

Maximizing Gains during and after jail sanctions

Carlos Quezada-Gomez, PsyD, MBA, MS

Why Drug/Treatment Courts use Jail

To Sanction

- Substance use
- Non-adherence to expectations
- Goal: Increase prosocial or compliant behavior

To Keep Safe

- Keep away from substances
- Keep away from known criminal or substance-using associates
- Detoxify

Why Drug/Treatment Courts Should Not Use Jail

**NOT
ENGAGED IN
TREATMENT
or RECOVERY
PROCESS**

<http://nymag.com/daily/intelligencer/2015/06/inside-rikers-island-interviews.html>

Improving the Quality of Health Care for Mental and Substance-Use Conditions



QUALITY CHASM SERIES

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

London NHS

Background: Transitions

Major types of transitions among persons with behavioral health conditions:

- Inpatient to outpatient (mental health/substance abuse)
- Between home and hospital/ED
- Between nursing home or post-acute care services and hospital/ED
- Criminal justice system and outpatient or inpatient care

Major Care Transition Models in General Medical Care

Care Transitions Intervention (CTI) - Eric Coleman
Transitional Care Model (TCM) - Mary Naylor

Adapted Models/Initiatives:

- Reducing Avoidable Readmissions Effectively (RARE)
- Better Outcomes for Older Adults through Safe Transitions (BOOST)
- Transforming Care at the Bedside (TCAB)
- Re-engineered Discharge (RED)
- Geriatric Resources for Assessment and Care of Elders (GRACE)
- Guided Care Model
- Bridge; Illinois Transitional Care Consortium
- Centers for Medicaid and Medicare Innovation Center

Care Transitions Intervention Components

- 1) Prospective Modeling
- 2) Patient and Family Engagement
- 3) Transition Planning
- 4) Care Pathways
- 5) Information Transfer/Personal Health Record (PHR)
- 6) Transition Coaches/Agents
- 7) Provider Engagement
- 8) Quality Metrics and Feedback
- 9) Shared Accountability

Components: 1 of 9

- **Prospective Modeling**

What are expectations of jail staff?

Who is the participant?

- High Risk-High Need
- Which Phase in Drug Court?
(Proximal vs Distal behaviors)
- Level of Care (LOC) in treatment
(Treatment Goals)

Components: 2 of 9

Patient and Family Engagement

- Inclusion of participant and family/significant others and the community SUD provider in development of treatment goals/objectives for the jail stay.

Components: 3 of 9

- **Transition Planning**
 - Collaboratively establish appropriate participant-specific plan for transition between drug court-community provider-jail
 - Personal care items
 - Preserving housing/personal property (Car!)
 - Transportation to/from jail
 - Hand off to identified ADC staff/provider
 - Transition phase/site: Drug Court

Components: 4 of 9

Care Pathways

- Specific clinical/procedural guidelines and instructions, i.e., what to do when
- Includes assessment, medications, psychosocial interventions/management, self-care instructions, follow-up, etc.
- Linkage with national guidelines, such as the MAT Guidelines from the National Sheriff's Association/National Commission on Correctional Healthcare
- Customize to local drug court participants

Role of the Jail

- Screen and assess for substance use, especially opioids, alcohol and stimulants.
- Establish a process to determine who needs withdrawal management or detoxification.
- Provide effective in-custody treatment
- Communicate with drug court team

While in Jail

- In-reach by drug court team, including community-based behavioral health treatment providers and probation and parole agency staff into the correctional facility
- Role of Peer Recovery/Support Specialists

Components: 5 of 9

Information Transfer/Personal Health Record (PHR)

- Ensuring that all information is communicated, understood and managed
- Includes, as relevant, current SUD treatment goals
- Homework assignments from drug court and/or treatment provider
- Links participant, drug court and providers with jail personnel

Components: 6 of 9

- **Transition Coaches/Agents**
 - Roles/tasks, competencies, training and supervision should be specified
 - Training includes planning tools, red flags, participant engagement and education strategies

Peer Support Models

As the primary and behavioral healthcare systems have evolved, both have seen a rise in the use of peer navigators and evidence that peer systems add value to each system

Healthcare system use of peers	Behavioral Healthcare system use of peers
Health Navigators-Primary Health Care System	Peer Support Specialists-Mental Health
Promotores/Promotoras-Community Health Workers	Peer Support Specialists-Addiction

Collaborative Comprehensive Case Plan for Reentry

- Identify CBT interventions completed in the correctional facility address criminogenic risk and need factors
- Provide recovery support services immediately upon release
- Update the participant's Relapse prevention plan
- Educate on overdose prevention and provide naloxone upon release

Collaborative Comprehensive Case Plan for Reentry

- Medications
- Appointments (Probation, Court, Treatment)
- Housing (Changes – i.e., Sober Living)
- Food/clothing at home
- Transportation from jail (to where)
- Identification Emergency numbers for assistance
- Summary of jail-based treatments, laboratory and radiology results, and medication regimens

Components: 7 of 9

Provider Engagement

- Providers at each level of care should have clear responsibility and plan for implementing all transition procedures/interventions
- Communication and handoff arrangements among provider(s), drug court and jail should be pre-specified in a formal way
- At a participant-specific level, providers at each stage should know what the plan is
- Visit participant in jail by providers and/or drug court staff -
Role and purpose?

Components: 8 of 9

Quality Metrics and Feedback

- Gather metrics on follow-up post-jail stay; impact of the jail stay on the participant's subsequent behavior; consumer/family perceptions
- Feedback to (and use by) providers for quality improvement and accountability.

Components: 9 of 9

Shared Accountability

- All providers share in expectations for smooth transitions and keeping participant's actively engaged in treatment
- Costs and savings to the community provider, jail, drug court
- Role of participants: Report to court at next status hearing

Getting started!

Health Reform Readiness

- Measure
 - Health Reform Readiness Index
- Domains
 - Patient/Family Role involved in decision-making
 - Evidence-based Treatment
 - Accountability for Patient Care
 - Integrated Continuum of Care

Leadership

- Balanced and fair leadership
- A strong leader or leadership team communicates the benefits of change and serves as a champion for new initiatives
- Acknowledges that changing professional roles and professional identify are to be expected

- Creates a positive organizational climate by
 - a) Fairness
 - b) Growth and advancement
 - c) Role Clarity (vitaly important in times of change)

Engage Stakeholders

- Vision and mission must be established
- Joint planning with key stakeholders including participants must be ongoing
- Find common ground
- Deal with roadblocks; devise solutions
- Define expectations
- Report on outcomes
- Persistent focus on participants

Tackle Barriers/Opportunities

- Workforce requirements, training, credentials, recruitment
- Align fiscal policy with services
- Strengthen quality assurance activities
- Develop data driven systems
 - High-value health organizations – go beyond the data required by outside parties and collect detail data that informs staff about all operation of the organization

Shared aspirations for results

- Participant-centered approach
- Commitment to evidence-based practice
- Continuous quality improvement (CQI)
- Transparency – including regular feedback on performance and a commitment to excellence.

Drivers of Change

Survival

Stand-alone behavioral healthcare organizations are a risk in a changing health care and fiscal environment. There are myriad threats and myriad opportunities

- **Values**

The key question that should guide us is what should be done to benefit the participant.

What It Takes to Integrate

- Is not solely a technical enterprise requires “high touch” as well as “high tech”
- Involves changing culture, professional roles, and issues of professional autonomy
- Involves adopting flexible professional roles
- Requires the hard work of team work
- Altering old routines and approaches
- There are myriad threats and myriad opportunities

For additional information, contact:

Carlos Quezada-Gomez, PsyD, MBA, MS

Mental Health Director

Cermak Health Services at Cook County Jail

2800 S. California Avenue

Chicago, IL 60608

312-550-1134 - cell

cgomez@cookcountyhhs.org