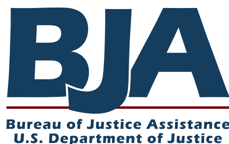
Bringing NIATx to Corrections: Lessons Learned from Three Pilot Studies



Introduction

The Council of State Governments (CSG) Justice Center was funded by the U.S. Department of Justice, Bureau of Justice Assistance to apply the NIATx process improvement model[1] to corrections. The NIATx model was developed to improve access to and participation in treatment for individuals with substance use disorders. In 2011, the CSG Justice Center and NIATx started work with three pilot sites to test the NIATx process improvement model. The focus of the project was to improve access to treatment for substance use disorders for people reentering the community from jail or prison.

It is estimated that as many as 70 percent of people involved with the criminal justice system have substance use disorders.[2] Studies have found that approximately 65 percent of people in prison and jail met the DSM-IV criteria for a substance use disorder Alcohol or drugs were involved in between 77 to 83 percent of crimes (including violent crimes, property crimes, immigration or weapons offenses and probation/parole violations).[3] More than 50 percent of people in state prisons meet the criteria for drug dependence or abuse and more than two-thirds of individuals in local jails are dependent on or use alcohol or drugs.[4] Despite the number of people with substance use disorders in the criminal justice system and the fact that treatment for these disorders has been shown to reduce recidivism,[5] few individuals receive treatment: in some cases, less than one-quarter of people in prisons and jails and less than 10 percent of those in community corrections agencies had participated in treatment services.[6] From 1987 to 2008, spending for corrections grew more than 300 percent; only Medicaid has grown faster than corrections as a proportion of state spending.[7] In many jurisdictions, costs are driven by the people involved in the justice system who have substance use disorders.

In addition to helping to reduce recidivism, providing access to treatment for people who have substance use disorders in the justice system is particularly important because individuals who have a component of their treatment mandated by the justice system tend to have higher attendance rates and to remain in treatment for longer periods, which can also have a positive impact on treatment outcomes.[8] Of people who receive treatment while incarcerated, those who complete prison-based treatment and continue with treatment in the community have been found to have the best outcomes in terms of reduced drug use and criminal behavior post-incarceration.[9] The *Access to Treatment: Bringing NIATx to Corrections* project was designed to promote collaboration between the corrections and community-based substance use treatment systems by improving communication and the transition process for people moving between the systems.

The NIATx Model

NIATx is a division of the Center for Health Enhancement Systems Studies (CHESS) at the University of Wisconsin-Madison. It developed a model of process improvement that has helped treatment providers across the country increase access to and participation in treatment; increase the use of evidence-based practices; and improve hand-offs between treatment providers who provide different levels of services.

The NIATx model is based on a meta-analysis of organizational change that can be applied to a variety of industries. Although 80 variables were identified as having an impact on whether or not a "change project" was effective, only 5 were found to be statistically significant across studies.* They are:

1. Understand and involve the customer
2. Fix key problems
3. Pick a powerful change leader
4. Get ideas from outside the organization or field
5. Use rapid-cycle testing to establish effective changes

These variables became the five principles of NIATx. The meta-analysis showed that the first principle, "understand and involve the customer," had more predictive power for a successful change project than all of the others combined. A key exercise in the NIATx process is the "walk-through" where a change team (e.g., a team of individuals working on the process improvements) experiences a process as a customer would, in an effort to uncover problems in the process. "Fix key problems" stresses the selection of improvement projects that are important to organizational survival and meeting an organization's mission and goals. "Pick a powerful change leader" correlates a change project's success with having a strong and committed change leader. "Getting ideas from outside the organization and field" encourages change teams to look for solutions from nontraditional sources. And applying the last principle, "use rapid-cycle testing," allows a change team to test changes carefully before full implementation. In rapid-cycle testing, the team tests an idea on a small scale to see how it works. They pilot the change, modify it, test it again, and continue this "change cycle" until the desired outcome is achieved. Only then is the new process applied throughout the organization.

* David Gustafson and Ann Schoofs Hundt, "Findings of Innovation Research Applied to Quality Management Principles for Health Care," *Health Care Management* 20 no. 2 (1995): 16–33.

The Access to Treatment: Bringing NIATx to Corrections Project

Due to the success of the NIATx process improvements in substance use and mental disorders treatment settings, it was hypothesized that the NIATx model could be incorporated for use with people who reenter the community after incarceration to increase their access to substance use and mental disorders treatment services. NIATx focuses on increasing access to and retention in treatment[10] by reducing wait times, reducing no-shows, increasing admissions, and increasing continuation in treatment.

The goal of the pilot sites was to implement the NIATx process improvement approach with the intention of increasing the number of people who are appropriately referred to and participate in treatment for substance use, mental disorders, and/or co-occurring substance use and mental disorders.

The tools and activities that were used by NIATx change teams in the pilot sites to facilitate quality improvement had derived from organizational change research findings. The NIATx approach itself has been studied and found to be effective in supporting organizational change within a system of care, although no study to date has focused on cross-systems change as was tested in the *Bringing NIATx to Corrections* project.[11,12]

In *Access to Treatment: Bringing NIATx to Corrections*, the CSG Justice Center and NIATx collaborated to support three pilot projects aimed at improving transitions between the criminal justice system and community substance use treatment providers. From a pool of 21 applications, three sites were selected:

1. DeKalb County, Georgia
2. Durham County, North Carolina
3. The State of Maryland

The three sites participated in a teleconference kick-off meeting that included an orientation, an overview of the timeline and supports provided by NIATx and the CSG Justice Center, and guidance on how to create a NIATx process improvement change team. During the course of the year-long project, participants received on- and off-site technical assistance and training in the NIATx process improvement approach. They also received regular coaching and technical assistance as needed to support their change projects.

Each pilot site had several objectives for which they tested changes or small process improvements, and based upon the outcomes either opted to adopt, adapt, or abandon the change. The project ended with a webinar and follow-up meeting where participants presented their projects to one another and then to the project advisory board. For additional information on each site's change project, please refer to the table in the appendix.

The Pilot Sites

DeKalb County, Georgia

The DeKalb County Sheriff's Office and the DeKalb County Community Service Board (Criminal Justice Programs/Court Services)

Staff from the DeKalb Community Service Board (a nonprofit provider of community-based substance use and mental disorder services) and the DeKalb County Jail jointly formed the NIATx change team. The team selected the Starting Treatment And Recovery Today (START) program as the focus of its process improvement project. The START program involves 90 days of jail-based substance use disorder treatment, with treatment planning and referral to outpatient services upon release. The sentencing judge determines participation in START prior to clinical assessment.

The change team identified a goal of increasing retention in aftercare treatment with a specific objective of increasing attendance at the first aftercare appointment. The baseline data collected between August and October 2012 indicated that fewer than one in five START clients (19 percent) who were referred to aftercare showed up at the DeKalb Community Service Board for the appointment. In order to address the low rates of attendance at first aftercare appointments, the site tested several improvement ideas using a rapid-cycle approach:

1. Hold a session about treatment for family members prior to an individual's release from jail;
2. Initiate START staff attendance at first outpatient treatment appointment; and
3. Recruit START graduates to write letters to individuals who did not engage in treatment in order to provide peer support.

As a result of holding sessions for family members prior to release from jail the site, attendance at the first aftercare appointment rose to 50 percent from the baseline of 19 percent. As a result, the change was adopted by the site.

Staff members from the jail-based START treatment program began to attend the first outpatient appointment to help increase retention in aftercare treatment. The change team thought that this would help increase continuity of care and decrease the no-show rate for the first appointment. Additionally, the change team tested an idea related to peer support through recruiting START graduates to write and send targeted follow-up letters to reengage individuals who did not show for appointments. The program participants were surveyed on the recently implemented changes. The majority of survey respondents reported that they considered "very important" both the family education program and the START staff participation in the intake appointment. The ability to have an appointment immediately upon release was ranked as

important for the majority of people who showed up for the appointment. Due to the encouraging survey results, the START staff continued to attend first appointments for community-based substance use treatment.

Durham County, North Carolina

Division of Community Corrections, District 14 North Carolina Department of Public Safety, and the Durham County Criminal Justice Resource Center

The Durham County Criminal Justice Resource Center (CJRC) is a county government unit that provides case management and substance use treatment for probationers. This occurs after the local Treatment Accountability for Safer Communities (TASC) program has conducted an assessment to determine the need for and intensity of treatment.

In forming a NIATx change team, the CJRC focused on reducing the number of no-shows to aftercare intake appointments. Baseline data revealed a no-show rate of 53 percent for intake appointments. The change team suspected that the typical wait time of 21 days between the TASC referral to the intake appointment was contributing to this high no-show rate.

There were four major changes tested:

1. Making personal reminder calls the night before the CJRC intake appointment;
2. Replacing scheduled CJRC intakes with a modified walk-in appointment;
3. Providing probation management with weekly notification of individuals who did not show up for assessments or appointments; and
4. Changing probation's process to refer clients to TASC for an assessment.

The change to making personal reminder calls was abandoned after finding that more than half of clients' phone numbers were incorrect or unable to accept calls. Allowing walk-in appointments successfully decreased wait time between the referral and intake from about 21

days to 8.5 days. Furthermore, more than 60 percent of clients were admitted to treatment within 14 days of referral. The change to walk-ins rather than scheduled appointments is consistent with several other NIATx change projects in other locations that indicated that reduced wait times increased participation in treatment.[13] Additionally, weekly notifications to probation decreased the no show rate by up to 10 percent. However, the site abandoned this change because of the success of the walk-in appointments, which facilitated immediate orientation and a follow-up assessment as needed. The weekly probation notifications also coincided with new state authorized sanctions that penalized people who missed assessments. This made the process change unnecessary, as it had been intended to standardize the timeliness of access to treatment services by helping probation officers quickly receive feedback.

The State of Maryland

Department of Public Safety & Correctional Services and the Alcohol and Drug Abuse Administration, Department of Mental Health and Mental Hygiene

Maryland's Department of Public Safety & Correctional Services (DPSCS) and the Department of Health & Mental Hygiene (DHMH) Alcohol and Drug Abuse Administration formed a NIATx change team. While state-level participation and involvement of senior-level agency representatives made this project unique, it also made the project more challenging, given the relatively short (one year) time frame of the project and the need to change policy and practice broadly to obtain the desired outcomes.

The team included staff from the DPSCS Substance Abuse Treatment Service and Community Supervision Support units in addition to DHMH's Alcohol & Drug Abuse Administration. It focused on clients who were receiving care through the Residential Substance Abuse Treatment (RSAT) for State Prisoners program at a regional residential pre-release center

who would be referred to community-based substance use disorder treatment in Baltimore. The four changes tested for the Maryland team were:

1. Making some documents electronic—storing them on secure servers—and giving access to community supervision agents;
2. Including aftercare coordinators in e-mail distribution lists related to clients who were referred to aftercare;
3. Adding brightly colored cover sheets to paperwork packets routed from case managers to alert the Community Supervision Support unit at the pre-release center of a person's needs.

The written policy was that all clients (100 percent) were to be referred to a reentry community supervision agent and then to community-based treatment and support groups. However, the change team discovered that clients were seldom referred to community-based substance use disorder treatment.

The change team's larger objectives were to improve the communication and exchange of information and to make the "warm hand-off" more effective. The focus on communication and information-sharing improvements included both an internal and external focus. The internal focus was on communication between correctional and community-based treatment provider staff. The information exchange process improvement pilots included making some documents electronic, storing them on secure servers, and giving community supervision agents access to those servers. One of the changes for internal communication was to add brightly colored cover sheets that indicated clients' need for community-based treatment to the case management paperwork packets routed from case managers to the pre-release center's Community

Supervision Support unit. This additional notice would help flag the substance use needs for the Community Supervision Support unit to ensure the referral to treatment.

The external focus looked at ways to include community treatment providers in communication between corrections and community supervision. The team tested changes to the information transfer process that would provide community-based staff with expanded notice of a person's upcoming release and the need for treatment. The first change tested added the inclusion of aftercare coordinators in an existing e-mail distribution list that provided key monitoring information about clients referred to aftercare. The information provided to the aftercare coordinator meant that the RSAT aftercare program could track timely admission to the community-based substance use disorder treatment provider immediately upon release. All of the process improvement changes were adopted by Maryland.

Lessons Learned and Promising Practices from *Bringing NIATx to Corrections*

Lessons learned from the *Access to Treatment: Bringing NIATx to Corrections* project support the notion that process improvement can help criminal justice programs identify and remove barriers for individuals who receive substance use treatment following incarceration. Each of the three pilot sites made positive process changes that were adopted by the jurisdiction. The pilot programs indicated that the NIATx model helped them to identify key problems and implement specific improvements to help clients successfully transition from incarceration to community treatment.

Based upon the work with the three pilot sites, the following recommendations were developed to help criminal justice and substance use treatment systems improve transitions between institutional and community care:

1. Collaborate across systems
2. Increase communication and information sharing
3. Reduce duplication of efforts and streamline processes
4. Monitor the process improvements and focus on data collection

1. Collaborate Across Systems

The NIATx process improvement model promotes organizational changes that enhance performance and outcomes. *Bringing NIATx to Corrections* involved working with multiple organizations to develop cross-systems collaborations or partnerships. In the NIATx model, process improvement starts with leadership: executives—whether department directors, prison wardens, treatment chief executive officers, directors of probation/parole, sheriffs, or others—who commit to changing the current state of operations.

Joint participation and buy-in from executive and front-line staff is key to implementing changes in business practices.

The pilot sites in *Bringing NIATx to Corrections* confirmed that obtaining buy-in from both executive-level and front-line staff to promote the changes was most effective. This reinforces the value of the customer-driven approach to change. If front-line staff members are not invited to help remove barriers, positive changes are unlikely to result.

This is traditionally a difficult balance to strike for improvement projects. Engaging leadership at the highest levels is absolutely critical for success, which is emphasized in the second NIATx principle: choosing change projects that reflect leadership's priorities. When choosing an improvement project, it is best to involve top leadership in the discovery process of the key areas that need improvement. Including top leadership in walk-throughs, flow-charting, and other problem identification tasks ensures that their vision, support, and awareness will be applied to secure resources and aid in engagement of other key staff. Equally important to

executive buy-in is for front-line staff to be involved in finding and implementing solutions because these individuals often execute the changes.

Implementing *Bringing NIATx to Corrections* with a state or large county-level focus across several agencies and sub-agencies slowed the initial start-up phase of the project for all three pilot sites. The differing philosophies and perspectives initially hindered innovation and outcomes, but the teams eventually began to work together when it came to identification of barriers. The sites were able to obtain buy-in from both executive-level and line staff across justice and treatment organizations to promote sustained systems-level change. However, feedback from the pilot sites line staff suggest that greater awareness among institutional leadership of how important processes are to outcomes would have accelerated the change process. Leadership buy-in increased as the teams worked together through the iterative steps of finding solutions with a customer or client focus. Over time, the success of completed change projects helped to increase leadership awareness of process issues across organizations. Leaders of the pilot sites indicated that ongoing appreciation and utilization of process improvement across their large, multiple-agency systems has become standard operational practice to address organizational performance problems.

Timely access to treatment services is critical.

To support treatment as an effective strategy for reducing recidivism,[14] corrections systems need to ensure that essential services are available to individuals involved in the justice system when they transition from incarceration to the community. When the Durham County CJRC site tested the concept of walk-in intakes, average wait time rates were reduced by more than ten days. CJRC intake staff reported that more than 60 percent of people who were referred were admitted to treatment within two weeks, which indicated that quick access to the intake

appointments available through the walk-in system was successful at increasing admissions and decreasing wait times.

Establish walk-in appointments.

The period of transition from jail or prison to the community is a critical time for engaging a client in treatment. Any lapse in substance use treatment increases the risk of relapse, overdose, and recidivism. Long wait times for aftercare appointments increase no-show rates. Offering appointments on a walk-in basis is one of the most effective ways to ensure ongoing participation and involvement in treatment.[15] Offering same-day service engages the patient at the time of need, which leads to long-term treatment participation.

Making the change to walk-in appointments is a significant operational change for agencies that have previously scheduled appointments. Making small changes for short periods of time (for example, offering walk-in appointments two days a week for one month) helps staff get a sense of how full-scale implementation of walk-in appointments would work.[16]

The Durham County site worked through a series of changes to implement walk-in intake appointments. They first tried offering walk-in appointments on limited days and times. Based on the positive results of the test, the team then expanded the trial to offer four walk-in intakes daily, within a specified window. Staff and client response to walk-in appointments was very positive. Offering walk-ins increased staff efficiency and reduced both wait times and no-shows. This also changed the collaboration between probation and TASC because the orientation and assessment process was changed due to the walk-in appointments.

Partner with community corrections to coordinate post-release treatment.

Best practices suggest that assessment (and treatment provided by the community based provider who will be providing care post incarceration) should begin during confinement in the

corrections facility to ensure timely care and a seamless transition to community treatment. Community-based treatment can provide the opportunity to engage the client while they are in jail or prison through meeting with and providing treatment to the client prior to their release. This established connection can improve the likelihood that the person will attend community-based treatment. If referrals are not made quickly or appointments are not available for some time after release, no-show rates increase and participation or retention rates suffer. Corrections staff can positively influence clients by endorsing and encouraging treatment and by supporting continuity with a particular treatment program. Referring staff that do not understand the need for, or are philosophically opposed to, treatment can create a significant barrier to a client's continuation in care.

For example, the DeKalb County pilot site developed a series of improvements to ensure a "warm hand-off" from incarceration to community treatment. The DeKalb County change team tested having the same staff members who delivered the 90-day behind-bars treatment program attend the first community-based session with their clients. This showed the support the facility treatment staff had for community-based treatment and provided continuity through the transition from one program to another. Additionally, just prior to the client's release, the behind-bars staff convened a workshop with family to stress the importance of the client's continuation in community care.

Monitoring clients' participation can help them succeed in treatment.

Programs serving people who are involved with the criminal justice system have some of the highest success rates for substance use disorder treatment programs, in large part because of their ability to monitor clients more closely through drug screens and mandated attendance.

These treatment programs have also added leverage through the ability to communicate with community supervision on incentives and sanctions.

Treatment program staff who are able to build relationships and educate referring criminal justice entities on the need for continuity of care when a person returns to the community after incarceration have greater success with client engagement. Probation and other correctional officers and staff who are unfamiliar with the nature of recovery from substance use disorders, and who do not have sufficient contact with the treatment staff, may overreact to relapse and assume that treatment does not work.

In an effort to reduce wait time and promote continuity of service, Durham County had elected to co-locate the TASC case managers at the CJRC. The co-location of services also served to increase communication between TASC case managers and CJRC staff, which enabled the community corrections officers to assist in the promotion of treatment compliance.

2. Increase Communication and Information Sharing

Have a shared language and clear terminology.

A common issue when working across systems is that these systems have different terminology to describe what in some cases might be the same processes. Language differentials were a factor across systems at all three sites, including issues with different interpretations of language. People who are involved in the justice system can be motivated to participate in treatment if they perceive that authority figures (e.g., judge, probation or corrections officers) value treatment. The words authorities use to convey the significance they place on treatment participation can be influential.

For example, the DeKalb County change team discovered that the term “aftercare” was interpreted to mean “optional” by clients who had already completed the prison-based

therapeutic community program. The change team found that many of their assumptions, as well as their word choice, reflected conflicting beliefs about the importance of clients' participation in community-based treatment and the level of clients' motivation to participate on their own. As a result, the county is working to develop alternative language for the legal system to replace the term "aftercare."

Focus on the customer.

The NIATx model regards understanding the customer as the most important principle to establishing successful process improvements. In the criminal justice environment, using the term "customer" to describe individuals involved in the justice system who are frequently referred to as offenders often proved to be a conversation stopper. It took additional work in all three sites to resolve the issue of how to define the target of an intervention or activity without using this word. For example, the Maryland change project worked on improving the flow of pre-release communication and paperwork between Department of Corrections administrative staff, prison-based Residential Substance Abuse Treatment for State Prisoners (RSAT) therapeutic community staff, and the pre-release treatment program providers. In this change project, the staff members of the respective agencies were identified as the "customers" instead of the individuals involved in the justice system who ultimately benefited from the improvements in communication.

Increase communication across systems to increase timely access to treatment.

The Durham County change team identified a high number of clients not following through to court-mandated treatment upon referral by a probation officer. At CJRC it takes an average of seven weeks from court order or positive drug screen for a person to be admitted to treatment. Between the three- or four-week wait for a TASC assessment and the two- or three-

week wait for treatment admission after referral by TASC, no-show rates are high. Fifty percent of clients miss their TASC assessment appointment and 52 percent of the people referred to treatment miss their CJRC intake appointment. Data collected before the change project indicated that only 62 percent of referred clients began treatment at CJRC. The probation officers had been given authority to extend sanctions (authorized recently by the North Carolina Justice Reinvestment law), yet poor communication processes limited the effectiveness of those tools. Standard protocol was to notify a probation officer within 48 hours when a client missed a TASC assessment appointment, yet the inconsistent exchange of information caused frustration for both the officer and TASC staff and created issues meeting the 48-hour timeframe. This, in turn, fostered inconsistent applications of the sanctions. While reducing wait times was the primary issue that the change team wanted to address, improving communication between parties was identified as an important process to address in order to increase attendance.

There should be communication related to release date and participation in treatment.

A common communication problem exists related to the sharing of information on a person's specific release dates and times. Some treatment programs attempt to engage clients "at the gate" upon release, but incomplete or incorrect information about release timing thwarts their efforts. This compromises the connection to community-based treatment and leads to dropped handoffs and lack of continuity of care for the person being released from jail or prison and reentering the community.

Effective transition planning and clear case plan development enhance connections to community treatment. The Maryland pilot site change team included aftercare coordinators in the electronic communication lists that track and monitor clients' participation in continuing care as they transition back into the community.

The Maryland change team also addressed the issue of alerting and reminding system stakeholders as early in the process as possible of a person's release date. This helped referral agencies prepare for the released clients and begin to engage them in treatment. For example, when walk-in appointments are not available and wait times for appointments may exist, earlier awareness of release can allow scheduling to better coincide with it. In related changes, case managers began to send out a "30-day release list"— people who would be released within 30 days—at least one week prior to the pre-release treatment meeting.

Make information exchange easier.

The State of Maryland project also worked on improving communication to facilitate clients' successful transition to community care. Stakeholders were able to access client files more readily when they were available electronically through a secure computer network. Rather than having referred clients' paperwork folders move sequentially from one approver's desk to the next (which was slow at best), these improvements included making some documents electronic with simultaneous access for appropriate stakeholders. This involved making changes to the state's network server access and privacy protection processes to include the community supervision agents.

Communication challenges limit programs' effectiveness and prevent clients from receiving the intended treatment services. At the Maryland pilot site, nearly every one of the clients returning to the community who were appropriate, eligible, and intended (as part of their federal Residential Substance Abuse Treatment for State Prisoners (RSAT) program grant) to be engaged in community substance use treatment were not being referred for the care. Community supervision agents who were responsible for referring clients to a community-based treatment program were having a difficult time identifying who, among their large caseloads, were the

appropriate clients to refer to treatment. Their change team tested and adopted a visual cue: a distinctly colored piece of paper attached to the release order of all RSAT aftercare grant inmates that stated: “This offender is a reentry offender and has been assigned to agent (name).” Visual cues can be implemented in many different ways: by form color or tagging or by using checklists.

The Maryland change team also began to share discharge summaries and continuing care plans with community supervision agents who were interested in using this information for monitoring. Sharing files electronically made this information exchange possible. The solution involved scanning paper files and posting them on a shared, secure computer network. It also involved authorizing and activating the agent’s access to the secure and encrypted storage drive where the records could be posted.

3. Reduce Duplication of Efforts and Streamline Processes

While using the NIATx process improvement model, change teams at all three pilot sites discovered processes being duplicated in multiple settings. For example, assessments were being completed behind bars, in a TASC office, and again at treatment programs. While long wait times sometimes make re-assessment necessary, gathering information on personal history does not have to be repeated multiple times. If information is shared in a timely manner, assessment frequency can be reduced to an update at subsequent appointments.

Communicate with staff to avoid fear of role reduction.

One of the difficulties in a cross-system process improvement is addressing staff members’ fear that eliminating duplication will also eliminate a particular organization or a staff position. Organizations or individuals feeling threatened are more likely to withhold information and refuse to participate in an improvement process, which can bring progress to a standstill.

Progress at two of the pilot sites had stalled while change teams worked through staff fears about role reduction as a potential solution to the duplication of effort that had been identified during the walk-through process. This also is reflective of communication issues and lack of cross-systems understanding. In Durham County, both the TASC unit and the CJRC had been utilizing different alcohol use assessment tools. After consideration of the impact on individuals involved in the justice system, program efficiency, and the differences between the questions and reliability of the assessment instruments that were being used, the sites agreed to adopt and perform only a single alcohol assessment and to share the assessment results.

Streamline the referral process.

Establishing and implementing agreed upon screening and assessment tools and sharing the results of these assessments have an impact on the subsequent referral process. Initially, clients in the criminal justice system need to be screened to identify the need for substance use or mental disorder treatment. The screening process should be conducted using validated screening tools that are applied systematically and in a timely manner in order to identify individuals who have a need for treatment. If the person interfaces with multiple agencies, organizations, or systems, the screening and assessment information should be shared in order to avoid a duplication of effort.

Poor coordination creates circumstances in which a person may be required to complete separate (and perhaps duplicative) assessments, as was the case in the Durham County pilot site. The county court would order clients to supervised probation and a substance use disorder assessment. The probation office would conduct the assessment and then create a case plan, and refer the individuals to TASC. In turn, TASC would complete an Addiction Severity Index (ASI), a person-centered plan, and a clinical interview using ASI results. A TASC care manager

would then recommend treatment, which would lead to the client being scheduled for an appointment at CJRC. At the CJRC appointment, a case manager would gather biographical information, have releases signed, review the client handbook, conduct a drug urinalysis test, complete a case plan for non-treatment classes, and then transfer the person to a substance use treatment counselor. The substance use treatment counselor would then perform a modified substance use assessment and complete a person-centered plan. The no-show rate to either the TASC appointment or the CJRC appointment was more than 50 percent.

When the referral process goes wrong, consequences are significant.

1. Clients will not attend an appointment or make the necessary arrangements to attend (including transportation, child care, or time off of work) just to repeat what they did with the probation officer or the jail or prison treatment staff.

2. Multiple steps delay care. Eliminating multiple assessments gives staff time for other work; creates more capacity in the system; and reduces the time clients have to wait for services.

Avoid duplication of efforts through increased access to shared information.

Duplication of effort across systems is frequently the result of poor communication. The three pilot sites noted that poor communication across systems had a negative impact on service delivery. The Maryland site uncovered communication barriers that had affected a client's transition to community care. Information access and timeliness challenges existed with all personnel involved in monitoring and providing services during the client's transition, including in-prison case managers, the pre-release team, aftercare coordinators, community supervision agents, and the community-based treatment provider. The information sharing examples above

from Maryland and from Durham County helped to reduce duplication of efforts related to screening, assessment, and case management.

4. Monitor Process Improvements and Focus on Data Collection

Unfortunately, not all sites adequately measured the outcomes of their change processes, which may have led to missed opportunities to evaluate impact and make improvements. For all three of the pilot sites, data collection and the development of process measures were identified as areas of need.

Focus on one "change project" at a time.

As change teams began to assess barriers and challenges, an inclination to fix everything at once emerged. Wanting to solve everything in one fell swoop is a common pitfall in groups that create large committees, which then struggle to identify and execute a whole package of solutions without the foundational information needed to prioritize change projects. Sites reported that NIATx coaching helped steer them toward making small, incremental changes that would lead to meaningful progress over time. These "smaller" changes build, often quickly, into much larger gains than those achieved by grander transformation efforts that flounder or fail to launch fully. Another drawback of trying to correct too many processes at once is difficulty in identifying the impact of each change; this could lead to poor return on investment and misuse of scarce resources. In the NIATx process, change teams are supposed to collect data especially related to the particular process targeted. By implementing one piece at a time and measuring its outcome, teams quickly learn what is working and what is not.

Measure and assess "change project" data.

Coordinating changes across multiple organizations, such as corrections, probation, TASC, and the community-based substance use treatment agency was initially challenging for

the pilot sites, in part because of the lack of connected data systems or sharing processes. Developing the capacity to measure service performance and change processes was an important aspect of successful change projects. The ability to measure the change processes varied across sites. An example of measuring a change process in DeKalb County was tracking the attendance at aftercare appointments. For the first cohort, 9.5 percent of people attended the initial appointment, while 50 percent of the second cohort (after the change process) attended the initial appointment.

Data sharing was the focus of the first change cycle for the State of Maryland change team, which became important to the success of later projects because an infrastructure for exchanging information had been created. The difficulty of monitoring or assessing the impact of the changes being tested highlighted the challenge of engaging multiple stakeholders across systems and getting the group to agree on targets and strategies. Process data became an important tool in describing and modeling absent or poorly performing processes.

The need to build the capacity to share and collect data between multiple systems was a priority identified through working with the sites and by the Advisory Board for this project. As a result, the CSG Justice Center partnered with Faye Taxman, PhD, a professor and the director of the Center for Advancing Correctional Excellence (ACE!) at George Mason University, to develop process measures that provide information on the points where the criminal justice and behavioral health systems intersect. The document, *Process Measures for the Interface Between Justice Systems and Behavioral Health: Advancing Practice, Strategic Planning, and Outcomes*, identifies measures that can assist agencies in tracking access to and retention in behavioral health treatment for individuals who are involved in the justice system.

Guiding Principles for the Process Measures at the Interface of Criminal Justice and Behavioral Health

1. **Collaboration.** The many different agencies that make up the criminal justice and behavioral health systems in each jurisdiction must work collaboratively to ensure that there is treatment available for people involved in the justice system who have substance use disorders, mental disorders, or co-occurring substance use and mental disorders.
2. **Access and Retention.** Jointly facilitating access to and retention in behavioral health services by criminal justice and behavioral health partners is essential for achieving better behavioral health outcomes for people involved with the justice system.
3. **Options for Care.** Individuals in the justice system who have behavioral health needs should have access to the appropriate level of care.
4. **Process Measurement.** Process measures provide the means to assess whether partners (justice, behavior health, or both) have met their goals of providing access to, retaining, and completing the appropriate level of care for people who have behavioral health disorders.
5. **Quality and Joint Accountability.** Process measures can promote quality and joint accountability in the delivery of substance use and mental disorders services.

The pilot sites brought to light the need for process measures that could look at information across the behavioral health and criminal justice system. These measures will help systems assess their ability to jointly address behavioral health needs for people in the justice system.

Conclusion

Poor transitions from institutional and community corrections to substance use treatment can have significant negative consequences for individuals with substance use disorders, their families, and their communities, including relapse and recidivism. Most transition issues arise because of systems design problems related to timing, accountability, and communication processes.[17] These systems design issues can be addressed through process improvement. The NIATx model was developed specifically to bring organizational change practices for process improvement from various industries to publicly funded substance use treatment service agencies

that sought effective ways to increase access to and retention in treatment, which made it a natural choice for addressing client transitions between the criminal justice system and community-based substance use treatment services.

DeKalb County, Georgia; Durham, North Carolina; and the State of Maryland projects demonstrated that the NIATx method can be successful in improving client transitions between systems through the change process. Each pilot site made small process improvements that were adopted by the pilot sites and demonstrated that cross-system change teams can be effective despite the complications that come with working across multiple systems. The projects highlighted areas that can yield significant improvements when addressed with NIATx tools: long wait times, duplicative processes, broken communication channels, excessive paperwork, and poor handoffs.

Bringing NIATx to Corrections was an opportunity to explore how the NIATx model works when applied by change teams drawing members from two systems: criminal justice and community-based substance use treatment. An effective multi-system change project should place early emphasis on putting together a team to collaboratively identify process improvements to test across the systems. Cross-systems change teams are always more complex to manage. For all three pilot sites there was a lot of initial work focused on making sure the multi-system change teams were working towards the same project goals. This involved getting frontline and executive leaders to work together, creating shared language and clear terminology, increasing communication and information exchange, and discussing the duplication of efforts and how to monitor process improvements. The monitoring and collection of data was an issue that was highlighted through the work, which lead to the development of interface process measures between criminal justice and behavioral health systems.

Appendix

Bringing NIATx to Corrections Change Projects			
Site	**Goal/Aim**	**Change Tested**	**Outcome (Adopt, Adapt, Abandon)**
Dekalb County, GA	Increase attendance at first aftercare appointment	1. Session for family members prior to release from jail	Adopt
Dekalb County, GA	Increase retention in aftercare treatment	2. START staff will provide first contact at outpatient appointment in order to insure familiarity, continuity of care, and decrease no show rate	Adopt
Dekalb County, GA	Create targeted follow-up to reengage individuals who did not show for appointments.	3. START graduates who maintain aftercare will work as peer recovery contact for future participants	Adopt
Durham County, NC	Reduce no show rate	1. Telephone reminder calls	Abandon
Durham County, NC	Reduce wait time between referral and intake	2. Replace scheduled intakes with walk-in appointments	Adopt with monitoring
Durham County, NC	Reduce no show rate	3. Notify probation management weekly of clients attendance at appointments	Abandon
Durham County, NC	Reduce now show rate, increase communication	4. Change how probation refers clients for TASC assessment and when assessments are completed	Abandon

The State of Maryland	Communication & Exchange of Information	1. Making some documents electronic, storing them on secure servers, and giving access to community supervision agents	Adopt
The State of Maryland	Communication & Exchange of Information	2. Include aftercare coordinators in e-mail distribution list on clients referred to aftercare	Adopt
The State of Maryland	Communication & Exchange of Information	3. Adding brightly-colored cover sheet to paperwork packets routed from case managers to alert the Community Supervision Support unit at the pre-release center of the person's needs	Adopt
The State of Maryland	Warm hand off project	4. Direct handoff of people involved in RSAT aftercare	Adopt

ENDNOTES

1. "The NIATx Model." *NIATx*. Accessed January 2016. http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=8.

2. Taxman, Faye S., Matthew L. Perdoni, and Michael Caudy. "The plight of providing appropriate substance abuse treatment services to offenders: Modeling the gaps in service delivery." *Victims & Offenders* 8, no. 1 (2013): 70-93. DOI: 10.1080/15564886.2012.747459.

3. Belenko, Steven, James R. McDonough, and Faye S. Taxman. *Behind Bars II: Substance Abuse and America's Prison Population*. New York: The National Center on Addiction and Substance Abuse at Columbia University, 2010. Accessed January 2016. http://www.casacolumbia.org/addiction-research/reports/substance-abuse-prison-system-2010.

4. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Drug Use and Dependence, State and Federal Prisoners,* by Christopher J. Mumola and Jennifer C. Karberg. Special Report NCJ 213530. Washington, DC, 2004. http://www.bjs.gov/content/pub/pdf/dudsfp04.pdf.

5. Drake, Elizabeth K. *Chemical Dependency Treatment for Offenders: A Review of the Evidence and Benefit-Cost Findings* (Document No. 12-12-1201) Olympia, WA: Washington State Institute for Public Policy, Dec 2012. http://www.wsipp.wa.gov/ReportFile/1112/Wsipp_Chemical-Dependency-Treatment-for-Offenders-A-Review-of-the-Evidence-and-Benefit-Cost-Findings_Full-Report.pdf.

6. Taxman, Faye S., Douglas W. Young, Brian Wiersema, Anne Rhodes, and Suzanne Mitchell. "The National Criminal Justice Treatment Practices Survey: Multilevel survey methods and procedures." *Journal of Substance Abuse Treatment* 32, no. 3 (Apr 2007): 225-238. DOI: 10.1016/j.jsat.2007.01.002.

7. Warren, Jennifer. *One in 31: The Long Reach of American Corrections*. Washington, DC: The Pew Charitable Trusts, Pew Charitable Trusts, March 2009. http://www.pewtrusts.org/~/media/legacy/uploadedfiles/pcs_assets/2009/pspp1in31reportfinalweb32609pdf.pdf.

8. Drake, *Chemical Dependency Treatment for Offenders: A Review of the Evidence and Benefit-Cost Findings,* Washington State Institute for Public Policy.

9. Fletcher, Bennett W. and Redonna K. Chandler. *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide.* Washington, DC: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, April 2014. http://www.nida.nih.gov/PODAT_CJ/principles/.

10. "The NIATx Model: The Four Aims." *NIATx.* Accessed January 2016. http://www.niatx.net/Content/ContentPage.aspx?NID=130.

11. McCarty, D., Gustafson, D. H., Wisdom, J. P., Ford, J., Choi, D., Molfenter, T., and Cotter, F. "The Network for the Improvement of Addiction Treatment (NIATx): enhancing access and retention." *Drug and Alcohol Dependence* 88, no. 2 (May 2007): 138-145. http://www.ncbi.nlm.nih.gov/pubmed/17129680.

12. Gustafson David H., Andrew R. Quanbeck, James M. Robinson, James H. Ford II, Alice Pulvermacher, Michael T. French, K. John McConnell, Paul B. Batalden, Kim A. Hoffman, and Dennis McCarty. "Which elements of improvement collaboratives are most effective? A cluster-randomized trial." *Addiction* 108, no. 6 (Mar 2013): 1145-1157. DOI: 10.1111/add.12117.

13. Hoffman, Kim A., James H. Ford II, Carrie J. Tillotson, Dongseok Choi, and Dennis McCarty. "Days to treatment and early retention among patients in treatment for alcohol and drug disorders." *Addictive Behaviors* 36, no. 6 (Jun 2011): 643-647. DOI: 10.1016/j.addbeh.2011.01.031.

14. Chandler Redonna K., Bennett W. Fletcher, and Nora D. Volkow. "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety." *JAMA* 301, no. 2 (Jan 2009): 183-190. DOI: 10.1001/jama.2008.976.

15. Hoffman, et al., "Days to Treatment and Early Retention," 643-647.

16. "NIATx News: Establish Walk-In Hours." *NIATx.* Accessed January 2016. http://www.niatx.net/promisingpractices/Show.aspx?ID=47&SPNID=32.

17. Gustafson, David H., Roger Resar, Kimberly Johnson, and John G. Daigle. "Don't Fumble the Treatment Handoff, Addiction Professional." *Addiction Professional* 6, no. 5 (Sept/Oct 2008): 30. http://www.addictionpro.com/article/dont-fumble-treatment-handoff.