Criminal Justice Drug Abuse Treatment Studies
Enhancing Substance Abuse Services by Improving Interagency Linkages
Objectives

- Overview of CJDATS
- Review Change Teams Criminal Justice and Health Settings
- Overview the Organizational Process Improvement Intervention of the CJDATS Assessment Study
- Practice selected team building and process improvement techniques and/or
- Discuss applications to your home setting
CJDATS II

An Overview

October 2008-2013
What is CJDATS2?

- Cooperative agreement funded by NIDA to conduct research on implementation of evidence supported drug treatment in criminal justice settings.
- Focus on improving implementation of best practices in three areas:
  - Improving Assessment, case planning, information sharing, & Tx service access & participation
  - Improving HIV services continuum
  - Implementing Medication-assisted treatment (e.g., methadone, buprenorphine)
- Goal is to develop and test models of planned organizational change strategies that lead to successful implementation.

CJ-DATS is funded by NIDA in collaboration with SAMHSA and BJA.
### Who is involved in CJDATS2?

<table>
<thead>
<tr>
<th>Research Centers</th>
<th>Criminal Justice Partners</th>
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<tbody>
<tr>
<td>Arizona State University</td>
<td>Maricopa, Yavapai, &amp; Pima Co. Adult Probation Dept., Pinal Co. Juvenile Court Services, Yuma, Pinal, Maricopa Jail Health Services</td>
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<td>Brown University &amp; University of Rhode Island</td>
<td>Rhode Island Department of Corrections</td>
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<td>National Development and Research Institutes</td>
<td>Colorado Department of Corrections</td>
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<td>Temple University</td>
<td>Pennsylvania Department of Corrections</td>
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<td>Texas Christian University</td>
<td>Illinois &amp; Virginia Depts of Corrections</td>
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<tr>
<td>University of California, Los Angeles</td>
<td>Washington State Dept of Corrections</td>
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<tr>
<td>University of Connecticut &amp; CT Dept of Mental Health</td>
<td>Connecticut Department of Corrections</td>
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<tr>
<td>University of Delaware</td>
<td>New Jersey Department of Corrections</td>
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<td>University of Kentucky</td>
<td>Kentucky Department of Corrections</td>
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Assessment Study Goals

(1) Test the use of Organizational Process Improvement Intervention (OPII) to enhance quality of “assessment processes” for substance-abusing offenders.

(2) Make improvements in assessment and downstream processes in corrections and linked drug treatment services.
Assessment Processes in Treating Substance Use Disorders Among Offenders

1 - Assessment is made to identify treatment needs

2 - Case plan for treatment services is developed from assessment

3 - Client referred to community treatment program

4 - Case plan is transmitted to referred community treatment program

5 - Client receives services for need identified in case plan

6 - Client problems and progress are recorded and transmitted as needed
## Four Core Domains of Assessment Continuum

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tr>
<td>Measurement &amp; Instrumentation</td>
<td>The breadth and quality of the screening and assessment instruments and indicators that correctional agencies use to identify the strengths, weaknesses, risks and service needs of substance-abusing offenders.</td>
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<tr>
<td>Integration with Case Plan</td>
<td>The extent to which the case plan developed by the correctional agency explicitly addresses the needs identified in the assessments.</td>
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<tr>
<td>Conveyance &amp; Utility</td>
<td>The extent to which the correctional agency shares the assessment and the case plan with community treatment programs and the extent to which these programs find the case plan useful.</td>
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<tr>
<td>Service Activation &amp; Provision</td>
<td>The extent to which treatment programs provide the type and nature of services to offenders that were identified or recommended in their case plans.</td>
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Primary Hypothesis

Improvements in:

- congruence between transitional offender assessments and case plans
- presence of accepted principles of case plan development in case plans
- conveyance of case plans correctional agencies to community-based treatment programs
- the utility of case plans for community treatment programs
- staff perceptions of the assessment-case planning process

will occur only after the introduction of a specific and structured process improvement initiative.
Change Teams in CJ

- Change teams have been used in criminal justice settings since 1960s.

- Considerable evidence supports the use of change teams as a means of implementing new behaviors among criminal justice clients, agents, and agencies.
Early change teams

Soledad prison
• Violent inmates self study
• Become change team for others

Oakland Police Department
• Officers with high rates of assault become consultant team on lowering violent police-citizen contact

Enfield Prison, CT
• 7 Cos act as first Quality Circle in prison
• Adjust prison policies and procedures to improve welfare and safety for officers and inmates

Same idea now applied in problem solving courts and corrections.

Klofas, Hipple, & McGarrell (2011) call team-based problem solving the “New Criminal Justice”: collaborative, results focus; uses evidence & relentless follow-up
Change Teams in Health

- Change teams have entered health and behavioral health fields, especially with TQM, QI, EBP implementation, etc.

- Despite strong evidence that change teams work, 40-90% of such efforts fail.

- Facilitation & participation help.

- Executive support & supervisor buy-in critical to implementation.
An externally facilitated multi-agency change team using a manualized intervention

THE CJDATS OPII
Internal Requirements for Effective Teams

- Recognition that product is team effort, requiring team reward
- Team members willing & able to argue productively
- Facilitator guides and encourages, does not impose decisions
- Decisions are consensual
- Team learns, generalizes from one problem to another
- Interagency teams need to learn common language, respect agency differences.
External Requirements for Effective Teams

- Members selected in part to promote links to their peers in their agencies.
- Team Leaders manage resource acquisition, protects team decision discretion
- Larger organizations support teamwork
- Will not work well in alienated, divided workforce
- Interagency teams require considerable time and patience to cross boundaries
Advantages of manualized interventions

- Manualized interventions increasingly used in variety of treatments and therapies
- Maintains therapists adherence to the model known to be efficacious
- OPII is a manualized intervention for implementation of improvements in assessment processes
- Fidelity to manual assures the use of the evidence supported intervention but provides choices for local settings
Roles and Responsibilities in the Change Process

- Local Change Team: members from probation and providers
- Local Change Team Leader(s):
- External Facilitator
- Research Team
## OPII (Organizational Process Improvement Intervention)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Primary Outcome(s</th>
<th>Duration (in weeks)</th>
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<tbody>
<tr>
<td>1. Pre-Phase</td>
<td>Local Change Team (LCT) formed; project &amp; team roles introduced.</td>
<td>4-6</td>
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<tr>
<td>2. Needs Assessment</td>
<td>LCT completes a Process Improvement Needs Assessment that identifies the relative strengths &amp; weaknesses in the agency’s current assessment and case planning processes.</td>
<td>16-24</td>
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<tr>
<td>3. Process Improvement Planning</td>
<td>LCT develops and adopts a Process Improvement Plan that identifies goals and objectives for improvements in one or more the four core dimensions of the assessment continuum.</td>
<td>12-16</td>
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<td>4. Implementation</td>
<td>LCT works in a collaborative manner to implement the objectives and attain the goals identified in their Process Improvement Plan.</td>
<td>24-32</td>
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<tr>
<td>5. Follow-Up</td>
<td>LCT assesses the relative sustainability of both the process improvement targets achieved and the LCT method for facilitating process improvements.</td>
<td>12</td>
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“Facilitation is a technique by which one person makes things easier for others. It is recognized as but one of several change management strategies … Facilitation refers to a process of enabling individuals and groups to understand the processes they have to go through to change aspects of their behavior or attitudes to themselves, their work, or other individuals. “

Facilitation Continuum

- Facilitator conducts tasks for client
- Facilitator helps client conduct tasks
Role of Facilitator

- Helper
- Learner
- Teacher
- Conduit
- Listener
- Moderator
- Conflict Mediator
- Liaison Between Team Leader and Team Members
Uses Evidence Supported Process Techniques

- Team Building ("Seasons"; conflict reduction techniques)
- Decision making (Brainstorm; NGT)
- System Mapping (Walkthrough, Flowcharting)
- Strategic Planning (SWOT)
- Process Improvement Planning (Goals-Objectives-Tasks-Measures)
Combining Internal & External Change Agency

External Facilitator

Local change Team & Team Leader(s)
Complementary Contributions

Facilitator Brings
- Ability to question taken-for-granted processes and norms of the agencies
- Often higher credibility for some insiders than other insiders
- Might have better access to executive
- Skills in group processes
- Access to research

LCT and LCTL Bring
- Commitment to agencies and clients
- Knowledge of how things work
- Experts in local problems
- Know colleagues, can act as representatives and leaders
- Can use change skills on new problems
The Yavapai County OPII: A case study
Forming-Individual Dynamics

- Volunteer vs. Directed to Participate
- Misconceptions of the Other Agencies
- Time Consuming-Workload
- Desire to See a Change
- Williness to be Open-minded
- Food-The Quiet Incentive
Forming-Group Dynamics

- The Mingus Mountain Divide
  Verde Valley and the Tri-City Area

- Politically Correct
  VVGC vs. WYGC; 3-Probation Offices; Probation vs. Clinics

- Scheduling
  Research Team, Team Leader, Clinic Reps, Probation Staff
Storming

- SWOT
- Decision Making
- Missed Meetings
- Returning to the Office
- Department wide survey
- Affirmations
- Never underestimate the power of a full stomach.
Norming

- Understanding of Each Organization
- Appreciate and Support Each Other
- Arguments or Disagreements are Limited
- Focus on the Task
- Commitment to Make Changes Happen
Needs Assessment
Needs Assessment

- Walkthrough/Flow Charting
- 8 Steps to Treatment – 35 Days

Set Intake Appointment with Probation Officer

Probation Officer: OST, Referreal

Probationer Contact Agency

Assessment

Appointment with Eligibility Staff

Agency Eligibility Staff Call Probationer

Mt with Case Manager/Therapist

Attend Group
Staff Survey

• validates the main points of the other data sources: the greatest problems with current probation practices in the area of assessment, case planning, conveyance and utility, and drug treatment service access and activation are in the third and fourth areas: sharing information in a useful way and getting clients with serious drug problems into treatment quickly
Process Improvement Plan

- Measurement and Instrumentation

  **Action Steps**
  - Replace the OST and ASUS with the MOST and TCUDS Validated AOD Screening with immediate referral at intake (day of sentencing).
  - Provide training on interpreting the OST, MOST, and FROST to behavioral health staff during regularly scheduled meetings.
Process Improvement Plan

- Conveyance and Utility Action Steps
  - Develop Intake Packet
    - Probation Information
      - Probation Referral Form with Client Information to include a narrative with pertinent previous criminal history.
      - Copy of Screening Results
      - Current Offense
      - P.O. Name and Contact Information.
Process Improvement Plan

- **Provider Information**
  - day of assessment
  - treatment placement
  - Therapist and Case Manager
  - Date of first treatment encounter.
Process Improvement Plan

- **Assessment**
  - Provider will notify the probation officer and probation administrative staff the following information via fax.
    - day of assessment
    - treatment placement
    - Therapist and Case Manager
    - Date of first treatment encounter.

- **Treatment Plan**
  - Provider fax to Probation Officer
Process Improvement Plan

- **Case Plan**
  - Probation Officer fax to provider.

- **Progress Reports as Needed During Treatment:**
  - UA Results, Attendance
  - Changes in tx plan or case plan.
  - Completion of Probation or Treatment
  - Discharge from Treatment
  - Change in Staff, Revocation of Probation
Process Improvement Plan

- Establish a Liaison Position at Probation and each Provider.
  - Disseminate information concerning funding and services.
  - Identify responsible behavioral health staff or probation officers assigned to a specific probation client case (as needed).
  - Coordinate monthly meetings with key probation and provider staff.
  - Arrange for training presentations at the monthly meetings for 1 CEU per month with certificate from trainer.
Process Improvement Plan

- **Service Provision**
  - Identify key contacts within the clinic who can schedule intake appointments by phone.
  - Policy: Probation Intake staff will have the probation client call the key contact the same day as sentencing and send referral packet via email same day as sentencing.
  - Train Intake staff - packets, key contacts, process
New System – Max 25 Days

1. Intake Screening with TCUDS and MOST
   - Set Appointment at Intake Session
   - Financial Screening and Assessment
   - Enter Treatment Group
   - Case Manager Meeting (WYGC)
Practice/Discussion

- Break into small groups or individual tasks?
- Simulate 1-2 LCT activities to:
  - provide feel for LCT work
  - get sense of dynamics
- Assess usefulness in home situation
Feedback from Groups

- How was the experience?
- What are some ways you can use this technique at your agency?
Closure

- Information on how to contact CABHP for more information and/or assistance in developing a local change team.