

Best Practices in Behavioral Health for Justice Involved Adults

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Integrated Public Health-Public Safety Strategy

(NIDA 2006)

Community-based treatment

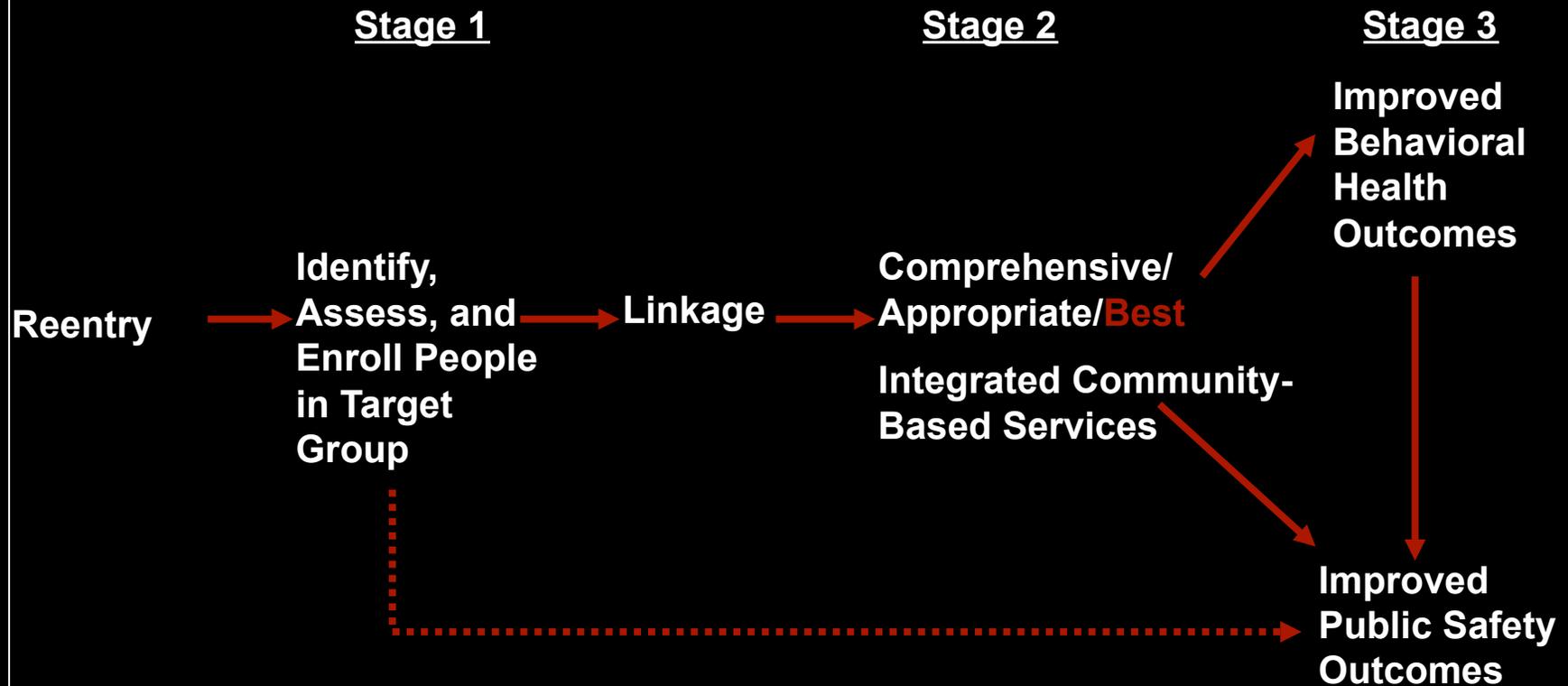
Close supervision

Blends functions of criminal justice and treatment systems to optimize outcomes

Opportunity to avoid incarceration or criminal record

Consequences for noncompliance are certain and immediate

Reentry Logic Model



The APIC Model

■ Assess

- Assess the inmate's clinical and social needs, and public safety risks

■ Plan

- Plan for the treatment and services required to address the inmates needs

■ Identify

- Identify required community and correctional programs responsible for post-release services

■ Coordinate

- Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services

What is Evidence-Based Practice ?

Evidence-Based Practice is
“the integration of the best
research evidence with
clinical expertise and
patient values.”

Institute of Medicine, 2000

Pyramid of Research Evidence

(COCE, 2005)



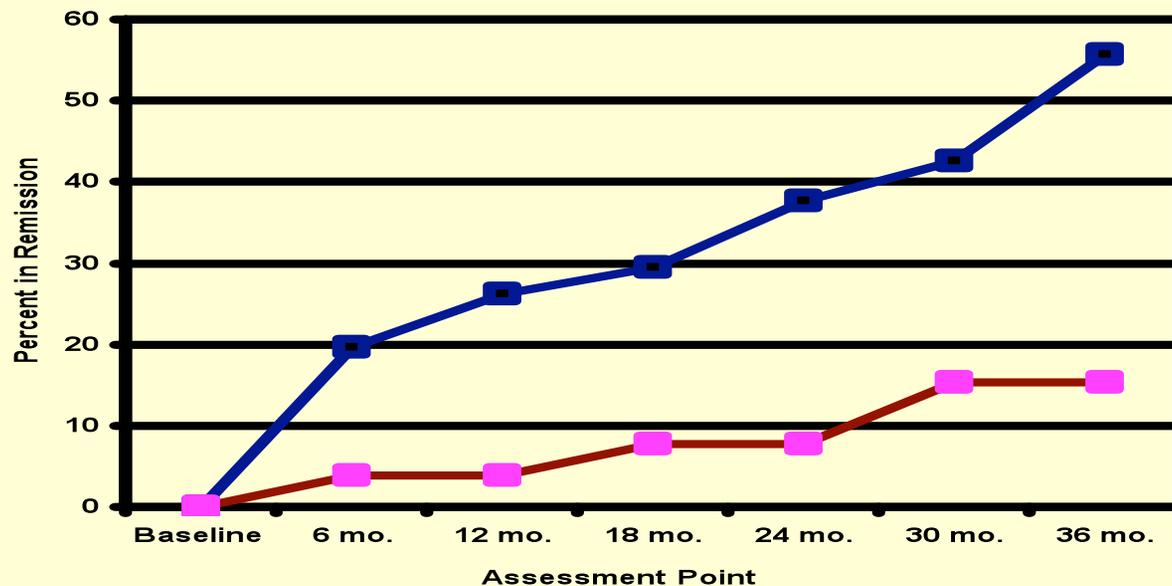
What is Fidelity?

- Fidelity is the degree of implementation of an evidence-based practice
- Programs with high-fidelity are expected to have greater effectiveness
- Fidelity scales assess the critical ingredients of an EBP

Why care about fidelity?

Fidelity improves outcomes

Percent of Participants in Stable Remission for High-fidelity ACT Programs (E:n=61) vs. Low-fidelity ACT Programs (G: n=26)



Justice Involved Persons with Mental Illnesses: EBP Expert Panel Meetings

Assertive Community Treatment

Joseph Morrissey, Ph.D.

Trauma

Bonnie Veysey, Ph.D.

Housing

Caterina Roman, Ph.D.

Supported Employment

William Anthony, Ph.D.

Illness Management

Kim Mueser, Ph.D.

Integrated Treatment

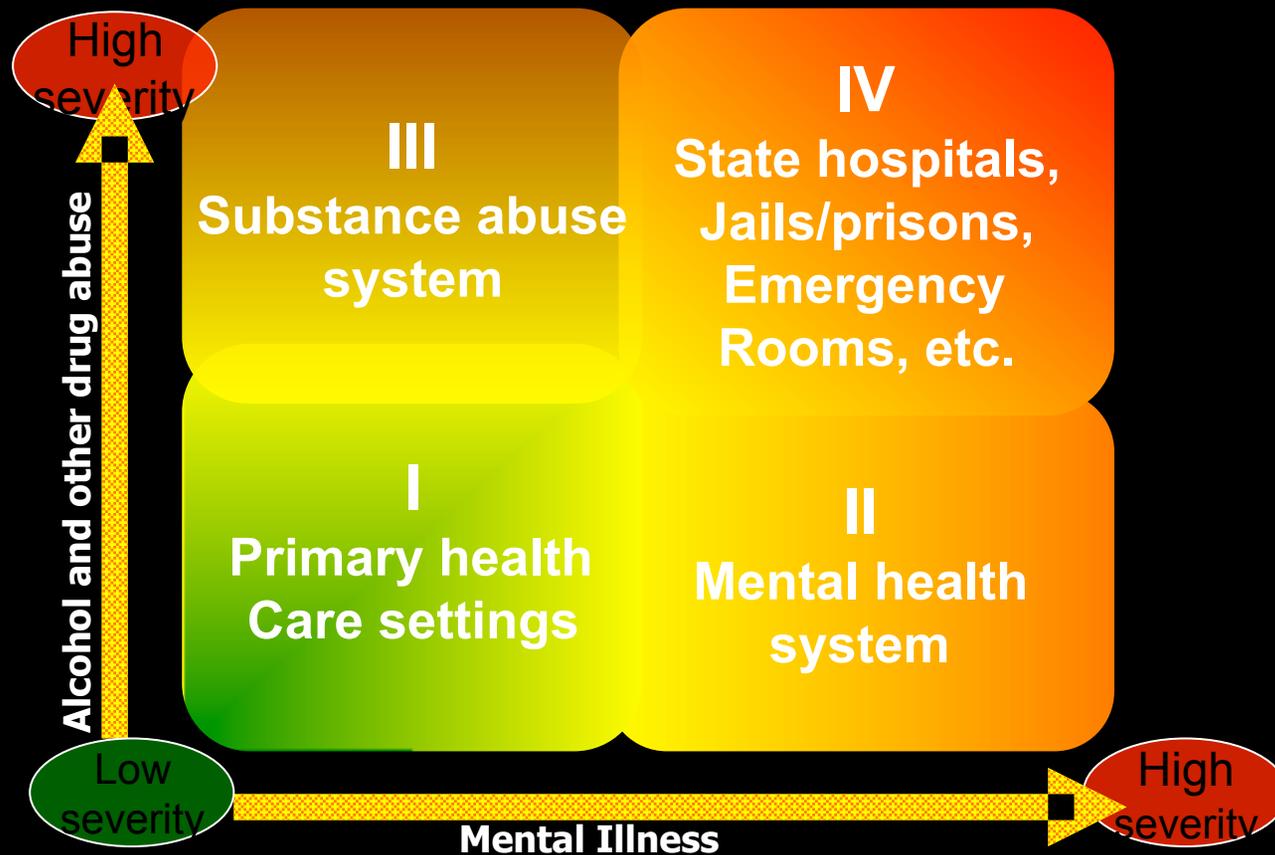
Fred Osher, M.D.



The Bottom Line

EBP	Data for J I	Impact
Housing	++	+++++
Integrated Tx	++++	++++
ACT	+++	+++
Supported Emp.	+	+++
Illness Mgmt.	+	++
Trauma Int./Inf	++	+++
Medications	+++++	+++++

Heterogeneity of the Population with Co-occurring Disorders



Treat co-existing mental disorders in an integrated way. (NIDA, 2006)



Schizophrenia

Bipolar Disorder

DRUG ABUSE

Depression

Conduct Disorders

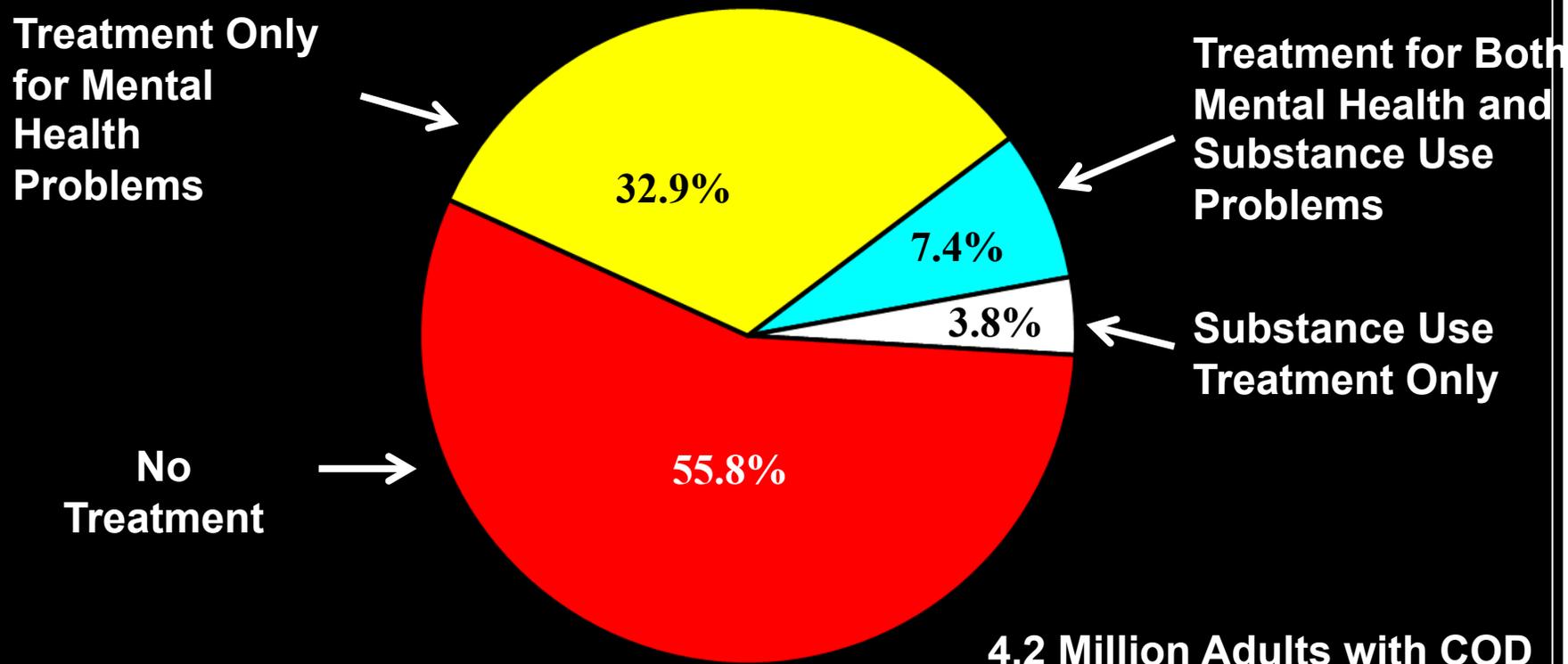
Post-Traumatic Stress Disorder

Challenges

- Conducting Accurate Assessments
- Agreeing on Appropriate Placement
- Full Continuum of Services Required in Key Communities
- Integrated Approaches to Use of Supervision and Treatment

Past Year Treatment among Adults Aged 18 or Older with Co-Occurring SMI and a Substance Use Disorder: 2009

(NSDUH)



A balance of rewards and sanctions can encourage pro-social behavior and treatment progress. (NIDA, 2006)



Rewards

Reinforce positive behavior
Use awards (non-monetary)
to recognize progress
“Catch people doing things
right”

Sanctions

Graduated
Consistent, prediction, fair
Treatment not a sanction!

Most likely to have desired effect the closer they follow the targeted behavior.

The APIC Model—In Practice

■ Assess

- Assess the inmate's clinical and social needs, and public safety risks

■ Plan

- Plan for the treatment and services required to address the inmates needs

■ Identify

- Identify required community and correctional programs responsible for post-release services

■ Coordinate

- Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services

Illinois' Reentry Initiatives

- Two model drug treatment prisons
 - Sheridan Correctional Center—Opened 2004
 - Southwestern Correctional Center— 2007
- TASC Pre and Post Release Reentry Case Management Services

ASSESS-clinical and social needs; public safety risk

- Every inmate entering DOC screened by TASC for substance abuse/dependence using TCU Drug Screen II
- Full clinical assessment upon arrival at the institution—ASI
- Series of assessments to gauge educational level and vocational readiness
- Series of pre-release staffings to review risk and needs
- Administer TCU IPASS to assess post release risk of relapse and recidivism

PLAN-for treatment and services to address needs

- Following assessments—unified treatment plan developed
- Inmates in treatment half day; other half day in school, vocational programming or working
- Ongoing staffings and treatment plan reviews to measure progress and modify plans as needed.

IDENTIFY-community and correctional programs post release

- Preliminary discharge staffing to discuss progress and post-release needs
- IDOC contracts with treatment and housing providers in the community to ensure access to services
- Community Support Advisory Councils—CSAC-developing community capacity to serve former offenders

IDENTIFY-community and correctional programs post release

- Community providers come to institutions to meet with inmates to review services available
- Program resource book provided to inmates that includes housing and treatment resources

COORDINATE-the transition plan

- TASC accountable for developing transition plans
- Parole discharge staffing
- Exit interviews
- Integrated staffing post-release
- Coordinated response to issues

The Results

- Focusing on Sheridan
 - Evaluation data from FY2005-FY2010
 - 4328 released from Sheridan
 - Results have improved over time as program matured

Admission into community aftercare

- 87% of those released from Sheridan have been admitted to community based aftercare treatment services
- Admissions have improved over time as project matured. About 65% of early cohorts admitted into aftercare, now over 90% are admitted to aftercare.

Still in treatment/treatment completion

- Overall, 61% of releasees completed or were still in treatment (includes those that never started community aftercare)
- Of those actually starting community aftercare, 71% completed or still enrolled
- In FY2005, less than 50% in or completed treatment compared to 75-85% in FY2009 and FY2010

Factors contributing to improvement

- Program maturation
- Reentry Council established to support a fully integrated system
- Plan, Do, Study, Act
 - 73% of community aftercare intake appointments within 7 days—started on average at 26 days
- Providers picking up clients for aftercare at institutions

Reductions in Recidivism

- Sheridan graduates evaluated against a comparison group
- Sheridan graduates 16% less likely to return to prison
- For those still in or completing treatment, 44% less likely to return to prison

Reductions in Recidivism

- Recidivism for aftercare group
32%
- Recidivism for comparison group
50%
- Recidivism for Sheridan
releasees with no aftercare 60%



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THANK YOU !