

Immediate Action

- *Administrative:* Use feedback and lessons learned from cross-system coordination for mental health and jails to inform opportunities in other areas of the justice system, including best practices, and address housing instability and substance use disorders.
 - Coordinate with the Governor's Behavioral Health Services Planning Council's Justice Involved Youth and Adults (JIYA) Subcommittee to make sure that priorities are aligned.

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Update contracts, policies, and procedures to support additional guidance for substance use disorder interventions in the prison system.

Immediate Action

- *Administrative:* Modify policies and procedures to create standard guidance for all contracted providers on intake and reentry support for people receiving the University of Cincinnati Substance Abuse curriculum.
- *Administrative:* Develop guidance for transition specialists and contracted substance use curriculum providers on how to coordinate with community-based substance use disorder treatment and recovery support service providers.

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Update contracts, policies, and procedures to support additional guidance for substance use disorder interventions in the prison system (cont.).

Immediate Action

- *Administrative:* Develop guidelines and information-sharing protocols for KDOC to communicate completion of cognitive behavioral interventions with community-based providers as people reenter the community.

Long-Term Opportunity

- *Administrative:* Consider expanding options for substance use disorder treatment in prisons.

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Develop policies to improve access to mental illness and substance use disorder treatment in correctional facilities and the community.

Immediate Action

- *Administrative or Statutory:* Leverage access to telehealth services through Medicaid and insurance to assist with connections to care for people in the justice system. Identify funding for telehealth consultations while people are in jail or prison prior to reentering the community.

Long-Term Opportunity

- *Statutory:* Develop policy and provide funding to support correctional facility liaisons for the CMHCs and/or substance use treatment to support warm handoffs to community-based care.

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Increase diversion opportunities for people with mental illnesses and substance use disorders.

Long-Term Opportunity

- *Administrative:* Develop mobile crisis teams through CMHCs and SUD treatment providers to increase service accessibility in rural and frontier counties and support crisis response.
- *Statutory:* Amend SB 123 funding to allow for the provision of support for substance use treatment when people are diverted from prosecution and have completion of treatment as a condition of diversion.

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3

Prioritize cross-system data collection through a comprehensive statewide data collection process, standard metrics, or management information systems (MIS).

Immediate Action

- **Administrative:** Create a subcommittee or leverage the data subcommittee to identify common data metrics that should be collected across the criminal justice, mental illness, substance use disorder, and housing systems. This group will develop recommended legislation regarding what data should be collected.

Long-Term Opportunity

- **Administrative:** Provide guidance and/or technical assistance on the use of the data metrics and how to share across the relevant state and local agencies, with a particular focus on data sharing between county jails, the state prison system, and the community supervision agencies in Kansas.

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Develop education and training on mental illnesses, substance use disorders, housing, and working with people in the justice system.

Immediate Actions

- **Administrative:** Require the Behavioral Science Regulatory Board to provide additional training on how to work with people in the justice system as part of state licensure.
- **Administrative:** Provide training for community supervision officers on mental illnesses and substance use disorders, treatment options, and strategies to better coordinate with treatment and recovery support service providers.

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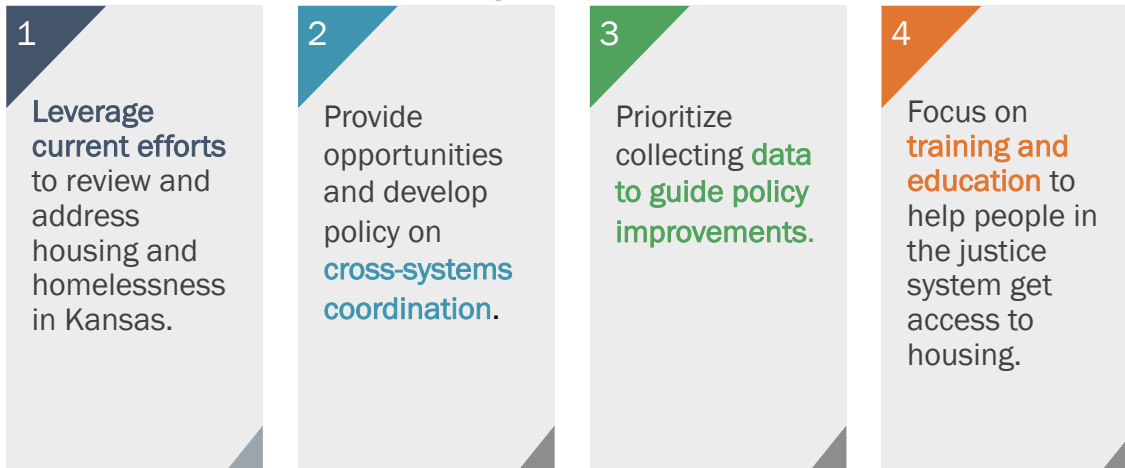
During the presentation in September, the following key points were discussed:

- There is a cyclical relationship between housing instability and criminal justice involvement.
- In Kansas there is low housing stock and a lack of housing options and funding.
- There is a lack of understanding of the true scope of the problem, collaborative strategies, and investment in effective intervention from the homeless and criminal justice systems.
- 20 percent of people leaving KDOC facilities each year have no stable housing.

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This presentation includes policy options to reduce housing barriers for people in the criminal justice system and can be broken down into four priorities.



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There are local and statewide task forces currently working on reducing homelessness and increasing housing stability in Kansas.

Immediate Actions

- *Administrative:* Incorporate people in the criminal justice system into existing working groups and task forces with a priority on homelessness and housing.
 - In cooperation with the Lieutenant Governor's Office and the Kansas Housing Resources Corporation (KHRC), work with the Rural Prosperity Task Force and the Housing and Homeless Subcommittee to include people in the criminal justice system.
 - Ensure that people in the criminal justice system are included in the upcoming housing study.
 - Discuss and evaluate barriers to accessing existing shelter services, permanent supportive housing, recovery housing, and other housing options for people in the criminal justice system.

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It is difficult for people reentering the community from the justice system to find housing, and there is no clear way to find out about potential housing options in different areas of the state.

Immediate Action

- *Administrative:* Expand existing lists of housing opportunities available through KDOC, the KHRC, and the Kansas Department for Aging and Disability Services (KDADS) to provide information on which programs in the state support access for people in the justice system.

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Additional cross-system communication can help support people with insecure housing who are reentering the community.

Immediate Actions

- *Administrative:* Develop policies and procedures on coordination between KDOC and the regional Balance of State (BoS) Continuum of Care (CoC) coordinators, CoCs, CMHC housing specialists, recovery housing, and other housing services providers.
- *Administrative:* Have the regional BoS CoCs coordinators review information in the new Housing Management Information System (HMIS) to identify available properties and support people reentering the community from jails or prison.

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There are many agencies funding housing programs that can coordinate more effectively to support people reentering the community who need housing.

Immediate Actions

- *Administrative*: Develop policies requiring ongoing collaboration among state agencies—KDOC, KDADS, and KHRC—to address housing for people in the justice system.
- *Administrative*: Identify statutory or administrative restrictions on housing for people with criminal histories. Distill the barriers that are perceived vs. restrictions that are mandatory. Generate a list of restrictions that impact the most people in the criminal justice system.

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There is a lack of available data and no standard way to identify people in jails and prisons who have housing instability or are at risk of homelessness.

Immediate Actions

- *Statutory*: Develop policy requiring a consistent method of screening to track people in jails and prisons who are experiencing housing instability or are at risk of homelessness.
 - **VI-SPDAT** (Vulnerability Index - Service Prioritization Decision Assistance Tool) is used by the BoS CoC as well as some of the other CoCs to identify people experiencing homelessness.
- *Administrative*: Leverage the data subcommittee to identify common data metrics that should be collected across the criminal justice, mental illness, substance use disorder, and housing systems. This group will develop recommended legislation regarding what metrics should be included in the data framework.

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There is a lack of education and training for community service providers on how to work with people in the justice system.

Immediate Actions

- *Administrative:* Utilize justice system partnerships to provide training for housing providers on working with people in the justice system, including information on criminogenic risk and needs and common misconceptions.
- *Administrative:* Offer outreach and training for CoCs, housing authorities, landlords, and housing providers on the housing needs of people in the justice system and how to effectively coordinate with community supervision agencies, CMHCs, and substance use disorder treatment providers.
- *Administrative:* Provide training for community supervision officers on housing opportunities, the housing system, and strategies to better coordinate with CoCs, housing authorities, landlords, CMHCs, and housing support service providers.

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Does the
subcommittee
support the
proposed policy
options?

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Thank You!

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