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

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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

<table>
<thead>
<tr>
<th>Engagement and Treatment Dose (n=94)</th>
<th>Total</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Engaged in Services Post-Release</td>
<td>90</td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td>Avg. Days of Service Prior to Release</td>
<td>32</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>Avg. Hours of Pre-release Service</td>
<td>32</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Avg. Number of Weeks of Service Post-Release</td>
<td>16</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Avg. Hours per Week of Face to Face Services with youth*</td>
<td>2.0</td>
<td>1.8</td>
<td>2.1</td>
</tr>
</tbody>
</table>

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

Adherence Ratings

FIT vs. Comparison Groups

<table>
<thead>
<tr>
<th></th>
<th>FIT</th>
<th>WSIPP</th>
<th>MH Transition Study</th>
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</thead>
<tbody>
<tr>
<td>Number</td>
<td>53</td>
<td>105</td>
<td>44</td>
</tr>
<tr>
<td>Age (years)</td>
<td>16.2</td>
<td>16.3</td>
<td>16.9</td>
</tr>
<tr>
<td>Percent Male</td>
<td>77%</td>
<td>88%</td>
<td>79%</td>
</tr>
<tr>
<td>Percent White</td>
<td>62%</td>
<td>70%</td>
<td>32%</td>
</tr>
<tr>
<td>Pct Black</td>
<td>28%</td>
<td>10%</td>
<td>27%</td>
</tr>
<tr>
<td>Pct Native American</td>
<td>4%</td>
<td>5%</td>
<td>9%</td>
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<tr>
<td>Security Classification Score</td>
<td>44.3</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Criminal History score</td>
<td>15.3</td>
<td>15.6</td>
<td>15.6</td>
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</tbody>
</table>
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

Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact David Stewart: davidste@u.washington.edu