Process Improvement (PI) Project Storyboard
Increasing AB 109 Postrelease Supervised Persons (PSP) Access to Substance Use Disorder (SUD) Assessment and Treatment

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PLAN: Identify an opportunity for a Process Improvement Plan

Background:

1. California Assembly Bills 109 and 117 (AB 109/117) took effect October 1, 2011, and realigned three major areas of the criminal justice system. On a prospective basis, the legislation:
   - Established local jail custody for specified non-violent, non-serious, non-sex offenders who were previously subject to state prison sentences;
   - Modified parole statutes and created local Post release Community Supervision (PCS) for criminal offenders released from prison after having served a sentence for a non-violent, non-serious, and non-sex offense;
   - Shifted the revocation process for parolees to the county court system over a two-phase, two-year process.
2. Los Angeles County Board of Supervisors tasked the local Community Corrections Partnership*, led by the Department of Probation, to recommend a plan to the County Board of Supervisors for supervised low-level inmates/parolees;
3. In Year 1 of the Realignment, only 60% of AB 109 PSPs showed up to SUD treatment after they were assessed and referred to the Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC) treatment services in Los Angeles County;
4. SUD addiction is a chronic brain condition; therefore, identifying and reducing SUD Assessment and Treatment Referral System barriers can help meet AB 109 PSP SUD treatment needs. This in turn can have a positive impact on both short-term AB 109 PSP SUD recovery and on long-term public safety outcomes (i.e., reduced recidivism).

DPH-SAPC/UCLA-ISAP Process Improvement (PI) Project Team:

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6. Jimmy Singh, M.A., Research Analyst II, Research & Epidemiology Division;
7. Desiree Crevecoeur-MacPhail, Ph.D., UCLA Integrated Substance Abuse Programs (ISAP).

Assess the Current Process:

1. Clients with positive SUD assessment are required to show up to treatment within five business days of referral, however, this is not happening;
2. Assessment and treatment providers have reported that it is challenging to engage and retain the AB 109 PSP clientele, primarily because of their criminogenic risk levels;

Planning Phase:

Met with Criminal Justice Programs Manager and other staff to identify logical AB 109 PSP pathway through assessment and treatment (see Figure 1);
1. Conducted focus groups and individual interviews with PSPs, Community Assessment Service Center (CASC) staff, and treatment providers to learn about their perspectives on the assessment process and how it could improve;
2. Consulted with contracted DPH-SAPC agencies that work with the PSP population;
3. Conducted literature review to determine best practices for assessment and treatment engagement for criminal justice populations;

Identify Potential Solutions:

1. Identified and recommended validated client experience surveys and criminogenic needs screening tools;
2. Recommended use of a standardized phone greeting and client phone call reminder protocol at CASC sites.

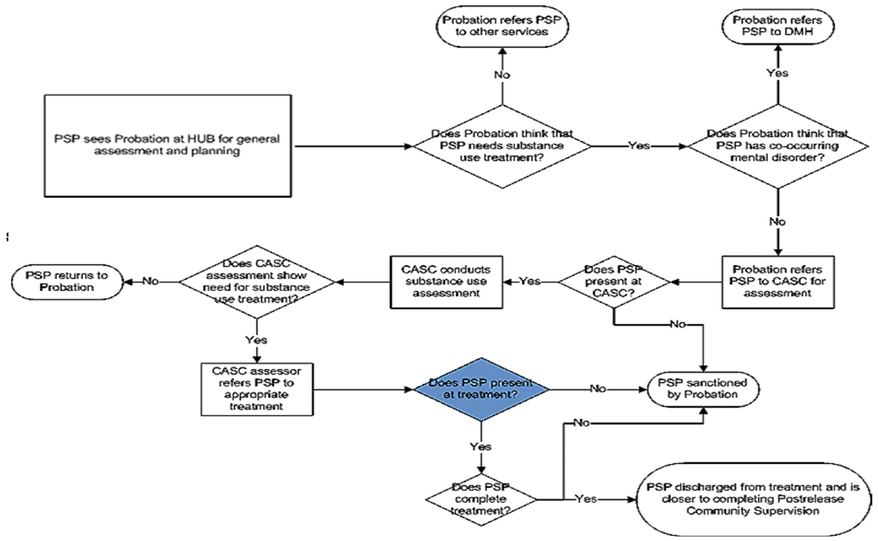
Develop an Improvement Theory:

1. We hypothesized that an assessment pathway at the CASCs that takes into account PSP client experience, criminogenic needs, and improved case management would increase presentation to and retention in treatment by:
   a. Promoting standardized phone greeting that avoid asking client about funding;
   b. Use of motivational interviewing prompts over the phone;
   c. Promoting use of standardized appointment reminder phone calls across CASC;
   d. Selecting and recommending a criminogenic needs screening tool;
   e. Conduct focus groups with CASC assessors and treatment providers line staff;
   f. Conduct phone interviews with AB 109 No-Show to Treatment PSP clients;
   g. Promoting process improvement changes guided by the NIATx four aims:
      i) Reducing waiting time between first request for service and first treatment session,
      ii) Reducing no-shows by reducing the number of patients who do not keep an appointment,
      iii) Increasing admissions to treatment,
      iv) Increasing continuation from the first through the fourth treatment session.

Improvement Theory Aims:

Based on our literature review and project field findings, the team recommended to pilot test the following to increase the percentage of PSPs presenting to treatment:
1. Standardized phone greeting, including standardized questions and apply motivational interviewing prompts when talking to clients over the phone;
2. AB 109 PSPs' appointment reminder phone call system at selected CASC sites;

Figure 1. Basic Schematic of PSP pathway through SUD assessment and treatment. Please note shaded blue area represents logical step for project intervention.



DO: Test the Theory for Improvement

Test the Theory: The PI Project team gathered the following findings through focus groups and No Show to Treatment client interviews.

Focus Groups Findings

AB 109 PSP Treatment Completers:
1. Gaining client trust and engagement is key to positive treatment compliance and transitioning back to society;
2. CASC assessment and referral process is confusing, some staff are unsupportive and inflexible when dealing with clients who fail to show up to their appointment;
3. Support PSPs in efforts to transition back to society by providing the following:
   - Helping them obtain a driver license or California ID,
   - Supporting them with career planning for future employment,
   - Providing them with life skills such as developing responsibility with oneself and others.

CASC Assessors:
1. Legal constraints limit PSP background information available during assessment;
2. Some PSPs are inappropriately referred to CASC for assessment, thus depleting their limited funds (e.g., time, money) and further demotivating PSPs to present to treatment in the future;
3. Client referral appointment follow up is not consistent across CASC;
4. PSPs who are wait-listed for either outpatient or residential treatment are less likely to follow-through and present to treatment;

Treatment Providers:
1. Some PSPs do not perceive any incentive from Probation to follow through with treatment requirements;
2. PSPs are sent to a minimum of three different places to initiate treatment, without resources or self-motivation, which often results in no-show to treatment;
3. Treatment providers need criminogenic needs thinking** and cultural differences training to improve understanding of high-risk clients who have difficulty re-entering society again;
4. Some PSPs need services beyond what SUD treatment providers can provide (e.g., stable housing after treatment discharge, on-going health care, on-going legal counseling, etc.)

No-Show to Treatment Client Chart Review (N=109)

The PI project team visited eight leading CASC agencies to conduct No-Show-to-Treatment, client phone surveys. The team reviewed clients' charts/notes on-site going back from six to twelve months before the date of the No-Show-To-Treatment phone survey. Of those, we reviewed 109 client charts (81.3 %) and successfully interviewed 13 clients (9.7% of total sample).

Main Barriers to Treatment (No-Show to Treatment Client Survey Interviews (N=13))
1. Access to treatment (e.g., lack of transportation, limited resources, geographical distance and wait time);
2. Limited after-hour assessments;
3. Perception of being stigmatized by staff;
4. Competing priorities:
   - Having to find a job,
   - Finding housing,
   - Needing to address prior probation violations.
5. Self-denial about underlying reasons for being referred to SUD treatment.

STUDY: Use Data to Study Findings/Results

SUD Referral to Treatment and Admission Rate Improvement:

SAPC monitors client data on a yearly basis to improve AB 109 PSP referral to treatment show up rates. The data collected from October 1, 2011 through September 30, 2014 (Year 1 to Year 3), indicated that SUD referral to treatment contacts among AB 109 PSPs increased by 88%, from 2210 to 4046. SUD treatment admissions increased by 58% for this same time period, from 1434 to 2279, among PSP clients.

ACT: Standardize Improvements and Establish Future Plans

Recommendations:

The DPH-SAPC AB 109 PI Pilot project has helped inform, via the focus groups and client-level phone interviews and chart reviews, the DPH-SAPC contracted Criminal Justice Programs and CASC about a number of referral to treatment system-level issues that can be improved.
1. Explore providing SUD assessment beyond CASC and Treatment Service centers traditional office hours;
2. Recommended to pilot-test a standardized phone greeting and client phone call reminder protocol at selected CASC sites for a two to three month-long period;
3. Increase capacity of CASC staff in the following areas:
   - Setting best practices for chart documentation and client follow-up,
   - Enhancing collaboration and communication between CASC and treatment providers,
   - Targeting SUD interventions to reduce PSPs' high criminogenic needs thinking and stigmatization.
4. Assess viability of incorporating Care Coordinators to reduce client barriers to assessment, referral and placement to treatment;
5. In response to phone answering reliability issues, DPH-SAPC should monitor compliance with Bulletin 15-03 that instructs CASC to have a live person answer the helpline at all times during business hours.
6. To address phone greeting discrepancies, CASC should answer incoming helpline calls with a standard greeting such as: "Good morning (or afternoon), Substance abuse treatment services."
7. To address CASC staff's public speaking discrepancies, DPH-SAPC should coordinate quarterly training sessions on Motivational Interview, NIATx principles, and other quality assurance topics.
8. To help improve referral to treatment rates, DPH-SAPC should develop long-term plans that focus on projects such as the AB109 Performance Improvement that help focus SAPC efforts to engage and retain SUD clients.

Conclusion:

The PI Pilot Project team recognizes the organizational barriers for implementing any recommended long-term solutions on the CASC assessment and referral to treatment pathway. Implementation of most AB 109 PI Pilot project recommendations is contingent upon finding and linking appropriate funding sources to support a system delivery redesign. Finally, any future changes to the assessment, referral and linkage to the SUD service delivery system must be aligned with the new proposed continuum of care and its five different levels of care :
   i. Detox and withdrawal
   ii. Residential treatment
   iii. Intensive outpatient
   iv. Outpatient
   v. Recovery support services

*CCP includes the following:
1) Alternate Public Defender, 2) Chief Executive Office, Countywide Criminal Justice Coordination Committee (CCJCC), 3) Department of Mental Health, 4) Department of Pubic Social Services, 5) Department of Public Health-SAPC, 6) Local Law Enforcement, 7) Los Angeles County District Attorney, 8) Los Angeles County Probation Department, 9) Los Angeles County Public Defender, 10) Los Angeles County Sheriff's Department and 11) Los Angeles County Superior Court.

** According to Guevara and Solomon (2009), criminogenic (correlated to crime) needs thinking includes the following:
1. Having an antisocial peer group;
2. Having a drug and alcohol dependency;
3. Displaying lack of self-control;
4. Having an antisocial belief system

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