

BJA Corrections Options Technical Assistance (COTA) Program

Collaboration with NIC/CSG Technical Assistance Project

Kansas Department of Corrections Mental Health Interventions

Report 2: Follow-Up Outcome Indicators

Dr. Tony Fabelo

Jason Bryl

The JFA Institute, Austin, Texas

Dr. Erik Roskes

Monica Anzaldi

Council of State Governments

Overview

- **Review of Report 1, November 2005**
- **Evaluation of Outcomes for Study Populations**
- **Policy and Practice Implications**
- **Next Steps**

Report 1 in November 2005 Analyzed All KDOC Releases for a Two Year Period

July 2002 - June 2003
12 Months

July 2003 - June 2004
12 Months

Computerized
data file
provided by
KDOC

6,363 Releases

**Offenders with Severe MH
Diagnoses**

1,111 or 17.4%

**Offenders with No Severe
MH Diagnoses**

5,252 or 82.6%

Offenders with MH Score of 3 or
higher – severe and persistent

Offenders with scores lower than
3 or no score (could be no data)

Report 1: Major Points from Analysis of All Releases

- **Demographics**
 - MI population is slightly younger and more likely to be female
- **“Needs”**
 - MI population has higher substance abuse and social needs as measured by KDOC instruments than non-MI population
- **Offense**
 - MI population has about the same offense distribution as non-mentally ill population but tend to have less severe offense scores and are more likely to be sex offenders
- **Criminal History**
 - MI population is more likely to have a prior person felony record
- **Recycling**
 - Time served is low for both groups since their last admission date and both population had a high proportion of offenders that have been admitted more than once during the two year release period

Comparison Groups Were Selected and Characteristics Were Analyzed During First Analysis

Offenders were released during this two year period

July 2002 - June 2003
12 Months

July 2003 - June 2004
12 Months

Elements	COR-Pathways	Specialized	Refused Specialized	MI Comparison
COR-Pathways discharge planning	★		★	
Specialized parole officer	★	★		
Regular release planning and parole				★
Group Size	38	77	32	98

Potential Impact of Population Characteristics on Recidivism Were Also Discussed in Report 1

- **Pathway Group should have highest recidivism rate**
 - Based on age, gender and prior criminal history
 - All males, younger offenders, with one or more person felonies
- **MI Comparison Group should have second highest recidivism rate**
 - Based on distribution of offenders by age, needs score and highest severity for non-person felonies
 - Third highest percent of younger offenders, highest percent of offenders in the highest drug abuse and needs score, and the most severe category of non-person felonies

Potential Impact of Program Processes on COR-Pathways Clients Was Part of CSG Process Review

■ Program visibility

- There is a lack of awareness and understanding of the COR-Pathways program both within DOC and among community providers

■ Population

- Currently COR-Pathways discharge planners serve individuals with *medical and/or mental health issues*

■ Conditions violators

- COR-Pathways is not working with condition violators; if the model requires 6-12 months of lead time, condition violators by definition are excluded

■ Sedgwick County

- In Sedgwick County, the CMHC does not conduct in-reach prior to the inmate's release

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Limitations for Outcome Follow-up Were Discussed in Report 1 and Are Expanded Here

Groups Cannot Be “Matched” Due to Data Limitations

Preferable Design Would Match Groups Along Key Indicators

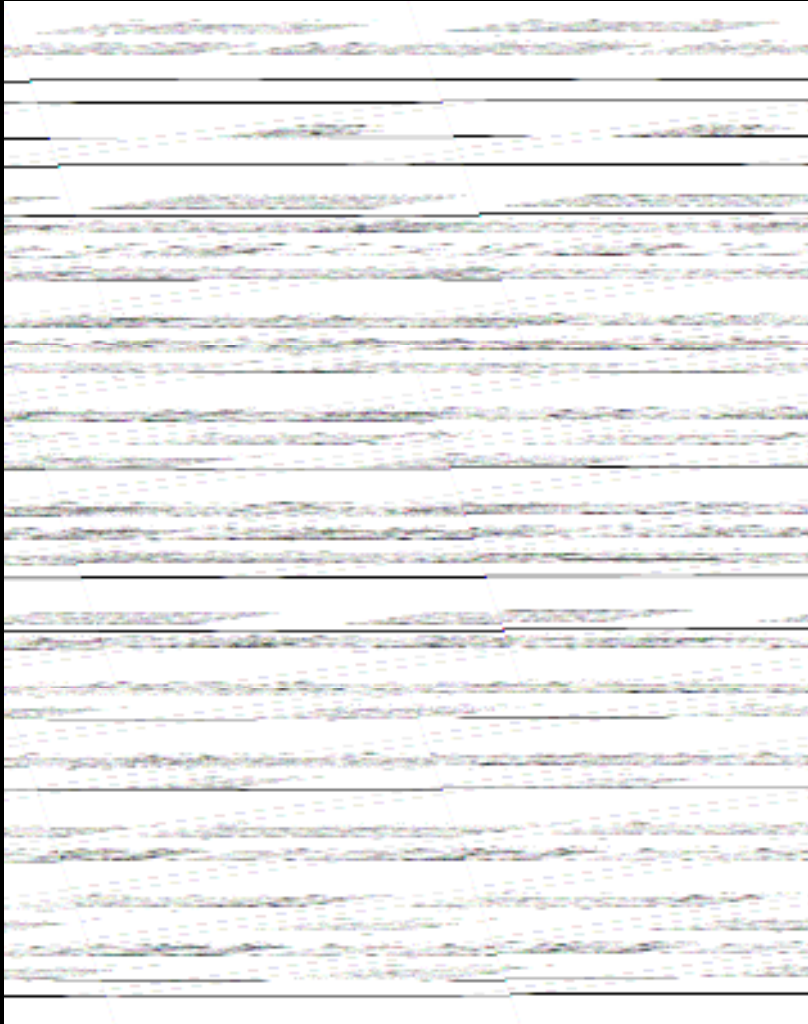
Follow-up Data Were Collected by Different Parole Officers on a Voluntary Basis

Preferable Design Would Control Quality of Data Collection

Sample Size Prevented Standardization Across Survey Responses

Preferable Design Would Have Larger Sample Size and Uniform Follow-up Periods

Follow-up Based on Survey Was Problematic Due to Suspect Release and Revocation Dates in Surveys



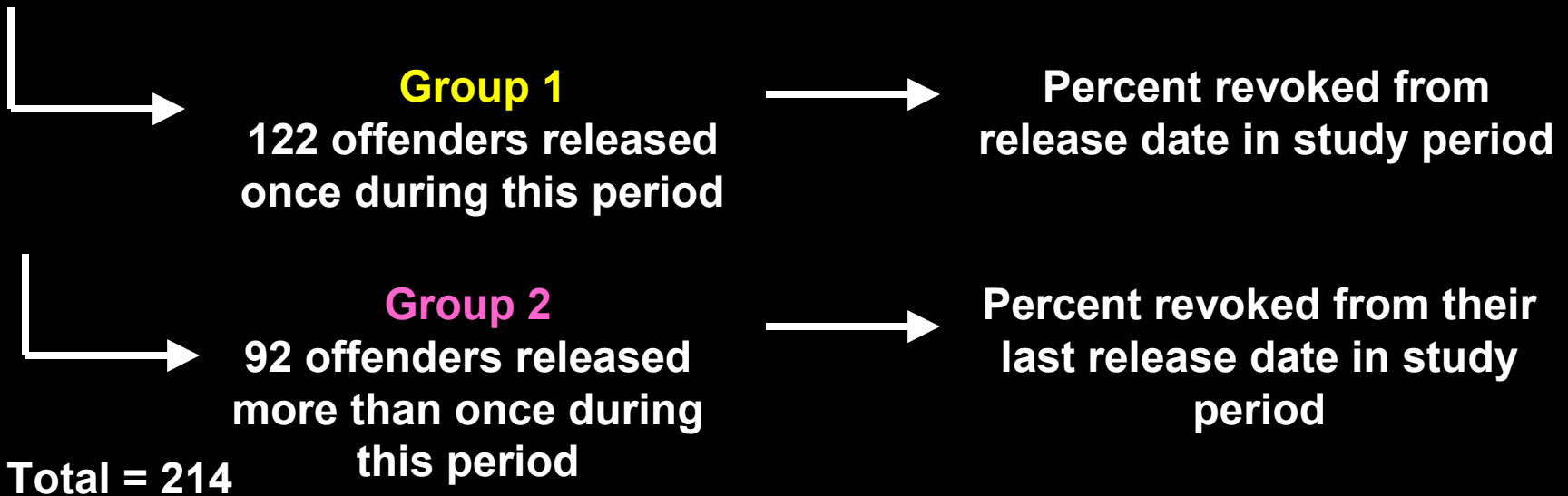
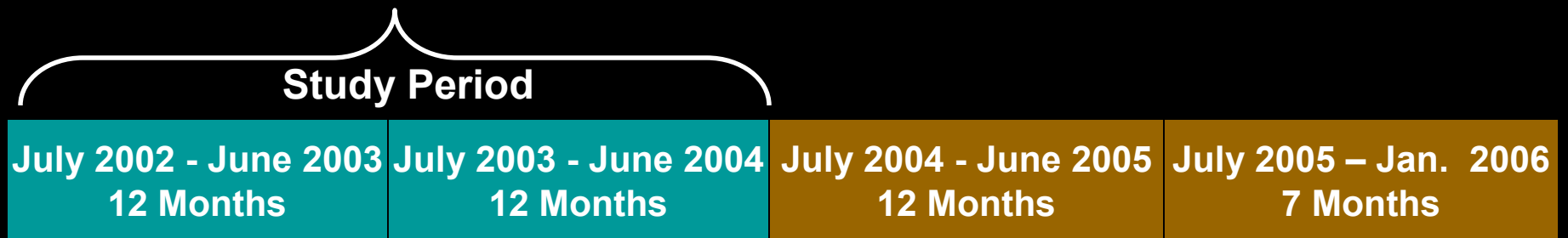
Total Original: 245

Total Completed: 214 or 87%

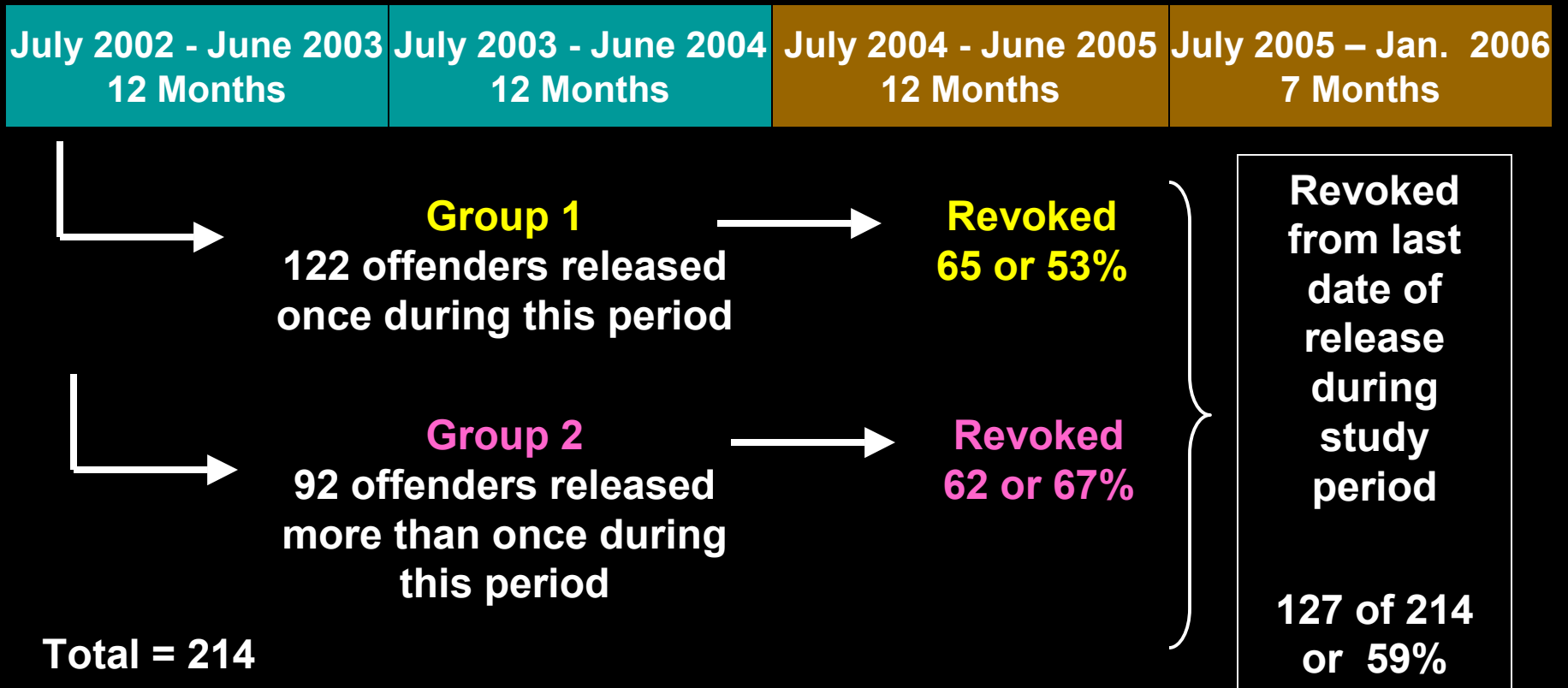
- Information was not received in 23 cases and substantial information was missing in the survey form in 8 cases
- Parole officers were supposed to code the first revocation from the last release date but an analysis of the dates in the survey showed inconsistencies
- Research team conducted additional research using KDOC computer data requested in early February 2006 to strengthen outcome analysis

Verification Strategy Led to Use of KDOC Computer Data to Calculate Revocation Rates

Offenders were released during this two year period



More Than Half of the Offenders Were Revoked After Their Last Release Date in the Study Period



Almost All Offenders Revoked Were Revoked Within a Year of Their Release

July 2002 - June 2003 12 Months	July 2003 - June 2004 12 Months	July 2004 - June 2005 12 Months	July 2005 – Jan. 2006 7 Months
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**Group 1
Revoked
65 of 122
or 53%**

**Group 2
Revoked
62 of 92
or 67%**

Groups	0 to 6 Months	7 to 12 Months	Over 12 Months	Longest to Revocation
Group 1*	23 36.5%	24 38.1%	16 25.4%	30 months
Group 2	36 58.1%	19 30.6%	7 11.3%	20 months

* Missing revocation date in two cases

The Pathway Group Had the Highest Revocation Rates But This Analysis Limits Conclusions

Number of Offenders Revoked by Group and Intervention

Groups	Pathway	Specialized	Refused Specialized	MI Comparison
Group 1 Total	13	46	16	47
Revoked	10	20	9	26
Percent	77%	43%	56%	55%
Group 2 Total	14	30	14	34
Revoked	10	19	9	24
Percent	71%	63%	64%	71%
Total	27	76	30	81
Revoked	20	39	18	50
Percent	74%	51%	60%	62%

Most Offenders Get Revoked Within One Year of Their Release Date Regardless of Intervention

Number of Offenders Revoked by Intervention – Time from Release to Revocation

Intervention	0 to 6 Months	7 to 12 Months	Over 12 Months	Longest to Revocation
Pathway	10 50%	6 30%	4 20%	27 months
Specialized*	14 38%	15 41%	8 21%	23 months
Refused Specialized	9 50%	5 28%	4 22%	30 months
MI Comparison	26 52%	17 34%	7 14%	26 months

* Missing revocation date in two cases

Follow-up Survey

**Survey Identify Potential Policy and
Process Issues**

Survey Shows High Contact Rate with Law Enforcement For Offenders in the Community

Percent of Offenders by Number of Arrests by Interventions

Arrested	Pathway	Specialized	Refused Specialized	MI Comparison
0	22%	16%	10%	21%
1 Time	45%	42%	23%	36%
2 Times	22%	12%	27%	20%
3 Times	4%	10%	10%	11%
4 or More Times	7%	20%	30%	12%
Total % Arrested	78%	84%	90%	79%
Group Size	27	76	30	81

Lack of Compliance with Medications an Issue

Since the release date above, how would you characterize the offender's compliance with taking his/her medications?

- Full compliance
 Mostly complied
 Sporadic compliance
 Difficulty with compliance

Compliance Indicator	Pathway	Specialized	Refused Specialized	MI Comparison
Full Compliance	11%	3%	0%	7%
Mostly Complied	22%	18%	10%	17%
Sporadic Compliance	22%	33%	20%	19%
Difficulty w/Compliance	19%	29%	27%	27%
Missing/Not Applicable	26%	17%	43%	30%
Group Size	27	76	30	81

* Question above from survey

Lack of Compliance with Treatment Also Related to the Same Issue

Size the offender's compliance with a required character treatment program?
 Full compliance Difficulty with compliance Sporadic compliance

Compliance Indicator	Pathway	Specialized	Refused Specialized	MI Comparison
Full Compliance	7%	3%	3%	6%
Mostly Complied	22%	12%	7%	11%
Sporadic Compliance	22%	34%	20%	25%
Difficulty w/Compliance	22%	30%	27%	40%
Missing/Not Applicable	27%	21%	43%	18%
Group Size	27	76	30	81

* Question above from survey

Contact with MH Center Varies But Level of Missing Information Shows Need for Better Tracking

When was the offender's first appointment with a mental health center after release from KDOC?

- 0-7 days
 8-14 days
 15-21 days
 22-28 days
 More than 28 days

MH Center Contact	Pathway	Specialized	Refused Specialized	MI Comparison
0 – 7 Days	15%	13%	13%	9%
8 – 14 Days	15%	20%	3%	16%
15 – 21 Days	15%	8%	10%	7%
22 – 28 Days	4%	15%	3%	6%
More than 28 Days	19%	28%	20%	33%
Missing/Not Applicable	32%	16%	51%	29%
Group Size	27	76	30	81

* Question above from survey

Diagnosis of SPMI is Prevalent and Diagnosis Tends to Match KDOC's for Those with Information

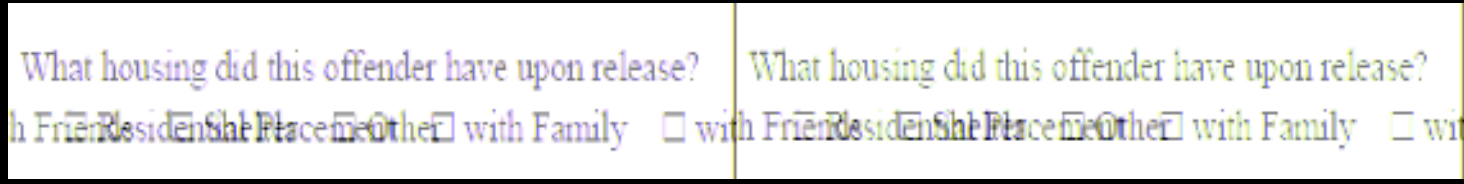
Was the official (SPMI) by the community mental health center? Yes No

Did the diagnosis change from the diagnosis at KDOC? Yes No

Diagnosis	Pathway	Specialized	Refused Specialized	MI Comparison
Percent SPMI	41%	67%	43%	26%
Missing/Not Applicable	18%	20%	43%	22%
Percent No Change from KDOC Diagnosis	70%	71%	33%	67%
Missing/Not Applicable	22%	21%	43%	23%
Group Size	27	76	30	81

* Question above from survey

Most Offenders were Housed in a Residential Placement or With Family Upon Release



Housing Upon Release	Pathway	Specialized	Refused Specialized	MI Comparison
Residential Placement	56%	53%	30%	17%
With Family	33%	39%	56%	63%
With Friends	7%	4%	7%	6%
Shelter	0%	1%	0%	0
Other	4%	3%	7%	14%
Group Size	27	76	30	81

43% of all offenders had a change in housing after release, with most changing from residential placement to living with family

* Questions above from survey

Other Social Indicators Related to Income/Employment from Responses to Survey

Did the offender receive SSI (Supplemental Security Income) upon release? Yes No

If not upon release, did the offender receive SSI eventually? Yes No
 If so, how long after release? _____

Was the offender employed during the period of supervision? Yes No

Social Indicators	Pathway	Specialized	Refused Specialized	MI Comparison
Percent receiving SSI upon release	11%	3%	0%	11%
Missing/Not Applicable	0%	1%	0%	2%
Percent eventually receiving SSI	7%	26%	3%	7%
Missing/Not Applicable	15%	4%	0%	14%
Percent employed	22%	20%	57%	58%
Missing/Not Applicable	4%	0%	0%	1%
Group Size	27	76	30	81

* Question above from survey

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Policy and Practice Issues: Revocation

Revocation Practices in Kansas Would Seem to Impact the Outcomes of Any Intervention

- 28% of Kansas prison capacity is used to house parole and probation violators with no new sentence
- Over a three year period, comparison of Kansas and Texas shows differences in percent re-incarcerated with no new sentence
 - 89% in Kansas vs. 28% in Texas

Policy and Practices Issues: Revocation

- **Revocations practices which could impact the outcomes for the SPMI population, as demonstrated by some of the COR-Pathways data in this analysis include:**
 - Quick revocation post release, potentially due to administrative reasons
 - Short time in prison after revocation
 - Limited supervision strategies as a means to reduce revocations
- **CSG/KDOC Justice Reinvestment Initiative focusing on this issue**

Policy and Practices Issues: Referrals

- **Referral practices which could impact the outcomes for the SPMI population, as demonstrated by some of the COR-Pathways data in this analysis include:**
 - **Lack of a clear discharge planning process for different target populations:**
 - **Multiple discharge planners: COR-P staff, discharge planners, and IPOs**
 - **Inattention to condition violators for discharge planning and the relationship of the mental illness to the violation behavior:**
 - **Missing a large population of otherwise eligible participants**

Policy and Practices Issues: Referrals

- **Referral practices which could impact the outcomes for the SPMI population, as demonstrated by some of the COR-Pathways data in this analysis include:**
 - **Confidentiality restrictions for sharing information between KDOC and SRS**
 - **Inconsistent definition of SPMI**
 - **Lack of in-reach to KDOC facilities by CMHCs to assist with transition plan prior to release:**
 - **Significant length of time to appointment, medication and treatment compliance**

Policy and Practices Issues: Benefits

- **Practice for accessing benefits which could impact the outcomes for the SPMI population, as demonstrated by some of the COR-Pathways data in this analysis include:**
 - **State law currently prohibits drug offenders from receiving GA cash benefits**
 - **Inmates are not included in the GARN program, unless they are in the Larned Correctional MH Facility**
 - **Medicaid is terminated upon incarceration, rather than suspended**
 - **There is no agreement between KDOC and SSA to assist inmates in applying for benefits prior to release**
 - **A small percentage of SPMI population received SSI upon release, nor where eventually enrolled**

Policy and Practices Issues: Housing

- **Practice for accessing housing which could impact the outcomes for the SPMI population, as demonstrated by some of the COR-Pathways data in this analysis include:**
 - **Federal restrictions on Section 8 and other public housing**
 - **State law restrictions on offenders living in group homes**
 - **State law restrictions relating to sex offenders**
 - **Mentally ill population found more likely to be sex offenders**
 - **In general, an inadequate supply of low-cost housing**

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Next Steps to Consider

- **Clarify discharge planning process and who serves what population:**
 - Flowchart re-entry process with special emphasis on standard discharge planning process and COR-Pathways process
 - Match prison data to key points on discharge planning / COR-Pathways process (aggregate counts)
 - Identify population that has recycled already to determine why they were revoked

Next Steps to Consider (cont.)

- **Develop a strategic plan for the COR-Pathways**
 - Train more parole officers on impact of mental illness on clients transition back to community
 - Identify individuals revoked and outline processes for when someone gets revoked in terms of information flow, access to services, discharge planning, etc.
 - Streamline benefits process
 - Leverage existing housing options

Next Steps to Consider (cont.)

- **Develop a strategic plan for the COR-Pathways**

Sign MOUs with CMHCs to conduct more in-reach

- **Expand the criteria to accept individuals with more complicated criminal histories**
- **Identify a uniform information collection strategy to better track offenders and outcomes, both while incarcerated and after release**
- **Design reports that can be used by program managers to monitor utilization of program**

Thank You