

Implementing an RCT evaluation of in-custody and reentry intervention(s) in a county jail

Background

Jails have been described as revolving doors, especially for those with mental health problems, substance use, and problems in living (e.g., poverty, social support, health access). Rates of mental health needs in jails are much higher than those of the general population.-see below for data from our pilot project on risks and needs in the jail in which we are working (see Fox et al., 2019)

Risk-Need Stats	Local jail	Population
Current suicidal ideation	11.1	4.0
Suicidal attempt (lifetime)	32.7	1.2
Psychotic disorders (lt)	13.6	3.0
Major depressive episode (lt)	55.5	20.6
Substance use disorder	27.3	16.5

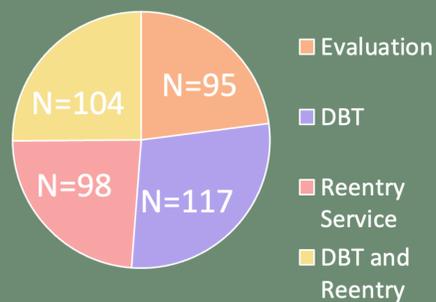
About the Current on-going Study

To reduce recidivism, intervention programs need to address individuals' dynamic risks and needs. This NIJ-funded study is an RCT evaluation of in-custody and reentry services (individually and in combination) for reducing recidivism and improving outcomes of persons released from county jail.

Participants

Incarcerated individuals housed in a county jail in the Southeast (N = 414 as of July 2023)

Enrollment in each condition



Outcome Variables

1. Change in criminogenic risk and protective factors (e.g., coping skills, substance use, emotional states) prior to release and at 1-year post-release follow-up
2. Recidivism at 1-year and 3-year post-release

DBT Group Participation & Retention

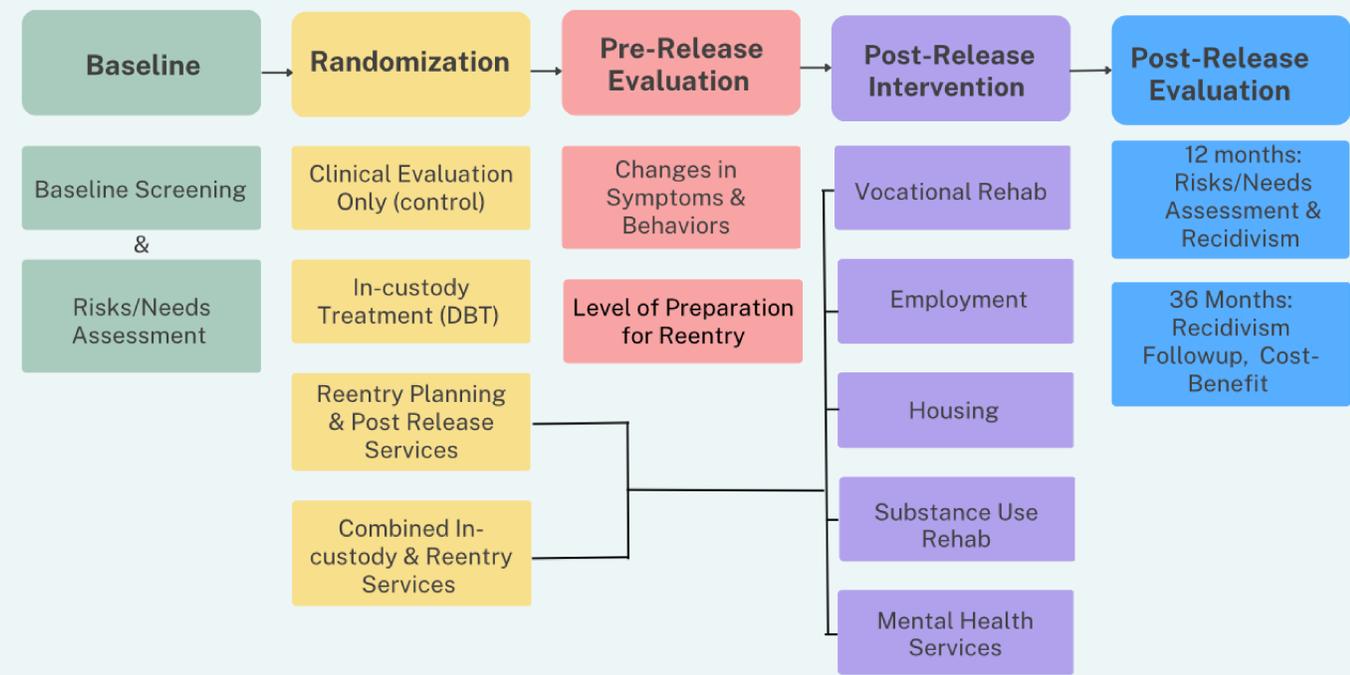
# of DBT Sessions Attended	
12 sessions (full dose)	9% (20)
≥6 sessions (reached dose)	41% (90)
1-5 sessions	36% (80)
0 sessions	14% (31)

DBT Retention Rate	
Completed	35% (77)
Currently active in group	7% (15)
Discontinued due to release/transfer	34% (76)
Discontinued due to drop-out	24%(52)
Other	~0%(1)

Reentry Service Participation & Retention

	Reentry only	DBT & Reentry
Active	80% (78)	87% (90)
Lost contact	13% (13)	9% (9)
Withdrawn	7% (7)	4% (4)
Completed	0% (0)	1% (1)

Procedures



Implementation Considerations

1. Partnership & jail buy-in

- Pre-establish leadership relationship
- Build trust through compromise
- Provide research evidence on economic benefits (24.72 times return of CBT; Aos & Drake, 2013)



4. Flexibility & adaptation

- Pivot when disruptions occur (e.g., lockdowns, quarantines)
- Adapt materials and treatment coaching to jail environment (e.g., tablet messaging)
- Use disruptions as tools for teaching skills



2. Minimize jail staff burden

- Streamline procedures, suggest ways to reduce load
- Keep contact with key personnel to ensure effective communication



5. Training & support

- Weekly supervisions and key staff meetings
- Training and monitoring research staff on jail policies & expectations



3. Emphasize confidentiality and its limits

- Remind participants that the study is not part of jail
- Ensure full informed consent about limits of confidentiality as part of participation
- Get a certificate of confidentiality for data security



Research Translation Considerations

- Are the programs effective in terms of participant outcomes?
- Are they also cost-effective?
- Sustainability of the program? [ask me more]
 - If effective, can the jail allocate funding & employ trained persons to continue providing the services ?
 - Or will jail's attention shift to other problems and changes are not sustained.

Project pre-registration



To collaborate with me

