CROSS-TRAINING CAN PREPARE SYSTEMS FOR MAXIMUM BENEFIT OF CALAIM IMPLEMENTATION WITH JUSTICE INVOLVED CLIENTS: CURRICULUM & INTERPROFESSIONAL COLLABORATIVE PRACTICE

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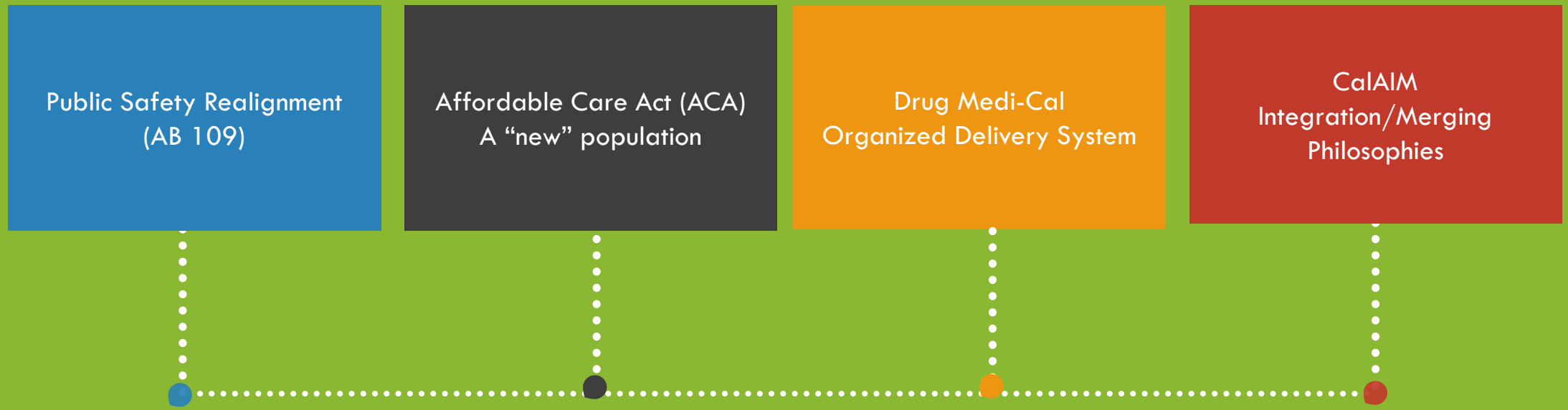
Objectives

- **Evolution of Criminal Justice and Behavioral Health collaboration requires deliberate and proactive training in best practices for optimal outcomes**
- **CalAIM presents unprecedented opportunity to benefit OUR large justice-involved population, meeting public safety and behavioral health goals**
- **Effective partnering and best outcomes will require eliciting shared objectives, filling knowledge gaps, skill development and defining roles in collaboration**
- **Implementation is dependent on bridging distinct cultures and philosophies of Criminal Justice and Behavioral Health**
- **Interprofessional Collaborative Practice (ICP) model and curriculum may assist**

"Culture eats strategy for breakfast," **Peter Drucker**

Evolution of Criminal Justice & Behavioral Health Collaboration
How Did We Get Here?



New laws quickly shifted non-violent offenders from prison to community supervision to ease overcrowding.

Current public health providers asked to treat expanded population with unique needs without direction.

Better coordination of care across systems, use of EBP treatments, ASAM assessment for SUDs.

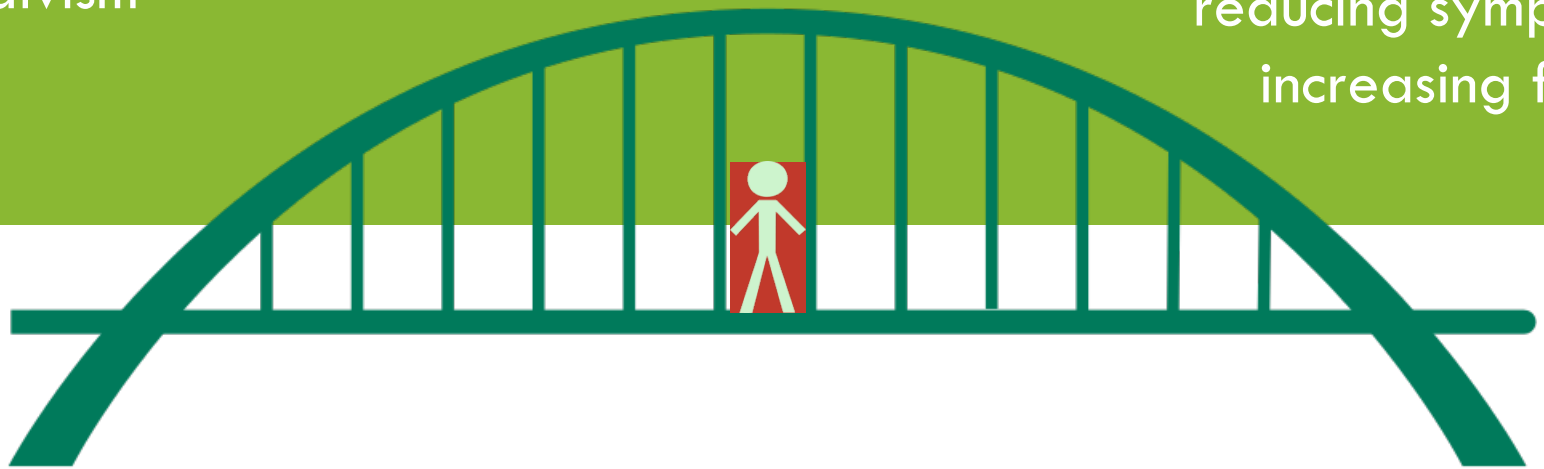
It has become necessary to simultaneously treat **psychiatric risk** and **criminogenic targets** including SUDs.

Public Safety/Behavioral Health

Bridging two cultures that share same population, but different treatment targets

The criminal justice system focuses on risk of violence and recidivism

The behavioral health system focuses on SUD, psychiatric risk, reducing symptoms, and increasing functioning



Enduring Misconception: Mental Illness Causes Criminal Behavior

VS

- Mental illness is not a "driver" of criminal behavior
- Symptoms rarely cause crime
- Psychiatric services rarely reduce crime
- **Specialty supervision + psychiatric treatment reduces recidivism**

Jennifer Skeem, Ph.D.

CalAIM Opportunities

- **Medi-Cal transformation towards more seamless and comprehensive whole person care**
- **Emphasis on justice involved population who meet eligibility**
- **Includes 90-day in-reach in custody to prepare client for re-entry**
- **Enhanced case management**
- **Question?**
  - **Who will manage 90-day in-reach (CBOs or County BHS)**
  - **Are they skilled in EBP for this complex population with unique needs?**

Reconciling Perceptions of Key Concepts To Build Shared Model and Language

	CRIMINAL JUSTICE PERCEPTION	MENTAL HEALTH PERCEPTION	IDEAL APPLICATION OF CONCEPTS
Criminogenic Needs	Clear & useful label to dictate treatment	Pathologizing foreign term	Risk factors related to reoffending
Risk	Risk of recidivating	Risk for psychiatric harm to self or others	Recidivism Risk and Psychiatric Risk both inform treatment
Cognitive Behavioral Therapy (CBT)	Singular, magical treatment solution	Traditional modality to treat substance use disorders and mental health	Treatment modality adapted to target criminal thinking and behaviors
Trauma Informed Practices	Ambiguous excuse for crimes that undermine safety	Requirement that is useful for case formulation	Techniques to prevent re-traumatization and facilitate success
Aim of Intervention	Focus on community safety	Focus on client wellbeing	Well-being of client and community

Justice Involved Services
Training Academy

TRAINING OVERVIEW BY DAY

1
- What is JISTA and why does it matter?
- Who Do We Serve
- Overview of the Justice System

2
- Communication and collaboration
- Best Practices
- Whole Person Care
- RNR

3
- Treatment Planning, group selection and composition
- Group Work
- Criminogenic Needs and Responsivity

4
- Understanding Criminal Thinking
- Evidence-Based practices in conducting groups
- Selecting and utilizing evidence-based curricula

more activities

5
- Change Management
- Change Agent
- Staff Development

6
- Presentations of Capstone Projects: Implementation Plans
- Graduation

JISTA Structure

Homework between sessions

Site visits and small group discussion

CAPSTONE PROJECT

Shared Foundations – a grounding in:

- the science/EBP
- the experience of people with justice-involvement
- the experience and culture of justice partners
- the systems and structures of Justice and BHS

+

Skill Development for you & your staff in:

- reading and utilizing criminogenic needs assessments
- treatment planning based on criminogenic needs
- case review & supervision
- using EBP in conducting groups

+

Program Enhancement planning in:

- curriculum selection and fidelity
- staff development
- quality assurance
- change management

focus groups

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Interprofessional Collaborative Practice Core Competencies and JISTA Curriculum

Competency 1: Values/Ethics for Interprofessional Practice	Competency 2: Roles/Responsibilities
• Priority areas for both fields • Profession-centric stereotypes • Comprehensive client centered care • Continuity of care • Clients' perspectives/stigma • Terminology/language • Round table discussions/activities	• Justice system and roles overview • Behavioral health system and roles overview • Science of recidivism reduction • RNR assessment and treatment model • Criminogenic needs overview • Assessment tools • Case planning around criminogenic needs • Scope of practice • Role play group work skills
Competency 3: Interprofessional Communication	**Competency 4: Teams and Teamwork**
• Communication and record sharing • Formal referral systems, record sharing, and confidentiality • Concepts and terminology: perspectives • Assessment/Treatment applications • Table assignments/Discussions	• Collaborative case planning • Joint case studies • Curriculum role plays • Being a change agent/Capstone project • Organizational change management • Program evaluation processes

JISTA Pre-test and Post-test Knowledge Scores (N = 26)	Pre Mean (S.D.)	Post Mean (S.D.)	*p < .05 **p < .01 ***p < .001
Competency 1: Values/Ethics for Interprofessional Practice			
I believe my work goals align with those of justice partners.	4.11 (.82)	4.61 (.50)	-2.58*
Competency 2: Roles/Responsibilities			
I am knowledgeable of the tools used in our system of care for assessing recidivism risk.	3.50 (.86)	4.27 (.53)	-4.55***
I am knowledgeable of the Risk-Needs-Responsivity model of rehabilitation.	3.31 (1.09)	4.23 (.59)	-4.82***
I can explain the role of the justice system as it relates to BHS and those I serve.	3.81 (.75)	4.46 (.58)	-3.94**
Competency 3: Interprofessional Communication			
I believe I have the necessary skills to communicate with justice partners.	4.27 (.60)	4.58 (.58)	-.2.54*
Competency 4: Teams and Teamwork			
I am able to apply the principles of change management to implement effective	3.85	4.27	-2.85**

Satisfaction With JISTA Training

	Mean SD
Overall satisfaction with the training.	4.7 (.68)
Overall satisfaction with the trainers.	4.9 (.53)

Focus Groups Suggest Culture Shifts

Shared goals and mission

Common language

Increased empathy for clients

Less suspicion of motives

Respect for skill sets

Programs improving

Implementation Approach For Consideration

Summary

Justice Involved Services
Training Academy

- **Criminal Justice and Behavioral Health must effectively partner to address complex and unique needs of the justice-involved**
- **CalAIM will provide new opportunities to address the needs of the JI population**
- **San Diego experience suggests that the Interprofessional Collaborative Practice model increases knowledge, positive attitudes and skills with EBP**
- **Most importantly, deliberate acknowledgment and directed discussion can bridge the distinct cultures and philosophies of CJ and BH to further collaboration**
- **County systems might consider preparing workforce and stakeholders who partner in order to obtain maximum benefit of CalAIM implementation**

Flexibility – I am open to new ideas and ways of doing things.