

Juvenile Rehabilitation Administration

Family Integrated Transitions (FIT) Overview

Background of Family Integrated Transitions (FIT)

In 2000, the Washington State Legislature established the need for a treatment-oriented program to transition juvenile offenders with the co-occurring disorders of mental illness and chemical dependency back into their community.

Because there was no existing model for this population, the specific approach adopted by JRA, called the Family Integrated Transitions (FIT) program, was designed and implemented by Eric Trupin, Ph.D. and David Stewart, Ph.D., from the University of Washington.

To meet the needs of these high risk youth, several evidence-based programs were combined.

Multisystemic Therapy (MST) as the core treatment model, plus:

- **Dialectical Behavior Therapy (DBT)**
- **Motivational Enhancement Therapy (MET)**
- **Relapse Prevention/Community Reinforcement**
 - **MST** is an empirically validated, cost-effective, and intensive family preservation model of community based treatment that addresses anti-social behavior in juvenile offenders.
 - **DBT** skills training, currently underway in JRA residential settings, includes behavioral analysis and self-monitoring.
 - **MET** is used to increase the motivation of youth and family to engage and remain in treatment and to reduce chemical dependency. Families may be resistant to accepting an intervention that focuses on change at the level of the family system, rather than solely demanding change from the adolescent. Motivational enhancement of both the adolescents and families is therefore viewed as key to creating and sustaining change.
 - **Relapse Prevention/Community Reinforcement** is used to increase the youth and family awareness of substance use and high-risk situations, increase the repertoire of effective coping strategies, and establish a plan for resumption of treatment following relapse.

FIT Target Population

- Ages 11 to 17.5, with a substance abuse/dependency and mental health need as identified while in JRA
- At least 2 months left on sentence, 4 months on parole supervision
- Residing in Snohomish, King, Pierce, Kitsap, Thurston, Mason, Yakima, Benton and Kittitas counties (JRA Regions 2, 3, 4, 5 and 6) with a family or stable placement
- Sex offenders are NOT excluded from the target population
- Over the last two years, FIT has served an average of 80 JRA youth per year

FIT Key Elements

- Family strength-based services begin **2 months prior to release** to ensure engagement and strengthen community supports. FIT continues for **4 months after release**. The first and most important task of FIT is to engage the family in treatment. Then the program strives to promote behavioral change in the youth's home environment, emphasizing the systemic strengths of family, peers, school, and neighborhoods to facilitate change.
- Therapists are available 24/7 and address family and community involvement. They carry low caseloads of 4 – 6 families at a time.
- Therapists collaborate and partner with JRA residential and community case managers
- Both on-going supervision and expert consultation occur with the provider supervisors and therapists for at least an hour a week each. The consultation and monthly booster training on core treatment elements are provided by the University of Washington.
- The MST component of the model includes Therapist Adherence Measures (TAMs), which are completed by a family member in regard to the therapist's performance. The University of Washington staff make phone calls to family members to obtain this information. In this way, families are empowered to communicate about a therapist's performance and a therapist can make real-time adjustments to their interventions to match to the needs of the family.

Goals of FIT

- Lower risk of re-offending
- Focus on family strengths and empowerment
- Improve educational level and vocational opportunities
- Connect with appropriate community services
- Achieve abstinence
- Improve mental health status and stability of the youth

- Convert structured abstinence to motivated abstinence and have an early focus on relapse prevention
- Strengthen the family's ability to support their youth, including teaching specifics of interventions begun in the institution
- Emphasis on family and community involvement
- Individualized services to meet the unique needs of each family
- Services provided in the family's home or community
- Connection with on-going services upon discharge
- Increase pro-social behavior

Demonstrated Outcomes of FIT

- The 2000 Washington State Legislature directed that an independent outcome evaluation of FIT be conducted by the Washington State Institute for Public Policy. Those results are published in a December 2004 report. The highlights of the report are that:
 - FIT reduces recidivism in comparison to transition as usual for co-occurring offenders from 40.6% to 27.0%. This is a **33% reduction in felony recidivism**.
 - The benefit-cost ratio related to the reduction in crime is a savings of \$3.15 for every dollar spent – or total of \$19, 247 per youth for the \$8, 968 spent per youth in the FIT program.
 - The benefit-cost analysis includes an application of a 25 percent reduction in the recidivism rate because of some concerns of selection bias.
 - This evaluation of savings only estimates the effect that FIT has on crime outcomes. Other potential benefits, such as decreases in substance abuse or increases in education levels were not measured.
- FIT successfully engages youth and families in specified, individualized transition services.
- FIT maintains fidelity to MST while specifying interventions tailored to needs of transition for mentally ill and substance abusing offenders.

Referral Process

- FIT referrals are identified at JRA's Central Office through data entered by each institution on the Co-Occurring Database on JRA's Client Activity Tracking System (CATS).

Current FIT Providers

- For Snohomish and King Counties, **Community Psychiatric Clinic (CPC)**.
- For Pierce and Kitsap Counties, **Prime Time** (interim contract).
- For Thurston and Mason Counties, **Behavioral Health Resources (BHR)**.
- These agencies have contracts with JRA and are part of the JRA continuum of care.
- Each institution and involved region has a JRA FIT contact person who helps to coordinate information between the FIT providers and other JRA staff.

Model Developers

Eric Trupin, Ph.D., formed the Division of Public Behavioral Health and Justice Policy of the University of Washington's School of Medicine, Department of Psychiatry and Behavioral Sciences in 1983. The division was initially formed to design and supervise training programs. Over the years, the division has greatly enlarged its mission to addressing the crisis in mental health care and treatment, particularly among minorities, the poor, and youth incarcerated in county and state jails and detention centers. Dr. Trupin and his colleagues have been heavily involved in the development of JRA's movement forward in identifying and providing mental health services for youth, including the FIT program. He has completed numerous research projects involving JRA youth and other youth in justice systems nationwide. He is a national expert on juvenile justice, mental health, and co-occurring disorders and involved with the Office of Juvenile Justice and Delinquency Prevention (OJJDP). He is a strong advocate for the use of evidence based practices in mental health and juvenile justice settings.

David Stewart, Ph.D., now works for the Seattle Pacific University as an Associate Professor of Psychology. He has done extensive research and practice with adolescents and substance abuse, co-occurring disorders, cultural competence, juvenile justice, evidence based practices, and family and community based interventions.