

Evidence Based Practice  
Implementation for those  
Experiencing Incarceration and  
Mental Illness



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# Objectives



1. Participants who attend our training will be able to describe how our program provides services to individuals who have a mental health diagnosis and are criminally justice involved.
2. Participants will be able to identify ways to differentiate between mental health, substance use, and criminal behavior.
3. Participants will be able to apply the principles we use to assist individuals in re-entering the community to their own work.
4. Participants will be able to utilize strategies our team has employed to reduce rates of recidivism in their work with individuals who are criminally justice involved.

# Contra Costa County Behavioral Health Services

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“Contra Costa Mental Health strives to create an effective, high quality integrated system to meet the needs of all residents of Contra Costa County. We work together with those individuals with psychiatric conditions to provide:

Hope supports all human beings in becoming their unique and best selves.

Recovery empowers individuals to manage their symptoms and reclaim meaningful lives and relationships.

Partnership brings consumers, family, friends, and mental health professional together in the hope-filled journey of recovery.

The Mental Health Services provides an array of opportunities for partners to work together in the spirit of hope toward recovery. This includes program and services for children, adolescents, young adults, adults, and older adults of Contra Costa County.”

# Forensic Mental Health Department

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- ❧ Adult and Older Adult System of Care (18 and older)
- ❧ Forensic Department was founded in 2013 to serve those who have a severe and persistent mental illness and are involved in the criminal justice system
- ❧ Programs
  - ❧ Probation
  - ❧ Mental Health Evaluation Team (MHET)
  - ❧ Laura's Law/ Assisted Outpatient Treatment (AOT)
  - ❧ 1370 Competency
  - ❧ Mobile Crisis Response Team (MCRT)
  - ❧ CocoLead+ (Misdemeanor, non-violent Diversion)
  - ❧ Diversion (Felony)

# Probation Program



- ❧ Individuals are referred by their Deputy Probation Officer (DPO)
  - ❧ General Supervision
  - ❧ AB 109
  - ❧ Court Probation
  - ❧ Transitional Age Youth (TAY) grant
- ❧ Clinicians are designated to each probation office (Central – Martinez, CA, East – Antioch, CA, West – Richmond, CA) and will screen probationers to see if they meet criteria for case management services
  - ❧ Medi-cal only
  - ❧ Must meet “medical necessity”
- ❧ Duration of probation or as long as continues to meet medical necessity
  - ❧ Can transfer to lower level of care (i.e. clinic, PCP, etc.)

# Services



- ❧ Case Management
  - ❧ Job training (Vocational Rehabilitation, Goodwill, Rubicon)
  - ❧ Housing programs (Shelter Inc., Sober Living Environments)
  - ❧ Medication management (NP & RN on staff, drop in clinic, PCP)
  - ❧ Primary Care/Medical/Dental
  - ❧ Individual and Group Therapy
  - ❧ Peer Support Specialist
  - ❧ Alcohol and other Drug (AOD) Services (Detox, inpatient rehabilitation, outpatient rehabilitation, dual diagnosis program)
  - ❧ Transportation (assistance and resources)
  - ❧ Income (SSI, GA, Food Stamps)
  - ❧ Family Reunification Services (Center for Human Development)
  - ❧ Shelter, Warming/Cooling Center, CORE team
  - ❧ Mentor Programs
- ❧ Overall coordination with DPOs and other service providers

\*\*\*AB109 provides additional funding and different access to services to AB109 probationers, compared to general supervision, court, or TAY grant

# Intake



- ❧ Prior to meeting with probationer
  - ❧ Review mental health history in electronic health record (EHR)
    - ❧ Jail mental health
    - ❧ Psychiatric Emergency Services (PES)/inpatient (4C)
  - ❧ Review paper chart within Forensic Mental Health system
- ❧ Request records when meeting probationer
  - ❧ California Department of Corrections and Rehabilitation (CDCR)
  - ❧ Systems outside of Contra Costa County System (John Muir, Kaiser, other inpatient hospitals, etc.)
- ❧ Assessment Tools
  - ❧ PHQ-9
  - ❧ GAD-7
  - ❧ PCL-C/PCL-M
  - ❧ MCMI-IV
  - ❧ ASI
  - ❧ ACE
  - ❧ Others than are not built into our EHR

# Patient Health Questionnaire (PHQ-9)

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- ❧ Questionnaire consisting of 9 questions to assess the severity of depression symptoms
  - ❧ Based on DSM IV criteria
- ❧ Brief, self-administered
- ❧ Scores indicate “Mild, Moderate, Moderately Severe, or Severe” symptoms
- ❧ 6000 patients screened, 8 primary care clinics, 7 obstetrics-gynecology clinics
  - ❧ As scores increased, functioning decreased
  - ❧ Valid and reliable measure



# PHQ-9 (con't)



- ⌘ Administer at intake, and routinely (quarterly) throughout case management
- ⌘ Utilize as a way to measure symptoms and determine diagnosis
  - ⌘ Built into EHR, can provide client with graph to demonstrate symptoms are improving
- ⌘ Difficulty with measuring accuracy of mental health symptoms when client using substances

\*\*\*Pilot study for clinics to administer at each visit

# Generalized Anxiety Disorder (GAD-7)

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- ❧ Questionnaire consisting of 7 questions to assess the severity of anxiety symptoms
- ❧ Brief, self-administered
- ❧ 2740 patients screened, 15 primary care clinics
  - ❧ Valid and reliable measure
  - ❧ Accurate tool for diagnosing Generalized Anxiety Disorder

# GAD-7 (con't)



- ❧ Administered at intake and routinely (quarterly) throughout case management
- ❧ Utilize as a way to measure symptoms and determine diagnosis
  - ❧ Built into EHR, can provide client with chart to demonstrate symptoms are improving
- ❧ Difficulty with measuring accuracy of mental health symptoms when client is using substances

\*\*\*Pilot study for clinics to administer at each visit

# Recovery Assessment Scale



- ❧ Used to measure a person's perception of their recovery when participating in individual or group Wellness Recovery Actin Plan (WRAP)
  - ❧ Personal confidence and hope
  - ❧ Willingness to ask for help
  - ❧ Goal and success orientation
  - ❧ Reliance on others
  - ❧ Not being dominated by symptoms
- ❧ Considered a reliable and valid tool to measure recovery
- ❧ Built into EHR

# Independent Living Skills Survey (ILSS)

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- ☞ Assesses community functioning and level of independent living skills
- ☞ Used in our Cognitive Behavioral Social Skills Training (CBSST) groups
- ☞ Built into our EHR

[https://watermark.silverchair.com/26-3-631.pdf?token=AQECAHi208BE49Ooan9kkhW\\_Ercy7Dm3ZL\\_9Cf3qfKAc485ysgAAApYwggKSBgkqhkiG9w0BBwaggKDMIICfwIBADCCAngGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMfriju61nloSedEZLAgEOgIICSdSfPRF](https://watermark.silverchair.com/26-3-631.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAApYwggKSBgkqhkiG9w0BBwaggKDMIICfwIBADCCAngGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMfriju61nloSedEZLAgEOgIICSdSfPRF)

# PTSD Checklist – PCL-5



- ❧ Screening tool, DSM 5, 20 item self report
  - ❧ Provide “provisional PTSD” diagnosis
  - ❧ Administered before the Clinician Administered PTSD Scale (CAPS-5)
- ❧ Not built into our EHR, waiting on approval
- ❧ Use it for our clinical judgment, and can assist with tracking symptoms over time

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

# Adverse Childhood Experiences (ACE)

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- ☞ CDC-Kaiser study of 17,000 patients that measured “adverse childhood experiences” and its link to challenges in overall health and well-being later in life
  - ☞ Higher “ACE” score linked to higher risk of negative outcomes (i.e. alcoholism, liver disease, COPD, smoking, poor academic achievement, etc.)
- ☞ Brief, 10 questions, self-administered
- ☞ Built into EHR, still determining how to implement but could be a measure for prevention advocacy

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

# Addiction Severity Index (ASI)

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- ❧ Measures severity of legal status, psychiatric status, substance use, family/social status, medical status, employment and support
  - ❧ Used primarily to tease out severity of mental health disorders and substance use disorders
- ❧ Semi structured, computer based interview
  - ❧ Can take up to a hour
  - ❧ Print out of results immediately
- ❧ Reliable and valid measure



# Millon Clinical Multiaxial Inventory-III (MCMI-III)

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- ❧ 175 true or false questions, self administered, only for “clinical populations”
  - ❧ 11 personality patterns, three severe personality patterns, seven clinical syndromes, three severe clinical syndromes
- ❧ Supervisor assists with assessment interpretation
- ❧ Helpful in determining personality disorders, validity has improved with each version
  - ❧ Used to determine “criminality” of our probationers

# Vignette



- ❧ A 24 year old male is referred by his DPO to be screened for mental health services. He has a long history of opioid abuse (heroin and fentanyl), with multiple overdoses. His arrest history as a juvenile includes robbery and grand theft. As an adult, his history includes bringing drugs to prison, narcotics for sale, possession of unlawful paraphernalia, possession of narcotics, receiving stolen property, and possession of burglary tools. He is on AB 109 probation, and has been referred to an AOD inpatient program, and ordered (by his DPO) to a sober living environment following his time at inpatient. He believes he has no mental health issues (says he's just a "drug addict"), though his Mom has told him she believes he is "bipolar," so he agreed to meet with Forensic Mental Health to be screened. He has no court ordered mental health or drug and alcohol terms, though he is PRCS (post release community supervision), so he is at the discretion of his DPO's recommendations.
  - ❧ PHQ-9 & GAD-7 at time of intake ("moderately severe" score on GAD-7)
  - ❧ ASI at second appointment (6 score for both drugs and psychiatric a "considerable problem" on severity scale)
  - ❧ Millon results show elevated scores for "Anxiety," "Drug Dependence," "Negativistic /Passive-Aggressive," "Masochistic."
  
- ❧ Recommendations
  - ❧ Connected to clinic for medication to address elevated anxiety, which he identified during the intake was present almost all the time and affected his daily functioning, specifically in social situation. He discussed how he self medicated with opioids ("heroin made me feel comfortable in my own skin").
  - ❧ Continue with AOD treatment to build skills to maintain his recovery
  - ❧ Therapy for negativistic and masochistic (criminal) thinking - Thought stopping techniques were especially helpful

# Individual and Group Therapy

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- ❧ Clinicians trained in motivational interviewing, CBT approaches
- ❧ Field based, meet clients where they are at
- ❧ DPOs are becoming trained in CBT, implementing CBT based groups as part of probation
- ❧ Implement groups in the community, outside of probation offices

# Wellness Recovery Action Plan (WRAP)

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- ❧ RAS used to measure symptoms over the course of time
- ❧ “Self designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be.”
  - ❧ Wellness Toolbox
  - ❧ Daily Plan
  - ❧ Early Warning Signs
  - ❧ When Things are Breaking Down
  - ❧ Crisis Plan
  - ❧ Post Crisis Plan
- ❧ Assisted by Community Support Worker (CSW), individual or group facilitation
- ❧ Implementing WRAP groups at Martinez Detention Facility

# Cognitive Behavioral Social Skills Training (CBSST)



- ❧ PHQ9, GAD7, ILSS used to measure progress over the course of time
- ❧ 3 modules, goal oriented
  - ❧ Cognitive Skills
  - ❧ Social Skills
  - ❧ Problem Solving Skills
- ❧ Criminal Thinking curriculum added to group when working with probationers
- ❧ Implementing CBSST groups at Martinez Detention Facility

# Seeking Safety



- ❧ PCL -5 to measure symptoms over the course of time
- ❧ Treatment manual for PTSD and substance abuse
  - ❧ Introduction and termination sessions
  - ❧ 23 Treatment Topics
  - ❧ Check in/Check out procedure

# Dialectical Behavioral Therapy (DBT)

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- ❧ Treatment used in our child and adult system of care
- ❧ Not implemented in our department yet, but training is available for those who want to utilize for group or individual

# Cognitive Behavioral Therapy for Psychosis (CBT-P)



☞ Training will occur in June 2019



# Data Collection



- ❧ Implementation of EHR in 2017
  - ❧ Addition of data tracking tools
- ❧ Agreement on tools used to track symptoms
  - ❧ CBSST, WRAP, DBT, Seeking Safety, CBT-P
  - ❧ CANS, ANSA
- ❧ Training Roll-out
  - ❧ All staff trained in CBSST as of January 2018
  - ❧ Training for CBT-P in June 2019
- ❧ Coordination with Probation for rates of recidivism
  - ❧ Probation does not currently have their own system (hand counting)
- ❧ Standardizing process for collecting data

# Re-Entry Needs



- ❧ Re-Entry Success Center in Richmond, CA
- ❧ CORE outreach
- ❧ Coordination with jail mental health, public defender's office
- ❧ Still gaps in care

# Future Training



## ∞ HCR - 20

∞ Historical, Clinical, Risk Management - Assessing risk for violence

## ∞ Risk-Need-Responsivity (RNR) Model

∞ Model to address the criminal justice, behavioral health, and criminogenic needs of individuals to reduce rates of recidivism