Office of RESEARCH & STRATEGIC PLANNING

Reducing Recidivism and Promoting Recovery: West Virginia's Implementation Plan for Treatment Supervision

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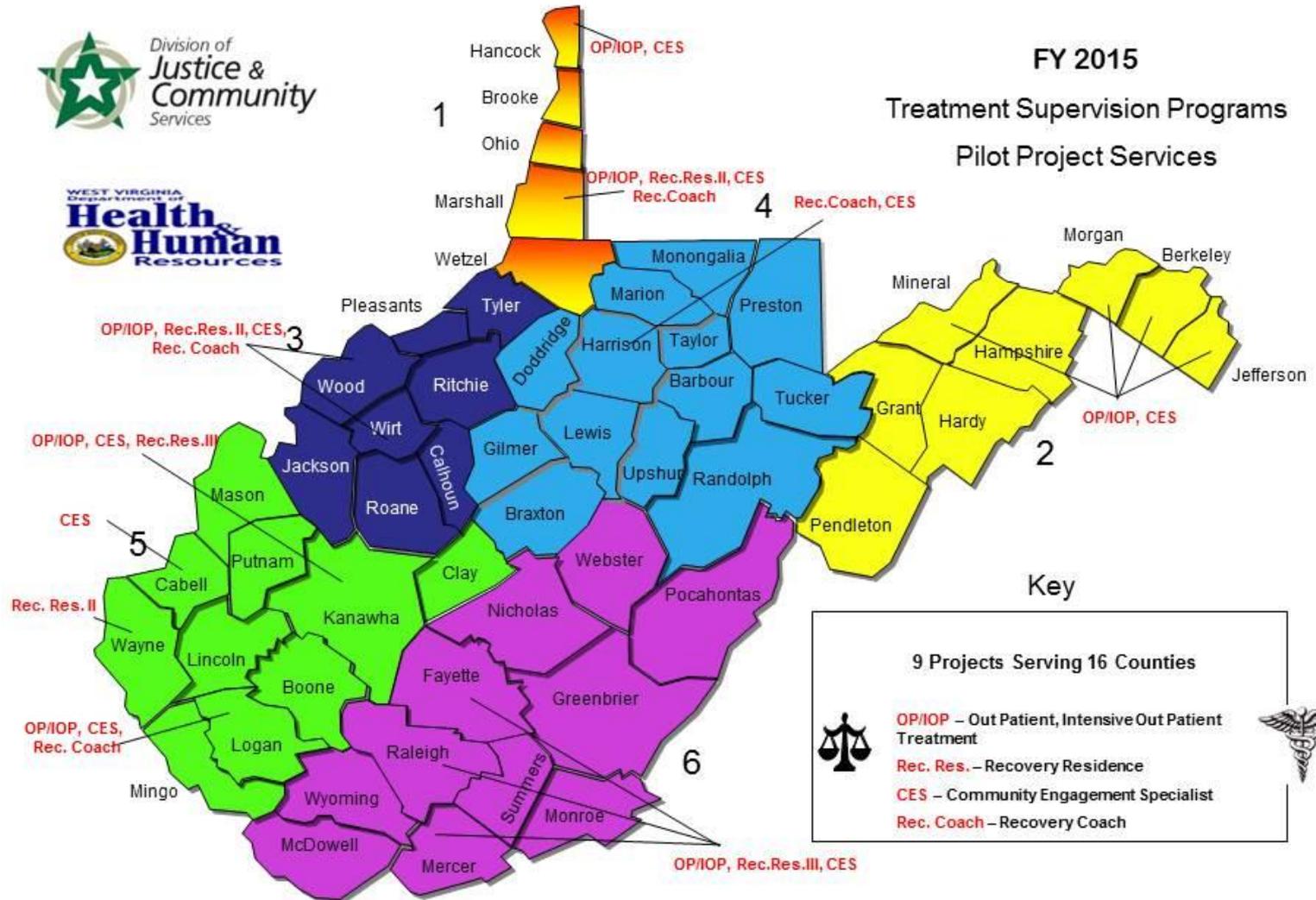
Justice Center for Evidence Based Practice

Part I: Justice Reinvestment Initiative (JRI) Program Information

- As of this date approximately **$1.9 million in program funding** has been awarded to nine projects throughout the State in each of the Governor's Advisory Council on Substance Abuse (GACSA) regions.

- Each project represents a new *partnership between the behavioral health providers and the criminal justice system* in that region.

- These funds are supporting new positions to provide treatment, recovery residence, and support and coaching to the target offender population.

Treatment Supervision Pilot Project

JRI Program Information

- Programs are hiring staff and starting their projects.
  - **Region 1** – All positions in place and services being delivered.
  - **Region 2** – Implementation is pending the hiring of grant funded positions.
  - **Region 3** – Full Implementation is pending. Positions filled, however work to establish recovery residence is still underway. Some services are being delivered.
  - **Region 4** – All positions in place and services being delivered.
  - **Region 5** – Full Implementation is pending. Positions filled, however work to establish recovery residence is still underway. Some services are being delivered.
  - **Region 6** – Full implementation is pending. Still hiring for community engagement specialist position and work to establish recovery residence is still underway.

JRI Program Information

➢ Currently, **funds remain** for services in regions 1, 2, 4 and 6.

➢ WV DHHR Bureau of Behavioral Health will continually release the Announcement for Funding (AFA) until those services are funded.

➢ Once released you can find the AFA on the WV DHHR BHHF website at:

http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx

JRI Program Information

➤ The services that are currently unfunded and will be released in the AFA are as follows:

  ➤ Region 1- Recovery Residence Level III
  ➤ Region 2- 2 FTE's Recovery Coach
  ➤ Region 4- Monongalia County -1 site OP/IOP, 1 FTE Community Engagement Specialist and
  ➤ 1 FTE Recovery Coach
  ➤ Region 4 – Harris, Lewis Randolph - 1 site OP/IOP
  ➤ Region 6- 1 site OP/IOP, 1 FTE Community Engagement Specialist, 1 FTE Recovery Coach

JRI Program Information

➢ A presentation to the WV Parole Board is scheduled for February 20th where information on available services and services that will become available will be provided.

➢ A similar effort will be made to probation and judges in the regions funded.

➢ A meeting of the planning team is being scheduled for the planning of next steps and further expansion. Next phases are being contemplated.

Eligibility Criteria and Target Population

> Eligible participants is defined as:

> Individuals that demonstrate a "high risk" for reoffending (total score) <u>AND</u> a "need for substance abuse treatment" (high/moderate on ADP) - as indicated by the approved standard risk needs assessment (LS/CMI).

> High risk" is defined as a person with an <u>overall LS/CMI risk score of high</u>, meaning that the offender's risk of committing a new crime is high. "A need for substance abuse treatment" is defined as a person having a moderate to high score on the "Alcohol/Drug Problem" domain of the LS/CMI.

Eligibility Criteria and Target Population

➢ **Once a person has met the eligibility criteria of being high risk AND high/moderate in ADP,** consider clients with:

  ➢ *Substance abuse addiction or dependence as assessed by a qualified behavioral health specialist, and/or;*

  ➢ *Repeat violations of conditions of supervision directly linked to substance abuse.*

Referral Sources

➢ Clients who have met the aforementioned criteria are eligible for treatment supervision, regardless of their supervision status (e.g., probation, parole, day report, or other).

➢ Referrals may come from parole officers, the parole board, through sentencing from a Circuit Court, Drug Court or through probation.

➢ Referral should be made to the DRC within the region or county of needed service. The DRC along with the BHHF partner will assist in the development of a treatment plan.

➢ Treatment supervision clients will be given an I.D. card to display as needed.

➢ All Treatment Supervision cases <u>MUST</u> be entered into the CCIS.

Services Eligible for Funding

➢ **Intensive Outpatient Services (IS)** are designed for individuals who are functionally impaired as a result of their co-occurring mental health and substance use disorders. IS provides for therapy, case management, psychiatric and medication services. Cross-trained psychiatric and mental health clinicians/addiction treatment professionals deliver the services.

➢ **Community Engagement Specialists (JRI-CES)** who serve as the stewards of the programs implementation efforts.   The JRI-CES are the brokers and facilitators of a wide range of community-based and collaborative efforts and strategies designed and intended to support the varying needs of those served. The JRI-CES can be characterized as someone who understands substance use and co-occurring/co-existing disorders; the varying manifestations associated with such disorders; appreciates the unique needs of individuals and therefore can create the synergy necessary to support successful community-based living. The JRI-CES will engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals.

Services Eligible for Funding

➢ **Substance Use Recovery Residences** provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These programs follow and/or operate concurrently with substance use disorder treatment and are intended to assist those individuals for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more independent housing.

➢ Key components of a **Level II Recovery Residence** include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meetings, structured house/resident rules, peer-run groups, and clinical treatment services accessed and utilized within the community. Staff positions include but are not restricted to a Certified Peer (Recovery) Coach and other Certified Peer staff. Resident capacity: 8-15 beds

Services Eligible for Funding

- Key components of a **Level III Recovery Residence** include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meetings, structured house/resident rules, peer-run groups, life skill development emphasis, and clinical treatment services accessed and utilized within the community. Staff positions for a include but are not restricted to a Facility Manager, Certified Peer (Recovery) Coach, Case Manager(s), and other Certified Peer staff. Resident capacity: 60-100 beds.

- **Peer (Recovery) Coaching** is the provision of strength-based supports for persons in or seeking recovery from behavioral health challenges. Peer Coaching (often referred to as Peer Mentoring or Recovery Coaching) is a partnership where the person working towards recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer Coaching, a peer-to-peer service, is provided by persons with lived experience managing their own behavioral health challenges, who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Coach such persons must also complete training, education, and/or professional development   opportunities for peer coaching.

Treatment Supervision Program Coordinators:

DCJS

Jason Metzger

Senior Programs Specialist

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DHHR

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Email: Rachel.L.Moss@wv.gov

Website: www.dhhr.wv.gov/bhhf

Part II: Offender Management and Quality Assurance

- Topics:
  - "What works" and Evidence-Based Practices in Offender Treatment
  - Data Management: Community Corrections Information System
    - TO DO: All treatment providers send basic contact information to Jason.W.Metzger@wv.gov
  - EBP Training Requirements
    - TO DO: Register for LS/CMI User training on March 2-6 (last day youth version)
    - Contact Leighann.J.Davidson@wv.gov, to receive registration packet and get any questions answered about the training
  - Quality Assurance Process and Procedures
  - Online Learning Management System
    - Register with the OLMS, take the Quality Assurance Policy and Procedures Course. Contact Monika.L.Sterling@wv.gov, for TA if needed
  - LS/CMI Online

If a program has been unable to adhere to the salient principles [of effective correctional intervention] in a substantive meaningful way…the expectation of observing a significant decrease in reoffending is predictably diminished.

– Rhine, Mawhorr, and Parks (2006)
Criminology and Public Policy, 2006, 5(2): 348

8 Principles of Evidence-Based Practices (EBP)

1. Assess actuarial risk and need
2. Enhance intrinsic motivation
3. Target intervention
4. Skill train with directed practice
5. Increase positive reinforcement
6. Engage ongoing support in natural community
7. Measure relevant practices
8. Provide measurement feedback

RNR Principles of Effective Correctional Tx

- Risk: The level of service should vary with level of risk
  - Match level of services to level of risk
  - Prioritize supervision and treatment resources for higher-risk offenders

- Need: Appropriate intermediate targets of change (criminogenic needs)
  - Match services (interventions) to criminogenic needs
  - Prioritize treatment to highest scoring criminogenic needs

- Responsivity:
  - General, use behavioral, social learning, cognitive behavioral strategies
  - Specific, match intervention modes and strategies to learning styles, motivation, and demographics of case

Training:

EBP Workshops for Offender Populations

Training: Offender-Based Workshops for Providers

"What Works" in Offender Treatment		1 day. Research and empirically supported principles, interventions, and strategies.
LS/CMI User Workshop		3-4 day User workshop, coaching/feedback
LS/CMI - User Trainer Workshop		3-4 day User Trainer workshop, User prerequisite, coaching, teaching observation
Motivational Interviewing Fundamentals		2 days, understanding fundamentals with extensive practice of the 8 stages of MI
Motivational Interviewing Treatment Integrity for Trainers		1 day. MI fundamental prerequisite. Scoring an MI interview using MITI 3.1, coaching/feedback
Thinking for a Change Training- An Integrated Cognitive Behavior Change Program		4 days. Other requirements TBA. Recognize and change criminal thinking, cognitive self-change, social skills and problem solving.
Cognitive-Behavioral Interventions for Substance Abuse Treatment		3 days. Other requirements TBA. Strategies for avoiding substance abuse, cognitive, social, emotional, and coping skill development.

Who should attend?

Workshop		Who should attend?
"What Works" in Offender Treatment		All program administrators and treatment providers working directly with offenders
LS/CMI User Workshop (9 Seats Left for March 2-6, 2015)!		All treatment providers who will be assessing offenders and/or developing case plans; strongly encouraged that at least 1 person in every office be trained as an LS/CMI User
LS/CMI - User Trainer Workshop		Prerequisite: Successfully pass all requirements of LS/CMI User training; All providers who are motivated to train other providers; trainers are needed (see Certification policy for additional requirements)
Motivational Interviewing Fundamentals		All treatment providers working with offender populations in any capacity
Motivational Interviewing Treatment Integrity for Trainers		All treatment providers willing to train other treatment providers and instrumental to quality assurance processes

Who should attend?

Workshop		Who should attend?
Thinking for a Change Training- An Integrated Cognitive Behavior Change Program		All treatment providers working directly with offenders, especially those running classes. This is part of the core curriculum for DRC programs moving forward. Even if you are not running classes, the curriculum contains important cognitive behavioral exercises useful for addressing antisocial attitudes/thinking. Strongly encouraged that at least 1 person in every office be trained on this curriculum.
Cognitive-Behavioral Interventions for Substance Abuse Treatment		All treatment providers working directly with offenders, especially those running classes. This is part of the core curriculum for DRC programs moving forward. Even if you are not running classes, the curriculum contains important cognitive behavioral exercises useful for addressing antisocial attitudes/thinking. Strongly encouraged that at least 1 person in

LS/CMI Online System

➢ All LS/CMI assessments are <u>required</u> to be entered into the online system.

➢ Online system allows other case managers in the state to view previous assessments (collateral information) which helps to monitor client progress.

➢ <u>Up-to-Date LS/CMI User status is required prior to gaining access to the system.</u>

➢ Login Information to the LS/CMI System
  ➢ http://www.mhsassessments.com/lsylscmi/login.aspx
  ➢ Access Code: 9852-001-1
  ➢ Password: Will be issued after certification process begins

Quality Assurance:

Statewide Policies and Procedures

Overview: Why quality matters

➢ Programs that measure relevant practices and provide feedback are shown to have greater reductions in recidivism

➢ Poor adherence to RNR principles is commonplace, which reinforces the need for monitoring quality over time

➢ Risk assessment impacts offenders at successive stages of the system (sentencing, treatment, and parole) and scores follow the offender over time

Current Statewide QA Policies/Procedures

- **Policies have statewide coverage, and do not apply to a single agency**
  - LS/CMI User and User Trainer Certification
  - LS/CMI Online Security Policy
  - LS/CMI Quality Assurance Standards and Procedures Policy, rooted in peer-to-peer reviews

- **Goal:** Create confidence among all decision-makers that LS/CMI results are accurate, assessors are qualified, and ample oversight is in place. In addition, ensure that proper interventions are provided adhering to the RNR principles.

Areas of Quality Assurance Assessment

➤ **Quality of instrument completion**
  ➤ Combine interview and collateral information to form accurate assessment
  ➤ Inter-rater reliability assessments

➤ **Quality of case management plan**
  ➤ Assess congruence between assessment and case plans

➤ **Motivational interviewing and relationship skills**
  ➤ Assess target skill balance/active listening skills
  ➤ Assess use of core correctional practices (e.g., staff-inmate interactions)

Overview: Quality Assurance Process

➢ Consists of peer-to-peer reviews, supervisor reviews, and agency reviews.

➢ Each User must be reviewed on 3 peer-to-peer forms 2 times per year. They are due **June 30th** and **December 31st,** but can be submitted any time in each 6 month window (Jan 1- June 30 and July 1- Dec 31)

➢ LS/CMI supervisors must review their LS/CMI-certified staff once per year using the Annual Relationship Skills Assessment Form for Supervisors. This form is due annually on **June 30th**

➢ Agents (i.e., TX providers, DOC, DJS, DRCs, etc.) must report on their use of the LS/CMI once per year using the Agent Annual Review Form. This form is due annually on **June 30th**

QA Resources

- The JCEBP's cite for QA information, including links to all forms, is here: http://www.djcs.wv.gov/ORSP/Pages/Quality-Assurance-and-Evidence-Based-Practices.aspx

- **Required**: Complete "QA Policies and Procedures" Course on the OLMS.

- **Strongly recommended**: Listen to webinar titled "Ensuring the Fidelity of Offender Risk Assessment in Large-Scale Correctional Settings: The Quality Assurance-Treatment Intervention Programs and Supervision Initiative (QA-TIPS)" http://www.jrsa.org/webinars/index.html#qa

Online Learning Management System (OLMS):

Registration and Classes

OLMS Purpose and Uses

- Designed as an online learning system

- Courses are offered for different agencies working with offender populations
    - **Required**: Quality Assurance Policies and Processes Course

- Centralized tool for communicating information out to the field; new courses, important updates, testing and certificates (If you are not in this system, you do not exist!)

- **Required**: ALL treatment providers and administrators, regardless of their capacity or position must register.

OLMS Registration Instructions

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Create New User Instructions

The following are the steps necessary for creating a new user in CourseMill, the LS/CMI Online Learning Management System used by the Office of Research and Strategic Planning (ORSP). Please follow all instructions and keep all user names and passwords handy as the ORSP will be releasing new courses in the near future to enhance the certification and training process. (Please do not change the ORG ID for the course. Your division may have an online learning system, but this course is only located under the ORSP ORG ID.)

www.onlinelearning.wv.gov/student

Select "Create New User" (located under log in information).
Select "Office of Research and Strategic Planning" (no access code is required) as the Organization.
NO ACCESS CODE IS REQUIRED.
Click "Continue".

(Fill out all fields and do not select "Create New User" until all tabs/information have been selected!)
Input a User ID (Please use your work email address for your User ID).
Select a password (Password can be any combination of letters and/or numbers).
Enter your work/office address (site, facility, or center you work from).
DO NOT select "Create New User" yet!!
Fill out all fields – required and non-required
Click Sub-Org (located at the top of the form beside the User Profile tab).
Select your Agent (i.e., Regional Jails, Day Report Center, Corrections, etc.).
Select your Facility (if you do not see your facility listed, select "Other"- located alphabetically in the list of Center names - and notify Monika Sterling at Monika.L.Sterling@wv.gov).
Click Create New User at bottom.
Accept Terms of Use.

Go to Course Catalog at the top of page.
Click the green plus sign/note icon located beside Policy101.
Accept enrollment in course.
Go to My Courses tab at the **top** of the page.
Click the green file box located beside the course name, Policy 101 to launch the course.

*After course completion, you will be provided with a Certificate of Completion. Please click PRINT at the bottom of the certificate to print this page for your records (you must select "landscape" under page orientation to print the entire certificate). The ORSP will be notified of the completion of the course so please keep the copy of the certificate for your records.

Community Corrections Information System (CCIS):

Registration and Data Entry

Community Corrections Information System (CCIS)

- CCIS is the management information system for all day report clients, including those under treatment supervision

- All treatment providers must enter case information into the CCIS, largely related to services provided (Note: As you get familiar with the system, let us know if anything needs to be modified to meet your needs, contact: jason.w.metzger@wv.gov

- DRC staff are responsible for training treatment providers on the system.

- DRC staff are responsible for assisting all treatment providers in gaining access to the necessary "collateral information" from, DOC, Courts, Probation Services, and DJS (if applicable), and law enforcement for managing cases and completing the LS/CMI assessments and/or reassessments.

- DRC Directors are required to set up all treatment providers with "User Rights" in the system, as soon as a contract is in place.

New CCIS Users

DRC Data Entry into CCIS

➢ DRC's are required to enter all parole referrals, any DHHR or other community referrals, and ALL treatment supervision cases into the CCIS, including all cases referred from Circuit Courts and/or Probation or Drug Courts.

➢ DRC's also have an obligation to the Supreme Court to enter these same cases into the OCMS.

➢ This is necessary because the CCIS requires information from DRC's to be entered into the system in order for treatment providers to be able to add information to and close cases. DRC's are also a source of collateral information related to the completion of the LS/CMI.

Conclusion: Step-by-Step "TO DO's"

1. Register all treatment providers and administrators in the OLMS, if questions contact: monika.l.sterling@wv.gov

2. Complete the "QA Policies and Procedures Course" and print certificate, if questions contact: monika.l.sterling@wv.gov

3. Listen to the Webinar: "Ensuring the Fidelity of Offender Risk Assessment in Large-Scale Correctional Settings: The Quality Assurance-Treatment Intervention Programs and Supervision Initiative (QA-TIPS)" http://www.jrsa.org/webinars/index.html#qa

4. Familiarize yourself with the JCEBP "one-stop" webpage for access to electronic QA forms, and follow QA procedures: http://www.djcs.wv.gov/ORSP/Pages/Quality-Assurance-and-Evidence-Based-Practices.aspx If questions, contact: leighann.j.davidson@wv.gov

5. Register for the LS/CMI User Workshop on March 2-6, if you have not done so. Contact: leighann.j.davidson@wv.gov

Conclusion: Step-by-Step "TO DO's"

5. Contact your local DRC Director, have him/her set up all treatment staff and administrators in the CCIS with "User Rights." If questions contact, jason.w.metzger@wv.gov

6. Work with your local DRC Director to schedule a time to be trained on the CCIS and determine strategies for gaining access to all necessary collateral information on the provider's client, if questions contact, jason.w.metzger@wv.gov

7. Once you have completed the LS/CMI User workshop, get set up in the LS/CMI Online System, contact leighann.j.davidson@wv.gov

8. Keep an eye out for the availability of newly scheduled trainings via the OLMS, and/or your Treatment Supervision Coordinators (Jason and Rachel).

Conclusion: Step-by-Step "TO DO's"

9. Keep abreast of new AFA's on the WV DHHR BHHF website at: **http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx** If questions, contact: Rachel.L.Moss@wv.gov

10. Familiarize yourself with the state plan for treatment supervision: http://www.dhhr.wv.gov/bhhf/AFA/Documents/Past%20AFAs/JRI %20PLAN%20-%20Framework%20Overview%20-%20FINAL.pdf If questions, contact Rachel.L.Moss@wv.gov or jason.w.metzger@wv.gov

ORSP & JCEBP Staff: Contact Us

➢ The JCEBP is always available to answer questions and provide guidance and technical assistance about the CCIS Data Entry, the LS/CMI Online System, the OLMS, and any LS/CMI Quality Assurance Policy and Procedures

➢ Please contact us at: 304-558-8814 or via email, if any questions arise

  ➢ Stephen Haas, Director x53338 stephen.m.haas@wv.gov

  ➢ Leighann Davidson, Research Specialist x53348 leighann.j.davidson@wv.gov

  ➢ Maria Orsini, Research Specialist x53316 maria.m.orsini@wv.gov

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