

SUMMARY: 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 employ the NIATx process improvement model¹ to corrections. The NIATx model—developed based on a meta-analysis of organizational change across a variety of industries—is intended to improve access to and participation in treatment for individuals with substance use disorders. NIATx is a division of the Center for Health Enhancement Systems Studies (CHESS) at the University of Wisconsin-Madison.

The *Access to Treatment: Bringing NIATx to Corrections* project was designed to promote collaboration between corrections and community-based substance use treatment systems by helping to improve communication and the transition process for people who move between the two systems. In 2011, the CSG Justice Center and NIATx started work with three pilot sites (DeKalb County, Georgia, Durham County, North Carolina, and the State of Maryland) to test the NIATx process improvement model.

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

1. Collaborate Across Systems

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

Through participation in the “change projects,” leadership became aware of process issues across the organizations.

Timely access to treatment services is critical.

Reducing wait times and increasing access to treatment is a key piece of client engagement. Best practices suggest that assessment and, when possible, community-based treatment should begin during confinement in the correctional facility to ensure timely care and a seamless transition to community treatment

Establish walk-in appointments.

Appointments made available through a walk-in system have been found to be successful at increasing admissions and decreasing wait times.

¹ NIATx. Retrieved from: <http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=8>.

Monitoring clients' participation can help them succeed in treatment; in addition, partner with community corrections to coordinate post-release treatment.

- Communication between community supervision and community-based treatment can have added value related to appropriate incentives and sanctions.
- It is important that each partner maintain their role and coordinate appropriately to best serve the needs of the client.
- Treatment programs that 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 can have greater success with client engagement.

2. Increase Communication and Information Sharing

Opportunities to increase coordination include cross training staff; having behavioral health staff housed in the community corrections agency (or vice-versa); and partnership between community supervision officers and treatment providers to promote treatment compliance.

Have a shared language and clear terminology.

Terminology needs to be clearly defined in order to confirm cross-system staff are talking about the same thing. For example, risk to mental health professionals can mean risk of self-harm, whereas risk for criminal justice professionals typically means criminogenic risk.

Focus on the customer.

The customer is the most important aspect of establishing successful process improvements. Whether that “customer” is an agency or an individual, the focus should be on creating a system that is more seamless. Individuals and families who have systems involvement have a unique and important perspective.

Increase communication across systems to increase timely access to treatment.

People who are involved in the justice system can be motivated to participate in treatment if they perceive that authority figures (for example, a judge or probation officer) also value treatment. The words that authority figures use to convey the significance of treatment participation can be influential to people who are continuing treatment in the community. Corrections staff can positively influence clients by endorsing and encouraging treatment and by supporting continuity with a particular treatment program. Referring staff who do not understand the need for or are philosophically opposed to treatment can create a significant barrier to a client's continuation in care.

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

- Alerting and reminding system stakeholders as early in the process as possible of a person's release date can help referral agencies prepare for those released clients and begin to engage them in treatment.
- Effective transition planning and clear case plan development can enhance connections to community treatment.

Make information exchange easier.

- Ensure that community supervision officers know when they should refer people to treatment.
- Sharing files electronically makes information exchange possible at a quicker rate. If possible, ensure that electronic information exchange is occurring between corrections, community supervision, and community-based treatment providers. Information sharing must align with federal, state, and local laws for exchanging confidential information (e.g., HIPAA, 42 CFR Part 2, etc.).

3. Reduce Duplication of Efforts and Streamline Processes

Communicate with staff to avoid fear of role reduction.

To avoid the fear of redundancies or layoffs among staff that can stall improvements when streamlining processes, it should be clearly communicated that process improvements are not meant to reduce roles, but to assist all systems with efficiency and the provision of effective services.

Streamline the referral process.

Gathering information on a client's personal history should not have to be repeated multiple times. If someone interfaces with multiple agencies, organizations, or systems, their screening and assessment information should be shared in order to avoid a duplication of effort.

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.

Poor communication across systems can have a negative impact on service delivery. In-prison case managers, the pre-release team, aftercare coordinators, community supervision agents, and community-based treatment providers should all have access to shared information.

4. Monitor Process Improvements and Focus on Data Collection

Unfortunately, not all pilot sites in the *Access to Treatment: Bringing NIATx to Corrections* project adequately measured the outcomes of their change processes, which likely 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.

By implementing one thing at a time and measuring its outcome, teams can quickly learn what is working and what is not.

Measure and assess “change project” data.

- Developing the capacity to measure service performance and change processes is an important aspect of successful change projects.
- Monitoring or assessing the impact of the changes tested—or getting the group to agree on targets and strategies—can be challenging when multiple stakeholders across systems are involved. Process data is an important tool for 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, which led to the development of *Process Measures for the Interface Between Justice Systems and Behavioral Health: Advancing Practice, Strategic Planning, and Outcomes*.

Conclusion

Bringing NIATx to Corrections provided an opportunity to explore how the NIATx model can work when applied by change teams drawn from two systems: criminal justice and community-based substance use treatment. For all three pilot sites, much of the initial work focused on making sure the multi-system change teams were working toward 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, discussing the duplication of efforts, and discussing how to monitor process improvements.

