



*Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems*

# **Implementing a Culture of Health among Delaware's Probation Population**

*Research In Progress Webinar*

*Wednesday, August 17, 2016*

*12:00-1:00pm ET/ 9:00-10:00am PT*

*Funded by the Robert Wood Johnson Foundation*

# Agenda

**Welcome: Glen Mays, PhD, MPH**, Director, RWJF [\*Systems for Action\*](#) National Coordinating Center; Scutchfield Endowed Professor of Health Services & Systems Research, U. Kentucky

## **Implementing a Culture of Health among Delaware's Probation Population**

**Presenters: Daniel J. O'Connell, PhD**, Scientist, Center for Drug & Health Studies; Assistant Professor, Department of Criminal Justice [\*oconnell@udel.edu\*](mailto:oconnell@udel.edu) and **Christy Visher, PhD**, Director, Center for Drug & Health Studies; Professor, Sociology and Criminal Justice, University of Delaware [\*visher@udel.edu\*](mailto:visher@udel.edu)

**Commentary: Michael Shafer, PhD**, Professor, School of Social Work, College of Public Service and Community Solutions; Director, Center for Applied Behavioral Health Policy, Arizona State University [\*Michael.Shafer@asu.edu\*](mailto:Michael.Shafer@asu.edu)

## **Questions and Discussion**

# RWJF Systems for Action Program to build a national Culture of Health <http://www.systemsforaction.org/>

## Overview

# Mission: Widen the lens beyond health care & public health systems

Rigorous research to identify novel mechanisms for aligning delivery and financing systems in **medical care**, **public health**, and **social & community services** in ways that improve **health** and **wellbeing**, achieve **efficiencies** in resource use, and reduce **inequities**.

[www.systemsforaction.org](http://www.systemsforaction.org)



# Wide lens: implicated sectors

- Public health
- Medical care: ACOs, PCMCs, AHCs
- Income support
- Nutrition and food security
- Education and workforce development
- Housing
- Transportation
- Criminal justice
- Child and family services
- Community development and finance



# Study **novel mechanisms** for aligning systems and services across sectors

- Innovative alliances and partnerships
- Inter-governmental and public-private ventures
- New financing and payment arrangements
- Incentives for individuals, organizations & communities
- Governance and decision-making structures
- Information exchange and decision support
- New technology: m-health, tele-health
- Community engagement, public values and preferences
- Innovative workforce and staffing models
- Cross-sector planning and priority-setting

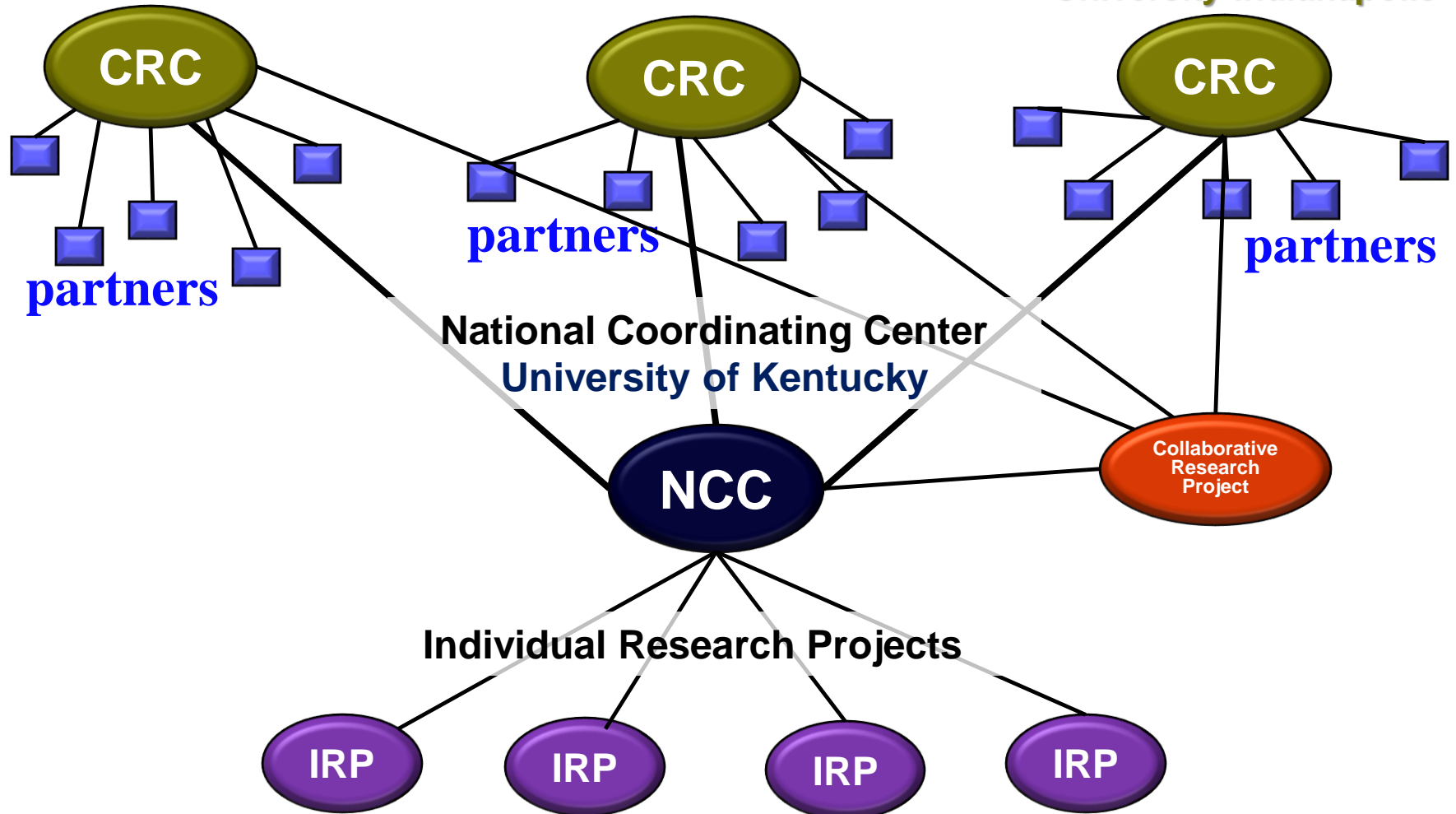
# S4A Program Structure

## Collaborating Research Centers

University of Chicago

Arizona State University

Indiana University – Purdue  
University Indianapolis





# Collaborating Research Centers

- ***University of Chicago:*** Randomized trial of a Comprehensive Care, Community and Culture program
- ***Arizona State University:*** Analysis of medical, mental health, and criminal justice system interactions for persons with behavioral health disorders
- ***IUPUI:*** Evaluating integration and decision support strategies for a community-based safety net health care and public health system
- ***University of Kentucky:*** Measuring multi-sector contributions to public health services and population health outcomes.



# Individual Research Projects

- ***Michigan State University:*** Randomized trial of Community Complex Care Response Team
- ***Los Angeles Department of Health:*** Evaluation of Housing for Health initiative, which provides permanent housing and supportive services for vulnerable populations
- ***University of Delaware:*** Randomized trial to test the efficacy of using the team approach to leverage different financing systems and services
- ***Drexel University:*** Evaluation of Building Wealth and Health Network within anti-poverty programming

# Presenters



## [Daniel J. O'Connell, PhD](#)

Scientist, Center for Drug and Health Studies  
Assistant Professor, Department of Criminal  
Justice

University of Delaware [oconnell@udel.edu](mailto:oconnell@udel.edu)



## [Christy Visher, PhD](#)

Director, Center for Drug and Health Studies  
Professor, Sociology and Criminal Justice

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# Implementing a Culture of Health among Delaware's Probation Population

**Center for Drug and Health Studies,  
University of Delaware.**

**Delaware Departments of Correction, Health &  
Social Services, Housing, Labor, and Education,  
Christiana Care Health Systems, Planned  
Parenthood and Connections Inc.**

**Dr. Dan O'Connell PI**

# Robert Wood Johnson Foundation's Systems for Action

Systems and Services Research to Build a Culture of Health

- Four Research Areas:

- 1) Investigate the implementation and impact of strategies designed to achieve alignment, collaboration, and synergy across **delivery and financing systems**;
- 2) Investigate the implementation and impact of strategies designed to reduce and eliminate health inequities through **cross-sector alignment and improvement**
- 3) Investigate the effectiveness and efficiency of information and decision support strategies in achieving alignment, collaboration, and synergy across delivery and financing systems **in community settings impacting diverse populations**
- 4) Investigate the role of incentives in achieving alignment, collaboration, and synergy across delivery and financing systems.

# Delaware's Culture of Health Project

- Will study the implementation of a **Local Change Team** to:
  1. Coordinate the alignment, collaboration, and synergy across delivery and financing systems to provide health screening and linkage to care among Delaware's Probationer Population.
  2. Recognizing health as a holistic concern, the change team's membership includes nine agencies and health providers and is designed to reduce health inequities through **cross-sector alignment and delivery improvement**.
  3. The study's focus on probationers and inclusion of community based service partners investigates how information and decision support strategies (change teams) can improve health **in community settings impacting diverse populations (probationers)**.
  4. Incentives are not part of the current study.

# The Problem

- There are over 2 million people incarcerated in the USA.
- There are almost 7 million people on probation.
- Probationers face many of the same health issues as the incarcerated population.
- Represent a traditionally hard to reach population
  - Minority
  - Young
  - Undereducated
  - Underemployed

# Health of Probationers Compared to Non-Probationers

- Data is lacking. But:
- Anxiety 1.6 times, Depression, 1.8 times, Asthma, 1.5 times, Sexually Transmitted Infections, 3 times.
- Substance abuse disorders between 3 and 7 times
- 12 times more likely to report past D&A treatment.
- Three times more likely to have receive mental health treatment.  
(Binswanger, I., Redmond, N., Steiner, J., & Hicks, L. (2011). Health Disparities and the Criminal Justice System: An agenda for further research and action. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 89 (1), 98-107.
- Heightened risk of chronic diseases such as hypertension, asthma, and cervical cancer among prison inmates, even after controlling for known confounders such as age.
- Vaughn, G., DeLisi, M., Perron, B., & Abdon, A.(2012). Toward a criminal justice epidemiology: Behavioral and physical health of probationers and parolees in the United States. *Journal of Criminal Justice*, 40, 165-173.



# The Problem

- Health is not traditionally considered a responsibility of Probation Departments
- Yet it is a place where people are in need of health care visits on a regular and predictable basis
- Probation cannot take on the responsibility of health screening and referrals
- In Delaware they *are* willing to allow people to come in and conduct screening.

# Barriers to Health Care Among DE Probationers

- 80+% History of Drug or Alcohol
- 12-16% Seriously mentally ill
- 75% High School Drop Outs (6<sup>th</sup> grade Ed level)
- Face issues of joblessness, job skills
- Housing (homelessness),
- Transportation (14% has a valid license)
- Severed family ties
- Stigma
- (Reference: Delaware Department of Correction internal data)

# The System Problem

- Multiple issues affecting health are addressed by multiple agencies.
- Often siloed.
- Any approach to fully address needs will combine efforts across multiple agencies.

# (Modified) NIATX Change Teams

- ❑ Network for the Improvement of Addiction Treatment (NIATX)
- ❑ Facilitate action across agencies and systems possessing overlapping, but unique functions and approaches
- ❑ Engage in
- ❑ Team Building Exercises
- ❑ Empowerment and buy in exercises.....
- ❑ ...to create a team that can foster change and innovation across domains and agencies.

Belenko, S., Visher, C., & others. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: study protocol. *Health and Justice*, 1, 8-20.

## Key Change Team Roles:

**Executive Sponsor.** The Executive Sponsor determines which areas will be the primary focus. Executive Sponsor will be a high ranking official in the Delaware Department of Correction.

**Organizational Sponsors.** The Organizational Sponsor, whose role is similar to that of a Chief Executive Officer (CEO) in a business organization, is instrumental in deciding which specific goals to target *within their organization*.

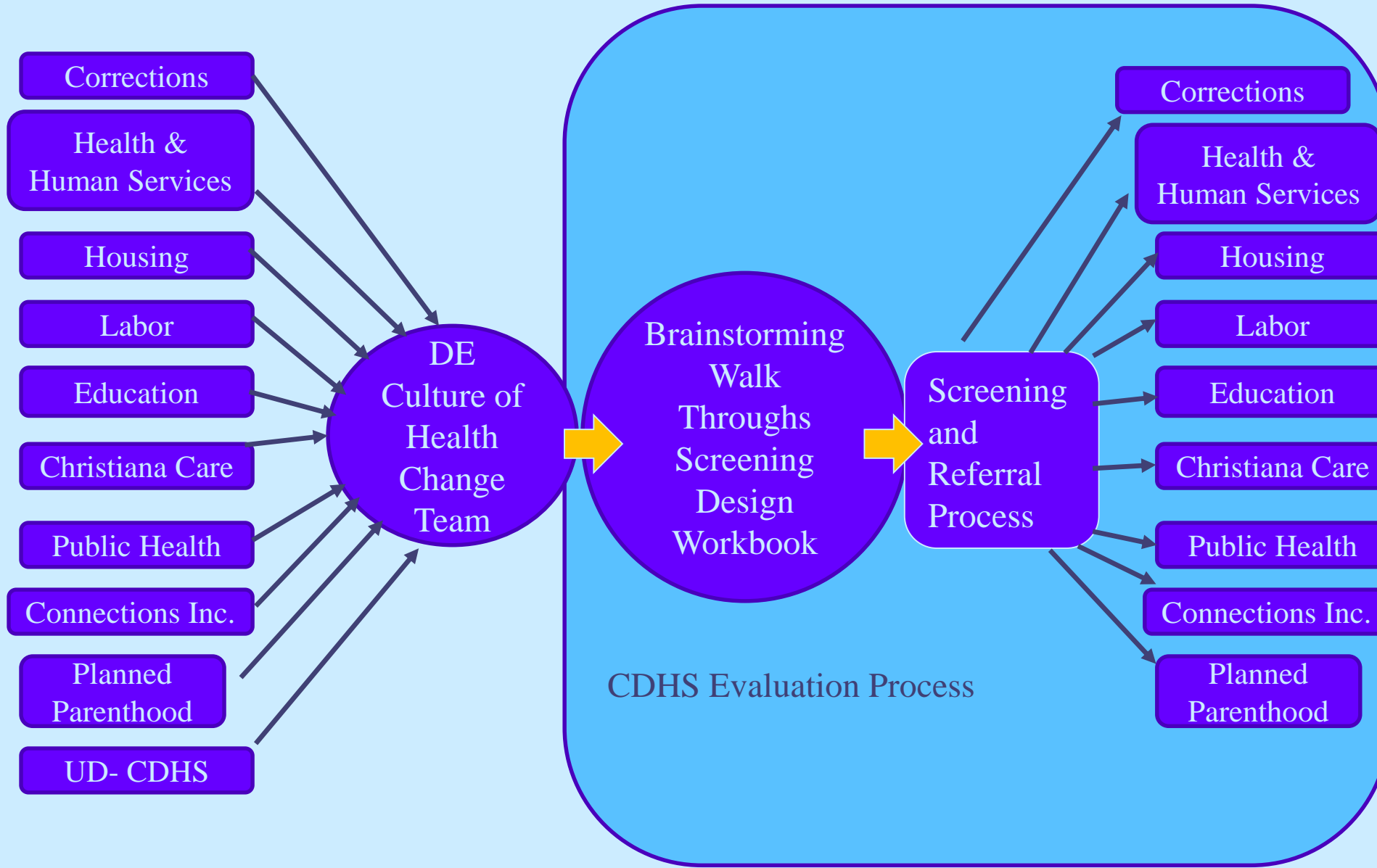
**Change Leader/Coach.** The NIATX Change Leader guides the change team through the quality improvement process.

**Local Change Team (LCT) - DCHT.** The DCHT will be composed of the Executive Sponsor, Organizational Sponsors from each participating entity, and the Change Leader from CDHS. The LCT will implement the change process under the direction of the Change Leader.

Belenko, S., Visher, C., & others. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: study protocol. *Health and Justice*, 1, 8-20.



# Delaware Culture of Health Change Team Process



# Change Team Process Evaluation

- Examine the change team process to identify facilitators and barriers by
  - Surveys tri-monthly to change team members
    - Attitudes, options on change team process
  - Bi-weekly effort reports
  - Qualitative Interviews: baseline, 3 and 6 months during change team process phase.
  - Observational data collected at meetings and exercises.



# RCT Hypothesis

- H1: Screening and linkage of probationers by an onsite practitioner will lead to a greater proportion of probationers accessing services compared to those receiving an interactive workbook.
- H0: Screening and linkage of probationers by an onsite practitioner will not lead to a greater proportion of probationers accessing services compared to those receiving an interactive workbook.

# RCT Design

- N = 400. 200 x 2.

Condition 1: Provision of interactive Culture of Health Workbook coupled with on site screening and referral by a health practitioner.

Condition 2: Provision of the interactive Culture of Health Workbook only.

Data: Electronic health and Medicaid data.

Treatment access data from agencies.

Interview data: 80 probationers (40 from each condition) at baseline and 90 days.

Randomization: Urn program or random days.

# **Can a Local Change Team Increase Health Care Provision Among Probationers?**

- ❑ The project will implement a Change Team approach to focus the efforts of multiple agencies to improve the alignment, collaboration and synergy of health and other social service delivery to this traditionally hard to reach and underserved population.**
- ❑ Representatives from 9 State agencies and Health Providers use change team format to identify barriers and facilitators to providing health screening to probationers and linking them to care.**
- ❑ Team will create an interactive workbook for probationers.**
- ❑ A health Practitioner will be placed on site to provide screening**
- ❑ RCT test of whether on site screen and referral links more persons to care.**

# Project Timeline.

**Phase One:** July-August 2016. Start-up. IRB Approvals, Informational sessions with agencies, formation of DCHT.

**Phase Two:** Sept 2016-May-2017. Change Team Process. Determine assessment, screening and referral process. Create Healthier You Workbook, prepare for implementation.

**Phase Three:** June 2017- Jan 2018. Implementation/ Assessment. Placement of Heath Mentor in NCC Probation. Monitor and provision of feedback on assessment referral process, Data Collection.

**Phase Four:** Feb 2018-June 2018. Evaluation/ Sustainability. Evaluate process and outcome data, determine mechanisms of sustainability of CDHT.

# Project Updates

go to: <http://systemsforaction.org/projects/implementing-culture-health-among-delawares-probation-population>

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*Systems and Services Research to Build a Culture of Health*

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A Robert Wood Johnson Foundation program

## Implementing a Culture of Health among Delaware's Probation Population

### Implementing a Culture of Health among Delaware's Probation Population

This study investigates the process and impact of the implementation of a multi-agency "Culture of Health" team in the Delaware Department of Probation, which aims to address the health, substance abuse, mental illness, education, transportation, employment, and housing issues faced by those individuals under probationary supervision in Delaware. Using a pragmatic randomized controlled trial, this study will test the efficacy of using the team approach to leverage different financing systems and service coordination by providing education, screening, testing and referral with follow-up services.

#### Project Details

Year: 2016  
Status: Active  
Primary Investigator: Daniel O'Connell

#### Related Content

All Articles Book/Chapters Communications Presentations Reports Tools

Title	Date	Type
<a href="#">Four Research Teams to Evaluate New Ways to Strengthen h-among-delawares-probation-population</a>	05/28/2016	Communication

# Commentary

## Michael Shafer, PhD

Professor, School of Social Work, College of Public Service and Community Solutions

Director, Center for Applied Behavioral Health Policy, Arizona State University



Co-Principal Investigator

S4A Collaborating Research Center: *Financing and Service Delivery Integration for Mental Illness and Substance Abuse*

[Michael.Shafer@asu.edu](mailto:Michael.Shafer@asu.edu)

# Questions and Discussion

# Webinar Archives & Upcoming Events

go to: <http://systemsforaction.org/research-progress-webinars>

## Upcoming Webinars

Wednesday, August 24, 2016, 12 pm ET

**COMMUNITY COMPLEX CARE RESPONSE TEAM TO IMPROVE GERIATRIC PUBLIC HEALTH OUTCOMES**

**Carolyn E. Z. Pickering, PhD, RN**, Assistant Professor, School of Nursing, University of Texas Health Science Center at San Antonio

Wednesday, September 14, 2016, 12 pm ET

**HOUSING FOR HEALTH: ASSESSING THE CROSS-SECTOR IMPACTS OF PROVIDING PERMANENT SUPPORTIVE HOUSING TO HOMELESS HIGH UTILIZERS OF HEALTH CARE SERVICES**

**Ricardo Basurto Davila, PhD, MS**, Chief, Policy Analysis Unit, and **Corrin Buchanan, MPP**, Program Manager, Los Angeles County Department of Public Health Services

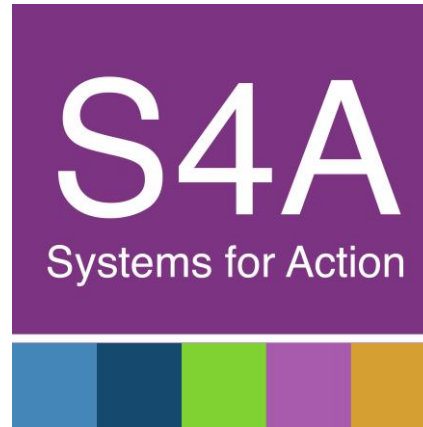
Wednesday, September 21, 2016, 12 pm ET

**THE IMPACT OF INTEGRATING BEHAVIORAL HEALTH WITH TEMPORARY ASSISTANCE FOR NEEDY FAMILIES TO BUILD A CULTURE OF HEALTH**

**Mariana Chilton, PhD, MPH**, Associate Professor, and **Sandra Bloom, MD**, Associate Professor Department of Health Management & Policy, Drexel University Dornsife School of Public Health



Thank you for participating in today's webinar!



For more information about the webinars, contact:  
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# Speaker Bios

**Daniel J. O'Connell, PhD** is a Scientist with the Center for Drug and Health Studies (CDHS), and Assistant Professor in the Department of Criminal Justice at the University of Delaware, where he teaches Criminology. Dr. O'Connell specializes in research design and methodologies, intervention development and project management. In addition to his role as Principal Investigator of a Robert Wood Johnson Foundation project, his other projects center around improving evidence-based practices in Corrections and Law Enforcement. His publications include articles on drug treatment, prison management, HIV prevention interventions, program evaluation and criminological theory.

**Christy Visher, PhD** is Director of CDHS and Professor of Sociology and Criminal Justice at the University of Delaware. She is Principal Investigator of the NIDA-funded collaborative, Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), which studies organizational strategies for improving the implementation of evidence-based practices for substance-abusing offenders as they leave prison and return to the community. Previously, Dr. Visher was Principal Research Associate with the Justice Policy Center at the Urban Institute in Washington, DC, where her work included Returning Home, a longitudinal study of men and women released from prison in four states. Her research interests focus on communities and crime, substance use, criminal careers, the role of social factors in criminal desistance, and the evaluation of strategies for crime control and prevention. She has published widely on these and other topics in numerous social science journals, and co-edited Prisoner Reentry and Crime in America.

**Michael S. Shafer, Ph.D.** is a professor in the School of Social Work at Arizona State University's College of Public Service and Community Solutions where he also holds affiliate appointments in the Center for Health Information Research and the School of Criminology and Criminal Justice. Dr. Shafer is the founding director of the Center for Applied Behavioral Health Policy which has, for the past 25 years, conducted cutting edge research on the adoption and implementation of innovative practices in behavioral health care. Dr. Shafer has authored more than 40 peer-reviewed research articles and generated more than \$45 million in grants and contracts that target capacity building and innovation in behavioral health services.