




**So, we're not supposed to use jail:
What do we do instead?**

Alternatives to Incarceration

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A person wearing an orange jumpsuit is shown from the chest up, standing behind vertical metal bars. The person's hands are gripping the bars. The background is dark and out of focus.

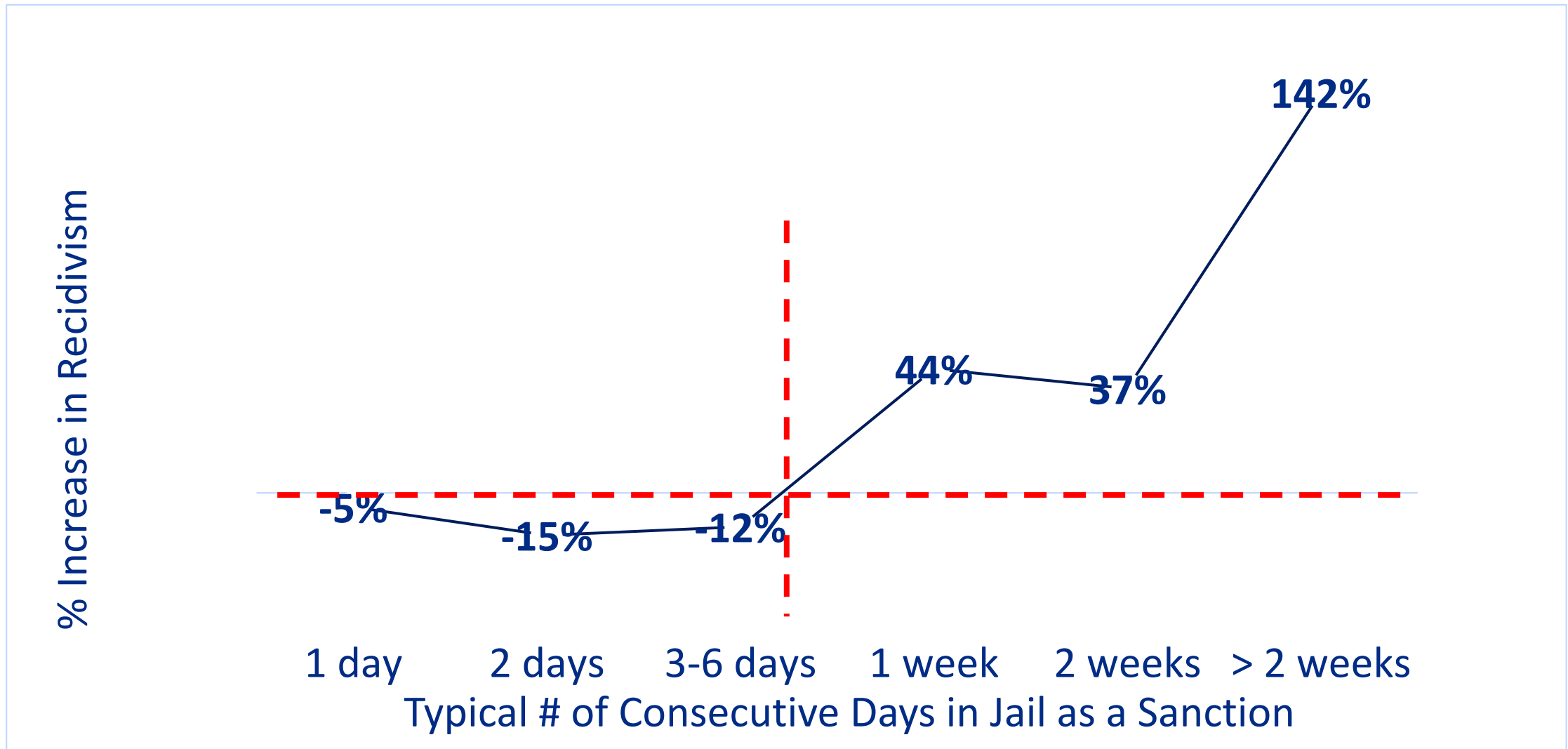
Why do we use jail?

- Punishment
- To change participant behavior
- To stop a behavior we don't want them to do
- To get participants to take the court seriously (teach them a lesson)
- Public safety

So, what's wrong with jail?



Courts that typically impose jail longer than 6 days have higher recidivism



*Not the best public safety choice in the long run

What lessons will they learn?

- ❑ Jail and prisons are chaotic, risks of violence and injury
- ❑ Life disruption – they can lose
 - housing
 - job
 - kids
 - relationships
 - insurance (have to reapply for Medicaid)
- ❑ Drugs can be easily procured in the jail, often more easily than on the street
- ❑ They are spending time with the people you are telling them to avoid!
- ❑ Learned helplessness/Trauma





What if...

- You're afraid they will overdose?
- You're holding them for a treatment bed?
- They're homeless and have nowhere to go?



Any state of forced abstinence via incarceration or mandatory hospitalization (inpatient) is the main driver of OD risk

- ❖ Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from prisons and jails.
- ❖ In the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population.
- ❖ A full year after release, overdose death rates remained 10-18 times higher among formerly incarcerated individuals
- ❖ Patients who “successfully” completed inpatient detoxification were more likely than other patients to have died within a year.





**8 INMATES OVERDOSE ON DRUGS
BOYD COUNTY, KENTUCKY**



5:01
81°

wspz.com

3 Female Inmates OD'd on "Unknown White Powder"

BREAKING NEWS

- **Thurs. Night 2 Women Found Unconscious**
- **Jail Staff Used Narcan to Revive Them**
- **Narcan Used on 3rd Woman this Morning**
- **First 2 Women Back in Jail, 3rd Woman Remains in ICU**



KHQ.COM

4:59 64°



DENVER
TEL.COM

INMATES SUSPECTED IN DRUG OVERDOSE
DENVER JAIL



10:22:30.085 AM

BREAKING NEWS

NEWLY RELEASED VIDEO SHOWS INMATE DEATH

CUYAHOGA COUNTY JAIL

BREAKING NEWS BREAKING NEWS BREAKING NEWS BRE



2012
LOUIS UNELLI
40 Yrs

2012
WILLIAM ACHISON
42 Yrs

2014
TREVOR BURKE
38 Yrs

2014
MARTIN TYKOLIZ
44 Yrs

2015
STEPHEN NEESON
44 Yrs

2014
DAVID GILLEN
40 Yrs

2014
JULIEN WALTON
40 Yrs

But our jail sanctions are just for a few days



Just a few days in jail can be damaging for people with severe substance use disorder, serious mental health disorders, or other medical needs.

- 41% of jail deaths occur within the first week of a person's jail stay
- 26% of jail suicides occur within just three days of entry
- It is standard for new (and long-term) jail inmates to
 - ✓ Experience [substance use withdrawal](#) (can be fatal)
 - ✓ Be cut off from medications
 - ✓ Be removed from support systems and regular healthcare providers.

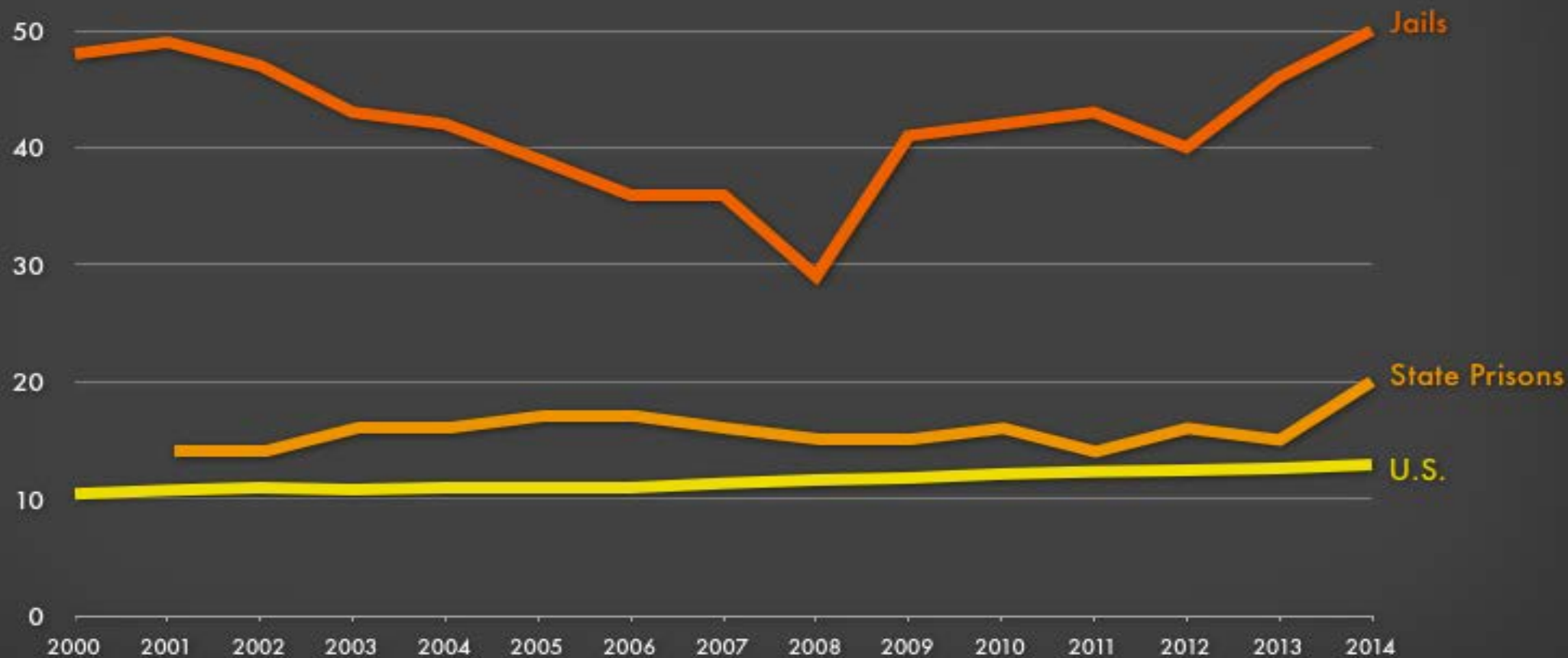



Died of overdose less than 24 hours after jail intake



JAIL SUICIDE RATES: OUT OF STEP WITH THE NATION (AND U.S. PRISONS)

(Number of people per 100,000 in jail, in prison, and in the country who commit suicide per year)





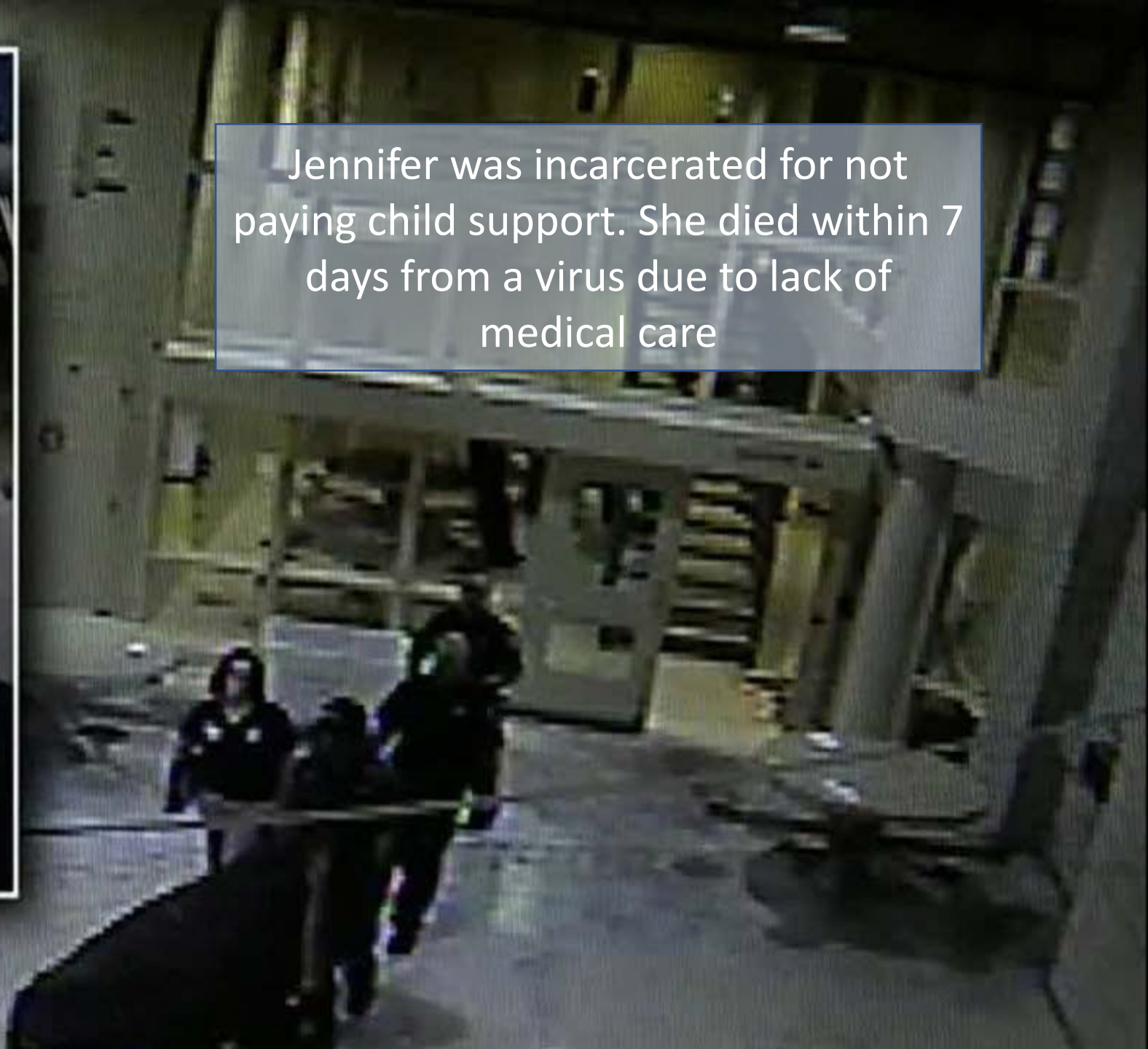
Majority of jails will not provide inmates with prescribed medication for mental health or substance use disorders

Inmates frequently miss appointments for MH, substance use, medical care

- Some facilities that will transport them to appointments often “fail to produce” the inmate
- Some facilities have in-house treatment and inmates still miss appointments due to lack of an escort, or appointment times not being communicated to the inmate



Jennifer was incarcerated for not paying child support. She died within 7 days from a virus due to lack of medical care



Other (non-lethal) impacts



- Learned helplessness
- Lose hope
- Depression
- Trauma
- Numb

Participant - "It's great to meet us where we are, but you also gotta meet us *where we wanna be*"

Harsh sanctions like jail reinforce the feeling that once an 'addict/criminal' always an addict/criminal.

It's a drug court's role to hold people accountable, but it should also be helping them truly believe that they're don't belong in jail anymore.



What can you do instead?

What leads to behavior change?

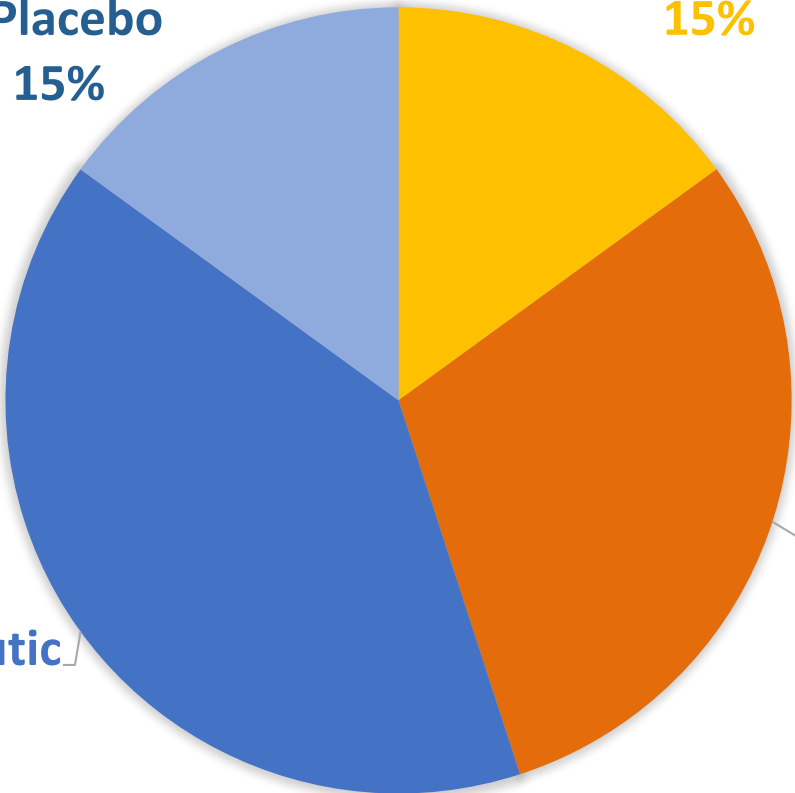
Belief that the intervention will work

Expectations / Placebo
15%

Technique
15%

Specific model used

- CBT
- DBT
- Seeking Safety



Criminogenic Factors

- Family/ Peers
- Medical
- SU
- Housing

Extratherapeutic Change
40%

Staff/Client Relationship
30%

Alliance

- Empathy
- Positive Regard

Overdose risk...

- Provide participants with Naloxone
- Train participants and their families and friends how to use Naloxone
 - <https://www.drugabuse.gov/publications/drugfacts/naloxone>
 - <https://www.getnaloxonenow.org/#getnaloxone>
- Evaluate for MAT and provide if appropriate
- Build capacity for MAT in the community
- Consider: Have been managing in the community so far. Talk to them about their plan to stay safe. Work with them to connect with friends or family
- Consider: Will they be safer in the jail? Is there MAT in the jail? If so, is there a connection for a warm handoff in the community?



KNOW YOUR JAIL

Holding for a treatment bed...

- Not legal (can hold on a violation if they must be incarcerated)
- If they did not want to go to residential on their own, unless treatment bed is in locked facility, they can, and will, walk away
- Like all others who need residential treatment. Have been managing in the community so far. Wrap them with services and increase monitoring.



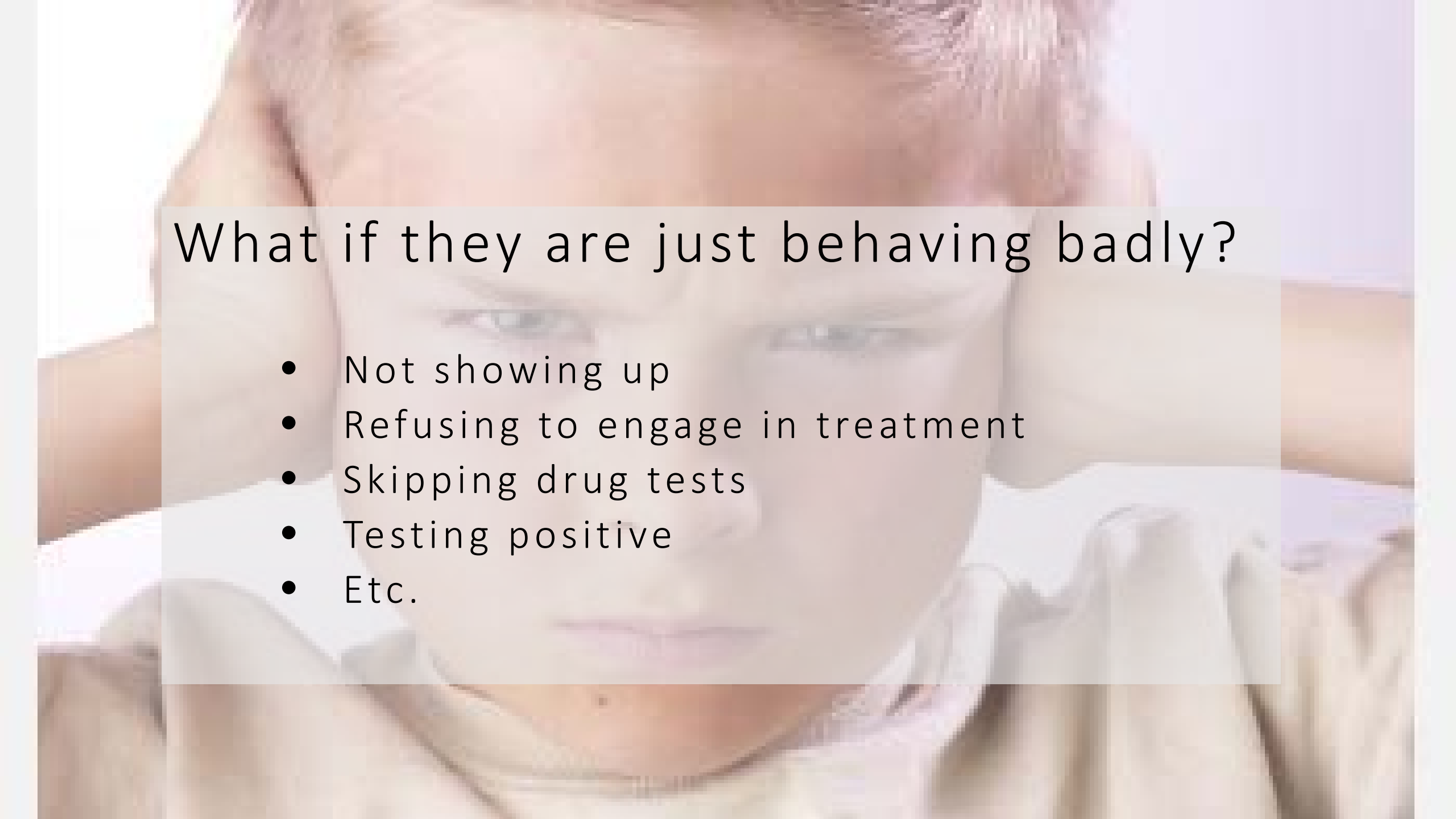
KNOW YOUR JAIL

Housing

- They have managed in the community so far
- Are there homeless shelters in the community? Are there food banks or other food options in the community?
- Work on building capacity for housing, shelter, food in the community
- Is it life threatening for them to remain without shelter (danger from others, weather, medical health issues, starvation)? Will they be safer in the jail?



KNOW YOUR JAIL



What if they are just behaving badly?

- Not showing up
- Refusing to engage in treatment
- Skipping drug tests
- Testing positive
- Etc.

Prevention

“An ounce of prevention is worth a pound of cure”

There are key processes you can incorporate into your program that may prevent the inappropriate behavior

- Learn who your participants are and meet them where they're at
- Do integrated case planning – include the participants in making the plan
- Address medical issues – particularly pain
- Ensure reliable detection of behavior and respond consistently
- Use Incentives!



Know your participants



- Criminogenic needs
- SUD/MH diagnosis and needs
- Responsivity needs/
Biopsychosocial

EXAMPLE: LS-CMI RISK DOMAINS/ CRIMINOGENIC NEEDS

1. Criminal History
2. Peer Association
3. Criminal Attitudes And Behavior
4. Anti-social patterns/Personality
5. Education/Employment/Financial
6. Family And Social Support
7. Leisure Activities/Living Sit.
8. Substance Use

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

1

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

2

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

3

DIMENSION 3

Emotional, Behavioral or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions and mental health issues

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

4

DIMENSION 4

Readiness to Change

Exploring an individual's readiness and interest in changing

5

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use or problems

6

DIMENSION 6

Recovery/Living Environment

Exploring an individual's recovery or living situation and the surrounding people, places, and things

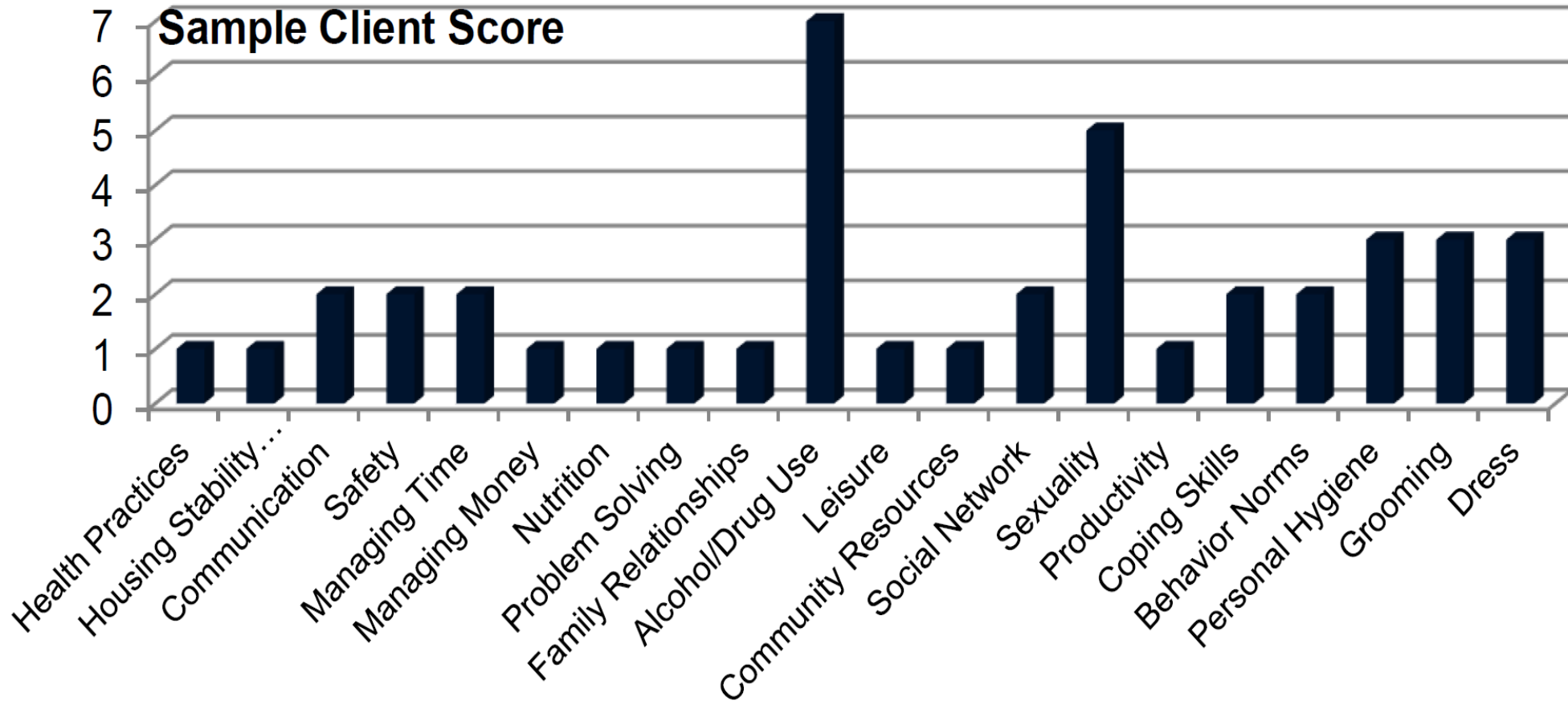
IDENTIFY BARRIERS TO ENGAGEMENT AND LIFE SKILLS

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)

The DLA assesses their current behavior in 20 activities of daily living:

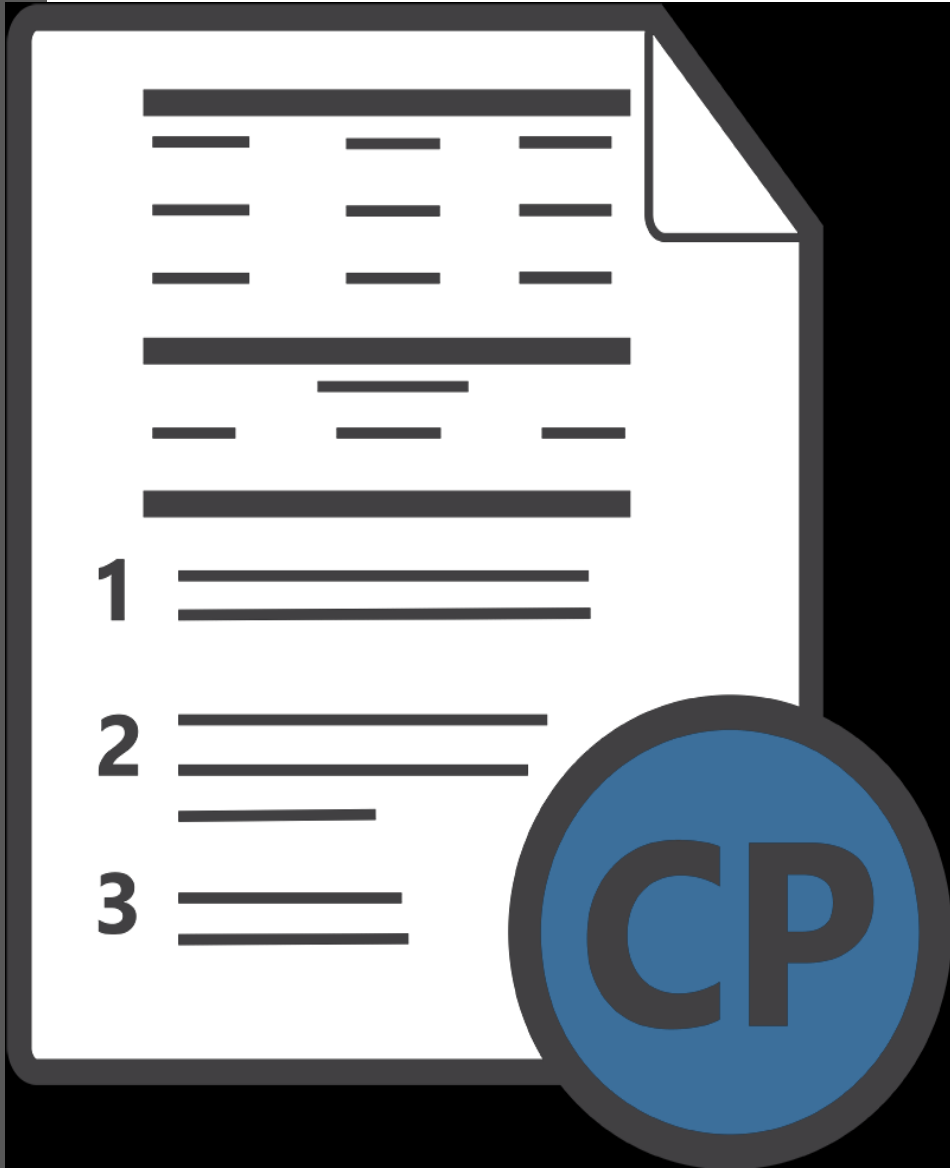
- Health status and practices
- Household stability
- Communication
- Safety
- Managing time
- Nutrition
- Relationships
- Alcohol and drug use
- Sexual health and behavior
- Personal care and hygiene

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)



Create Integrated Individualized case plans





Develop a case plan with the participant's full input including:

- **Match the participants abilities and step up over time (might need to start small)**
- Word the goals that address their criminogenic needs so they make sense to the participant.
- Identify how working on each relevant risk factor will help achieve their personal long-term goals (not just yours).
- Help brainstorm and have input on the action steps.
- Identify the barriers and obstacles to working in the action steps.
- Identify incentives that will help them work on the actions steps and achieve the goal.

WHEN PARTICIPANTS FEEL THEY HAVE A CHOICE,
THEY ARE MORE LIKELY TO FOLLOW THE PLAN

Address physical/ medical issues

Assess for medication assisted treatment (MAT)

- Work with medical and treatment community
- Prescribers
- Treatment Providers
- Know what's available in your community and state
- Education for the team – take NDCI's online MAT course



Address physical/ medical issues

- Conduct a medical assessment (health issues) – Our participants are ill with a disease that often leads to other physical and mental ailments, and to behavior issues
 - Include history of medication use
- Assess for pain!
 - Get them into pain management
 - Meditation, yoga, physical therapy, acupuncture

(Mindfulness-Oriented Recovery Enhancement resulted in reduced pain and cravings) - <https://drericgarland.com/m-o-r-e/>



Reliable Detection



- Urine drug testing at least twice per week
- Random testing all 7 days
- Continuous detection methods (patches, bracelet)
- Electronic monitoring
- Home visits (Extend supervision into natural social environment - work, home, school, street, cell phones)
- Include law enforcement on the team
- Case manager, supervision, treatment

Consistent Responses Use a Response Matrix

Sanction Matrix: "What do we want the participant to learn from this?"

Step 1. Identify the Behavior

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
<ul style="list-style-type: none"> Late for Scheduled Event Missed payment 	<ul style="list-style-type: none"> Missed UA Failure to Complete Assignments 	<ul style="list-style-type: none"> Unexcused Absence tx Alcohol Use Drug Use Tamper with UA or device/dilute Dishonesty 	<ul style="list-style-type: none"> Criminal behavior (new crimes, drinking and driving) Arrest

Step 2. Determine the Response Level

		Low	Moderate	High	Very High
Distal ↓ Prox	Phase 1	Level 1	Level 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
	Phase 4	Level 3	Level 4	Level 5	Level 5
	Phase 5	Level 3	Level 4	Level 5	Level 5

Step 3. Choose the Responses (paired with Judicial Verbal Disapproval and Explanation)

3a. Therapeutic Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Behavior Chain Cost/Benefit Analysis Skill Development Thought Restructuring Homework/Practice Thinking Report 	Level 1 plus: <ul style="list-style-type: none"> LOC Review 	Level 1, 2, plus: <ul style="list-style-type: none"> Referral Medication Eval Treatment Team Review/Round Table 	Level 1, 2, 3, plus: <ul style="list-style-type: none"> Re-Assessment 	

3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> ≤ 1 additional report days/week 	<ul style="list-style-type: none"> ≤ 2 additional report days/week Home Visit Curfew 	<ul style="list-style-type: none"> ≤ 3 additional report days/week Continuous Testing GPS/Electronic Monitoring Home Visit Increase frequency UA Test Additional Court Report Case Conference 	<ul style="list-style-type: none"> ≤ 4 additional report days/week Electronic Monitor Device Case Conference Curfew 	

3c. Sanction/Punishment Responses (Judicial Disapproval)

	Level 1	Level 2	Level 3	Level 4	Level 5
Community Service	≤ 4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 15 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤ 7 days	≤ 15 days
Jail			≤ 24 hours	≤ 3 days	≤ 7 days
Other				Review Placement	Termination

Focus on Incentives

Number one incentive is acknowledgment
from the judge



Incentives

- Promote engagement in the program and in treatment
 - “I’m glad you’re here”
- Demonstrate positive regard
- Connect appropriate behaviors to positive feelings



Alternatives to Jail

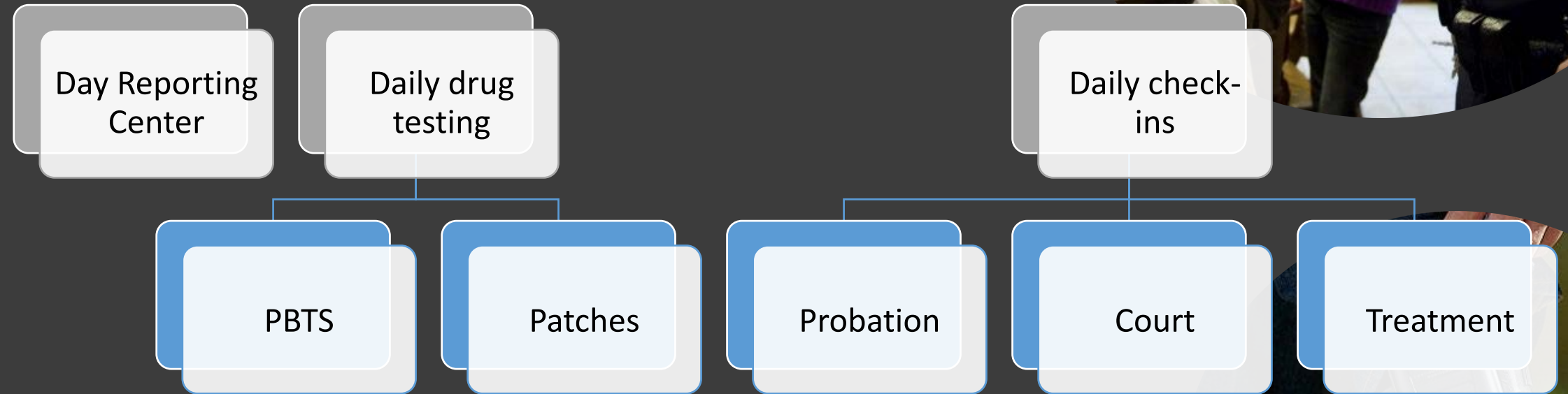
All of the above!

And

- Increase monitoring
- Re-evaluate and Adjust treatment
- Revise case plan



Increase Monitoring




* May need to develop new resources for some alternatives

Increase Monitoring

- **Increase supervision**
 - House arrest/GPS
 - Increase supervision appointments
 - Increased home visits
 - Increase court hearings
 - Curfew
- **Other options (Therapeutic - Focus on Learning)**
 - Community service
 - Attend/watch court
 - Thought papers

* May need to develop new resources for some alternatives





Re-Evaluate and Adjust treatment

- Review level of SUD/MH care
- Enhance alliance with treatment and case manager/supervision
- Work with participant to discuss what treatment they will follow through with
- Work with participant on integrated case plan
- Engage with peer support (peer mentor, peer specialist)

May need to develop new resources for some alternatives

STAFFING CONSIDERATIONS

- **WHO** are they (risk, need, responsivity)?
- **WHERE** are they in the program (what tools have they been given)?
- **WHY** did this happen (circumstances)?
- **WHICH** behaviors are we responding to?
 - Proximal or distal?
- **WHAT** is the response choice? (treatment or monitoring adjustment? Incentive? Sanction?)
- **HOW** do we deliver and explain response?



Questions to ask when Considering Jail

- What behavior do you want to stop?
- Is the behavior dangerous to others? Or does it impact the safety or integrity of the court?
- What is the intended impact of jail on the participant? With what you know about this participant, will jail have the intended impact?
- What will the impact of jail be on others (employer, family, etc.)?
- What behavior do you want the participant to do instead?
- Are there other responses that might incentivize them to do an alternate behavior?



KNOW YOUR JAIL!





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