

## **Process Measures at the Interface of Criminal Justice and Behavioral Health**

JMHCP Learning Community: Study & Act in Quality Improvement Processes

#### **Welcome and Introductions**

- Faye Taxman, Ph.D., Professor in the Criminology, Law and Society Department, and Director of the Center for Advancing Correctional Excellence! at George Mason University
- Sarah Wurzburg, Deputy Program Director, Council of State Governments (CSG) Justice Center
- Sheila Tillman, Senior Policy Analyst, Council of State Governments (CSG)
   Justice Center
- Melissa Pierson, Deputy Director of Justice Services, Franklin County (OH)
   Office of Justice Policy and Programs



#### The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.



#### **How We Work**

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance



#### **Our Goals**

#### **Break the cycle of incarceration**

We assist those working inside and outside of government to reduce both crime and incarceration among youth and adults in contact with the justice system.

#### Improve health, opportunity, and equity

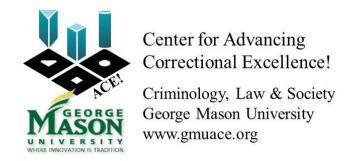
We work across systems to develop collaborative approaches to improve behavioral health, expand economic mobility, and advance racial equity for people and communities affected by the justice system.

#### **Expand what works to improve safety**

We help leaders understand what works to improve public safety and what does not, and assist them to develop strategies, adopt new approaches and align resources accordingly.



#### George Mason University (GMU) Center for Advancing Correctional Excellence (ACE!)



#### **Mission**

- To advance an understanding of how to improve outcomes from the correctional system and advance scientific knowledge about effective interventions
- To improve methodologies for conducting studies in justice settings and translating evidence into practice
- To design and conduct original research that addresses correctional policy questions



# IMPLEMENTATION SCIENCE

Implementation science is a way of improving the process of translation, uptake and use of research in routine and common practices.

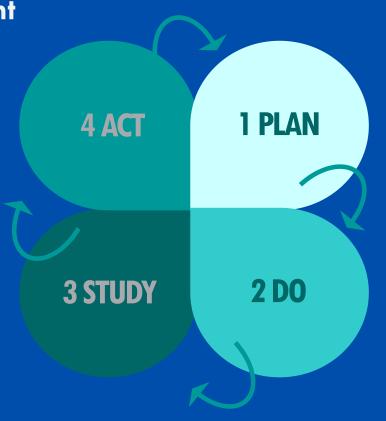
PDSA

Implementation science also narrows your attention to thinking about how well these current processes are working and what you can do to improve them.

### what is PDSA (plan do study act)?

Process that narrows your attention to thinking about how well these current processes are working and what you can do to improve them.

Team Processes, Organizational Learning
Problem solving
Localized/small-scale problems
Data-driven
Rapid cycle





## the process of PDSA



Assembling the Team



PART 1

the
Problem &
Narrow it



PART 2

Confirm
the
Problem
with Data!

Write an Action
Statement



PART 3

Create the
Solution
and List
the Steps
for
Carrying it
Out











### **PLAN**

PART 1 | Part 2 | Part 3

- 1. Select a big problem based on data
- 2. Narrow the problem
- 3. Confirm the problem with data
- 4. Brainstorm solutions
- 5. Pick a solution
- 6. Identify all the steps to the solution
- 7. Identify all the materials for the solution
- 8. Delegate tasks/clarify roles

We will focus on this!



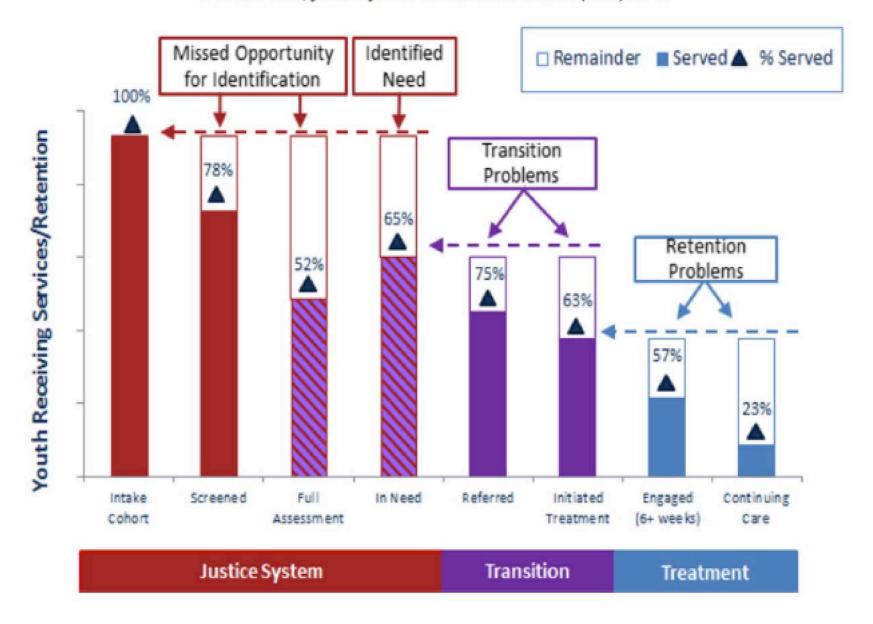


Fig. 1. Juvenile Justice Behavioral Health Services Cascade: Hypothetical illustration of unmet needs for youth under community juvenile justice supervision.

Introducing Change

A P P R O P R I A T E N E S S A C C E P T A B I L I T Y



PROCESS OF IMPLEMENTATION

Initially Using the Change

FEASIBILITY ADOPTABILITY

Procedural Justice
Process Changes

Routinizing & Sustaining Change

PERVASIVENESS
FIDELITY
Client Outcomes

#### **IMPLEMENTATION CONCEPTS**

and complexity.

WHEN
PEOPLE
ARE NOT
<b>USING THE</b>
INITIATIVE
REGULARLY

Appropriateness in

Perceived fit or relevance of the initiative to address a particular problem identified by the organization. Or, perceived compatibility of suitability between the initiative and the organization.

Perception that the initiative is palatable or agreeable

based on staff knowledge of the initiative's content

Acceptability

Extent to which the initiative can be logistically carried out.

Adoptability

**Fidelity** 

**Feasibility** 

Staff's willingness or intention to regularly use an initiative.

The depth to which the initiative is regularly used

throughout the organization. Or, the conditions under

WHEN PEOPLE ARE
USING THE INITIATIVE
REGULARLY

Pervasiveness

How well staff use the initiative as intended.

which the initiative is used regularly.

#### **Types of Data**

#### **Attitudinal**

- Short Term
- Staff, Clients
- 30, 60, 90 days

#### **Process**

- Procedures
- Fidelity
- 90, 120, 360 days

## **Behavior** (Client)

- Longer time to change
- Drug Use, Functionality, Recidivism
- 180, 360 days

#### **Data Processes**

- Baseline Measure: Information collected at the beginning so you can tell whether change occurred. Also known as the "before" measure.
- Change Measures
  - Pre-Post—usually mean
  - Change—Difference from Baseline
  - Behavior Measures (clients)—longer periods of times



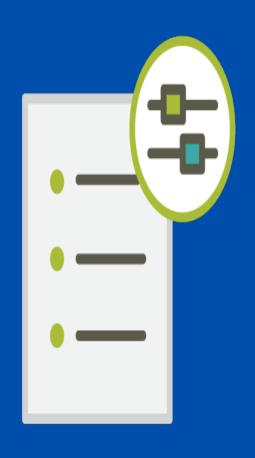
## Spreadsheets & Administrative Data

Draw upon data provided to you from your data management systems or document how many times something is occurring through a spreadsheet.



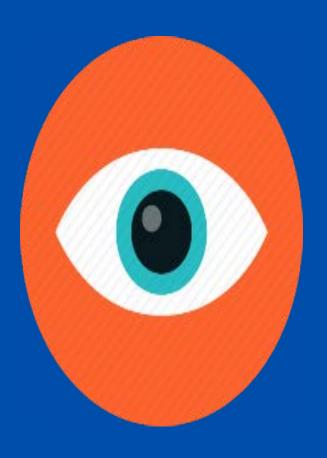
#### **Time Series Measurements**

- ✓ Checking at different points in time.
- ✓ Assessing whether the problem is a trend or a rare event.
- ✓ Assessing whether there has been change over time.



## Surveys & Interviews of Staff/Clients/Stakeholders

- ✓ Ask your staff/clients.
- ✓ Compose a list of answers and see where there is agreement
- ✓ Use standard measures/scales



#### DIRECT SYSTEMATIC OBSERVTION

- ✓ Observe the potential problem in action.
- ✓ Document certain information so you can see how patterns emerge. For example, you might observe the intake procedures in your office to identify or confirm whether particular problem exists.
- ✓ Detect whether the process exists across most instances or only under certain conditions.
- ✓ Plan observations of different people at different times in order to conclude the pervasiveness of the problem.
- ✓ *Direct systematic observation* is a widely used methodology for collecting data, particularly in school and behavioral fields.



### **PLAN**

#### PART 2 CONFIRM THE PROBLEM WITH DATA

Justice Involved Individuals are screened for mental illness but the screening does not inform the action



- ✓ Developing Knowledge: What knowledge do you need to know to understand the problem?
- ✓ Building Foundation: What skills or procedures are needed to put it into place?







## PLAN PART 2 CONFIRM THE PROBLEM WITH DATA







## PLAN PART 2 WRITE AN ACTION STATEMENT

## CONFIRMED!

ACTION STATEMENT about that describes how the problem will be addressed



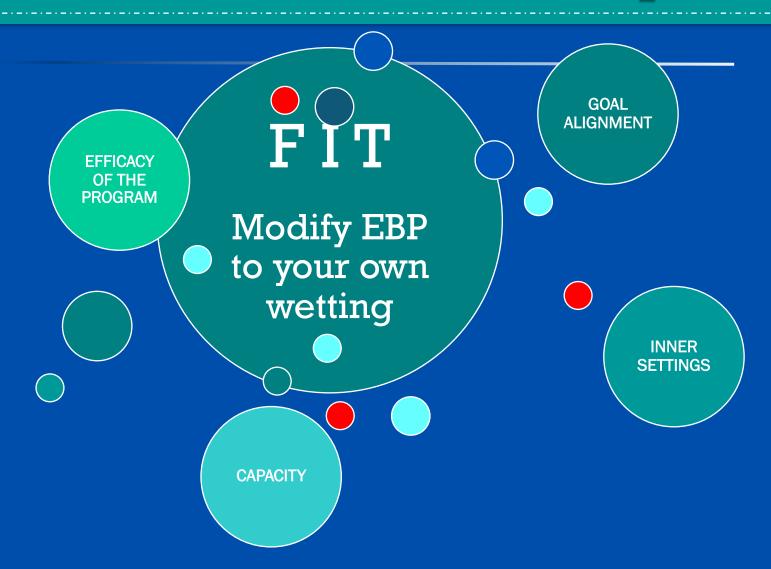


### DO





### **Importance of FIT**



#### **AVOIDING DILUTION**

RENOVATE/FIT

- ✓ Ensure it contains the core features of the EBP
- ✓ Regular quality assurance checks prevent too much localization from diluting effectiveness of a program.

#### ... DO requires...



Positioning organizational factors to accommodate change

- 1. Pilot
- 2. Conduct a situational analysis
- 3. Communication of program
- 4. Identify areas of change
- 5. Identify processes to integrate

### STUDY



- Collect that same data, again (to measure change)
- Compare baseline and post data
- What did you expect to happen? How do your results compare to your expectations?
- What issues arose during implementation? What were unanticipated barriers? What went well?
- What was surprising?
- Anything worth changing? Improving?







### ACT



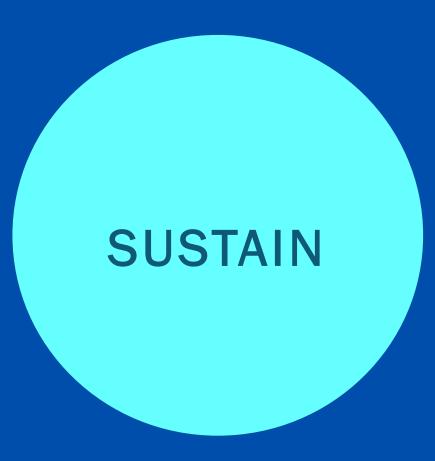
Decide what to do, based upon your data...and input from staff!

Feedback from staff for improvements to your solution's process.

Draw on feedback and data to lead discussions about where to go next.



#### APPLYING THE GLUE



✓ Include performance benchmarks

✓ Reconsider benchmark measurements

✓ Assess how much the selected innovation matches the EBP

#### Practitioners Guide







happen



change



#### Implementation Science Toolkit

Equipping justice agencies with the tools to facilitate the change process



solving puzzling probation problems with **PDSA** 

PARTICIPANT'S GUIDE

CREATED BY

Center for Advancing Correctional Excellence! | George Mason University





Franklin County
Office Of Justice Policy & Progams

Melissa Pierson, M.Ed.
Deputy Director of Justice
Services



## Stepping Up Challenge

- Reduce the average jail population by 30% by 2020
- Reduce the length of stay disparity between those with and without a mental health disorder by 50% by 2020
- Implement reentry planning for 100% of participating inmates by 2020



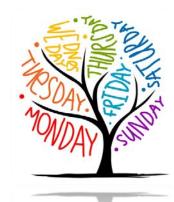
### **Overview of Pathways to Women's Healthy Living**

- Females assessed as medium to high risk
- Diagnosed with a mental health and/or co-occurring disorder
- Multiple arrests within the last three years
- Majority under no form of supervision nor engaged with a specialty docket
- Voluntary



## Pathways Pre-Release Format: Nuts and Bolts

- Dosage 9 Week Program
  - CBT two days per week
  - Recovery Management one day per week led by Peer Support Specialist
  - Pro-social activity one day per week
- Screening and Assessment
  - BMHS, COWS, DAST, AUDIT, ACE, RODS, WRNA
- Staffing
  - 2 Full Time Reentry Specialists
  - 1 Full Time Mental Health Case Manager
  - 1 Full Time Peer Support Specialist
  - 2 PT Peer Support Specialist
  - CIT Officer attends groups regularly

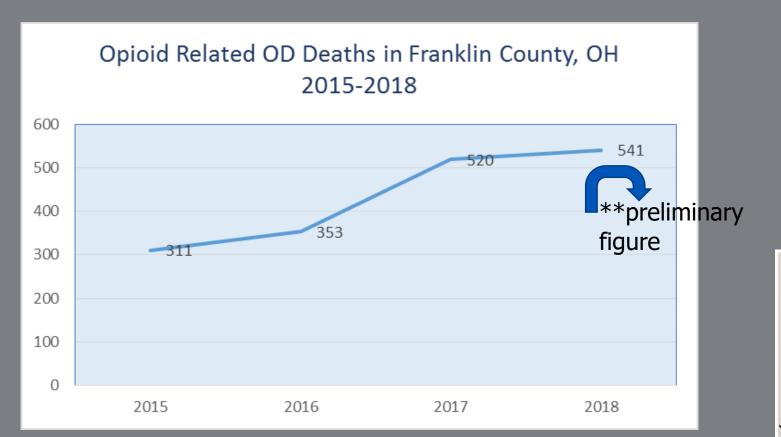


#### Graduation Requirements

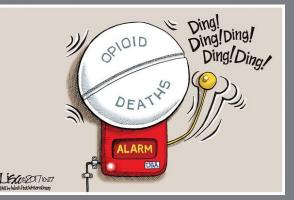
- No more than 2 unexcused absences
- Completion of a transition plan
- Evidence Based Curriculum
  - Change Company *Breaking the Cycle*
  - Peace Love© Arts Expression
  - Dibble Institute Love Notes
  - Stephanie Covington Women's Way through the 12 Steps
- Treatment Referral and Linkage
  - MAT Pre-Release

## Franklin County Hit Especially Hard by Public Health Crisis

Opioid epidemic exploded in 2015 and grown worse with the introduction of fentanyl and carfentanil











### 111 program participants accounted for

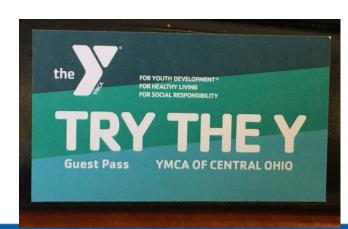
# 17,952 jail bed nights 3 yrs prior to program Cost of \$1,739,369



### **Pathways Post-Release Format**

- Intensive case managements supports with strong emphasis on first two weeks post release
- Peer support
- Benefits establishment
- Transportation assistance
- Optional linkage to a CIT Officer
- Saturday morning Recovery Management Groups
- Service learning activities
- Pathways boutique personal hygiene, clothing
- Transitional housing
- Sober housing
- Securing of state identification









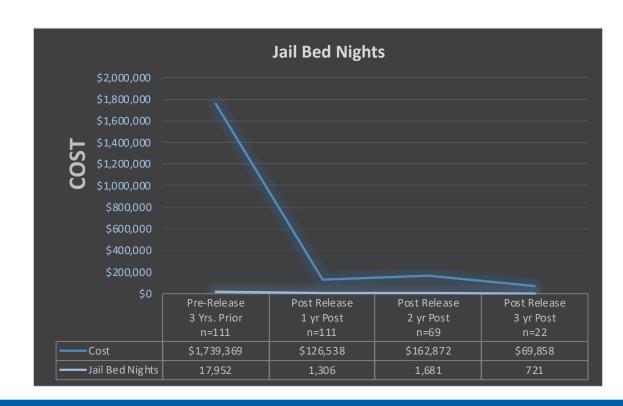
# Does it Work? One Measure.....

Recidivism at 1, 2 and 3 yrs Post Release - Pathways to Women's Healthy Living

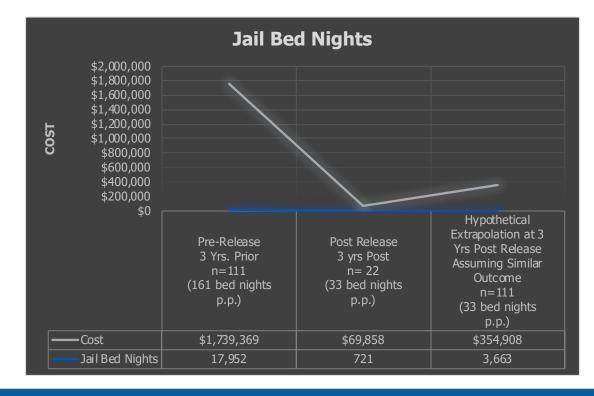


## **Another Measure**

#### **Actual Bed Nights Saved**



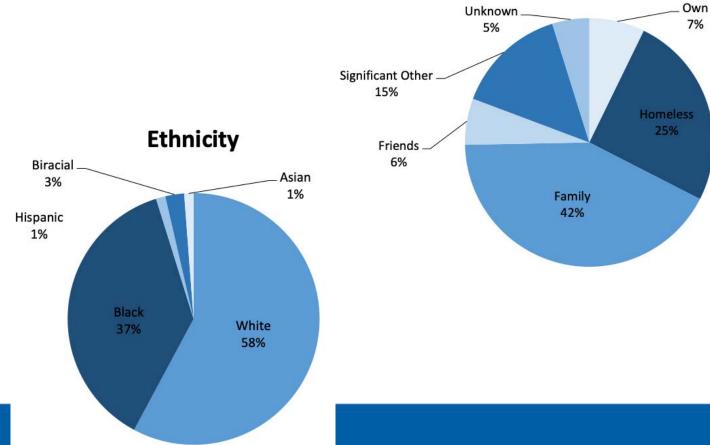
#### Projected Bed Nights Saved

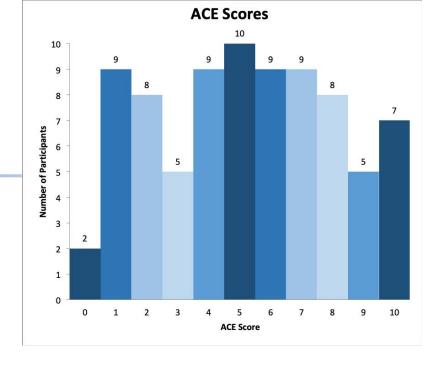




### Who are we serving?

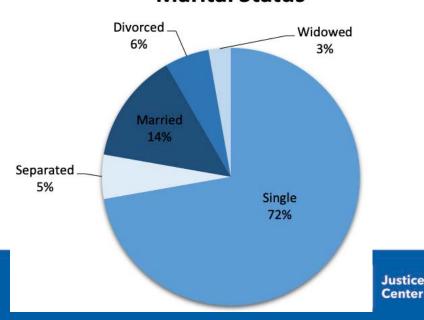
#### **Housing Status Prior to Incarceration**





#### **Marital Status**

**Justice** 



### Process measures used to guide our work

```
# of participants referred for program services
# of participants screened/assessed for program services
# of participants enrolled in program services
# of participants determined ineligible for program services
# of participants completing the pre-release component of the program
# of participants engaged in post release component of the program as defined by first post release face to
face contact
# of participants in compliance with treatment recommendations
# of participants receiving MAT services pre-release
# of participants receiving MAT services post release
# of participants receiving training to administer Naloxone
# of individual sessions conducted during pre-release phase
# of post release program contacts per participant -contact to be measured in increments of 15 minutes, to
be tracked by activity
# of formal linkages on behalf of the participant
# of referrals made on behalf of the participant
# of inmates who secure an appropriate form of state identification
# of inmates receiving services post release and linked with public health benefits
# of treatment plans created
# of inmates who actively engage in case management program and services
# of inmates with an outstanding warrant(s) resolved while receiving program services
# of inmates terminated from post release program due to lack of participation in program services and/or
other extenuating circumstances
# of program beneficiaries (deemed successful or unsuccessful) returning to FCCC I and/or II within 6
months and one year of program participation
```

# of program beneficiaries with new criminal charges within 6 months and one year of program participation



# **Annual Census**

• Conducted for the first time in 2019. Provided for a "point in time" analysis for all clients receiving services through the Pathways program. Analysis allowed for comparison of clients receiving shorter versus longer term interventions and subsequently, a larger dosage of programming.

#### What did this help inform?

- 1) Comparison of recidivism for those receiving greater dosage of services.
- 2) Comparison of outcomes for those receiving treatment services more timely. Average length of time between referral and treatment engagement.
- 3) Comparison of outcomes for those actively versus sporadically or not at all engaged with a peer supporter.
- 4) More robust understanding of the housing challenges for justice involved individuals and how lack of housing lends to worse outcomes.





Cohort #1 Graduation 4/28/16

**Cooking Matters Class** 



8/24/18





### **Thank You!**

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**Discussion & Q/A** 



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# Thank You!

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