NASMHPD

"This is not a project that is going to stop when funding ends."

OKLAHOMA

IMPLEMENTING THE TREATMENT IMPROVEMENT PROTOCOL (TIP) MANUAL, TREATMENT AND REENTRY SERVICES SPECIFIC TO JAILS

Project Background, Vision, and Outcomes

Oklahoma wanted to expand upon their use of evidence-based interventions to address the behavioral health needs of people in jail. To accomplish this goal, Oklahoma used Transformation Transfer Initiative (TTI) funds to develop and pilot interventions modeled after the Substance Abuse Treatment for Adults in the Criminal Justice System Treatment Improvement Protocol (TIP) Manual, with the purpose of decreasing incarceration lengths and leveraging existing partnerships.

The vision was to improve mental health treatment and reentry services for jail populations by using the TIP Manual to provide education on community resources and initiate engagement in mental health treatment and reentry services. As an example, they brought in medication-assisted treatment (MAT) including suboxone and methadone into some of the county-level in-jail services. Key stakeholders for this work included DMH, DHHS, Public Defenders Office, county jails and Commission and their Board(s), and the Criminal Justice Advisory Council (CJAC).

There were barriers to collecting outcome measures because the infrastructure for collecting treatment data is still being developed. Additionally, there were barriers with combining data from the county jail with electronic health systems due to an "archaic system" that doesn't allow "data drops". Information technology teams on the mental health and correction sides are working together, and making progress, to mitigate some of the technology-based challenges to data sharing. Project successes included increasing their contact and engagement with people in jail and an increase in risk-need-responsivity screens.

Project Implementation: Challenges and Lessons Learned

Several challenges related to jail access arose during the project period including correctional staff turnover, no/limited access to jails at certain points in time, violence in the jails, a bed bug outbreak, and limited physical infrastructure (i.e., no meeting room, no Wi-Fi, and one elevator for ten floors).

The Covid-19 pandemic prevented physical access to patients within the jails. Because of a lack of access to patients, the project team leveraged technology to provide behavioral health services (i.e., telehealth upon release). Patients were provided with physical resources (i.e., paper copies) to continue learning about resources and reentry services available upon release.

The main lesson learned throughout the TTI project period was to ask more questions about jail facilities' strengths, weakness, and infrastructure. There is also a need to understand current jail programming so that new programs don't duplicate existing treatment and/or reentry efforts and best match the facilities' needs. Additionally, there needs to be strong collaboration during project implementation to troubleshoot interagency internal barriers that can arise.

Sustainability and Project Legacy

This project was designed to improve mental health treatment and reentry services by using the TIP Manual to assist individuals in county jails. When funding ends, there are plans to continue programming and treatment initiatives developed and/or maintained during the TTI project period. Project leadership stated that "this is not a project that is going to stop". Many community-based providers are Certified Community Behavioral Health Clinics (CCBHCs) utilizing the Prospective Payment System, so funding for community partners is not a major issue to continue this work.

Health Equity

This work sough to improve access to behavioral health treatment and reentry services for individuals in jail with mental health needs. Since legal-involved individuals have traditionally been a marginalized health population, Oklahoma's in-jail behavioral health services are representative of and align with health equity initiatives.

Peer Services Utilization

Oklahoma is embedding the recovery support specialist (RSS) role in various treatment teams across several behavioral health programs. The presence of RSS allows peers to share their stories to individuals in jail and those who have been recently released with the goals of fostering engagement in treatment and providing support.

Trauma Informed Care

Oklahoma screens individuals in jail for adverse childhood experiences (ACEs), which has been linked to an increased likelihood of legal involvement and mental health treatment needs in adulthood. By completing ACEs screening, Oklahoma remains informed on the links between negative experiences in childhood and legal involvement among adults in county jails.

For further information about this project contact Dedra Hansbro at *dedra.hansbro@odmhsas.org*, Stephanie Cottrell at *stephanie.cottrell@odmhsas.org*, or David Wright at *david.wright@odmhsas.org*.

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