



Deflection, Diversion, and Mental Health Recovery: A Systems Approach and DEI Practice Perspective



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B4Stage4

Disclaimer

This webinar was developed [in part] under contract number HHS283201200021/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

A photograph of a theater stage. In the foreground, there are many rows of red upholstered seats. The stage floor is a light-colored wood. At the back of the stage, a large white rectangular screen displays text. Red curtains are visible on either side of the screen. The lighting is dim, with some blue lights on the floor near the seats.

**This event is
being recorded.**

**The recording will be sent to everyone who
registered. It will also be available on our
website at www.nasmhpd.org**

Audio Logistics

- Today's audio is broadcast through your computer speakers, and your lines will be muted throughout the duration of the event.
- If you need technical assistance, have questions or comments for the presenter(s), or want to communicate with each other during the presentation, please use the Questions, Comments, and Chat box.

Community of Practice Intimate Dialogue



Join us for Part Two

https://us06web.zoom.us/meeting/register/tZllc-yprTspGt296YwD9C1hh-6Ft89_MhQG

Deflection, Diversion and Health Recovery: A Systems Approach and DEI Practice Perspective- Community of Practice Intimate Dialogue

July 20, 2022 from 1:00-2:00pm ET

- * Dive deeper into your questions
- * Coordinate your efforts
- * Expand your network

Part Two will be via Zoom so you will have the opportunity to interact with the presenters verbally or via chat.

Learning Objectives

Today we will learn:

- TASC's history in deflection and diversion efforts as a systems-level evidence-based practice
- Introducing the original TASC model
- Best practices in jail release and community reentry services for people with SMI
- Doable actions to take to improve DEI in the deployment of your agency, program, and practices

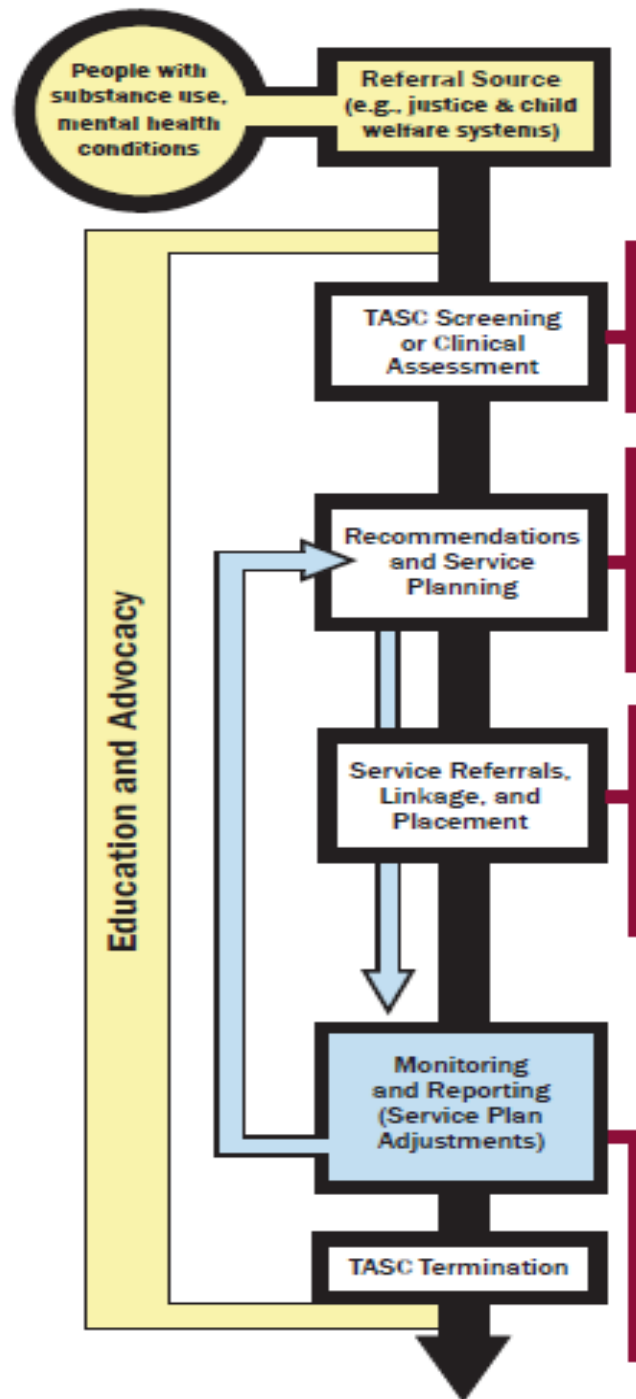
Have You Heard of These?

Evidence-Based Practices and Practice-Based Evidence

TASC

Treatment
Alternatives for
Safe
Communities

Usually focused on application to individuals
TASC focuses on systems – systems mean scale



The TASC Model

A Scalable Systems Approach

- 100% Identification, screening, and assessment
- Recommendations and service planning
- Service referrals and placement
- Education and client advocacy
- Ongoing monitoring, reporting, and service plan adjustments

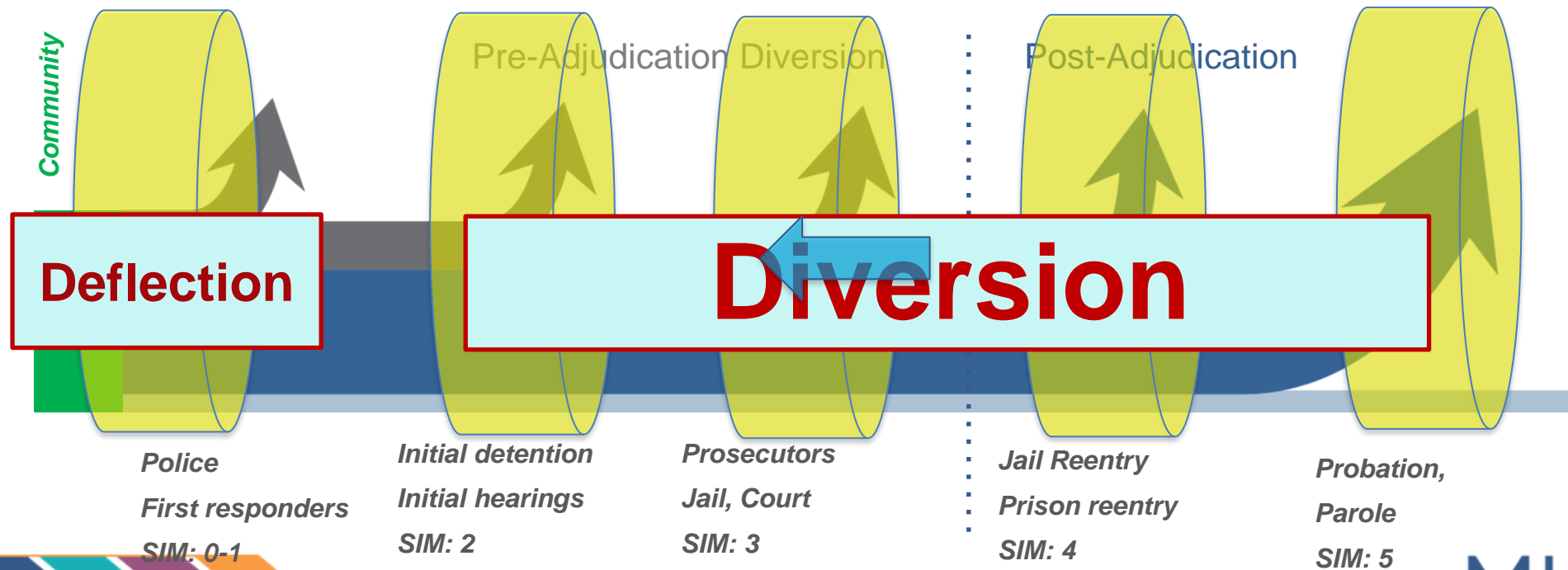
TASC Works Along the Continuum

- Every point in the justice system is an opportunity to prevent and treat substance use disorders and mental health.
- TASC works with clients throughout the entire continuum of the justice system.
- TASC matches justice system requirements with appropriate clinical interventions – substance use, mental health, and co-occurring substance use conditions.

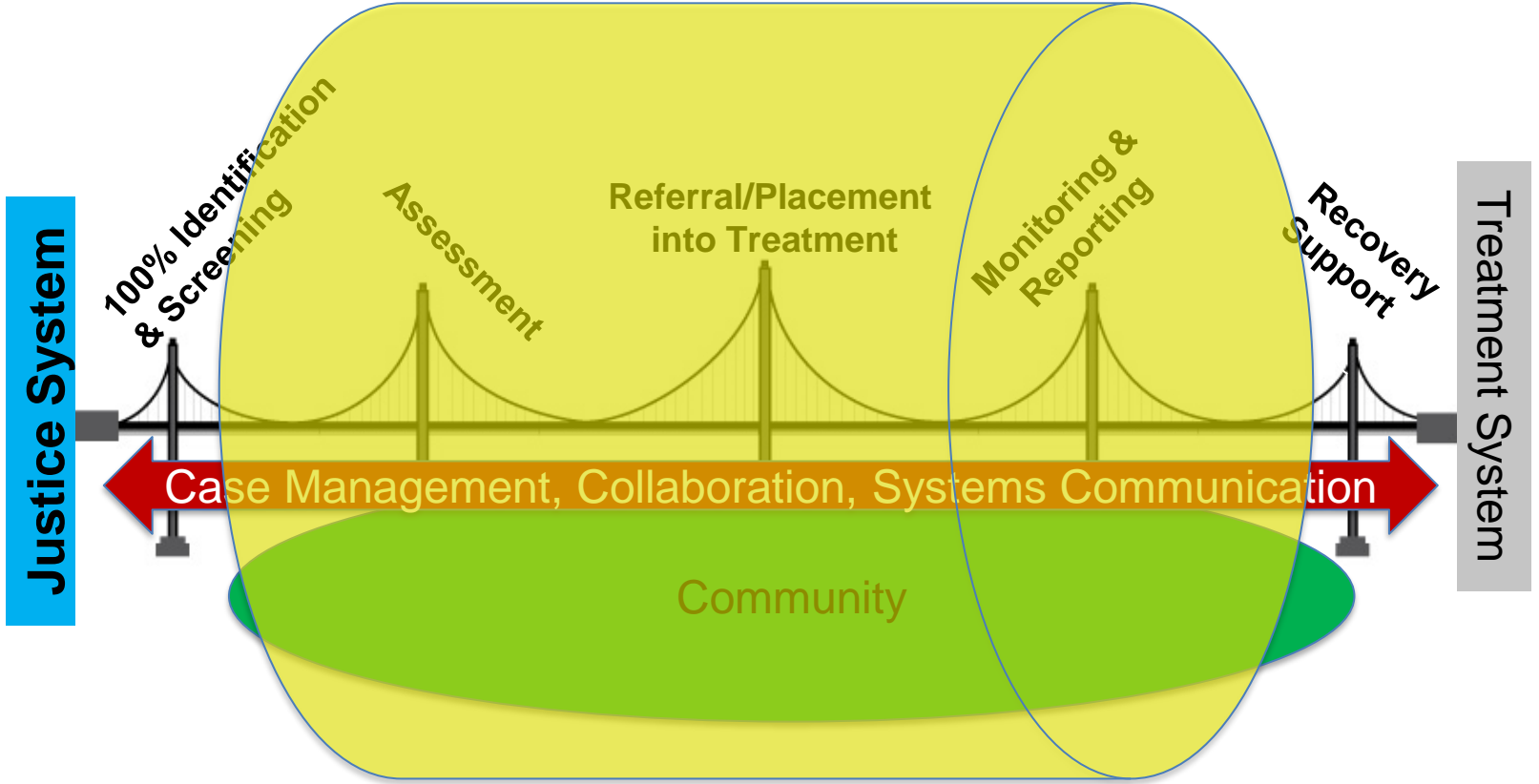
The TASC Model Spans the System

Community-based services, housing, and recovery support

Many people can be safely deflected and diverted in the community instead of entering the justice system



The TASC Model Connects Systems



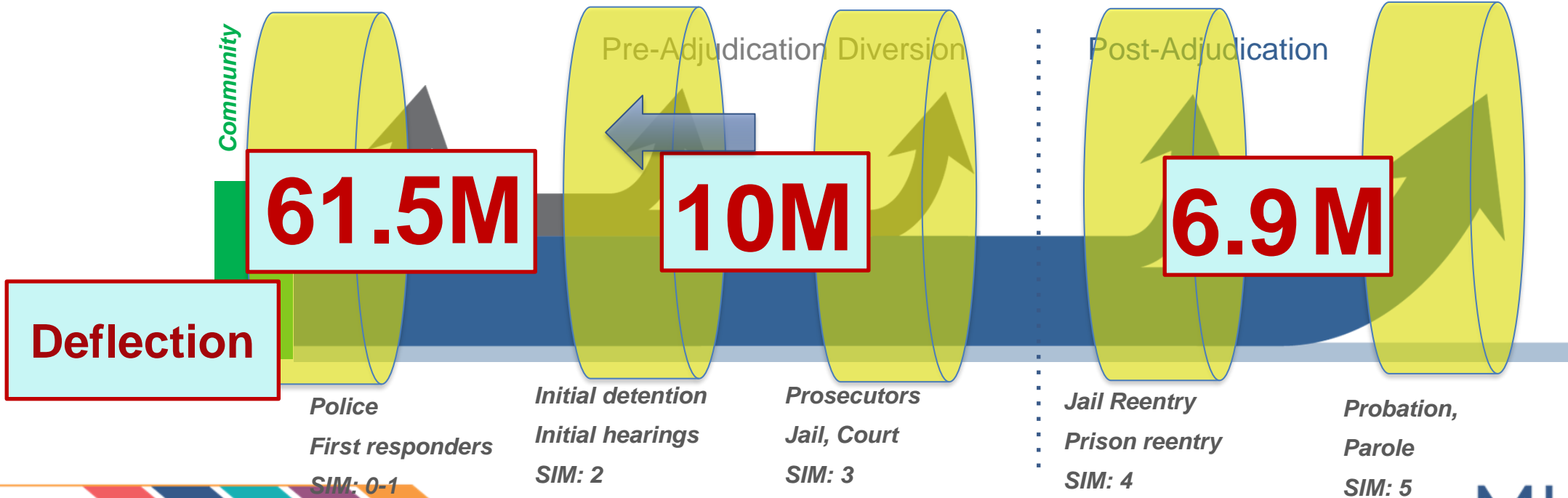
Agencies and Systems Doing Their Best Work



An Example of Scale: Justice Encounters By The Numbers

Community-based services, housing, and recovery support

*Many MORE people can be safely deflected
in the community instead of entering the justice system*



The Need for Scale and Systems: US Justice Population

Behavioral health problems are primary

- 70% meet the diagnostic criteria for drug and/or alcohol use disorder¹
- 15% of men & 30% of women meet the criteria for serious mental illness²
- 72% of those with a serious mental illness also meet the criteria for a co-occurring substance use disorder.³ This subset is also:
 - 40% more likely to have a co-morbid medical problem;
 - 30% more likely to have multiple medical problems⁴; and
 - has a reduced life expectancy of 25 years compared to the general population.⁵

The Need for Scale and Systems: US Justice Population

- Fewer than 25% of individuals with chronic conditions see a physician in the first year after release⁶
- 80% report no community treatment prior to their last arrest⁷
- Less likely to have a regular source of medical care and more likely not to have a routine physical check-up in over 5 years⁸
- Those with chronic physical and behavioral health conditions have higher rates of re-arrest and re-incarceration than those without^{9, 10}

Specialized Case Management: The TASC Model Actualized

TASC SCM is traditional case management functions, *plus*:

- Embedded in the system to bridge gaps between systems (e.g., corrections, child welfare) and community-based services
- Navigates clients' needs within and between multiple systems, not only as they go through treatment, but also with system requirements (e.g., court dates, parole meetings) and other obligations (e.g., child care, employment)

Specialized Case Management: The TASC Model Actualized

TASC SCM is traditional case management functions, *plus*:

- Holistic, client-centered approach to support client's overall well-being; includes comprehensive assessment, placement into treatment and other services, monitoring client progress, communication with referral source (e.g., courts, parole), and ongoing client education and advocacy
- Creates efficiency by embedding routinized collaboration and communication between systems and services; improves outcomes for individuals and systems

Deflection, Diversion, and Mental Health Recovery: Evidence-Based Practices and DEI

Evidence-Based Practices in Mental Health

Individual Interventions

- Cognitive Behavioral Therapy (CBT)¹¹
 - CBT helps people identify and change complex and repetitive patterns of thinking effecting emotions and driving behavior.
- Motivational Interviewing¹²
 - Motivational Interviewing is a counseling model that involves supporting a client's motivation to change.

Evidence-Based Practices in Mental Health

Team Based Services

- Assertive Community Treatment (ACT)¹³
 - ACT is a team-based approach to clinical and care management. ACT Teams are multidisciplinary in design in an effort to support all aspects of the patient's life (i.e. therapy, employment, recovery, housing, medication management, social support, etc.). The entire caseload is served by the entire team.
- Community Support Team
 - Similar to ACT, CST is a team-based approach that typically focuses on a less acute patient population than ACT. The required contact of CST Team members and their assigned caseload is less frequent than ACT. CST is often used as a step down from ACT and is a bridge to outpatient therapy as a sole intervention.

Diversity, Equity and Inclusion in Treatment

- The mental health field has a history of racism and maltreatment of people of color. As a field, the theories considered as best practices were not designed to address the needs of people of color.
- The need for culturally appropriate, racially sensitive models of care is key to successful mental wellness.

Diversity, Equity and Inclusion in Treatment

- In 2021, the American Psychological Association and the American Psychiatric Association both issue apologies for their role in supporting structural racism.^{14, 15}
- So, it stands to reason that “Evidence” in evidence-based models may not be relevant to all populations, despite its designation.

Solutions

- The use of people with lived experience is an excellent opportunity to bridge the equity gap between practitioners and patients:¹⁶
 - *Integration of Peer Recovery Specialists in the clinical model*^{17, 18}
 - *Recruitment of Clinicians, Nurses, and other team members with the same or similar racial, ethnic, sexual orientation, gender identity or cultural background as the general patient population*
- Even if you are able to diversify your clinical operation, Training and Technical Assistance for clinical team members to address implicit bias is another opportunity to address equity deficits

Solutions

- Targeted recruitment, in partnership with local colleges and universities and internship programs can aid in addressing this issue
 - *Our experience is that social workers and counselors are disproportionately Caucasian and female*
 - *These types of partnership can also help recruit bilingual/bicultural staff, if needed*
- Integration of cultural principles such as Nguzo Saba, yoga, traditional Chinese medicine and Native American beliefs are helpful in engagement of diverse client populations

Solutions

- Collect, review, and act on your agency and program data. This does not need to be complicated nor require a PhD but does need to be put to use from top to entry leadership levels.
 - *How does your staff reflect your community? Those with whom you work?*
 - *Think not only of race, but also gender and sexual orientation. Social services agencies can have female staff yet serve a primarily male population.*
- Having a diverse staff does not mean that DEI work is not needed. DEI is about understanding your experience, doing your best to understand others, and then successfully bridging the two in order to make it work for the client.

Solutions

- Create evidence-based practices that do address DEI
 - *Working with professional evaluation and research personnel, seek to create new evidence-based practices.*
 - *Evidence-based practices all came from regular practice being done by agencies just like yours.*
 - *One possible strategy is to create a consortium of organizations that work collectively to design, create, pilot, evaluate, and adjust new practices that can then become evidence-based, and start as practice-based evidence.*

Questions?

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Thank You!

JOIN US FOR PART 2 OF THIS WEBINAR: https://us06web.zoom.us/meeting/register/tzilc-yprtspgt296ywd9c1hh-6ft89_mhQG

PART TWO WILL BE VIA ZOOM SO YOU WILL HAVE THE OPPORTUNITY TO INTERACT WITH THE PRESENTERS VERBALLY OR VIA CHAT.

THE COMMUNITY OF PRACTICE INTIMATE DIALOGUE WILL BE HELD ON WEDNESDAY, JULY 20, 2022, AT 1:00PM EASTERN TIME.