

May 15, 2018



Community-Based Behavioral Health Treatment Providers and Collaborative Comprehensive Case Plans

*Bridgeway Recovery Services
Marion County, Oregon*

Overview

- Introductions
- Overview of Collaborative Comprehensive Case Plans Web Page
- Bridgeway Recovery Services as Lead Case Planner
- Questions and Answers

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Speakers

- Tina Bialas, Director of Behavioral Health Services

BRIDGEWAY RECOVERY SERVICES, SALEM, OREGON

- Sarah Wurzburg, Deputy Program Director, Behavioral Health

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Justice Reinvestment in Idaho:

Analyses & Policy Framework

INTEGRATED

REENTRY and EMPLOYMENT STRATEGIES

Reducing Recidivism and Promoting Job Readiness

Lessons Learned:

PLANNING AND ASSESSING A LAW ENFORCEMENT REENTRY STRATEGY

ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION:

A Shared Framework for Reducing Recidivism and Promoting Recovery

A TEN-STEP GUIDE

To Transforming Probation Departments to Reduce Recidivism

States Trained in Using the Curriculum

BREAKING SCHOOLS' RULES:

A Handbook Guide of How Schools' Discipline Policies in Schools Can Lead to Recidivism

Reentry Matters:

Strategies and Successes of Second Chance Accounts Across the United States

Supporting Employment and Job Readiness



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



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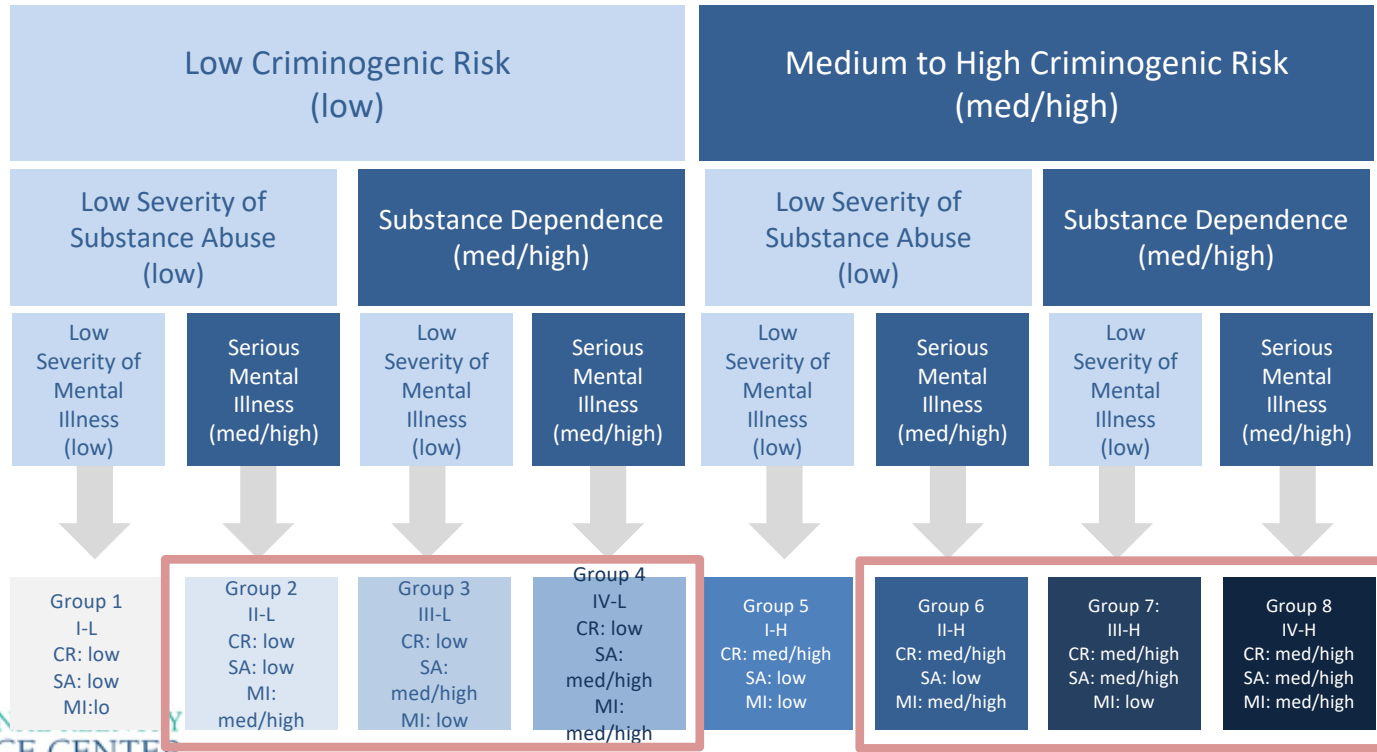
Web-Based Tool to Support Case Planning



Collaborative Comprehensive Case Plans: Addressing Criminogenic Risk and Behavioral Health Needs

The **Criminogenic Risk and Behavioral Health Needs framework** (see below) introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their level of criminogenic risk and needs and the severity of their behavioral health needs. Once these individuals are identified, criminal justice and behavioral health professionals can work together to develop and implement case plans that assist the participants in reducing their risk for recidivating and advancing their goals for recovery. The following tools and resources will help these professionals integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems.

Behavioral Health/Criminal Justice Framework





Specialized Housing Provider

Case plan holder sends the following information:

- Specific supports, if any, the participant needs in order to succeed in certain housing situations
- Legal circumstances that can impact housing
- The participant's income
- Details concerning whether the community supervisor will need to check in on the participant at home and if so, how regularly
- A list of the participant's current medications

Case plan holder receives the following information:

- Services provided
- Housing rules
- Updates on the participant's progress while housed, and if there are any disciplinary issues or behavioral changes
- Changes, if any, in skills and ability to function independently

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Correctional Facility

Lead case planner sends the following information:

- Screening and assessments
- Details on services that are available in the community and availability of treatment slots or housing placements
- Participant's enrollment status for public benefits
- Participant's prior treatment history

Lead case planner receives the following information:

- Details on how individuals are referred and enrolled into in-custody programming
- Screening and assessments, including substance use, mental illness, and criminogenic risk
- Discharge plans, including services that were provided while in custody
- Participant's enrollment in health insurance and other public benefits
- Medical status, including medications prescribed in custody
- Participant's legal status and history, including disciplinary history while in custody
- Release date

LEAD CASE PLANNER PROFILE: BEHAVIORAL HEALTH TREATMENT PROVIDER

Bridgeway Recovery Services

with the Marion County Reentry Initiative (MCR)

Marion County, Oregon

NOTABLE FEATURES

- The Marion County Sheriff's Department in Salem, Oregon was a Second Chance Act (SCA) Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grantee in Fiscal Year 2013
- Jurisdiction geography: **Urban; 336,316 residents**
- Size of correctional facilities and populations incarcerated: 450 men and women at Marion County Jail and 2,000 men at Oregon State Penitentiary

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PROGRAM DESCRIPTION

Bridgeway Recovery Services is a community-based treatment provider that offers mental health, substance use disorder, and problem gambling treatment. Bridgeway also serves as the lead case planner for the Marion County Reentry Initiative (MCRi), which is a collaboration including the Marion County Sheriff's Department, Marion County Community Corrections, Oregon Department of Corrections, and Bridgeway that seeks to reduce crime and recidivism by engaging partners from community corrections, education, law enforcement, health, and nonprofit agencies in efforts around case planning and reentry. As the lead case planner and behavioral health care provider, Bridgeway partners with the other agencies and departments to coordinate and provide services for people reentering the community in Marion County.

Marion County received funding through the Second Chance Act in FY2013 to form the MCRi Co-Occurring Disorders Project—also known as Link Up—which helps males with a medium to high risk of recidivism who are diagnosed with co-occurring mental and substance use disorders reenter the community successfully and/or stabilize their symptoms while on community supervision. Males in the program must be within six months of scheduled release from prison and are connected to health insurance, community-based treatment, job skills/readiness training, emergency assistance, information about affordable housing, peer mentors, and other critical services and organizations following their release. One key piece of the project's success is the use of peer mentors, who are certified recovery mentors, in providing case management. The peer mentors meet with participants while they are incarcerated and conduct bi-weekly mentoring groups as well as one-on-one support. Peer mentors spend the first day of release with participants to connect them to resources.

When the SCA grant ended, Marion County sustained Link Up with funding from the Sheriff's Department, and Bridgeway now operates six programs focused on reentry or diversion, with the help of its partners in the MCRi. These programs were made possible through years of relationship building among these agencies and other collaborators.

MCRi staff use the following instruments to screen and assess program participants:

- The Level of Service/Case Management Inventory (LS/CMI), provided by the Department of Corrections and the Sheriff's Department
- University of Rhode Island Change Inventory (URICA)
- Life Events and Post-Traumatic Stress Disorder (PTSD) Checklists
- Texas Christian University Drug Screen (TCUDS)
- Texas Christian University Criminal Thinking Scales
- Patient Health Questionnaire-9 (PHQ-9)
- Generalized Anxiety Disorder Assessment (GAD-7)

How are Collaborative Comprehensive Case Plans Implemented?

INTERAGENCY COLLABORATION AND INFORMATION SHARING	+
STAFF TRAINING	+
SCREENING AND ASSESSMENT	+
CASE CONFERENCE PROCEDURES	+
PARTICIPANT ENGAGEMENT	+
PRIORITIZED NEEDS AND GOALS	+
RESPONSIVITY	+
LEGAL INFORMATION	+
PARTICIPANT STRENGTHS	+
GENDER CONSIDERATIONS	+

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Second Chance Act

- The Marion County Sheriff's Office in Salem, Oregon was a Second Chance Act Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grantee in Fiscal Year 2013
- Bridgeway Recovery Services was identified as the community based treatment partner
- Jurisdiction geography: ([Urban, 336,316 residents](#))

Bridgeway Recovery Services, Inc

Salem, Oregon

- Medically Managed Withdrawal Program
- Residential Alcohol and Drug/Problem Gambling Treatment
- Outpatient Alcohol and Drug/Problem Gambling Treatment
- Adolescent Outpatient Alcohol and Drug Treatment
- Full time embedded primary (medical) care clinic
- Outpatient Mental Health and Co-occurring Treatment
- 16 unit Transitional Housing Apartment Complex
- Corrections-specific Treatment Team

Bridgeway's Corrections Team

2012

- 4 treatment staff

2018

- 6 full time Certified Recovery Mentors
- 6 full time Certified Alcohol and Drug Counselors
- 3 full time Co-Occurring Therapists with A&D certification
- 1 full time Administrative Assistant
- 1 full time Supervisor

Why such dramatic growth?

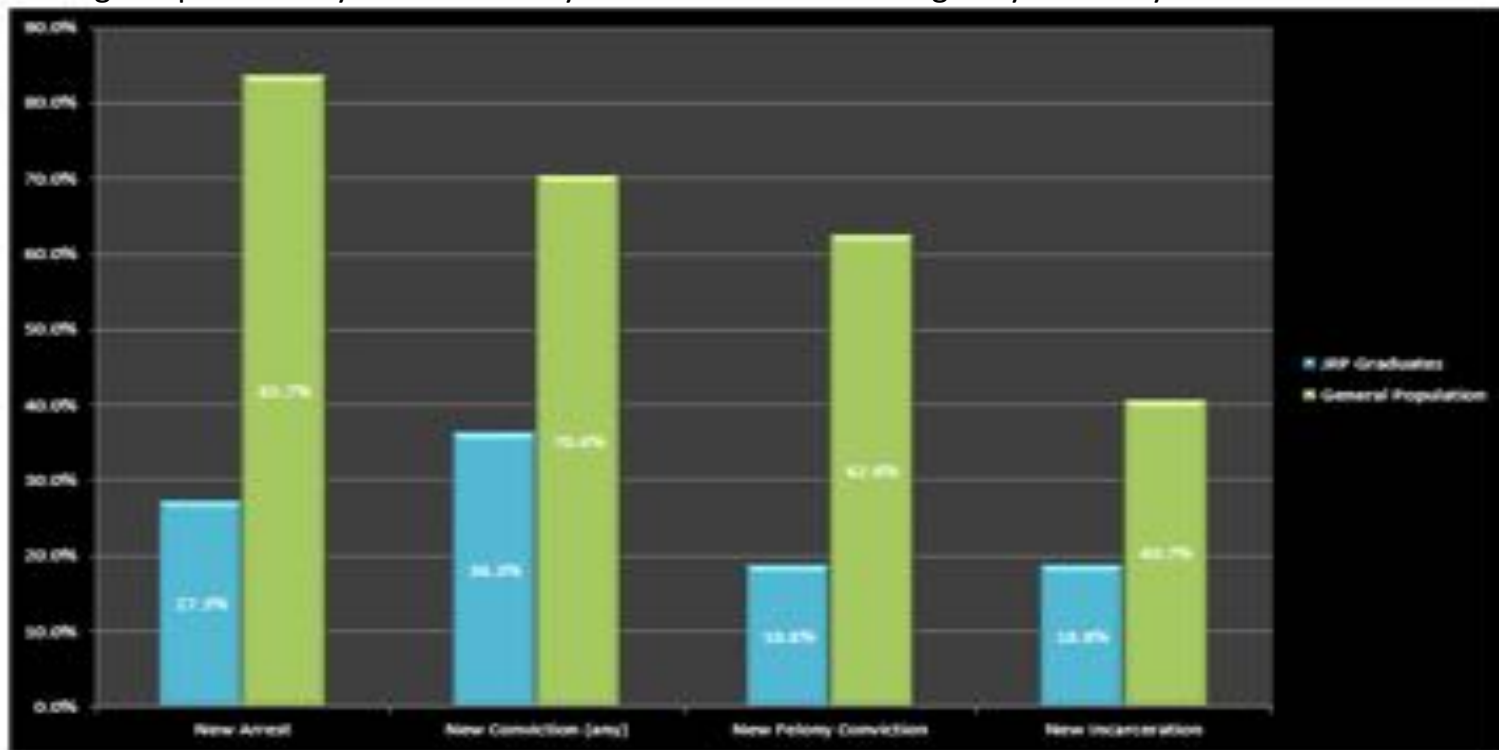
- Intentional focus by leadership in both corrections and treatment on building working relationship
- Willingness to learn about and incorporate research related to evidence-based treatment for corrections-involved individuals
- Ongoing support by corrections including DOC and MCSO to provide training, and investments made by Bridgeway for staff development
- Structured feedback provided via the Corrections Program Checklist auditing process, and incorporation of this feedback into treatment protocol
- Treatment Team leadership that promoted importance of corrections-specific services and supports for clients which increased corrections partners' confidence in treatment services
- Focus at the state and local levels on reducing jail and prison populations

Prison Diversion and Early Release

Program	Target Population
SB 416	Individuals with a new conviction with presumptive prison sentence
Family Sentencing Alternative Program	Individuals who are parents of minors with a new conviction with presumptive prison sentence
Jail ReEntry	Men serving local jail sentence at the Transition Center who earn early release through treatment participation
Women's Accelerated ReEntry Program	Women in prison within six months of their release date who will release to Marion County; relocated to Marion County Transition Center to receive treatment

Recidivism Reductions in Marion County for Individuals in Intensive, Collaborative Jail ReEntry Program provided by Marion County Sheriff's Office and Bridgeway Recovery Services

Recidivism Percentages



Blue bars: Jail ReEntry Program graduates: three year recidivism metrics

Results from 2017 data

Bridgeway's Corrections Team

- Provides reach-in, assessment, treatment, peer supports and aftercare to individuals referred by Marion County Probation/Parole (MCSO) who are medium or higher risk to recidivate
- Multiple contracts with MCSO to provide services to individuals on supervision including those releasing from prison into the county, those serving local jail time housed at the Transition Center, individuals with new convictions eligible for diversion from prison, and those on probation/parole

Corrections Team, con't

- BRS Corrections Team serves about 250 corrections-involved clients each month
- Services targeted to Medium-Very High Risk clients
- Co-Occurring (Link Up) program clients includes almost 30% Very High and almost 30% with Sex Offense Histories

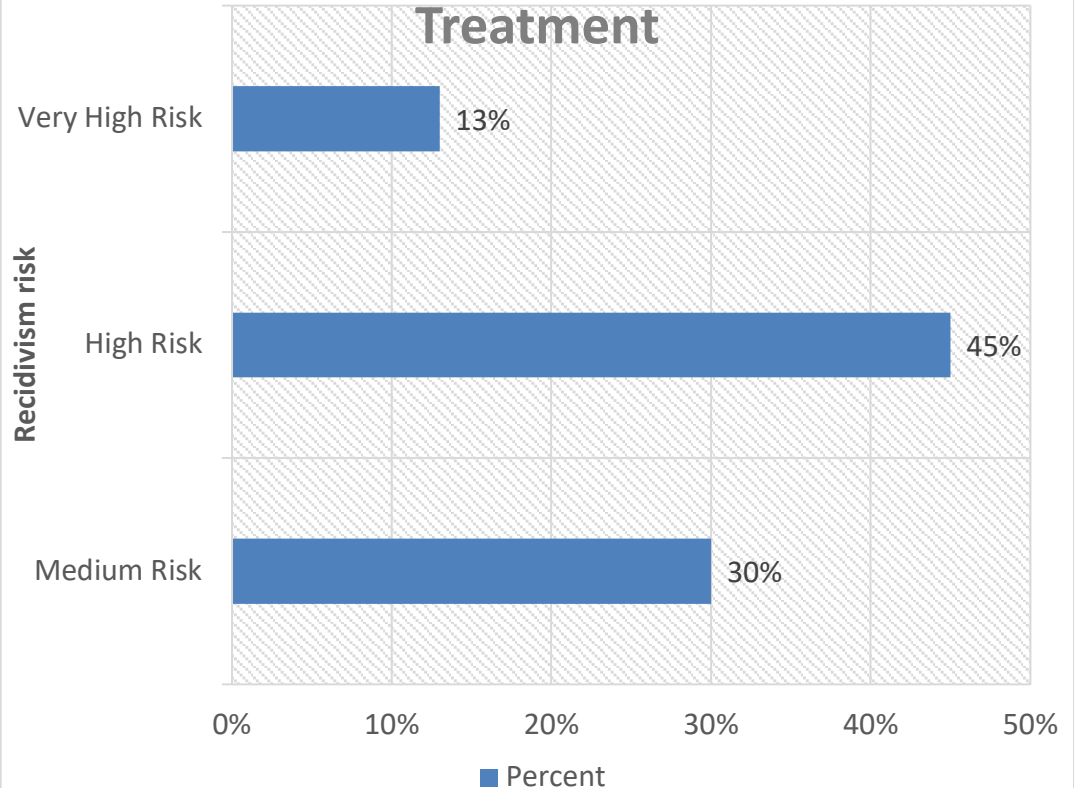
Referred Individuals Recidivism Risk

Those scoring 'Low' for risk of recidivism are not referred to the Corrections Team in order to avoid mingling with higher risk clients.

Level of Service/Case Management (LS/CMI) provided on each client at referral

Women's Risk/Need Assessment (WRNA) provided on some female referrals

Recidivism Risk for Clients in



The Golden Thread: Referral

- Develop working relationship with the referring entity (Probation/Parole; Department of Corrections)
- Make sure that the forms used capture important eligibility criteria and guide the referents
- Empower treatment staff including front desk and counselors to require needed information as part of the intake and assessment process

Treatment Referral Form: Bridgeway Recovery Services

Date of Referral: []

Referral Source		
Referring P&P Deputy	Telephone #	Email Address
[]	[]	[]
<input type="checkbox"/> Parole & Probation 4040 Aumsville Hwy SE	<input type="checkbox"/> Parole & Probation 3867 Wolverine St. NE	<input type="checkbox"/> Parole & Probation (Keizer/Stayton/Woodburn)

Client Information		
Name	SID #	DOB
[]	[]	[]
Supervision type		Anticipated supervision end date
<input type="checkbox"/> Probation	<input type="checkbox"/> Local Control	<input type="checkbox"/> Parole-Post Prison Supervision
Mental health concerns?		Are the concerns documented?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have their own insurance?		Is the client a participant in any of the following?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> JRF High/Med risk only
		<input type="checkbox"/> Link-Up Male PPS only
		<input type="checkbox"/> FSAP PO Bales only
		<input type="checkbox"/> SB 416 High/Med risk only
		<input type="checkbox"/> Transition Center Female only

NOTE: If client is not in a program (i.e., FSAP) select JRF

NOTE: If client is insured through OHP, MCSO will not be billed for services

NOTE: ONLY select Transition Center when requested to do so by BRS.

Attachments		
LS/CMI*	WRNA*	URICA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If a risk/needs assessment (LS/CMI or WRNA) is not attached, it will delay scheduling of client ASMT.

Assessment

- Assure that Assessment document and intake screens capture Risk, Need, Responsivity specific information
 - Risk : Criminal History, most recent incarcerations
 - Risk to Recidivate as reported by referent (LS/CMI)
 - Needs: Substance Abuse, Criminal Attitudes(TCU-CTS), family/associates, education and employment status or supports required

Assessment

- Assure that Assessment document and intake screens capture Risk, Need, Responsivity specific information
 - Responsivity: Gender, Stage of Change/Motivation (URICA or TCU-CEST), Learning Style, Race/Cultural, mental health and A&D issues, appropriate fit with service provider
 - Staff Training: Understanding R/N/R; Recidivism Risk Levels; Criminal Thinking/Beliefs/Attitudes; Incorporating collateral information from Corrections staff

Corrections Evaluation

Is criminal behavior being evaluated?

This portion of the assessment is intended for clients with a referral from corrections. If client is not corrections referred this portion of the assessment should not be completed at this time.

Yes

How old were you when you received your first criminal charge?

What was the charge?

Total major charges in lifetime:

What were the charges?

Total incarcerations:
When was your most recent incarceration?

Release date:

Have you ever received behavioral treatment while incarcerated?
If yes when/where:

Yes

No

Bridgeway Recovery Services -
Multidisciplinary Assessment

Type of Risk/Need
Assessment received
from Corrections:

Level of Service/Case
Management Inventory
(LS/CM)

Women's Risk/Need
Assessment (WRNA)

LS/CM Domain Rating

Overall Score:

Level Classification:

Criminal History :

Criminal History Score:

Education/Employment :

Education/Employment

Score:

Family/Marital :

Family/Marital Score:

Leisure/Recreation :

Leisure/Recreation Score:

Companions :

Companions Score:

Alcohol/Drug Problem :

Alcohol/Drug Problem

Score:

Procriminal Attitude/
Orientation :

Procriminal Attitude/
Orientation Score:

Antisocial Pattern :

Antisocial Pattern

Score:

Summary:

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
------------	--------------	--------------	----------	----------------

TCU CTSFORM

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

Please indicate how much you **AGREE** or **DISAGREE** with each statement.

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. You get upset when you hear about someone who has lost everything in a natural disaster. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You are locked-up because you had a run of bad luck. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The real reason you are locked-up is because of your race. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When people tell you what to do, you become aggressive. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Anything can be fixed in court if you have the right connections. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Seeing someone cry makes you sad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Patient Name: _____ Date: _____

Section A – Please circle “yes” or “no” for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? _____ Yes No
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? _____ Yes No
3. Have you felt sad, low, or depressed most of the time for the last two years? _____ Yes No
4. In the past month, did you think that you would be better off dead or wish you were dead? _____ Yes No
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) _____ Yes No
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or oversensitive, compared to other people, even when you thought you were right to act this way? _____ Yes No

Section B – Please circle “yes” or “no” for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is “yes,” circle “yes”; otherwise circle “no.”) _____ Yes No
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, traveling in a bus, train, or car? _____ Yes No
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer “no” to this question, answer “no” to Question 10 and proceed to Question 11.) _____ Yes No
10. Are these worries present most days? _____ Yes No
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: speaking in public, eating in public or with others, writing while someone watched, being in social situations. _____ Yes No

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: being afraid that you would act on some impulse that would be really shocking, worrying a lot about being dirty, contaminated, or having germs, worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, having fears or superstitions that you would be responsible for things going wrong, being obsessed with sexual thoughts, images, or impulses, hoarding or collecting lots of things, having religious obsessions. _____ Yes No
13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: washing or cleaning excessively, counting or checking things over and over, repeating, collecting, or arranging things, other superstitious rituals. _____ Yes No
14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples: serious accidents, sexual or physical assault, terrorist attack, being held hostage, kidnapping, fire, discovering a body, sudden death of someone close to you, war, natural disaster. _____ Yes No
15. Have you re-experienced the awful event in a distressing way in the past month? Examples: dreams, intense recollections, flashbacks, physical reactions. _____ Yes No

Section C – Please circle "yes" or "no" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? _____ Yes No
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? _____ Yes No
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? _____ Yes No
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? _____ Yes No
20. Have your relatives or friends ever considered any of your beliefs strange or unusual? _____ Yes No
21. Have you ever heard things other people couldn't hear, such as voices? _____ Yes No
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? _____ Yes No

TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) -

- | | No | Yes |
|---|-----------------------|-----------------------|
| 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you try to control or cut down on your drug use but were unable to do it? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a strong desire or urge to use drugs? | <input type="radio"/> | <input type="radio"/> |
| 5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| 6. Did you continue using drugs even when it led to social or interpersonal problems? ... | <input type="radio"/> | <input type="radio"/> |
| 7. Did you spend less time at work, school, or with friends because of your drug use? ... | <input type="radio"/> | <input type="radio"/> |
| 8. Did you use drugs that put you or others in physical danger? | <input type="radio"/> | <input type="radio"/> |
| 9. Did you continue using drugs even when it was causing you physical or psychological problems? | <input type="radio"/> | <input type="radio"/> |
| 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? | <input type="radio"/> | <input type="radio"/> |
| 10b. Did using the same amount of a drug lead to it having less of an effect as it did before? | <input type="radio"/> | <input type="radio"/> |
| 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? | <input type="radio"/> | <input type="radio"/> |
| 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? | <input type="radio"/> | <input type="radio"/> |

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

- | | |
|--|--|
| <input type="radio"/> None | <input type="radio"/> Stimulants - Methamphetamine (meth) |
| <input type="radio"/> Alcohol | <input type="radio"/> Bath Salts (Synthetic Cathinones) |
| <input type="radio"/> Cannaboids - Marijuana (weed) | <input type="radio"/> Club Drugs - MDMA/GHB/Rohypnol (Ecstasy) |
| <input type="radio"/> Cannaboids - Hashish (hash) | <input type="radio"/> Dissociative Drugs - Ketamine/PCP (Special K) |
| <input type="radio"/> Synthetic Marijuana (K2/Spice) | <input type="radio"/> Hallucinogens - LSD/Mushrooms (acid) |
| <input type="radio"/> Opioids - Heroin (smack) | <input type="radio"/> Inhalants - Solvents (joint thinner) |
| <input type="radio"/> Opioids - Opium (tar) | <input type="radio"/> Prescription Medications - Depressants |
| <input type="radio"/> Stimulants - Powder Cocaine (coke) | <input type="radio"/> Prescription Medications - Stimulants |
| <input type="radio"/> Stimulants - Crack Cocaine (rock) | <input type="radio"/> Prescription Medications - Opioid Pain Relievers |
| <input type="radio"/> Stimulants - Amphetamines (crack) | <input type="radio"/> Other (specify): |



Offender Functioning in Treatment

(see www.ibr.tcu.edu for more information)

TCU CJ-Client Evaluation of Self & Treatment (CJ-CEST)

This assessment of offender needs and performance in treatment can be self-administered or completed in an interview by program staff. It includes short scales for treatment motivation (desire for help, treatment readiness, needs, and pressures), psychosocial functioning (self-esteem, depression, anxiety, decision-making, hostility, risk-taking), therapeutic engagement (treatment satisfaction, counseling rapport, treatment participation), and social network support (peer support, social support). These measures are used for monitoring client performance and psychosocial changes during treatment (as well as program-level functioning), and are interim criteria for evaluating treatment interventions as conceptualized in the TCU Treatment Model (Simpson, 2004; Simpson, Knight, & Dansereau, 2004).

Evidence: As part of a national collaborative study (CJ-DATS), a sample of over 3,266 clients from 26 corrections-based programs (involving 5 Research Centers) was used to study reliability and validity of the CJ-CEST. The 14 scales contain an average of 8 items each, and they require about 25 minutes to complete. Confirmatory factor analysis was used to verify the CJ-CEST factor structure, coefficient alpha reliabilities were computed as measures of internal consistency, and relationships of scales with selected client and program functioning indicators document their predictive validities. The client-level coefficient alpha for each scale is reported below, summarizing general psychometric evidence for the credibility of this assessment.

Treatment Motivation	
Desire for Help	.75
Treatment Readiness	.64
Treatment Needs	.64
Psychosocial Functioning	
Self-Esteem	.72
Depression	.72
Anxiety	.77
Decision Making	.74
Hostility	.81
Risk Taking	.72

Therapeutic Engagement	
Treatment Satisfaction	.84
Counseling Rapport	.84
Treatment Participation	.88
Social Network Support	
Peer Support	.81
Social (outside) Support	.75

Graphic Display and Interpretation: Score profiles for the CJ-CEST scales, including mean scores and 25%-75% norms, are presented graphically on the next page. The CJ-CEST Scoring Guide found at the IBR website explains scoring procedures for the scales, which range in value from 10-50 (midpoint of 30). The chart is created using the accumulated set of CJ-CEST assessments contained in the TCU/IBR data files and is updated periodically as an interpretive framework for individual and program level results. By plotting the averaged scores from a program into this chart, direct comparisons can be made with clients from other programs tested previously, and scale scores that fall above or below the middle 50% of clients can be identified. (Note: The scores for some scales are 'positive' and others are 'negative' for making interpretations about clinical functioning and progress). By re-administering the CJ-CEST over time, changes in client-level and program-level performance can be assessed for treatment planning and management.

Limitations: The graphic display of CJ-CEST score profiles was calculated for total corrections-based treatment clients studied to date, which are highly diverse in socio-demographic characteristics, problem severity, correctional treatment settings, and therapeutic progress. Client functioning information based on more specific subgroups is needed for better comparison norms, and work is in progress to make these refinements.

Key References

- Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment*, 27, 99-121.
- Simpson, D. D., Knight, K., & Dansereau, D. F. (2004). Addiction treatment strategies for offenders. *Journal of Community Corrections*, X(4), 7-10, 27-32.

Treatment Planning

- Staff training on crafting Measurable Objectives specific to Criminogenics and how this relates to improved client outcomes
- Target highest R/N/R domains in the Treatment Plan
 - At BRS, this typically is Criminal Thinking, lack of pro-social support, need to increase daily structure, A&D use, unstable mental health status, and lack of employment
 - Client should always be included in the treatment planning process. Take into account their stage of stage (SOC) in timing of interventions
 - Individualize the services and supports on the treatment plan
 - Utilize gender-specific, evidence based group modalities in treatment planning

of Care (POC)

Objectives: Measurable/Observable Changes in Behavior/Cognition/Mood

I will increase awareness around my substance use and criminal thinking patterns and behavior, learn to identify and develop discrepancies, identify, develop and demonstrate effective pro-social alternatives and practice positive problem-solving strategies to reduce my risks for relapse and recidivism, as evidenced by completion of all individual / group work and demonstration of increased insight and new skills as observed by counselor and client in verbal and written participation. Intervention will be facilitated by a CADCI or higher, 1 time weekly in a 60 minute session.

Objectives: Measurable/Observable Changes in Behavior/Cognition/Mood Status

Active

Intervention: Steps/Activities Needed to Achieve Objective

I will, attend the Men's High Risk Journaling Treatment Group; Getting it Right to address my high risk of recidivism to explore and challenge my criminal thinking, values and behavior patterns, including substance use and will develop more Pro-Social alternatives, as evidenced by completion of all journaling work and demonstration of increased insight and new skills as observed by counselor and client in verbal and written participation. Intervention will be facilitated by a CADCI or higher, 2 times weekly in 60 minute sessions.

Frequency	Start Date	Target Date
2 times a week	03/12/2018	12/03/2018

Activities

Group Counseling (GrpC)

BRIDGEWAY CORRECTIONS PROGRAMS

TREATMENT COMPLETION CRITERIA

Bridgeway provides individualized treatment services to every client, based on a comprehensive Multi-Axial Assessment, and outlined in a Plan of Care document developed in collaboration with, and signed by, the client. Completion of at least 75% of the measurable objectives outlined in the client's Plan of Care is one of the primary criteria for a client to be successfully completed from treatment. In addition, the following criteria must generally be met (individual client situation will always be considered):

- Achievement of at least 90 days of documented abstinence just prior to graduation
- Attendance at a minimum of 80% of all scheduled treatment appointments in last 90 days of the treatment episode
- Active participation in both group and individual sessions
- Attendance in Transition (Aftercare) Group for a minimum of one month prior to graduation.
- Completion of a written comprehensive Relapse Prevention Plan that has been reviewed by primary counselor and approved
- Improved scores on the TCU-CTS (Criminal Thinking Scale) and CEST (Client Evaluation of Self and Treatment) screens
- Documented progress in the Stage of Change as evidenced by staff observation of progress as well as positive changes in CEST scores
- Client self-assessment of progress towards treatment goals as evidenced by self-report
- Confirmation by Probation/Parole that client has demonstrated progress in pro-social behaviors such as absence of supervision violations.

Treatment Services and Supports

- Avoid exclusively program-driven treatment
- Address Responsivity factors: provide Motivation groups and avoid putting clients into primary treatment when in Pre Contemplation Stage of Change; match clients to counselor strengths; adjust to learning challenges; use Recovery Mentors
- Do not underestimate the importance of gender specific treatment
- Do allow for longer treatment episodes that can accommodate extended change processes (compliance is not the same as change). Of clients who achieved successful treatment completion in the last two years, 47% were in BRS services for five months or longer.
- Utilize Co-Occurring Counselors to provide integrated treatment

Treatment Services and Supports, con't

- Be mindful that only addressing Substance Abuse, or Mental Health, or both but without specific interventions on Criminogenics, will not be adequate in significantly reducing recidivism for higher risk clients.

Bridgeway Lessons Learned: Best Practices in Treatment for Corrections-Involved Clients

- Gender-specific groups
- Regular use of skill-rehearsal such as role play
- Separate low risk from medium or higher risk clients
- Use contingency management techniques
- Be clear about 'rewards and punishers'- or as we call it in treatment: incentives and consequences
- Dosage:
 - High Risk: 250-300 hours
 - Medium Risk: 150-250 hours

Treatment Material that Addresses Criminogenics

- Moving On
- TCU: there is an entire product line of Criminal Justice material
- Change Companies: multiple product lines developed for Corrections involved clients
- Moral Reconciliation Therapy
- Gorski: Relapse Prevention for the Criminal Offender
- Wanberg/Milkman: Criminal Conduct and Substance Abuse Treatment
- Matrix: Criminal Justice Version

Treatment Material con't

- Stephanie Covington: Helping Men/Women Recover-Criminal Justice versions
- Thinking for a Change
- CBI-CC (University of Cincinnati)
- Hazelden: multiple products for corrections-involved clients
-and others

Collaboration - A Key Component

- Treatment staff need documents such as the LS/CMI from Corrections staff to guide incorporation of criminogenics into the treatment/case plan
- Corrections staff need copies of the treatment plan to inform their own case plans
- Conduct multi-system, in-person, regular staffings for up to date information sharing and brainstorming regarding client needs, challenges and progress
- Cross-train: treatment can inform on impacts of trauma/mental health/addiction on client functioning; corrections can inform on criminogenics/history of client/evidence-based interventions that impact criminal thinking, attitudes and behavior

Provide people on supervision with the programming, treatment, and other services that can help them succeed

Less than half of states report conducting performance evaluations of community-based service providers.

Reported Use of CPC/CPAI or Recidivism Studies by Probation Agencies to Evaluate Community-Based Programs by State*



8 states report using a standardized program assessment

6 states report using recidivism studies or other data monitoring

6 states report using both program assessments and recidivism studies

25 states report using neither program assessments nor recidivism studies

5 states did not know or did not respond

Source: CSG Justice Center, structured interviews, Aug. 2017.

Collaboration – continued

- Clients can present/report differently to each partner-staffings allow for sharing of observations of client that can inform how supports and interventions are utilized, to include modifications to treatment/case plans
- Utilize email and phone calls for timely updates
- Recovery mentors can provide in-person, real-time updates on client status in between scheduled staffings
- Recovery mentors play a key role in supporting clients in reporting directly to their probation/parole officer when struggling or in need of additional supports

Example of weekly progress summary

BRIDGEWAY RECOVERY SERVICES, INC.
Attn: P.O. NAMES HERE
Link-Up Weekly Status per BRS Mentor

Week of: _____

Name	BRS #	SID #	Mentor	Counselor	Client Progress/Summary

Bridgeway Recovery Services-Reach In Contact Log

MCSI Transition Center MCSI Jail

Date: _____ / _____ / _____ Bridgeway Staff: _____

Length of Contact (in minutes): _____ Name of Group: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/ Employment	Housing	Pro-Social Attitudes <small>(Anti-Social Attitudes Cogn)</small>	Healthy Relationships <small>(Anti-social Associates)</small>	Community Treatment <small>(Substance Abuse)</small>	Leisure / Recreation <small>(Pro-Social Leisure)</small>

Name (Please Print)	SID #	Date of Birth	Race / Language	Release Date	Are you a parent? (Yes or No)

The Golden Thread, revisited

- Integration begins at the systems level-build relationships with community partners and share information
- Screening and assessment of A&D, MH and Criminogenic issues ideally done by one provider
- Treatment planning is collaborative, inclusive of A&D, MH and other Criminogenic Risks/Needs; incorporate information from Corrections. Measurable Objectives should be specific and address target Risk/Need factors
- Utilize peer mentors to link clients to community supports, provide pro-social modeling, and reinforce positive behaviors
- Deliver co-occurring services, attending to gender and risk levels, utilizing EBP's geared to corrections-involved populations

- Introductions
- Overview of Collaborative Comprehensive Case Plans Web Page
- Bridgeway Recovery Services as Lead Case Planner
- Questions and Answers

Contact information

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Resources

- Criminogenic Risk and Behavioral Health Needs Framework: https://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf
- Collaborative Comprehensive Case Plan Web Tool: <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>
- Developing Collaborative Comprehensive Case Plans: <https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/>

Thank you!

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