

Fidelity to EBPs in Rural and Urban Settings

The FACTS and the Reality

Ann-Marie Louison

Director of Mental Health Programs

CASES, NYC

JMHCP National Training and TA Event:

Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes

JUSTICE★CENTER
THE COUNCIL OF STATE GOVERNMENTS



BJA
Bureau of Justice Assistance
U.S. Department of Justice

EBPs in Mental Health Defined

- EBPs are services for people with serious mental illness (consumers) that have demonstrated positive outcomes in multiple research studies
- SAMHSA Center for Mental Health Services
 - 5 potentially adaptable to criminal justice setting
 - Assertive Community Treatment (ACT)
 - Supported Employment
 - Illness Self Management and Recovery
 - Integrated Treatment for co-occurring MH & SA disorders
 - Permanent Supportive Housing

EBPs in Criminal Justice

- Certain programs and intervention strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism.
- Risk-Need-Responsivity Principle
- **Cognitive Behavioral Programs**
 - Reasoning and Rehabilitation
 - Thinking for a Change
 - Moral Reconciliation Therapy

Promising Practices

- One with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.

HHS, 2003

Promising Practices

- Peer Support
- Trauma-informed care & trauma services
National Center for Trauma-Informed Care
<http://www.samhsa.gov/nctic/>
- Critical Time Intervention (time-limited case management to end homelessness)
<http://www.criticaltime.org/>

Goal of MH Services

- Help people to develop high-quality, satisfying, functional lives.
- Should not just aim to help someone stay out of jail, and reduce or stabilize symptoms, but also help the consumer pursue their own recovery process.
- Practices validated by research not widely offered in routine mental health settings.

Fidelity

- Fidelity refers to the degree to which a particular program follows the standards for an evidence-based practice
- Fidelity scale is a tool to measure the level of implementation of an evidence-based practice (EBP)
- High-fidelity programs have greater effectiveness

Fidelity

- **Action Planning**

Defines critical components of program and stages of implementation

- **Implementation**

Checklist scale ensures fidelity to model

Scale is quality assurance tool to monitor program

Good fidelity requires collection and use of data

- **Fidelity = Effectiveness = Positive outcomes**

Fidelity Scale Components

- **Staffing**

Staff : client ratio

Qualifications and experience

- **Organization**

Admission/Exclusion criteria

ACT – Team based approach

- **Service Components**

Assessment

Location where services delivered

ACT – Mobile team in-vivo services

Adaptation to CJ Setting

- SAMHSA National GAINS Center
EBP Fact Sheets

<http://www.gaincenter.samhsa.gov/html/ebps>

- Dartmouth Supported Employment Center
Helping People Find Jobs in Spite of Justice
System Involvement

<http://www.dartmouth.edu/~ips/page159/page159.html>

Challenges

- Funding issues

Revisions to reimbursement rules

13 states have initiated a Medicaid waiver option that provides reimbursement for peer-delivered mental health services

Using Medicaid to Support Working Age Adults with Serious Mental Illnesses in the Community:

<http://aspe.hhs.gov/daltcp/reports/handbook.pdf>

- Blended funding MH & CJ ‘shared population’

Urban Case Study ACT or FACT

- **County MH - Eligible for ACT**
Severe and Persistent Mental Illness
12-month utilization
 - 1 psych. hospitalization 90-days or more
 - 4 psychiatric ER visits
 - 4 psychiatric inpatient admissions
- **CASES ACT Team's CJ Criteria**
Convicted Felony (violent & non-violent)
Prison-bound

STAFFING

- Program Director/Team Leader
- Psychiatrist
- Nurses RN & LPN
- Family Specialist
- Employment Specialist
- Substance Abuse Specialist
- Housing Specialist – social worker
- Peer Specialist
- **Housing Case Manager (P/T)**
- **Supported Employment Coordinator**
- **Intake Specialist**
- **Court Liaison Specialist**

NYC ACT vs. CASES ACT

NYC ACT Teams	%	CASES ACT Team	%
Male	59	Male	85
Schizophrenia	79	Schizophrenia	79
Co-occurring SA	55	Co-occurring SA	82
Forensic Involvement	20	Forensic Involvement	97
Homelessness	10	Homelessness	63
1 or more high utilization criteria	59	1or more high utilization criteria	100

The Forensic in ACT

- Screening and Intake (Boundary Spanning)
- Risk Assessment and Recidivism Assessment
- Community Supervision
- Cognitive Behavioral Therapy (CBT) Reasoning and Rehabilitation training for all ACT staff
- Integrated Treatment for Substance Abuse
- Transitional Housing Apartment
- Supported Employment Services

- **Supported Housing Program**
- Supported Housing (scattered-site apartments)

Why Fidelity Matters

- State & County Program License
- Funding – Medicaid
- Collaborative learning and technical assistance community – NYS ACT Institute, Association of Assertive Community Treatment (ACTA)
- Collective components of fidelity scale support program effectiveness
- Outcomes

NYC ACT Teams Outcomes

	Baseline	Follow-up	% Change
Current Employment	5.1%	10.2%	98.4%
Education Activity	3.1%	6.5%	110.7%
Psych. Hospitalization	58.6%	22.8%	-61.1%
Homelessness	11.6%	4.7%	-59.9%
Any Harmful Behaviors	29.8%	20.8%	-30.2%

CASES ACT Outcomes

	Baseline	Follow-up	% Change
Current Employment	3.4%	8.5%	150.0%
Education Activity	0.0%	15.3%	++
Psych. Hospitalization	59.3%	22.0%	-62.9%
Homelessness	72.9%	15.3%	-79.1%
Any harmful behaviors	23.7%	6.8%	-71.4%

Public Safety Outcomes

ARREST RATE AMONG ALL PARTICIPANTS (N=124) PRE vs. POST ADMISSION

Offense Type	Pre-Admission	Post-Admission	Difference in Mean Values	Percent Decrease
Violent Felonies (N=56)	2.16	0.71	1.45	67.13%
Non-Violent Felonies (N=66)	2.48	0.8	1.68	67.74%
Misdemeanors (N=2)	2.5	0.5	2	80%
Combined Felonies (N=122)	2.34	0.76	1.58	67.52%

Public Safety Outcomes

Offense Admission Type:	Felony Violent	Felony Non-Violent	Misdemeanor
N=124	(N=56)	(N=66)	(N=2)
No Post Violent Arrests	55 (98%)	66 (100%)	2 (100%)
Any Post Violent Arrests	1 (2%)	0 (0.0%)	0 (0.0%)
Total	56 (100%)	66 (100%)	2 (100%)
No Post Violent Convictions	56 (100%)	66 (100%)	2 (100%)
Any Post Violent Conviction	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	56 (100%)	66 (100%)	2 (100%)

Fidelity to EBPs in Rural Settings

Tamara DeHay, PhD

Licensed Psychologist/Behavioral Health
Research Associate

Western Interstate Commission for Higher Education
Mental Health Program

JMHCP National Training and TA Event:

Achieving and Communicating Public Health and Safety Outcomes for Our Communities

JUSTICE★CENTER
THE COUNCIL OF STATE GOVERNMENTS



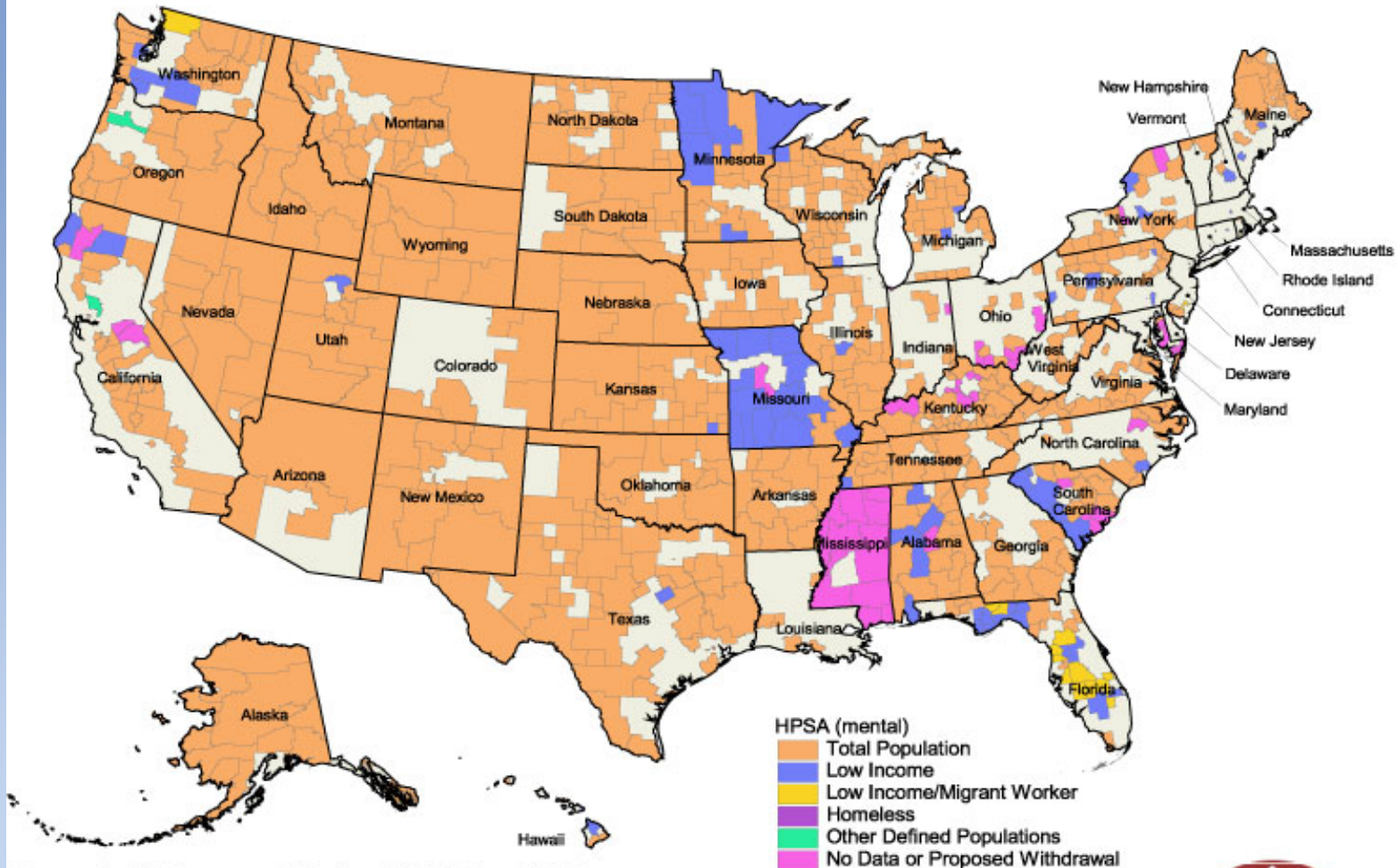
BJA
Bureau of Justice Assistance
U.S. Department of Justice

Presentation Overview

- Overview of Rural
- “Promising Practices”
- ACT adaptations for Rural
- Telemental health

Mental Health Professional Shortage Areas

Health Professional Shortage Areas - HPSA (mental)



Source: Health Resources and Services Administration - HRSA, Bureau of Health Professionals, 2004.

Note: Alaska and Hawaii are not to scale.

The cold hard facts



- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- 75% of rural counties have no psychiatrist, 95% no child psychiatrist
- Small counties (<2500) 33% have no mental health professionals
- Changing cultural population needs (lack of capacity for culturally competent and language appropriate services)
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer

What's different in rural areas?

- Not prevalence – rural/urban rates of mental disorders are pretty much the same.
- Accessibility (getting there and paying)
- Availability (someone there when you are)
- Acceptability (stigma, choice, knowledge)



Types of Practices*

- *Evidence-based practices* integrate best research evidence with clinical expertise and patient values (Institute of Medicine, 2001)
- *Promising practices* appear to be effective based on a less-stringent definition of “research evidence”
- *Best practices* are generally thought to be effective based on consensus within the field, but do not necessarily have evidence behind them

*Procedures that can be generalized to target situations.

The Challenge of EBP's in Rural

- There are few rural specific evidence based practices, or resources to establish them.
- Few resources exist in rural systems to facilitate change and innovation.
- Rural areas suffer from chronic shortages of mental health professionals.
- Specialty providers highly unlikely to be available in rural areas.
- Comprehensive services often not available.



National Promising Practices Project

- WICHE project to identify and describe rural mental health Promising Practices
 - Nomination process
 - Program Interviews (phone and site visit)
 - Document describing over 60 rural mental health programs
 - “Promising Practices” spotlighted

Characteristics of successful programs

- Relevance to rural
 - Specificity to a rural area rather than just bringing a practice or program to a rural area
- Impact on rural
 - Acceptability, accessibility, availability
- Sustainability and expansion capability
 - Long term funding plan
- Capacity
 - Staff has or can obtain program-specific training

Characteristics of successful programs

- Documentation of program information
 - Internal and external materials to describe practices
- Effectiveness
 - Data to support utility of program
- Community engagement
 - Involvement of multiple stakeholders at all stages

Promising MH Practices with Criminal Justice focus

- Assertive Community Treatment
 - Idaho example
- Telemental Health
 - Oklahoma example
- Other PP's included: Peer support, Crisis hotlines, integrated care programs, and more.

ACT in Rural Areas

Identifying and implementing the core components of an EBP such as ACT in a rural area can result in good clinical outcomes for rural consumers

NAMI: *“It is a pitfall to think that rural ACT means fewer services, fewer components, or less fidelity to the model”*

Promising Rural Practice- ACT

- ACT: Idaho Region 7 rural Assertive Community Treatment (ACT) Team
- Provides mental health treatment to mental health court clients
- Focus on recovery
- Clients:
 - Individuals with a felony or misdemeanor charge,
 - Within medium to high range of severity of mental illnesses (e.g., schizophrenia),
 - Often dual diagnosis of substance abuse or dependency,
 - History of criminal behavior, often with frequent incarcerations

Adapting ACT for Rural Development

- Reduced Staffing
 - Idaho Core team- Physicians Assistant, Nurses, Social Worker
 - Other members as needed- Probation Officer, Peer Specialists, Substance Abuse specialists, others with specific skills
- Fewer providers sometimes means larger caseloads
- Need to partner with other programs & agencies
- Rural geography means fewer contacts/meetings but longer in duration
- May utilize distance technology
- Must sometimes use ER services rather than ACT staff for 24/7 crisis management

Idaho ACT Data

- 97% reduction in hospitalizations
- 87% reduction in jail days
- Approx 50% graduation rate
- Approx 20% recidivism rate among graduates
- Other measures of success: Vast majority of ACT participants are employed- many for the first time in years; stable and sustainable housing; budget management; understanding of mental illness and symptom recognition; development of a wellness recovery action plan.

ACT Fidelity- Rural Considerations

- What is absolutely necessary and what is not?
- What modifications impact program outcomes?
- Monitoring fidelity versus/and outcomes
- When is the program no longer ACT?

Promising Practices: TeleMental Health

- Oklahoma Department of Mental Health and Substance Abuse Services: Statewide Telehealth Network
- Real-time videoconferencing
 - Utilized by Community Mental Health Centers, courthouses, hospitals, clinics, and State penitentiaries. Also State meetings, employee trainings, personnel investigations

Telehealth Services in OK

- Needs assessment: significant barriers to access
- Community Mental Health Pilot:
 - 1 CMHC for 3 months
 - Service delivery in local satellite clinic
 - Provider located at larger, primary CMHC site
 - Served 180 extra people
 - Long term goal: Access for all within 30 minutes of home

Telehealth Services in OK

- Telecourt Pilot:
 - Installed in judge's chambers
 - No need for police transport from jail for hearings= increased efficiency
 - Telecourt services now being used in four counties.
- Jail Diversion/Re-entry Pilot:
 - Focused on reducing gap in care for people with mental illnesses being released from jail & reducing recitivism
 - No data yet at time of interview

Telehealth Services in OK: Outcomes

- Increased access:
 - At the time of interview Telehealth Network functional in 81 sites
 - Planned expansion included 126 sites within 18 months, covering every county in Oklahoma.
- Financial Benefits:
 - Est. \$190,000 per mth savings- decreased travel & increased productivity
 - State projected to save \$3.5 million over next 3 years
 - Medicaid reimbursement for providers higher for telehealth

Telehealth Services in OK: Outcomes

- Data being collected via Telehealth Network system:
 - demographic, network usage, types of services being delivered,
 - outcome data: access to services, travel time for providers, quality of service, client satisfaction, number of clients served, operating efficiency, staff productivity, and accessibility of experts).
- An evaluation plan is currently being developed by the data services division of the State.

Rural MH & Criminal Justice Collaboration

- EBP's can reduce recidivism & facilitate recovery in offender populations
- Fidelity not always possible in rural- rely on “Promising Practices” and “Best Practices”
- Fewer providers over larger geographic areas often means relying on technology, integration of services, and peers/gatekeepers/other supports
- MH system must be responsive to CJ system and vice versa

A scenic view of a coastline, likely Oregon's Cannon Beach, featuring a prominent rock formation (Sea Stack) in the distance. The foreground is dominated by green grass and the silhouettes of trees, with a clear blue sky above.

THANK YOU!

Questions?

Thank you

For further information &
copies of conference presentations
please visit

www.consensusproject.org

This material was developed by presenters for the February 2011 event: “Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes.” Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.