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Did you know?

In the largest study of recidivism rates in the U.S., 67.5% of those released from prison were rearrested within three years.¹

Another study found that only 37% of offenders on probation who completed drug treatment were re-arrested at the end of three years—**reducing the recidivism rate by almost half.**²

In 2007, the criminal justice system was the largest single source of referrals to the substance abuse treatment system, at 37% of all admissions.³

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Behavioral Health and the Future of Corrections

There's increasing recognition that addressing behavioral health is essential to reducing crime. SAMHSA's ongoing strategic initiative on trauma and violence "focuses on the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems."⁴ Measures like California's Public Safety Realignment Act (also known as AB 109 and 117) call for "investment of criminal justice resources in evidence-based correctional sanctions and programs," that include behavioral health treatment.⁵

Nationally, public spending on substance abuse treatment is still far less than the amount that's spent on the corrections system.^{6, 7} But the need to cut the costs of incarceration and recidivism is prompting a fresh look at the value of treatment. Los Angeles County's experience with California's Public Safety Realignment Act (see story below) illustrates how behavioral health agencies can build and enhance partnerships with corrections and courts. Some key lessons from Los Angeles:

As the judicial system employs more alternatives to incarceration, it will increasingly need to screen offenders for substance and mental health issues and assess their need for treatment as a first step.

The emphasis on evidence-based care means not only adopting methods that have been proven in practice, but also being able to document the efficacy of interventions.

Working with clients involved in the parole, probation, judicial, and prison systems will require sharing individual client information

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securely amongst them. This is another case for the electronic health record.

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Los Angeles County Department of Health Implements ASI-MV

Suppose your caseload suddenly expanded by 20%. How would you manage intake and assessment? And what if those 20% were all former prison inmates with substance use histories?

That's the situation the Los Angeles County Department of Public Health's division of Substance Abuse Prevention and Control (SAPC) faced on October 1, when the California Public Safety Realignment Act went into effect. They've adopted ASI-MV to cope with more than 900 new assessments anticipated per month.

In April 2011, California passed Assembly Bills 109 and 117, transferring responsibility for low-level offenders (whose crimes were non-serious, non-violent, and non-sexual, and who were not repeat offenders) from the state Department of Corrections and Rehabilitation to counties.⁵

For Los Angeles County, that meant preparing to supervise approximately 9,000 parolees in the first year, and 14,000 to 15,000 by 2013. (The county jail system will also have responsibility for approximately 7,000 newly-sentenced offenders

each year whose crimes no longer qualify for state prison.) County officials project that of the anticipated 1,200 parolees each month, some 900 will need substance abuse treatment—about 10,800 per year when the program is fully implemented.⁸

SAPC is charged with assessing those 10,800 ex-offenders at its 19 Community Assessment Service Centers (CASCs), which are also the point of entry for some 60,000 Los Angeles residents who are admitted to publicly-funded treatment programs each year.^{9, 10} SAPC chose the ASI-MV to handle the influx of parolees because it provides a standardized assessment that's self-administered, eliminating the need for extensive staff training on the tool and avoiding interviewer reliability issues. Since it takes only about an hour to administer and results are available immediately, ASI-MV also allows timely development of case plans and referral to treatment services. Individual results will be integrated with their electronic health record to track and document client progress, and aggregated data will be integrated with SAPC's existing statistical records to provide analytic support for future program decisions.

"This is a good example of using technology with research-tested tools to help meet the assessment and data needs of the county's criminal justice and behavioral health organizations," says Dr. Al Villapiano, Vice President of Clinical Development at Inflexxion. "It not only assists the CASCs with rapidly assessing and triaging the new referrals, but it also helps them share data electronically and better coordinate cross-agency care."

It's an exciting project for both sides of the partnership. "ASI-MV provides LA County SAPC with the most advanced tools for behavioral health assessment processes," says Mike Waldron, Vice President of Sales and Marketing at Inflexxion. "We look forward to

working closely with them and providing continued support, clinical consultation, and customization.”

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