

Maintaining Independence and Sobriety Through Systems Integration, Outreach and Networking – Criminal Justice Version (MISSION-CJ)

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Veterans Health
Administration



HSR&D

HEALTH SERVICES RESEARCH & DEVELOPMENT



Disclosure

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Presentation Overview

- This presentation focuses on:
 - Overview of the MISSION-CJ Model
 - Key MISSION-CJ Outcomes



MISSION-CJ CORE COMPONENTS AND SUPPORT SERVICES

Combining evidence-based services into a multicomponent system of care



- Critical Time Intervention (Susser et al., 2007)
- Empowering Pro-Social Change (Gaba & Drawbridge, 2020)
- Dual Recovery Therapy (Ziedonis et al., 1997)
- Peer Support (Chinman et al., 2010)
- Vocational/Educational Support (Ellison et al., 2012)
- Trauma Informed Care (Najavits et al., 2011)
- Risk-Need-Responsivity (Blanchette & Brown, 2006; Ward et al., 2007)

Overview of MISSION-CJ Treatment Model

Goal(s):

- Multicomponent support for individuals with co-occurring mental health and substance use, and criminal justice involvement

Setting:

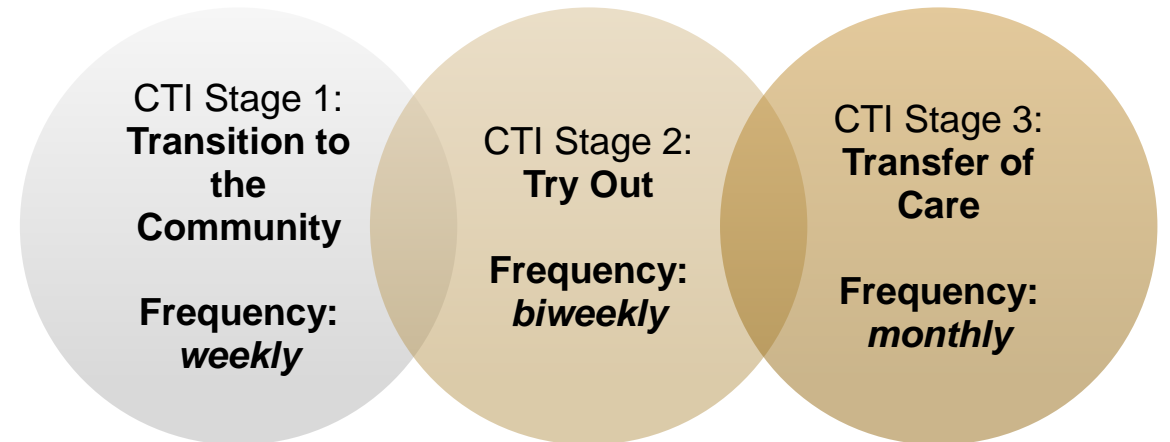
- Jail, Prison, Specialty Courts

Staffing:

- Case Manager and Peer Support Teams

Critical Time Intervention (CTI)

- CTI is a time-limited, evidence-based assertive outreach approach (Herman & Conover 2002)
- CTI offers step-down intensity to promote linkage and engagement employment, education, trauma services, and other criminal justice, and prosocial activities



MISSION-CJ CTI Linkage Support



Empowering Pro-Social Change (EPC)

- EPC is a 7 session curriculum designed for justice-involved individuals to support pro-social cognitions and behaviors.

Session	Session Name
1	Welcome
2	Values
3	Introduction to Dynamic Risk Factors
3a	Introduction to Female-Specific Dynamic Risk Factors
4	Planning for Change
5	Your Social Network & the Company You Keep
6	Healthy Relationships
7	Dismantling Antisocial Cognitions and Behaviors

Dual Recovery Therapy (DRT)

- DRT is an evidence-based integrated mental health and substance abuse psychoeducation therapy
- It help participants understand the interrelation of mental health problems and substance use.

Session	Session Name
1	Onset of Problems
2	Life Problem Areas
3	Motivation, Confidence, and Readiness to Change
4	Developing a Personal Recovery Plan
5	Decisional Balance
6	Developing Strong Communication Skills
7	Orientation to 12-Step Programs
8	Anger Management
9	Relapse Prevention
10	Relationship Related Triggers
11	Changing Unhealthy Thinking Patterns
12	Changing Irrational Beliefs
13	Scheduling Activities in Early Recovery

Peer Support

- Peer Support curriculum consists of 11 recovery-oriented group sessions delivered by a Peer Support Specialist (an individual with lived experience of CODs and criminal justice involvement).

Session	Session Topic
1	Willingness
2	Self-Acceptance and Respect
3	Gratitude
4	Humility
5	Dealing with Frustration
6	Handling Painful Situations
7	Significance of Honesty
8	Courage
9	Patience
10	Medicine Maintenance
11	Making a Good Thing Last

Vocational and Educational Support

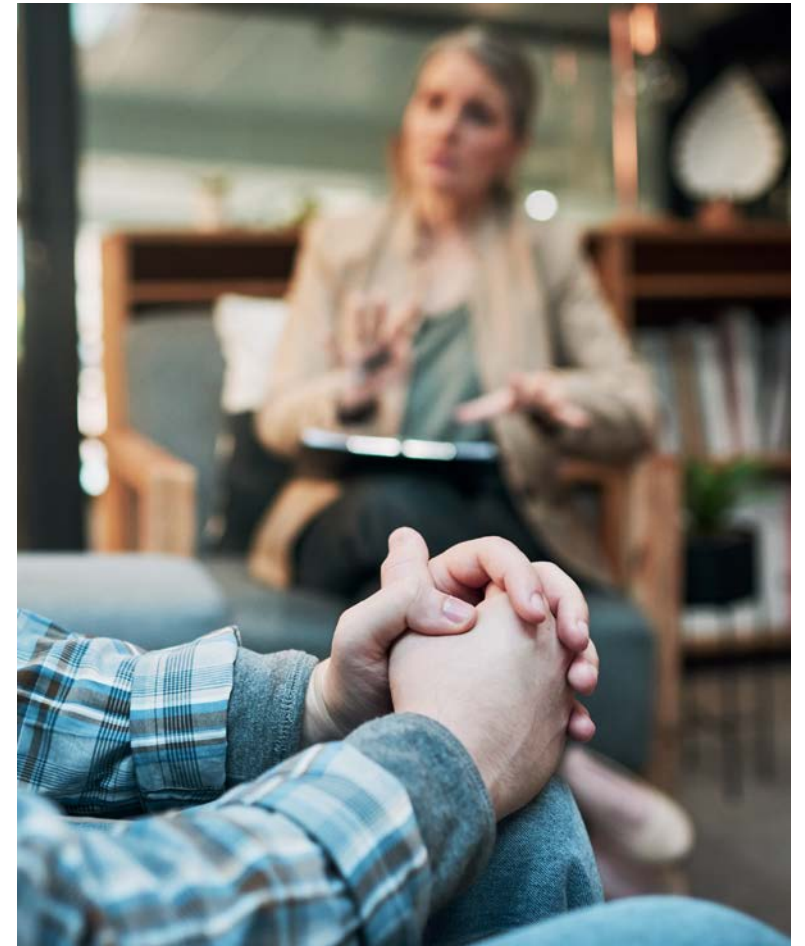
MISSION-CJ Teams:

- Address employment and educational goals on the treatment plan
- Assess eligibility for vocational benefits and assistance
- Provide linkages to employers, vocational specialists or Vocational Rehab programs
- Teach skills for securing and maintaining a job

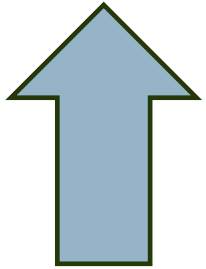


Trauma-Informed Care

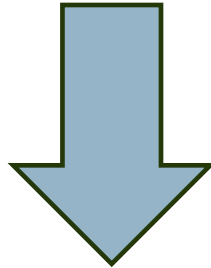
- Guidance on when/how to make a referral
- Develop plan for increased safety
- Establish both perceived and real trust
- Provide psychoeducation about trauma and substance abuse
- Teach coping skills to control trauma symptoms



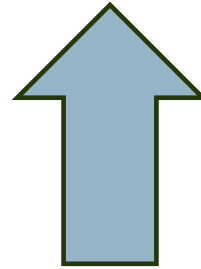
MISSION-CJ Evaluation



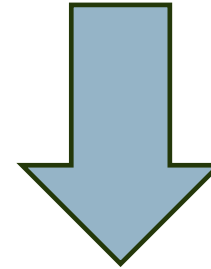
Increase
community
tenure



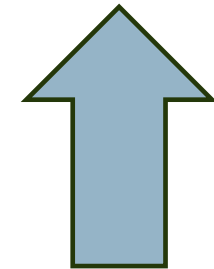
Reduce
re-
hospitalizations



Improve
psychiatric and
substance use
outcomes

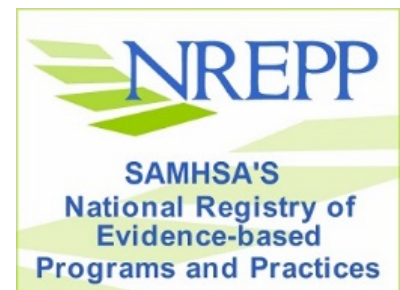


Reduce
recidivism



Increase the
number of days
employed and
wages earned

- Smelson, et al. (2005). Preliminary outcomes from a community linkage intervention for individuals with co-occurring substance abuse and serious mental illness. *Journal of Dual Diagnosis*, 3(1), 47-59.
- Smelson, et al, (2007). Six month outcomes from a booster case management program for individuals with a co-occurring substance abuse and a persistent psychiatric disorder. *European Journal of Psychiatry*, 21, 143-152.
- Smelson, et al, (2012). A Brief Treatment Engagement Intervention for Individuals with Co-occurring Mental Illness and Substance Use Disorders: Results of a Randomized Clinical Trial. *Community Mental Health Journal*, 48(2), 127-132.
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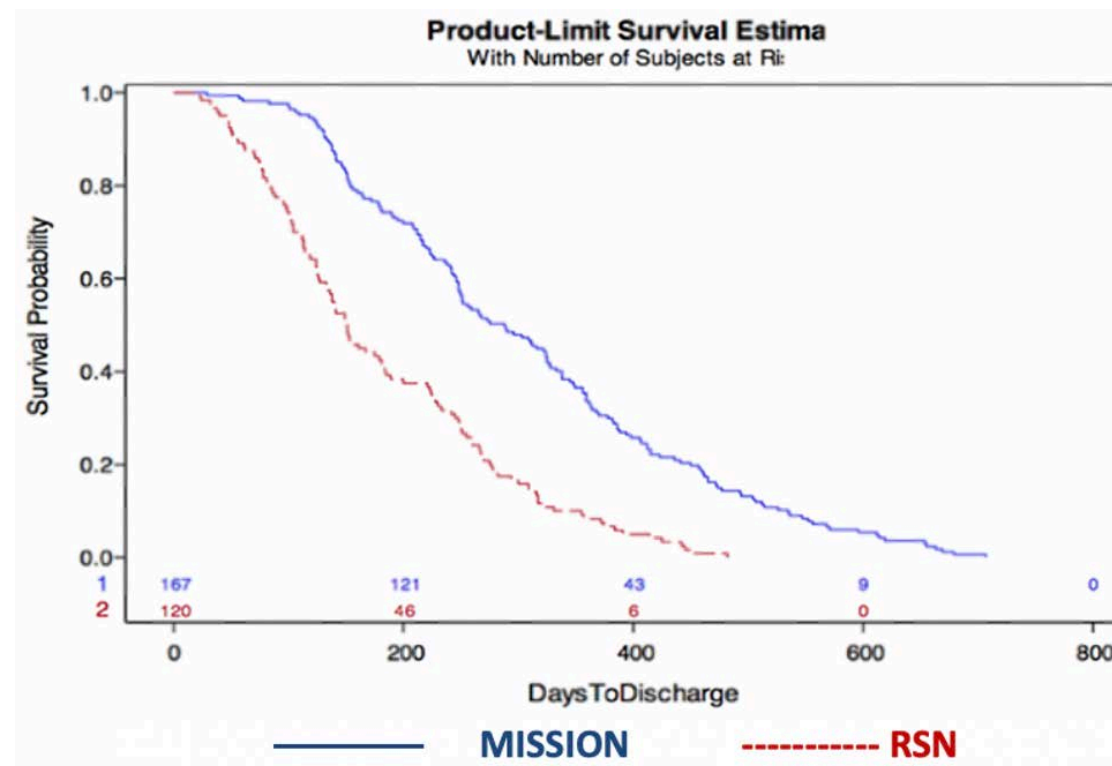


MISSION-CJ Outcomes

- Smelson, D. A., Gaba, A., Pressman, K., Clary, K. M., Shaffer, P. M., & Pinals, D. A. (2020). Embedding a co-occurring disorders rehabilitation intervention in veterans courts: a pilot study with male veterans. *Community mental health journal*, *56*(5), 970-977.
- Shaffer, P. M., Rodriguez, C. P., Gaba, A., Byrne, T., Casey, S. C., Harter, J., & Smelson, D. (2021). Engaging vulnerable populations in drug treatment court: Six month outcomes from a co-occurring disorder wraparound intervention. *International Journal of Law and Psychiatry*, *76*, 101700.
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- Smelson, D., Shaffer, P. M., Rodriguez, C. P., Gaba, A., Harter, J., Pinals, D. A., & Casey, S. C. (2020). A co-occurring disorders intervention for drug treatment court: 12-month pilot study outcomes. *Advances in Dual Diagnosis*.
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- Smelson, D., Farquhar, I., Fisher, W., Pressman, K., Pinals, D. A., Samek, B., ... & Sawh, L. (2019). Integrating a co-occurring disorders intervention in drug courts: an open pilot trial. *Community mental health journal*, *55*(2), 222-231.
- Trojano, M. L., Christopher, P. P., Pinals, D. A., Harnish, A., & Smelson, D. (2017). Perceptions of voluntary consent among jail diverted veterans with co-occurring disorders. *Behavioral sciences & the law*, *35*(5-6), 408-417.

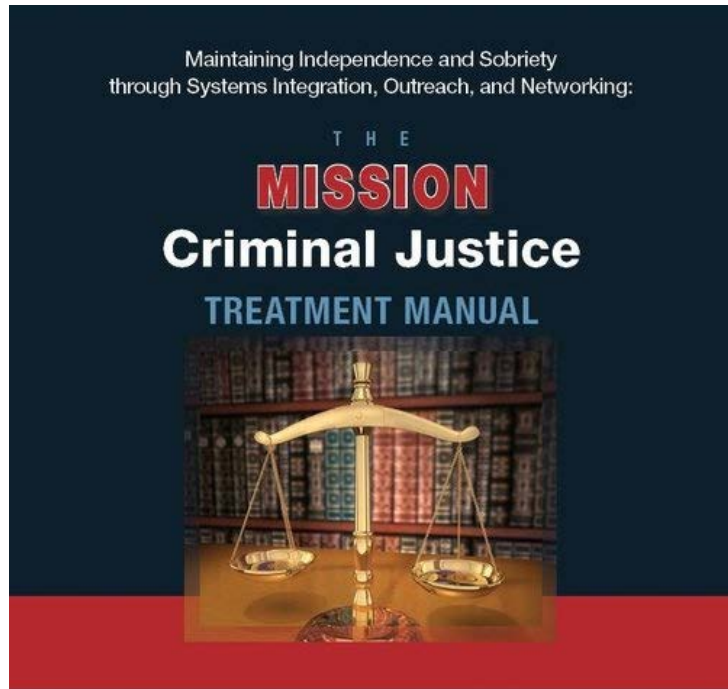
One recent MISSION-CJ reentry study among 6 jails in Massachusetts:

- MISSION-CJ (n=173) as compared to a linkage only model (n=120).
- Higher 6 month engagement rate for MISSION-CJ (58.4%) versus linkage only (15.9%)
- Survival analysis revealed that engagement was significantly different between interventions and was not attenuated when baseline patient level factors were considered.*
- Cox proportional Hazards indicated a 61.7% reduction in hazard of early discharge for individuals receiving MISSION-CJ as compared to a linkage only model ($p < .0001$), controlling for all covariates.

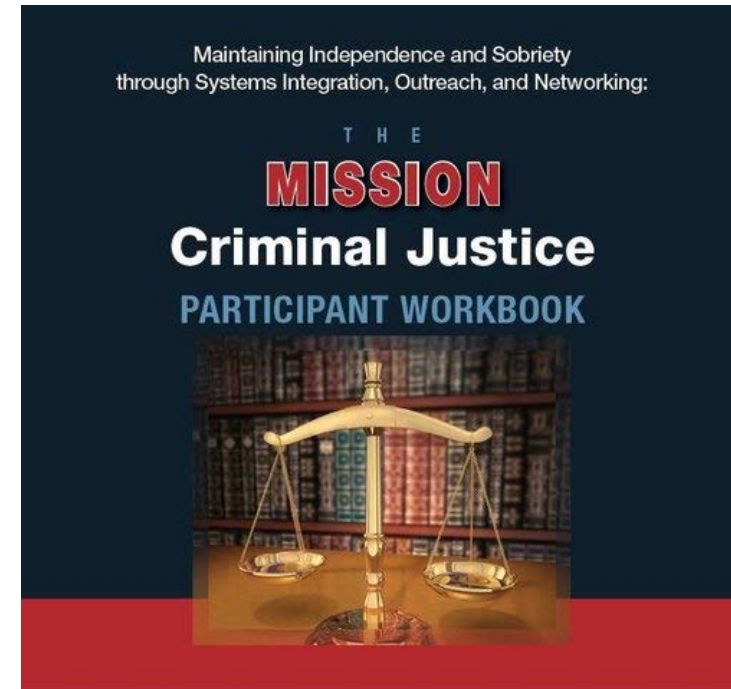


*age, race, ethnicity, gender, length of CJ involvement, number of prior arrests, most problematic substance, length of pre-release engagement, receipt of MOUD.

Program Implementation Materials



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MISSION-CJ Support

- Download Manuals at missionmodel.org
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