Lessons from the first Behavioral Health Treatment Court Collaborative Evaluation

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Adult Treatment Court Collaborative Program

- Eleven Grantees in 2011
- Jointly funded by CMHS & CSAT
- Three year grants

Major program objectives:
- Broaden the range of individuals with behavioral health problems served by criminal justice or court continuum
- Expand and enhance treatment services that are evidenced based, trauma informed, recovery focused, etc.
- Infrastructure development to improve services and outcomes
Evaluation goals

• AHP implemented a process evaluation to be able to:
  ▪ Describe how grantees broadened specialty courts for behavioral health populations
  ▪ Describe the approaches to infrastructure changes, including strategies and services
  ▪ Describe the collaborative structures to facilitate change
  ▪ Identify innovative strategies, significant barriers and lessons learned

• The outcome evaluation was designed to focus on:
  ▪ Describe the characteristics of BHTCC program participants
  ▪ Describe participant outcomes related to clinical and functional status and socio-economic resources
Evaluation methods

• Site Visits
  ▪ In-person visits to capture early program development. Key informants include: project director, key management group, clinical and court personnel, judge, Collaborative Workgroup, and program participants.
  ▪ Virtual follow-up site visits with program leadership about final models, impact of grant on court processes, service delivery, etc.

• Document review
  ▪ Content analysis of grantee quarterly reports to capture implementation challenges and accomplishments.

• Case Study Briefs
  ▪ Explore specific strategies at a selection of sites that exemplify key feature of initiative.

• GPRA
  ▪ Analysis of baseline and six-month GPRA data
Behavioral health focus of grantees

- All 11 grantees sought to expand access to populations
- Within the 8 sites expanding mental health criteria, 5 sought to use grant to focus more on trauma related disorders
- Two sites sought to provide co-occurring services
Major approaches to infrastructure change

Three general approaches:

• Expand eligibility criteria or develop a new track
• Enhance services for referral across multiple courts
• Develop new court/structure
Collaborative structures

- SAMHSA required the Collaborative Workgroup – envisioned as a mechanism to drive and sustain infrastructure change.
  - All 11 grantees had a management level workgroup to provide oversight to project implementation.
  - Three sites established a higher level implementation group that included multiple systems including policy level individuals
  - All 11 had a client level collaborative group, a multi-disciplinary team that included practitioners and court team members.
Program services funded by SAMHSA across grantees

- Clinical case management: 10
- Substance abuse treatment: 10
- Mental health treatment: 10
- COD treatment: 9
- Trauma-specific treatment: 9
- Peer Support: 8
- Criminal thinking treatment: 5
- Housing: 3
- Benefits: 3
- Education: 1
- Employment: 1

Types of Treatment & Support Services
Improvements in GPRA mental health and substance use measures (n=1,092)

Note: Changes statistically significant at p<.001
Lessons: Leadership

• The absence of a judge in a leadership role was a major barrier to program implementation in a quarter of the sites.
  - Grantees felt they would have accomplished more and would have had more support from other stakeholders if they had a judge to champion their program.
  - One grantee reflected that they would have focused more of their efforts on this in the first year had they known how essential it was to their success.

• Ensure that program leadership (e.g. Project Director) has enough time available to support the transformative change efforts envisioned by the SAMHSA.
Lessons: Collaboration

• Regular communication and on-going meetings provide an on-going opportunity to discuss issues and resolve differences. Do not short change the process.

• Being flexible, and demonstrating flexibility, are necessary to move forward. A willingness the share progress and concerns helps build confidence among all stakeholders.

• Success may be viewed differently by criminal justice and mental health stakeholders; it is important to define what it means to all partners to ensure all needs are met.
Lessons: Implementation

• Maintaining motivation and enthusiasm for the policy changes made by the program can be challenging. Find ways to demonstrate the success to reinforce changes.
• Obtain buy-in from more than one individual in a department or program, it will carry more weight and if that person leaves you won’t have to start the engagement process from scratch.
• Have a good understanding of the time and cost involved in implementing EBPs, so that there are adequate resources to do it well and that all parties have realistic expectations about what it takes.
Lessons: Including peers in programs

• Ensuring peer representation/staffing means making a fiscal commitment. Sites that used volunteers or had part-time/per diem peer positions reported more challenges identifying and retaining peers.

• Without a clear vision for how peers will contribute to the program, it is difficult to integrate peers into the collaborative workgroup meetings.

• Programs can really benefit from peer input and perspective. Several grantees reported that their programs were more client centered because of the perspective brought by peers.
Highlights from Case Study Briefs

• Sites were selected through an analysis of process evaluation site visit data and the alignment of grantee features with the ATCC program goals.

• Four grantee sites were selected, topics include:
  - Unified cross-court screening and referral procedures
  - Enhancing court and program services through peer involvement
  - Enhancing court and service collaboration through system structures
  - Enhancing court and service collaboration through service practice

• Data collected through in-person and telephone interviews with key stakeholders.
Case Study Highlights: Centralized triage process (Eau Claire, WI)

• Grantee sought to develop a standardized triage process for 4 courts, where potential participants are screened/assessed for appropriateness for any court

• Addressed the existing inefficient and duplicative processes
  ▪ All courts had own referral process and used their own tools
  ▪ No standard for responding to referral sources

• Implementation occurred through Collaborative Workgroups and subcommittees

• Triage process had many positive impacts
  ▪ Decisions are no longer made by a single individual or court
  ▪ Participants understand the process and are better matched to the appropriate court and treatment services
Case Study Highlights: Enhancing court practices through peer position (Warren County, TN)

- Grantee used grant as opportunity to develop peer recovery specialist position
- Peer role evolved to a full-time position, responsibilities include:
  - Serve as initial contact for participants enrolling in the court program.
  - Facilitate manualized groups for participants in the last stage of the program.
  - Participate in weekly court team review meetings.
- Impact of the peer position:
  - Enhanced use of participant history and life conditions in court decision making, especially sanctions
  - Judge credits peer specialist with providing an important perspective on participants
  - Participants feel peer groups are enormously helpful because she makes the topics real for them because she’s been through it
Case Study Highlights: Meaningful court-treatment collaboration (Franklin County, TN)

• Grantee sought to enhance collaboration to form an integrated team

• Accommodating partner differences
  ▪ Maintaining multiple opportunities for in-person communication and teamwork.
  ▪ Understanding everyone’s values and priorities early on through a values assessment exercise in the initial stages of the grant.
  ▪ Developing a clear, shared overarching goal.

• Information sharing helped facilitate collaboration

• Local evaluation efforts documented participant improvement

• Improved collaboration has decreased unsuccessful completion rates by 50%, while serving larger numbers of individuals.
Case Study Highlights: Bridging courts and providers through case management (Queens, NY)

- Grantee used case management to enhance communication and collaboration between 3 courts and providers

- Case manager responsibilities include:
  - Screening/assessment across courts, sharing information with programs
  - Documenting services and court activities for integrated database
  - Case conferencing with all key stakeholders and reporting to the court

- Impact of the case manager role:
  - Providing treatment agencies with information before clients begin services helps better serve the client
  - The data ensures everyone has key information on participants
  - Case conferences provide regular opportunities to dialogue and cross-train