Second Chance Act- Co-occurring Disorders and Reentry Programs: Louisiana Highlight

April 10, 2016
The National TASC Conference

Brought to you by the National Reentry Resource Center and the Bureau of Justice Assistance, U.S. Department of Justice
OVERVIEW

01  The Second Chance Act and Reentry Best Practices

02  New Beginnings Program

03  Case Studies
Speakers

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THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by the best available evidence
National Reentry Resource Center

- Authorized by the passage of the Second Chance Act in April 2008
- Launched by the Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
- The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception
Other Behavioral Health and Reentry Federal Grant Programs

- BJA Comprehensive Opioid Abuse Site-based Program
- BJA Justice and Mental Health Collaboration Program
  - Category 3 focused on Implementation and Expansion of Programs
- BJA Second Chance Act Reentry Program for Adults with Co-occurring Disorders
- BJA Second Chance Act SMART Reentry
  - Has some behavioral health focused grantees
- SAMHSA’s Offender Reentry Program
SCA COD Grant Program

88 AWARDS ACROSS THE NATION

62 County Grantees
20 State Grantees
5 Juvenile Grantees
2 Tribal Grantees
Purpose of the SCA Co-occurring Disorders Grant Program

Goal
• Reduce recidivism and improve public safety and public health by providing screening, assessment, and pre- and post-release treatment for individuals with co-occurring substance use and mental disorders.

Objectives
1. Increase the **screening and assessment** for criminogenic risk and needs, substance use, and mental disorders in jails and prisons.
2. Improve the provision of **integrated treatment** to adults with co-occurring substance use and mental disorders pre- and post-release from incarceration.
3. Develop **reentry case plans** that incorporate the results for risk and needs assessment, substance use disorders, and mental disorders to develop supervision and program components.
The Criminogenic and Behavioral Health Needs Framework

Low Criminogenic Risk (low)
- Mild/Low Severity of Substance Use Disorder (low)
  - Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

High Severity of Substance Use Disorder (med/high)
- Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)
- Mild/Low Severity of Substance Use Disorder (low)
  - Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

High Severity of Substance Use Disorder (med/high)
- Low Severity of Mental Illness (low)
  - Serious Mental Illness (med/high)

Group 1
- I-L
  - CR: low
  - SUD: low
  - MI: low

Group 2
- II-L
  - CR: low
  - SUD: low
  - MI: med/high

Group 3
- III-L
  - CR: low
  - SUD: med/high
  - MI: low

Group 4
- IV-L
  - CR: low
  - SUD: med/high
  - MI: med/high

Group 5
- I-H
  - CR: med/high
  - SUD: low
  - MI: low

Group 6
- II-H
  - CR: med/high
  - SUD: low
  - MI: med/high

Group 7
- III-H
  - CR: med/high
  - SUD: med/high
  - MI: low

Group 8
- IV-H
  - CR: med/high
  - SUD: med/high
  - MI: med/high
Reentry Best Practices

• Timely screening and assessment for substance use and mental disorders
• Cognitive behavioral therapy in the facility to address criminogenic risk and need factors
• Individual and group counseling in the facility
• Team meeting prior to release that is inclusive of corrections officers, probation/parole officer, case manager, community-based treatment provider(s)
• Development of collaborative comprehensive case plans
• In-reach into correctional facilities by treatment provider and probation
• Use of peers to help in the reentry process
• Specialized caseloads for people with co-occurring disorders, gender-specific caseloads when possible
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| 02 | The New Beginnings Program |
| 03 | Case Studies |
New Beginnings Program

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
New Beginnings

Reentry program for offenders with co-occurring disorder

Works with offenders at the Elyan Hunt Correction Center and the Louisiana Corrections Institution for Women releasing to New Orleans and Baton Rouge areas

Provides comprehensive services that integrate care for those with mental illness and substance use disorder

Pre- and post-release wrap around services to ensure continuity of care

Provides support and encouragement to offenders both pre- and post-release

Follows offenders for 8 months post-release
Need for the Program

16% of the Louisiana DOC inmates has been diagnosed with a serious mental illness (SMI).

82% are diagnosed with substance use disorder.
Mental Health Providers of Last Resort
Mental Health Today
Reform Mental Health in Louisiana

Need to reduce the criminalization of persons with mental illness

Goals should be realistic

No one should go to jail for treatment

New Beginnings is a huge step forward in this reform
Co-occurring Prevalence

~ 45% of offenders in state and local prisons and jails have a mental health problem interacting with substance abuse and addiction
Louisiana is the incarceration capital of the world.

17,000 offenders are released annually

Almost 1 in 2 will recidivate within 5 years

~ 25% of those will have co-occurring disorder
New Beginnings

PROGRAM DESIGN AND IMPLEMENTATION
2010 Co-occurring Standard of Care Cohort

In 2010, a cohort of 100 offenders with co-occurring disorders released from state prison was followed for 6 months

- 99 were re-incarcerated
- 1 died in custody
- 1 absconded
New Beginnings Program

- Department of Public Safety & Corrections
- Louisiana Public Health Institute
- Elyan Hunt Correction Center
- Louisiana Correction Institute for Women
- Probation and Parole
- Metropolitan Health Service District
- Council on Alcohol and Drug Abuse
- Capital Area Health Service District
- Louisiana State University Health Science Center

Technical Assistance: Council of State Governments Justice Center, George Mason University Center for Advancing Correctional Excellence, TurnAround Life
### New Beginnings Program

**Goal**
To implement an integrated reentry model comprising appropriate evidence-based treatment and services based upon individual risk, needs and responsivity to treatment that will break the cycle of criminal behavior, substance abuse and recidivism among co-occurring clients transitioning to community settings.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td>To improve the planning, coordination and provision of treatment for co-occurring adult offenders from pre- to post-release.</td>
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<tr>
<td><strong>Objective 2</strong></td>
<td>To improve substance abuse and mental health treatment outcomes.</td>
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<tr>
<td><strong>Objective 3</strong></td>
<td>To reduce recidivism among program participants by 25%.</td>
</tr>
</tbody>
</table>
Program Phases

- Pre-release
- Transition
- Community-based treatment and supervision
Pre-Release

Pre-release

Transition

Community-based treatment and supervision
Transition Phase

Pre-release

Transition

Community-based treatment and supervision
Post-Release Services

Pre-release

Transition

Community-based treatment and supervision
### Louisiana Co-Occurring Disorders Integrated Treatment and Reentry Program
**RNR Assessment Schedule and P&P Supervision Standard**

<table>
<thead>
<tr>
<th></th>
<th>Pre-release (EHCC/LCIW)</th>
<th>P&amp;P Initial Assessment</th>
<th>P&amp;P Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RNR Simulation</strong></td>
<td>Initial</td>
<td>Reassessment</td>
<td>Reassessment</td>
</tr>
<tr>
<td><strong>LARNA2</strong></td>
<td></td>
<td>Initial</td>
<td>Reassessment</td>
</tr>
<tr>
<td></td>
<td>Pre-release</td>
<td>60 days</td>
<td>8 months</td>
</tr>
<tr>
<td><strong>P&amp;P Supervision Standard</strong></td>
<td>Max</td>
<td>Max (override)</td>
<td>*Medium</td>
</tr>
<tr>
<td></td>
<td>EMax (Sex Offender)</td>
<td>EMax (Sex Offender)</td>
<td>EMax (Sex Offender)</td>
</tr>
</tbody>
</table>
OVERVIEW

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02  New Beginnings Program
03  Program Participants and Case Studies
New Beginnings

PROGRAM PARTICIPANTS
New Beginnings Participants
(as of 9/30/16)

- 117 pre-release participants
- 62 participants in the community
- 36 complete pre-post intervention
- 4 abscond
- 4 recidivate

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Trans-gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>42% (49)</td>
<td>26% (31)</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>10% (12)</td>
<td>20% (24)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>1% (1)</td>
<td>0</td>
</tr>
</tbody>
</table>
Risk Level

RNR
- 2% Very Low
- 15% Moderate
- 22% High
- 56% Low

LARNA
- 12% Very Low
- 28% Moderate
- 60% High
Criminogenic and Clinical Needs

- **Severe Substance Abuse**: 89% (Oct-15) vs. 82% (Oct-16)
- **Antisocial/Criminal Thinking**: 72% (Oct-15) vs. 86% (Oct-16)
- **Abuse Alcohol/Marijuana**: 78% (Oct-15) vs. 79% (Oct-16)
- **Mental Health***: 89% (Oct-15) vs. 92% (Oct-16)

*Significant at 0.05
Stabilizing Factors

- Emotional or Social Support: 88% (Oct-15), 80% (Oct-16)
- Family Environment: 88% (Oct-15), 75% (Oct-16)
- Financial Difficulty: 56% (Oct-15), 61% (Oct-16)
- Housing*: 53% (Oct-15), 24% (Oct-16)
- Family/Friends Criminal: 35% (Oct-15), 71% (Oct-16)

* Housing by gender significant at 0.01
Stabilizing Factors

Employment

- Unemployed - not looking: 30%
- Unemployed - looking: 17%
- Fulltime: 25%
- Parttime: 9%
- Seasonal: 5%
- Other: 7%
Stabilizing Factors

By Completion

- **Housing**
  - Successful: 88%
  - Unsuccessful: 44%

- **Employment**
  - Successful: 22%
  - Unsuccessful: 6%
Case Presentation
C1
Patient Demographics

Patient is a 27 year old, white female

Charged with parole violation

Incarcerated for 10 months
Medical History

Hep C

Fibromyalgia

Hyperthyroid

Asthma

Interstitial cystitis - chronic condition of bladder which causes pain and urinary frequency

Patient had an interstim implant due to the IC

Patient later had interstim removed after her release
Employment/ Education

Patient got her GED in 2013

History of working in family business
Substance Abuse History

- Patient has significant substance abuse history
- Alcohol 15 years
- Heroin & other opiates (Percocet & loritab) 10 years
- Marijuana 14 years
- Inhalants 1 year
- Patient reports using more than one substance a day for 10 years
- Patient has no voluntary abstinence from substances
- She has a history of heroin overdose in 2014 and again in 2015 after her release
Substance Abuse Treatment

Patient has long history of substance abuse treatment. She has been treated at some of the best substance abuse treatment centers:

Treated at Tau Center, Therapeutic Boot Camp, St Claire, Journey Home (Denham Springs), Capital Area, Narcanon (Oklahoma), and numerous others.

Patient also received substance abuse treatment while incarcerated through the New Beginnings Group and Living in Balance.
Family/ Social History

Patients dad died of AIDs when she was 11. This is when her drug use began

Patient claimed physical abuse from mother for a period after parents divorced when she was 8

Patient was gang raped at 15

Raped again on 18th birthday
Mental Health History

Patient has family history of mental illness, specifically Bipolar Disorder

Patient has a history of self mutilation (cutter)

History of 7 inpatient hospitalizations. All hospitalizations were for cutting. 2 were for suicide attempts

Patient had serious suicide attempt in 2003. She reported taking 500 pills. She was in ICU for 2 weeks and then treated at TAU center

Patient currently diagnosed with Mood Disorder, NOS, Rule out Bipolar; history of unspecified Depressive Disorder; history of unspecified Anxiety Disorder; Opiate Use Disorder; history of ADHD; Rule out PTSD

Patient was prescribed Elavil and Wellbutrin while at LCIW
Transition Team Meeting

Patient met with Metropolitan Mental Health, probation and parole, and New Beginnings treatment staff.

Patient was scheduled to release to Women at the Well (faith based residential substance abuse treatment facility) in New Orleans.

Terms of parole were discussed with patient, as well as recommended mental health and substance abuse treatment.

Patient's RNR estimated her risk of recidivism to be at 69%.

Risk of recidivism was reduced to 56% with best fit programs that target her severe substance abuse.
Patient History Post Release

Patient released to Women at the Well; however, she was discharged due to being on Flexaril.

Patient then went to live with Uncle in Baton Rouge until they got into an altercation and then went to her mother.

Patient was referred to Capital Area and received mental health and substance abuse services.

Patient ODed on heroin in Burger King on 8-9-15 and her parole officer sent her to detox and Fairview for treatment.

After this treatment, patient had several failed drug screens and was again placed in an inpatient substance abuse treatment program.
Patient voluntarily left this treatment center. She told her parole officer she left because people were using in the facility.

She was later caught in a meth house. Patient's Care Team discussed her case and the options available. A decision was made to send her to prison for 90 days.

Patient's parole officer issued a warrant and she served 90 days in prison.

After her release, she got an out of state charge for theft of a motor vehicle in Oklahoma. She received 3 years probation in addition to her parole time in Louisiana.

Patient returned to Louisiana and 2 weeks later got a possession of heroin. She is currently in WBR awaiting sentencing.
Case Presentation of Client C2
Patient Demographics

Patient is a 40 year old African American female

Charged with second degree murder, pled down to manslaughter – murdered daughter's father due to alleged molestation (there are questions as to the validity of the alleged abuse. This may have been a delusion)

Received a 12 year sentence, has served 8 years
Medical History

Reports having had throat and breast cancer

Medical records do not indicate current or past diagnosis of cancer
Employment/ Education

Patient graduated high school 1993

Reports many degrees from different colleges and that she is a judge (delusions)
Substance Abuse History

Patient reported alcohol and marijuana use for 30 years

She reported 7 years of heroin use, but family disputes this

Patient has no history of substance abuse treatment prior to incarceration

While incarcerated, she participated in the New Beginnings Group and Living in Balance
Family/ Social History

- Patient has strong family support
- Long family history of mental illness
Mental Health History

Patient began incarceration in 2007

First referred to psychiatrist in 2011 after being observed eating out of the garbage – diagnosed with ASPD with paranoid personality traits. She was observed for a few days and returned to general population housing.

Patient again referred to psychiatrist in 2013 for bizarre behavior and some aggression. At this time, she voiced several delusions including having tubes in her ears that periodically drain medication and having 500 children. The psychiatrist noted that this was new onset psychosis and diagnosed her with Schizophreniform Disorder. Patient was unwilling to take medication and it was noted that she did not meet involuntary treatment criteria.
Diagnosis changed to Schizophrenia in 2014. Patient continued to refuse medication. Her grandiose and bizarre delusions continued (warden, lots of money, POW)

Seen 10-28-15 to discuss upcoming release – psychiatrist noted that patient has no insight into her mental illness, nor insight on how to survive once released from prison. It was determined that patient was gravely disabled and would need to be PECEd upon release.
Transition Team Meeting

Met with patient, metropolitan mental health, probation and parole, and patient's family (first time to have family present at transition meeting)

Patient's family gave unique insight into her mental illness. Patient has long family history of mental illness, specifically schizophrenia

It appears patient had first signs of psychosis during incarceration

Patient voiced many delusions during transition meeting. No reality based thoughts were expressed

Family is supportive and willing to care for patient

Team discussed all options and determined that hospitalization was the best treatment for patient upon release.
Post-Release

Patient released on 11-21-15 and was PECed to East Louisiana State Hospital. She was hospitalized for 2 months. During her hospitalization she was force medicated and stabilized.

She was released to her mother on 1-29-16.

Patient received monthly Invega injections and did well with her mother. She attended all mental health appointments and met with probation and parole as scheduled. She tested negative for drugs.

She successfully completed her 8 months post release follow up and continues to do well.
Case Study
C3
Patient Demographics

Patient is a 50 year old African American female

Her charge was possession with intent to distribute cocaine.
She has previous charges for drugs and shoplifting
Medical History

Patient reported a history of hemorrhoid surgery. She had a mini stroke in 2011.

She has several chronic medical conditions including Diabetes, high blood pressure, hep C, arthritis, and lupus.
Patient graduated high school in 1980

She attended Delta College for accounting, but did not complete the program.

She has no significant work history, except selling drugs.
Substance Abuse History

Patient reported a significant history of using alcohol and cocaine. She also admitted to selling drugs.

She reported a history of treatment at Baton Rouge Detox (3 times) and a 28 day stay at Blue Walters.

Patient attended the New Beginnings Group and Living in Balance while incarcerated.
Family/ Social History

Patient has a close relationship with her children and grandchildren

Patient reported a history of physical, emotional, and sexual abuse from previous boyfriends
Mental Health History

Patient reported that she was hospitalized at Greenwell Springs Hospital in 1988 after being found with a knife and expressing that she planned to cut her baby out. She denied any outpatient treatment. Her only other mental health treatment was during her incarceration.

Patient is diagnosed with MDD
Transition Meeting

Patient met with pre-release staff, probation and parole, and CAHSD peer support for her transition meeting.

She was given a follow up mental health appointment at CAHSD and parole expectations were explained.

Patient will release to her daughter in Baton Rouge.
Patient has done extremely well since her release (she has been out over a year)

She keeps all of her mental health and parole appointments. She has never had a positive drug screen

She is involved with her children and grandchildren

Patient told New Beginnings staff that she never thought she could have fun without alcohol and drugs, but said now she sees it differently

Patient has a positive attitude and is very involved in her church

She continues to be in touch with New Beginnings staff and has attended all aftercare meetings
Contacts

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Thank You

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