Drug-involved Individuals in the Criminal Justice System

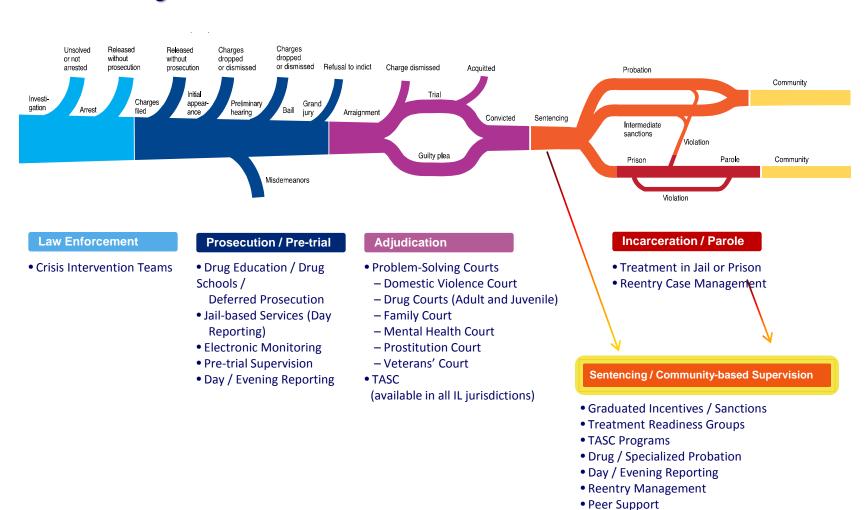
Pamela F. Rodriguez | President, TASC Inc. ICJIA Board Meeting | July 22, 2013



- CJS = Catchment area for people with SUD
- CJS entities often lack resources to respond in rehabilitative manner, at scale
 - Fiscal constraints
 - Lack intersystem partnerships and collaborations
- Mission incongruence and silos
 - Between / among CJS entities
 - Between / among medical and behavioral health care providers, human service providers, CJS entities

Continuum of Criminal Justice Interventions

Opportunities to Address Mental Health and Substance Use Disorders, from Arrest through Release





- Problem drug use elevated in CJS population
 - Diagnosable SUD
 - 8% of general population
 - 45-53% of people in prison
 - 68% of people in jail
 - Substance-involved
 - 85% of people in prison / jail
 - 86% of male arrestees in Chicago test + for any drug
- Why so elevated?
 - Drug crimes drug use is itself illegal
 - Other crimes to support symptoms of SUD
 - Drug policies

Sources: SAMHSA 2012, Karberg & James, 2005; Mumola & Karberg, 2006;



- CJS involvement disproportionately impacts people of color – particularly related to drugs
 - Drug use rates similar among racial/ethnic groups

Race / Ethnicity	Current Illicit Drug Use Prevalence 2011
African American	10%
White	9%
Hispanic	8%

- African Americans 7.6 times more likely than whites to be arrested for marijuana possession in IL
- Arrest rate for marijuana possession grew 14% for whites but 51% for African Americans in IL (2001-10)



 African Americans make up 57% of IDOC inmates but only 15% of IL population

Race / Ethnicity	Illinois 2011	IDOC 2011
African American	15%	57%
White	63%	30%
Hispanic	16%	13%

 African Americans make up 67% of Cook Co. Jail admissions but only 25% of Cook Co. population

Race / Ethnicity	Cook Co. 2012	Cook Co. Jail Admissions 2012
African American	25%	67%
White	43%	14%
Hispanic	25%	19%



- Illinois controlled substance arrests increased dramatically but have receded
 - Mid 1980s: 20,000
 - 1998: almost 60,000
 - 2008: over 30,000
- Number in prison / jail for drug offenses between 1980 and 2010 increased dramatically
 - State prisons: 19,000 v. 242,200
 - Federal prisons: 4,700 v. 97,500
 - Jails: 17,200 v. 167,00



- Few get treatment in CJS in jail or prison
 - 7% of jail inmates with SUD
 - 15-17% of prison inmates with SUD
 - 10% of all individuals supervised by IDOC
- Recidivism = revolving door
 - Across the U.S.
 - 2/3 of prisoners re-arrested in 3 years
 - 52% of prisoners return to prison in 3 years
 - IL: 47% of IDOC releasees return to prison in 3 yrs
 - 21% of people admitted to Cook Co. Jail 2007-11 accounted for 50% of all admissions

Sources: Mumola & Karberg, 2006; Karberg & James, 2005; IDOC, 2012;



- Illegal drug use costs U.S. taxpayers \$193 billion per year
 - Costs associated with health = \$11.4 billion
 - Costs associated with crime = \$113.3 billion
 - Costs associated with lost productivity = \$68.4 billion

Public Safety Risk and Behavioral Intervention Needs

	Low Risk	High Risk
High Need	 ACCOUNTABILITY, TREATMENT & HABILITATION Intensive Behavioral Intervention Moderate CJS Supervision to Engage in Services 	 TREATMENT & HABILITATION Intensive Behavioral Intervention Intensive CJS Supervision
Low Need	 ACCOUNTABILITY & HABILITATION Low-Intensity Behavioral Intervention Low-Intensity CJS Supervision 	 PREVENTION Low- Moderate Intensity Behavioral Intervention Intensive CJS Supervision

Public Safety Risk and Behavioral Intervention Needs

	Low Risk	High Risk
High Need	 Status hearings Treatment & habilitation Compliance is proximal Restrictive consequences Positive reinforcement Agonist medication 	 Noncompliance hearings Treatment & habilitation Treatment is proximal Positive reinforcement Agonist medication
Low Need	 V.O.P. / status calendar Abstinence is proximal Psychosocial habilitation Restrictive consequences No AA or MET Antagonist medication 	 Secondary prevention Abstinence is proximal No AA or MET Individual counseling or stratified groups



- IL programs and models for diversion with treatment for CJS populations
 - Drug school
 - Drug School Act (55 ILSC 130, 2008)
 - Cook Co. SADAP
 - 83% success (no drug re-arrests within three years) among graduates
 - \$2 million saved per year through prosecutorial diversion from conviction



- TASC probation
 - Illinois Alcoholism and Other Drug Dependency Act, Article 40: Treatment Alternatives for Justice Clients (20 ILSC 301/40)
 - 55% greater treatment completion rates for TASC clients referred by Illinois courts and probation departments compared to other addiction treatment clients referred by the justice system (2008)
 - 71% reduction in arrests for drug and property crimes among TASC's court- and probationreferred clients two years after enrollment (2005)



- Problem-solving courts
 - 730 ILCS 166 Drug Court Treatment Act (2002)
 - 730 ILCS 167 Veterans and Servicemembers Court Treatment Act (2010)
 - 730 ILCS 168 Mental Health Court Treatment Act (2008)
 - Cook Co. Mental Health Court (2004-11):
 - Arrests decreased 81%
 - Days in custody decreased 71%
 - The program saved taxpayers \$4.2 million in custody costs
 - Recidivism rates dropped significantly



- Justice reinvestment strategies (Redeploy Illinois, Adult Redeploy Illinois)
 - Adult Redeploy Illinois 730 ILCS 190/1 (Crime Reduction Act of 2009)
 - By Dec. 2012, diverted 838 IDOC-bound, nonviolent offenders
 - Redeploy Illinois 730 ILCS 110/16.1 (2004)
 - Years 1-6: Reduced commitments to IDJJ by 51% within their communities, diverting 882 youth from IDJJ



- IL programs and models for reentry
 - Sheridan and Southwestern Drug Treatment and Reentry Prison Programs
 - 71% of Sheridan participants entering treatment completed it successfully
 - Program completers 44% (Sheridan) and 48% (Southwestern) less likely than comparison group to return to prison within 3 years Sheridan (2004-10)
 - Moms and Babies Program
 - Since 2007, only 1 of 50 moms has returned to prison following participation



 New financing for treatment via health care reform = major opportunity for individuals, the CJS, treatment providers, health care systems / providers



- Clinical best practices
 - Cognitive behavioral therapy (CBT)
 - Motivational enhancement therapy (MET)
 - Contingency management
 - Motivational interviewing (MI)
 - Case management
- Criminal thinking interventions
 - "Thinking for a Change" (NIC)



- Treatment modalities
 - Peer support
 - Outpatient
 - Intensive outpatient
 - Short-term inpatient
 - Long-term inpatient
 - Medication-assisted therapy



- Case management
 - Supports engagement in treatment and recovery support services
 - Addresses:
 - Gaps between treatment episodes
 - Transition from incarcerated setting to community
 - Basic needs
 - Habilitative needs (job, housing, etc.)



- SAMHSA TIP 44 & others
 - http://www.ncbi.nlm.nih.gov/books/NBK14168/
- National Institute on Drug Abuse (NIDA) CJ-DATS
 - NIDA established CJ-DATS (Criminal Justice Drug Abuse Treatment Studies) as a cooperative research program to explore issues related to the complex system of offender treatment services. Through CJ-DATS, NIDA recommends clinical intervention strategies:
 - http://www.cjdats.org/
- NIDA Principles of Tx for CJS Populations
 - http://drugabuse.gov/infofacts/cjtreatment.html



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