

### Justice Center THE COUNCIL OF STATE GOVERNMENTS

# JMHCP Implementation Science Checklists Supporting Evidence-Based Practices

May 5, 2022



Bureau of Justice Assistance U.S. Department of Justice

## **Presentation Outline**

- I. Introductions
- **II.** Presentation Content
- III. Discussion Roundtable
- **IV.** Questions and Answers



## **Panelists**

- Lisa Potter, Director, Diversion Initiatives, Fairfax County, VA
- Dr. Faye Taxman, University Professor, George Mason University, Schar School of Policy and Government
- Sarah Wurzburg, *Deputy Division Director, Behavioral Health, CSG Justice Center*
- Laura Yager, Director, Correctional Health and Human Services, Fairfax County (Virginia) Sheriff's Office



## **The Council of State Governments Justice Center**

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving 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**

*High rates of recidivism increase taxpayer costs, diminish public safety, and tear apart families and communities. We work with partners inside and outside of government to reduce crime and incarceration among youth and adults in contact with the justice system.* 

### Advance health, opportunity, and equity

Efforts to make communities safer and healthier are hampered by insufficient behavioral health services, barriers to economic mobility, homelessness, lack of support for victims, and racial and gender inequity. We bring people from diverse systems and perspectives together to improve policy and practice related to these challenges.

### Use data to improve safety and justice

Data holds the power to help us understand and change justice systems for the better. And yet, states and counties still know far too little about how their systems perform. Our work transforms information into meaningful insights for policymakers.



# Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental illnesses and substance use disorders who are involved in the criminal justice system.

# The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.



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# **Implementation Science Principles**

Dr. Faye Taxman, University Professor, George Mason University, Schar School of Policy and Government



Implementation science studies how to get (new) practices and innovations adopted, adapted, and sustained.

The focus is on the *organization*(s):

1. Change strategies to implement change (interventions)

2. Studies of the change process in terms of processes and outputs (methods)



# **Rodgers Five Points of Innovation**

# The rate at which an initiative is adopted is based on five areas of consideration:

- Relative Advantage
- Compatibility
- Complexity
- Trialability
- Observability

How does "xxxx" compare with what you are currently doing?



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### **Criminal Justice Interagency Evidence-Based Implementation**



Faye S. Taxman, and Steven R. Belenko, *Implementation of Evidence Based Community Corrections and Addiction Treatment* (New York: Springer, 2012); E. K. Proctor et al., "Implementation Research in Mental Health Services: An Emerging Science with Conceptual, Methodological, and Training Challenges," *Administration and Policy in Mental Health*, 36 no. 1 (2009): 24–34.

# **Establish Desired Goals**



The expectations for an initiative are defined by your agency and stakeholders They need to be reconciled.





# **Exploring Inner and Outer Settings for Medications**

#### INTERNAL

- Staffing
- Policies
- Procedures
- Organizational culture
- Relationship between medical and justice staff
- Access to medications/ behavioral therapy

#### EXTERNAL

- Stakeholders
- Policies
- Procedures
- Value of mental health and substance use disorders services
- Relationship among agencies
- Use of boundary-spanners

Organizational interventions focused on staffing, policies, organizational culture, relationship with internal staff, relationship with external staff, funding, commitment to training and resources

### Grant Idea/Innovation/Evidence-Based Practices

### Implementation Strategy

Quality Improvement Process \*Training\* Policy Teams\* Learning Organization



E. K. Proctor et al., "Implementation Research in Mental Health Services: An Emerging Science with Conceptual, Methodological, and Training Challenges," Administration and Policy in Mental Health, 36 no. 1 (2009): 24-34.





# IMPLEMENTATION SCIENCE

### **QUALITY IMPROVEMENT MODELS**



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

PLAN DO STUDY ACT:

- Small Scale
- Data Drive

- Locally Informed
- Rapid Cycle





**Video on Process Improvement:** https://www.jcoinctc.org/courses/implementing-niatx/lessons/niatx-on-a-napkin-video/

> Check out JCOIN JTEC for free courses and other resources-https://www.jcoinctc.org/jtec





# **The Process of PDSA**

#### **BEFORE YOU START**

Assembling the Team

#### PART 1 PART 2 PART 3

Brainstorm Confirm Create the the the Solution Problem Problem and List with Data! and the Steps Narrow It Write an for Action Carrying it Statement Out







# VERTICAL SLICE THINKING ABOUT YOUR STAFF





Percentages at which Rogers (2003) suggests staff adopt and implement initiatives



Faye Taxman and Teneshia Thurman, *Implementation Science Toolkit: Equipping Justice Agencies with the Tools to Facilitate the Change Process* (Washington, DC: Bureau of Justice Assistance and Center for Advancing Correctional Excellence, 2019).













### PLAN Part 1 | Part 2 | Part 3

- PART 1 1. Select a big problem based on data
  - 2. Narrow the problem
- PART 2 3. Confirm the problem with data
- PART 3 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





S. Belenko et al. / Journal of Substance Abuse Treatment 74 (2017) 80-91

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







# DO



### **GET IT DONE!!!**









# STUDY

# Collect the same type of data collected at baseline (post data)

**Compare baseline and post data** 

**Consider:** 

- What went well? Any unanticipated barriers?
- What was surprising?
- Anything worth changing? Improving?





# ACT

### Adopt

### Adapt (PIVOT!)

### Abandon ... AHHH, Not That.







# **OFFICER PERCEPTIONS OF PDSA**



S. Magnuson et al., "Using PDSA and Participatory Action Research to Improve use of Risk Needs Assessments," *Corrections: Policy, Practice and Research* 5 no. 1 (2019): 44–63.





# **OFFICER PERCEPTIONS OF PDSA**

It gives an honest look at what is working, not working, how it should be changed, what needs to be implemented to make the changes, and whether or not the target changes have been reached.



S. Magnuson et al., "Using PDSA and Participatory Action Research to Improve use of Risk Needs Assessments," *Corrections: Policy, Practice and Research* 5 no. 1 (2019): 44–63.





# JMHCP Implementation Science Checklists Overview

Sarah Wurzburg, Deputy Division Director, Behavioral Health, CSG Justice Center



# Justice and Mental Health Collaboration Program Implementation Science Checklist Series

DOWNLOAD ALL CHECKLISTS (PDF)







# **Implementation of Jail-Based Medication-Assisted Treatment (MAT)**

Lisa Potter, *Director, Diversion Initiatives, Fairfax County, VA* Laura Yager, *Director, Correctional HHS, Fairfax County Sheriff's Office* 



Justice and Mental Health Collaboration Program Implementation Science Checklist Series

# Step 1 Initiate or Strengthen Stakeholder Collaboration



## **Step 1: Initiate or Strengthen Stakeholder Collaboration**

- Identify or convene the interagency group.
  - Diversion First
  - Opioid and Substance Use Task Force
- Obtain leadership commitment.
  - Champions and influential stakeholders
- Identify or convene the implementation group.
  - Initial project team; workgroups for project components
- Designate a project coordinator.
  - Dedicated director position to serve as boundary spanner
- Establish action steps for the implementation team.
  - Accountability!





## **Our Implementation Framework**

- Use Sequential Intercept Model as a guide.
- Assess needs, review data, identify gaps and quality improvement opportunities.
- Develop a continuum of programs and services, with EBPs/best practices embedded throughout.

#### Jail-Based Services and Medication-Assisted Treatment—Intercepts 3, 4, 5



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### Sheriff Stacey Kincaid's Philosophy on Jail-Based Treatment for Opioid Use Disorder (OUD)

- Jails are mandated to treat chronic illness.
- OUD is a chronic illness requiring correctional health care prioritization.
- Evidence-based approaches start with identification through screening at booking.
- Evidence-based approaches to treatment mean provision of medication *throughout* the period of incarceration or as clinically provided—not just as a withdrawal process.
- Successful jail-based treatment requires collaboration with confinement, behavioral health, and reentry staff.
- To make it sustainable, standard operating procedures must be inclusive of the new evidence-based approaches.
- Powerful reentry supports are vital to building opportunities for long-term recovery and reduced recidivism.
- Jail-based peer support is a key component of programming.
- Treatment works. Recovery is possible.



## **MYTHBUSTERS: Things we have tended to believe but need to rethink**

#### "Too Expensive!"

 Compared to many other chronic illness meds, the generic version of Buprenorphine is relatively inexpensive (esp. tablets).

#### "People with addiction can't recover"

• OUD is highly treatable and has outcomes as good as those for COPD and diabetes.

#### "Just replacing one drug for another"

- RI use all MAT meds in jails and prisons and saw overdose rates after release dropping by 61 percent.
- "Safe withdrawal is good enough"
  - Most people need to stay on MAT for 1–3 years. Getting brains to make dopamine takes time!



# Examples of Evidence-Based Changes (\*=EBP)

Goal: Early Identification\* of OUD

- Begins in Booking\* as part of the intake process, all patient/incarcerated people are screened for opiate use\*
  - Initially 1.9 percent of our population was on MAT, now it is 10+ percent (or 1 in 10 people is receiving MAT)
- Evidence-based screening tools are used as part of the medical intake
  - NIDA-4\* and ASSIST\*
- A medical intake is completed on all patients/incarcerated people prior to moving to another area of the jail
  - Urinalysis\* for validation of positive screens
  - Pregnancy testing\* for women of child-bearing age



# EBPs: Less subjectivity with more science! (\*=EBP)

### Withdrawal Protocols

- Clinical Opiate Withdrawal Scale (COWS\*) for OUD and Clinical Institute Withdrawal Assessment Alcohol Scale Revised (CIWA-AR\*)
- Embedded into EHR with auto-scoring with instructions for nurse actions based on score

EBPs support timely induction, prescribing standards, solid documentation, and a standardized approach



### **Peer Support Services\***

People with lived experience working in jail with unique and vital role

- Security training and background exceptions
- Engagement—"in-reach" to encourage and involve individuals
- Education—overdose reversal, harm reduction, community contacts
- Support—MAT support groups
- Self-Help—AA/NA on site
- Future focus on success in community:
  - Development of natural community recovery supports
  - Hope and encouragement





# **Community Transitions: Focus on HOT handoffs!**

### **Transition to Community Practices: Release Medication**

- Bridge Dosing—ensuring medication access until community Office-Based Opioid Treatment (OBOT appt.)
- Meds and prescription in combo of 14 days based on individual needs
- Prescription funds if needed for local individuals
- Overdose Reversal Kits
- Harm-reduction approaches are vital
- Naloxone for all MAT participants going to community and instructions
  on how to use



# **Community Transitions: Focus on HOT handoffs!** (cont.)

### **Reentry Supports: Planning for Release Starts at Booking**

- Clinical linkages to OBOT prior to release and preferably with a sameday appointment
- Recovery Housing scholarship
- Medicaid enrollment up to 45 days prior to release
- Transportation: peers and Uber
- Release backpack, phones, and basic needs information



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# Step 5 **Sustain the Evidence-Based Practice**



# **Guiding Questions from the Checklists: Step 5**

- Has the EBP been performing as expected within the past year?
- Has a process and/or outcome study been conducted to show whether the EBP had a positive impact on participants?
- Are adjustments in the process and performance measures needed to align better with the EBP?

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# Step 7 Implement Continuous Quality Improvement Processes



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# **Guiding Questions from the Checklists: Step 7**

- Has a CQI plan been developed and implemented?
- Since implementing the CQI process, have benchmarks to assess progress on quality improvement been reviewed on a regular basis?
- Has the team identified what worked well and what did not?



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### Resources

- Implementation Science Toolkit: Equipping Justice Agencies with the Tools to Facilitate the Change Process
- Justice and Mental Health Collaboration Program Implementation
  Science Checklist Series
- Solving Puzzling Probation Problems with PDSA



## **Contact Information**

- Lisa Potter, <u>Lisa.Potter@fairfaxcounty.gov</u>
- Faye Taxman, <u>Ftaxman@gmu.edu</u>
- Sarah Wurzburg, <u>Swurzburg@csg.org</u>
- Laura Yager, Laura.Yager@fairfaxcounty.gov



# **Thank You!**

# Join our distribution list to receive updates and announcements: <u>https://csgjusticecenter.org/resources/newsletters/</u>

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