

Community Transitions of Incarcerated Mentally-Ill Youth: Initial Outcomes from the FIT Project

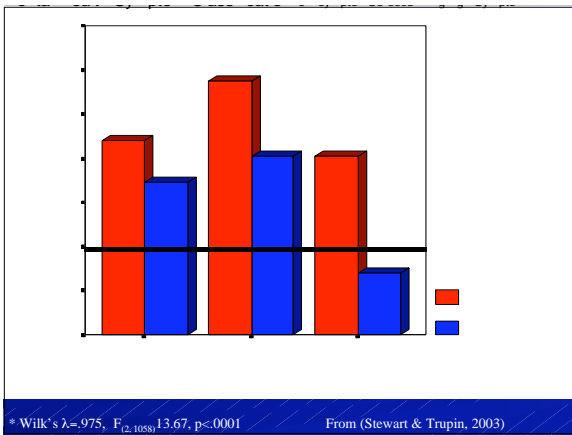
David G. Stewart, Ph.D.
Eric W. Trupin, Ph.D.

Division of Public Behavioral Health and Justice Policy
Department of Psychiatry and Behavioral Sciences
University of Washington

Mental Health Screen Project

Participants
1870 consecutive youth admitted to JRA in a 12 month period

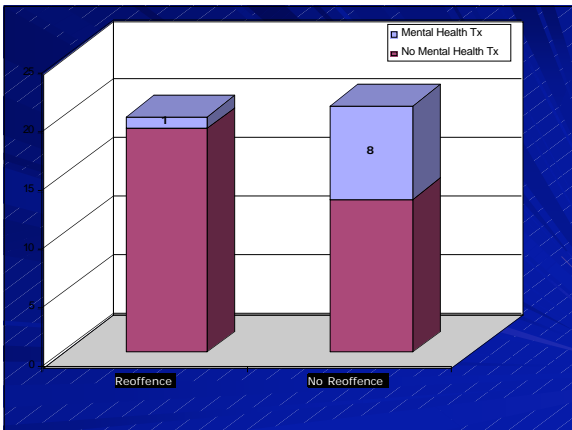
- **Race:** Caucasian (52%), African American (19%), Hispanic(14%), Native American(6%), Asian(5%).
- **Gender:** 12% females, 88% males
- **Age:** 12 to 21, median age 16.7



Community Transition Study

Participants
44 youth released from JRA institutions in an 18 month period who were diagnosed by a psychiatrist with a mental illness and received mental health services while in the institution.

- **Race:** Caucasian (52%), African American (27%), Hispanic(9%), Native American(7%).
- **Gender:** 21% females, 79% males
- **Age:** 14 to 20, median age 16.9



JRA Integrated Treatment Model

Successes

- Uses evidence-based practices and skill-based model in all programming in JRA
 - DBT
 - CBT
 - ART
 - Psychopharmacology
 - Drug and Alcohol Treatment
- Associated with improved behavior in institutions (Trupin, et al, 2001)
- Associated with improved recidivism rates post release (WSIPP, 2003)

JRA Integrated Treatment Model

■ Struggles

– Treatment in institutions lacks ECOLOGICAL VALIDITY

- Focus on milieu compliance and success
- Targets are distal from referral behaviors
- Families and community providers are absent from treatment planning and implementation
- Major challenges to skill implementation are absent (e.g. drugs, mobility, opposite sex peers, family stressors)

Senate Bill 6853

- “The legislature intends that juveniles participating in the study created by this act receive research-based, integrated, and highly individualized mental health and chemical abuse treatment that emphasizes family and community involvement, low caseloads, home or residence-based services, is time-determinate to the extent appropriate, focuses on the juvenile’s peer and social structures, promotes reduction of factors associated with reoffending, and emphasizes prosocial contacts and behaviors.”

Family Integrated Transitions (FIT)

■ Multisystemic Therapy

- Dialectical Behavior Therapy
- Motivational Enhancement
- Community Reinforcement
- Relapse Prevention

FIT Target Population

- Ages 11 to 17 at intake
- Substance abuse or dependence disorder AND
- Axis 1 Disorder OR currently prescribed psychotropic medication OR demonstrated suicidal behavior in past 6 months
- At least 4 months left on sentence
- Residing in service area

FIT Key Elements

- Services begin 2 months prior to release to ensure engagement and strengthen community supports
- Teach families specifics of interventions begun in the institution
- Convert coerced abstinence to motivated abstinence
- Early focus on relapse prevention

FIT: Dialectical Behavior Therapy (DBT)

- Teach youth skills to use in regulating mood and behavior
 - Mindfulness
 - Interpersonal Effectiveness
 - Emotion Regulation
 - Distress Tolerance
- Implement contingency management strategies
 - Self-monitoring
 - Parental monitoring
 - Systems monitoring

FIT: Motivational Enhancement (ME)

- Enhance motivation of youth, family, and community to engage and remain in treatment
- Enhance motivation of youth to reduce substance use
- Establish goals for treatment

FIT: Community Reinforcement/ Relapse Prevention

- Increase youth and family awareness of substance use and high-risk situations
- Increase repertoire of effective coping strategies
- Establish plan for resumption of treatment following relapse

FIT: Research Evaluation

- Quasi-experimental, prospective cohort study design
- Sample
 - 110 intervention youth
 - 120 control youth
- Clinical assessments at intake and 6 months following intake.
- Crime and cost data for the first 12-months post-release

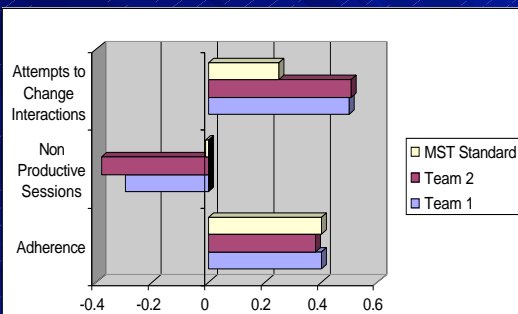
Performance Indicators for FIT teams

Engagement and Treatment Dose (n=94)

	Total	Team 1	Team 2
% Engaged in Services Post-Release	80	79	80
Avg. Days of Service Prior to Release	52	59	33
Avg. Hours of Pre-release Service	35	30	39
Avg. Number of Weeks of Service Post-Release	16	16	17
Avg. Hours per Week of Face to Face Services with youth*	2.0	1.8	2.1

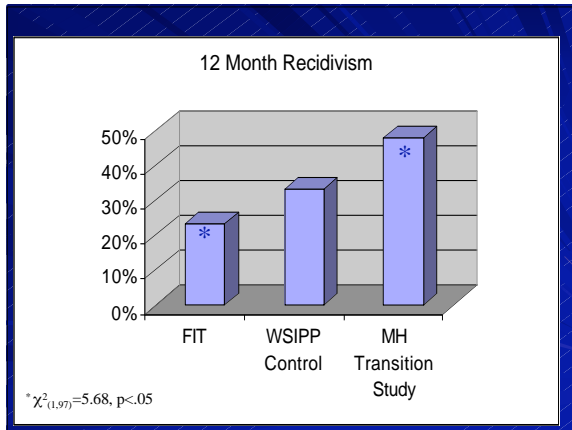
*note: an additional 2-3 hours per week are provided in family and community/ case management interventions

Adherence Ratings



FIT vs. Comparison Groups

	FIT	WSIPP	MH Transition Study
Number	53	105	44
Age (years)	16.2	16.3	16.9
Percent Male	77%	88%	79%
Percent White	62%	70%	52%
Pct Black	28%	10%	27%
Pct Native American	4%	5%	9%
Security Classification Score	44.3	44	
Criminal History score	15.3	15.6	



Conclusions

- FIT successfully engages youth and families in specified, individualized transition services
- FIT maintains fidelity to MST while specifying interventions tailored to needs of transition for mentally ill offenders
- FIT reduces recidivism in comparison to transition as usual for mentally ill offenders (23%-47%)

Next Steps

- Development of adherence and fidelity measures for unique FIT interventions
- RCT of FIT vs. Transition as Usual
- Application of FIT model for Transition in other institutional service settings